



Clinical  
Oncology  
Society of  
Australia

# CCOSA

## ANNUAL REPORT 2019

EDUCATION

COLLABORATION

ADVOCACY

RESEARCH

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# PRESIDENTS OF COSA

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

# COSA VISION AND MISSION

## QUALITY MULTIDISCIPLINARY CANCER CARE FOR ALL

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

### **COSA achieves this by:**

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

# COSA MEMBERSHIP

As at 31 December 2019 there were 795 registered members of COSA. Members are drawn from the many disciplines in medicine engaged in cancer treatment and from associated research, patient care and support areas. They come from universities, private practice, government and private laboratories and other health services.

### **There are 2 types of COSA membership:**

Individual membership –  
COSA Members

Organisational membership –  
Affiliated and Associated  
Organisations

### **The categories of membership of COSA are:**

#### **1 ORDINARY MEMBERS**

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

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

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

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

#### **2 RETIREE MEMBERS**

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

#### **3 HONORARY MEMBERS**

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

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

#### **4 STUDENT MEMBERS**

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

#### **5 AFFILIATED AND ASSOCIATED ORGANISATIONS**

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



# COSA BOARD

**A/Professor  
Nick  
Pavlakis**  
President-Elect



**Professor  
Fran  
Boyle AM**  
President-Elect



**Ms Sandie  
Angus**  
Director



**Professor  
Sanchia  
Aranda AM**  
Director  
  
(retired 15  
March 2019)



**A/Professor  
Judy  
Bauer**  
Director  
  
(appointed 30  
July 2019)



**Dr Christine  
Carrington**  
Director  
  
(retired 30  
June 2019)



**A/Professor  
Haryana  
Dhillon**  
Director  
  
(retired 30 June  
2019)



**Mr  
Peter  
Dowding**  
Director



**A/Professor  
Dion  
Forstner**  
Director  
  
(appointed 25  
July 2019)





**Mrs Hollie Harwood**  
 Director  
 (appointed 15 March 2019)



**Professor Mei Krishnasamy**  
 Director  
 (retired 15 August 2019)




**Ms Sandra McKiernan**  
 Director  
 (retired 15 August 2019)



**Dr Wayne Nicholls**  
 Director




**Professor Timothy Price**  
 Director  
 (appointed 29 July 2019)



**Professor Sabe Sabesan**  
 Director  
 (appointed 31 July 2019)



**Professor Nik Zeps**  
 Director



**Ms Marie Malica**  
 Chief Executive Officer



**AUDITORS**  
 BDO  
 Level 11  
 1 Margaret St  
 Sydney NSW  
 2000

# COSA COUNCIL

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

## **PRESIDENT**

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

## **PRESIDENT-ELECT**

Professor F Boyle AM MBBS (QLD) FRACP PhD (Sydney)

## COSA GROUP REPRESENTATIVES

### **ADOLESCENT AND YOUNG ADULT GROUP**

Chair: Dr W Nicholls MBChB FRACP

### **BREAST CANCER GROUP**

Chair: Dr S Fraser MBBS FASBP

### **CANCER BIOLOGY GROUP**

Chair: Professor N Zeps BSc(Hons) PhD

### **CANCER CARE COORDINATION GROUP**

Chair: Distinguished Professor P Yates PhD RN FAAN FACN

### **CANCER PHARMACISTS GROUP**

Chair: Mr M Powell BPharm DipPharmPrac MSHP  
Mr D McKavanagh BPharm DipClinPharm CHIA

### **CANCER PREVENTION**

Chair: Professor B Stewart AM MSc PhD FRACI DipLaw GradDipLegalPract

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

Chair: Mrs D Lindsay BAppSc(Hons) Ms A Cubitt RN GradCert(Clinical Trials Management)

### **EPIDEMIOLOGY GROUP**

Chair: Dr H Tuffaha BPharm MBA MSc PhD

### **EXERCISE & CANCER GROUP**

Chair: A/Professor P Cormie PhD AEP  
Mr A Murnane BAppSci(Hm) GradDip MAppSci(ExRehab)

### **FAMILIAL CANCER GROUP**

Chair: Ms L Salmon BSc GradDip Genetic Counselling FHGSA

### **GASTROINTESTINAL ONCOLOGY GROUP**

Chair: Professor E Segelov MBBS(Hons1) FRACP PhD

### **GERIATRIC ONCOLOGY GROUP**

Chair: Professor M Agar MBBS FRACP FaChPM MPC PhD

### **GYNAECOLOGICAL ONCOLOGY GROUP**

Chair: Position vacant

### **INTEGRATIVE ONCOLOGY GROUP**

Chair: A/Professor J Lacey MBBS FRACGP FACHPM (FRACP)

### **LUNG CANCER GROUP**

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

### **MELANOMA AND SKIN CANCER GROUP**

Chair: Dr D Speakman MBBS FRACS

### **NEUROENDOCRINE TUMOURS GROUP**

Chair: Dr D Chan BSc(Med) MBBS Clin Dip Pall Med FRACP

### **NEURO-ONCOLOGY GROUP**

Chair: Dr ES Koh MBBS FRANZCR

### **NUTRITION GROUP**

Chair: Dr N Kiss PhD Adv APD

### **PALLIATIVE CARE GROUP**

Chair: Professor J Phillips RN PhD FACN

### **PSYCHO-ONCOLOGY GROUP**

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

### **RARE CANCERS GROUP**

Chair: Professor C Scott MBBS PhD FRACP

### **REGIONAL & RURAL ONCOLOGY GROUP**

Chair: Dr R Zielinski MBBS Hons(Sydney) BE Hons(Sydney)

### **SURGICAL ONCOLOGY GROUP**

Chair: Position Vacant

### **SURVIVORSHIP GROUP**

Chair: Professor B Koczwara AM BM BS FRACP MBioethics FAICD  
Professor M Jefford MBBS MPH MHlthServMt Monash PhD GCertUniTeach Melb GAICD FRACP

### **UROLOGIC ONCOLOGY GROUP**

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

### **CONSUMER REPRESENTATIVE**

Position vacant



## AFFILIATED ORGANISATION REPRESENTATIVES

### AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP

Professor T Price MBBS DHlthSc(Med) FRACP

### AUSTRALASIAN LEUKAEMIA AND LYMPHOMA GROUP

A/Professor P Mollee MBBS(Hons) MMedSc FRACP FRCPA

### AUSTRALASIAN LUNG CANCER TRIALS GROUP

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

### AUSTRALASIAN METASTASIS RESEARCH SOCIETY

(Jan-Jul): Professor E Thompson PhD  
(Jul-Dec): Dr N Pouliot PhD

### AUSTRALIA AND NEW ZEALAND SARCOMA ASSOCIATION

A/Professor J Desai MBBS FRACP

### AUSTRALIA NEW ZEALAND GYNAECOLOGICAL ONCOLOGY GROUP

A/Professor P Beale BSc MBBS FRACP PhD

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

Dr C Fraser FRACP MBBS MPJ

### AUSTRALIAN AND NEW ZEALAND HEAD AND NECK CANCER SOCIETY

(Jan-Jun): A/Professor M Batstone MBBS BSc(Hons) MPhil(Surg) FRACDS(OMS) FRCA(OMFS)  
(Jun-Dec): A/Professor J Maclean BAppSc(Speech Path.) MSc(Med) PhD

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

Professor I Davis MBBS (Hons) PhD FRACP FACHPM

### BREAST CANCER TRIALS

Professor G B Mann MBBS PhD FRACS

### CANCER NURSES SOCIETY OF AUSTRALIA

Ms C O'Kane Cancer Nurse Practitioner

### CANCER SYMPTOM TRIALS

(Jan-Jun): Dr P Allcroft BMBS FRACP M Pall Care  
(Jul-Dec): Professor K Clark MBBS MMed PhD FRACP FACHPM

### COOPERATIVE TRIALS GROUP FOR NEURO-ONCOLOGY

Professor A Nowak MBBS FRACP PhD

### FACULTY OF RADIATION ONCOLOGY

Dr M Chilkuri MBBS MD MPH FRANZCR

### HUMAN GENETICS SOCIETY OF AUSTRALASIA

A/Professor N Pachter MBChB FRACP

### MEDICAL ONCOLOGY GROUP OF AUSTRALIA

(Jan-Aug): Professor C Karapetis MBBS FRACP MMedSc  
(Aug-Dec): Dr P Blinman BMed FRACP PhD

### MELANOMA AND SKIN CANCER TRIALS

Professor M Shackleton MBBS PhD FRACP

### ONCOLOGY SOCIAL WORK AUSTRALIA NEW ZEALAND

Ms K Hobbs MSW MAASW

### PRIMARY CARE COLLABORATIVE CANCER CLINICAL TRIALS GROUP

A/Professor J Rhee BSc(Med) MBBS(Hons) GCULT PhD FRACGP

### PSYCHO-ONCOLOGY COOPERATIVE RESEARCH GROUP

Dr J Shaw BAppSc BPsych(Hons) PhD

### ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA

A/Professor K Lee MB ChB FRCPA

### TROG CANCER RESEARCH

Dr P Sundaresan BSc(Hons) MBBS FRANZCR PhD

# REPORT OF THE PRESIDENT

**I have been a member of COSA since my days as a Medical Oncology Trainee in the 1990s, where I presented my first abstract. Since then, I have been a regular supporter and ASM attendee, Council Member as Lung Group Chair (2008 to 2019) and in the last 2 years as President Elect when I saw my engagement with the organisation escalate. I can honestly say that I have always held COSA in high standing as the leading multidisciplinary cancer group bringing together cancer professionals from various disciplines within Australia to fulfil its mission to network, provide education, facilitate and promote research and to advocate for improvements and enhancement of cancer care and control. I must admit I now understand the purpose of the "President Elect" apprenticeship as it takes time to understand the structure, function and dynamic of the Board and group as whole. Having completed the first of my two years as President, I am surprised how quickly time flies and how much we achieve with our limited resources. I feel it important to commence this report with a general thank you to the COSA team, the Board, the Council and general membership, for the collective enthusiasm to seek improvements for better outcomes in cancer care and control.**

## **Achievements in 2019**

Some of our noteworthy achievements in 2019 include:

- Financial surplus against a Board approved budget deficit
- The successful completion of the second year of the two-year pilot implementation project for the Australasian Tele-Trial Model, and its extension into a third year
- Record attendance and sponsorship for the Cancer Pharmacists Group courses
- Excellent attendance at events for advanced trainees in medical oncology, for example the Pharmacology of Cancer Chemotherapy Course
- Oversubscribed Breast Cancer Masterclass
- Three new position statements in development and to be launched in 2020 - Smoking cessation for cancer patients, Malnutrition and sarcopenia, and Breast density facts and figures
- Continuation of online educational modules (I acted as faculty on a lung cancer module and found that experience and the resulting resource very worthwhile)

## **Government Submissions**

COSA members contributed to three government submissions throughout 2019:

- Australian Commission on Safety and Quality in Health Care, *National Clinical Trials Governance Framework Consultation*, joint submission with the 14 Cancer Cooperative Trials Groups, March 2019
- Changes to MBS telehealth codes, COSA and Cancer Council Australia, May 2019

- Australian Commission on Safety and Quality in Health Care, National Safety and Quality Service, *User Guide for Medication Management in Cancer Care*, May 2019

## **Governance**

In accordance with our Constitution, the COSA President also chairs the Board and Council. This is a position I relish and continue to learn from.

2019 saw some changes to the Board membership. Inaugural directors Christine Carrington and Haryana Dhillon completed their maximum terms; and Mei Krishnasamy and Sandy McKiernan chose to step down. This created many vacancies which required a nomination and voting process, resulting in Judy Bauer, Dion Forstner, Tim Price and Sabe Sabesan being elected. Sanchia Aranda, Cancer Council's nominee to the Board, also stepped down with Hollie Harwood filling this position. These five new directors joined myself, Fran Boyle (President Elect), Sandie Angus, Peter Dowding, Wayne Nicholls and Nik Zeps. The COSA Board continues to have meaningful discussion about COSA's ongoing strategy and activities.

The increase in attendance and engagement at COSA Council meetings is very gratifying. For those not familiar with COSA's governance structure, COSA Council is responsible for COSA activities and provides advice to the Board and a body of expertise to respond to national cancer control policy and advocacy issues. Council membership is comprised of the President and President Elect, immediate past President, the Chair of each COSA Group and the nominee of each Affiliated Organisation. Meetings throughout 2019 saw up to 50 members in attendance, where we had multidisciplinary discussions on diverse cancer care and control matters.





**A/Professor  
Nick Pavlakis**  
COSA President  
2019-2020

### Annual Scientific Meeting

The 2019 ASM in Adelaide was another feature event of the year. With 800 attendees, the buzz in Adelaide was exuberant. The ASM theme *“Putting Precision and Personalisation into Practice”* lent itself to a diverse program with a focus on urological cancers, age and gender in cancer practice, digital health and global oncology. Digital health is a very contemporary topic at the moment, and here we covered the uptake of recent technologies in healthcare along with the promise and challenges of My Health Record. Age and gender was a new addition for COSA, where we covered gender issues for patients and health professionals, sexuality, and transgender issues. The global oncology sessions were a highlight for many delegates and generated a lot of discussion after the conference. Global warming and the recent bushfire crisis brought attention to the health impact of environmental changes on a large or global scale. As I finalise this report the Corona Virus issue is causing havoc globally, unsettling our “comfortable” world and putting life’s priorities into perspective.

We are proud to use the ASM as a forum to recognise the achievements of our members – not only through presentations in the scientific program, but also through other ceremonies. It was a pleasure to be in Adelaide to bestow Ian Olver with the Tom Reeve Award for Outstanding Contributions to Cancer Care, and hear his heartfelt oration in his hometown with many of his family, friends and peers in the audience. Ian spoke about the importance of building strong relationships with colleagues – emphasising that’s what one remembers most from their career. Ian has been a great cancer researcher, clinician, leader and mentor to many and a worthy recipient of this award.

We also announced the 2019 recipients of the COSA Psycho-Oncology Awards at the ASM. In recognition of COSA’s colleague, peer and dear friend Melanie Price, we named the Australian Psycho-Oncology Awards in her honour. The 2019 recipient of the Melanie Price Psycho-Oncology Awards was Kim Hobbs; and Ben Smith received the New Investigator on Psycho-Oncology Award.

As is the practice in the COSA ASM we closed out the ASM with the COSA Presidential Lecture. The 2019 (non) lecture was a real highlight for me. Kirk Pengilly, one of the founding members of the Australian rock band INXS, engaged in a very personal Q&A session with Adam Spencer discussing life as a rock star and as a prostate cancer patient and survivor, then finishing with a few songs. It was a great way to end a busy and fulfilling conference and be reminded that cancer can affect anyone, and that we all share a common vision with COSA that *“All Australians receive quality multidisciplinary cancer care from supported and informed health professionals .....”*

Videos of all presentations delivered in the plenary hall and one of the concurrent rooms are available for member only access on the COSA website. This is a great membership benefit which we are pleased to make available. Whether you did or didn’t attend, I encourage you to watch them.



**As I finalise this report the Corona Virus issue is causing havoc globally, unsettling our ‘comfortable’ world and putting life’s priorities into perspective.**



# REPORT OF THE CHIEF EXECUTIVE OFFICER

**Looking back on the year that was 2019, I am once again extremely proud of our achievements. These are truly a testimony to the dedication and support of our valued COSA members and staff.**

## **Annual Scientific Meeting**

As we all know, the peak of COSA's activity each year is the ASM, and Adelaide in 2019 did not disappoint. On a personal note, I was surprised and delighted to be greeted by a huge welcome sign on arrival at Adelaide airport!

Prior to the official start of the 2019 ASM, we hosted the Advanced Trainees Weekend on the Saturday and Sunday. This intensive 2-day course attracts advanced trainees in surgery, medical and radiation oncology; as well as junior medical staff and allied health professionals. Linking to the main ASM theme of urological cancers, for the Trainees Weekend we focussed on "Everything you need to know about testicular and prostate cancers". With increased sponsorship and a new fee structure we were able to offer flights and accommodation for interstate attendees and complimentary registration for Adelaide based attendees. It was reassuring to know that delegates believed the event delivered high-quality content, and 100% of evaluation respondents stated they would attend again or suggest others do so.

With 800 delegates in attendance, the main COSA ASM program continues to be an important event on the oncology education calendar. 95% of respondents to the post event evaluation agreed that the content of the plenary sessions was well presented, and over 45% said they 'strongly agreed' the material was up to date, objective, balanced and independent. Concurrent sessions rated equally.

In his report, Nick spoke about Kirk Pengilly closing out the ASM. Those lucky enough to be there were treated to an entertaining and informative Q&A facilitated by Adam Spencer, then an intimate acoustic performance by Kirk. 90% of survey respondents support COSA including presentations from non-health professionals in the program. One delegate summed it up perfectly for many of us "Kirk Pengilly's closing session was a lovely way to close the conference. By that stage I had reached saturation point, so this session was entertaining and light-hearted whilst also learning about his experience with prostate cancer - thank you."

Overall, the evaluation results indicate the COSA ASM maintains an excellent standard, providing continuity and innovation. Over 96% of delegates would attend or recommend others to attend future COSA ASMs. We believe COSA delegates are invested in keeping up with trends within this space. We always ask what people would like to see featured in future ASM programs, and it was pleasing to see implementation science, and quality and safety - our themes for 2020 - suggested by many. I hope this bodes well for a successful 2020 ASM.

Supported by an outstanding Program Committee, Bogda Koczwarra did a stellar job as the 2019 ASM convenor. As many of you know, Bogda also convenes the joint Flinders and COSA biennial Cancer Survivorship Conference. It's a testimony to COSA that we have such experienced and engaged senior clinicians continue to support our work in this way. Thank you Bogda.

## **Trainee Events**

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

Advanced Trainees in 2019.

- The Pharmacology of Cancer Chemotherapy Workshop is designed to improve the knowledge and understanding of the pharmacology of individual classes of cancer chemotherapy and targeted therapies. With sponsorship from Roche, COSA has been hosting these workshops since 2015, and they have proven to be a vital component of education for advanced trainees.
- The Advanced Trainees Oncology Meeting (ATOM) was held in Sydney in March 2019. COSA has been hosting this Roche sponsored meeting since 2016, with a program developed by trainees for trainees. At this workshop we cover topics not usually included in traditional meetings - this year we featured carcinoma of unknown primary, latest advances in the treatment of sarcoma and the multidisciplinary management of NCS disease. 100% of respondents to the evaluation survey said they would like COSA to continue to provide dedicated education for medical oncology advanced trainees with one commenting "These are very helpful. I still refer to my notes from 2018". Other positive feedback included "Thank you very much for the invite, I took a lot out of the sessions and would definitely recommend it (and others) to my colleagues."
- COSA hosted the second Breast Cancer Masterclass in September 2019 with sponsorship from Amgen. This workshop fills an identified gap in the educational needs for breast cancer management. Guided by Nick Zdenkowsi and Janine Lombard, the program was tailored to meet the needs of medical oncology advanced trainees and



**Marie Malica**  
Chief Executive  
Officer

junior consultants. Registration exceeded capacity confirming the need for this important workshop. With feedback like “Please keep this amazing resource going” we are definitely planning for future events.

**Thank you and acknowledgements**

As always, my sincere thanks to the COSA Board, Council and Audit, Risk and Finance Committee for their continued leadership, and to the COSA members for their support and engagement. The biggest thank you to team COSA. The staff remained stable throughout 2019 again, with

the addition of a new administration staff member, Peter Robinson. He joins the highly capable COSA Project Management team Rhonda DeSouza, Chantal Gebbie, Hayley Griffin, Jessica Harris and Gillian Mackay. Fran Doughton is across it all and keeps the cogs turning.

I am pleased to be closing out another successful year at COSA. As we enter 2020, I start my tenth year with the organisation. When I started in the role, I didn't expect to be here for that long, but I certainly didn't plan not to be either. Let's see what 2020 brings for us all (perhaps another 10 years for me!)

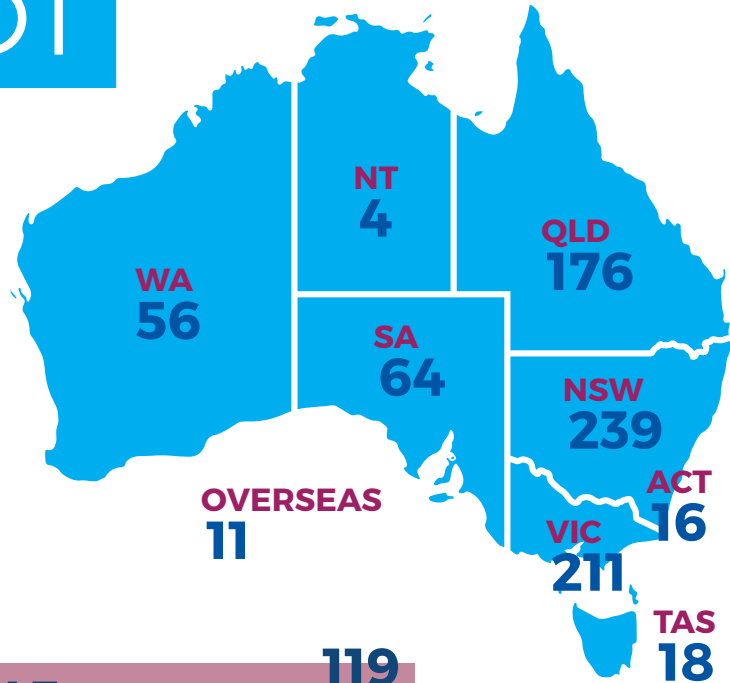


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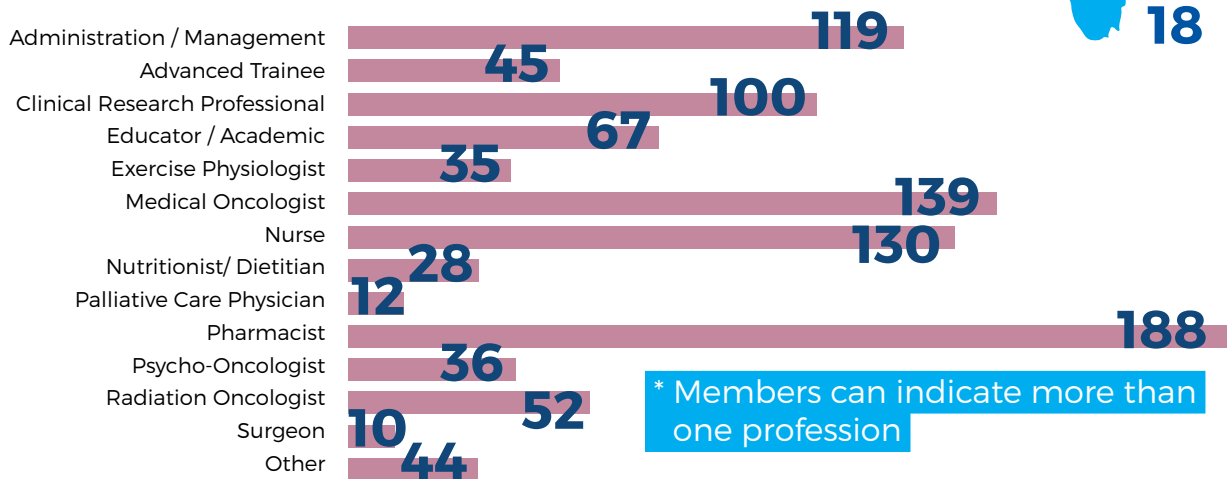


# COSA SNAPSHOT

## WHERE ARE YOU?



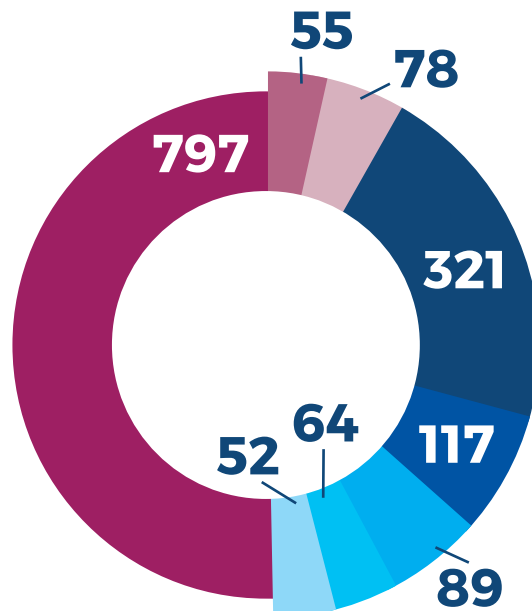
## WHO ARE YOU?



## WHAT DID YOU ATTEND?

2018 COSA education opportunities

- ASM (797)
- ATOM (55)
- Breast Cancer Masterclass (78)
- Cancer Survivorship Conference (321)
- CPG Foundation Course (117)
- CPG Advanced Course (89)
- Pharmacology of Cancer Chemotherapy Course (64)
- Trainees Weekend (52)
- Total (1573)**



# COSA GROUP REPORTS

## AYA GROUP

**The main activity of the COSA AYA Group in 2019 was to hold a joint AYA Education Day/Youth Cancer Service (YCS) Communities of Practice Meeting at the Adelaide Convention Centre preceding the COSA ASM on 11 November 2019. This was first time in many years that the COSA AYA Group and the YCS have been able to run a joint meeting.**

It was highly successful, with more than 50 delegates attending the day. Topics included Testicular Cancer; updates from the 2019 MaGIC (extracranial germ cell tumour) Consortium Meeting and the Australian Young Cancer Patient Clinical Trials Initiative; the Lokomat Robotics study; Education and Vocational needs of AYA with cancer; the MOST (molecular screening and therapeutics) clinical trial; resources for LGBTQI AYAs with cancer; and cancer in Indigenous Australian AYA. There was an outstanding presentation on Medicinal Cannabis by Professor Stephen Clarke from the University of Sydney. All presentations on the day were very well received and stimulated interesting and constructive discussion.

As in previous evaluations of the COSA AYA education day, feedback for this joint event has been overwhelmingly positive, with multiple requests for this to be a regular event at the ASM and to continue with strong medical and psychosocial themes. I hope the success of the day and positive feedback can be translated into a new era of educational cooperation between COSA and YCS for what are, essentially, overlapping audiences. The COSA AYA Group plays important roles in education, fostering research and advocating for clinical services for AYA cancer patients through important linkages with other professional groups, interest groups and clinical trial groups which make up COSA's broad membership.

Jessica Harris, COSA Project Manager, and the Fertility Guideline Working Group, which includes the AYA Group, continue their work to update the COSA Fertility Preservation Guideline. They are reviewing and extending the current guideline to include cancer patients of all age groups, incorporating major advances in the field of sexual and reproductive medicine. An evidence-based approach is being taken with systematic reviews for each clinical

question and appraisal of literature using the wiki platform for guideline development, established by Cancer Council Australia.

This multidisciplinary Working Group of clinicians, nurses, psychologists and academics met in Melbourne in August 2019 to discuss the literature appraisal process and the recommendations developed so far. A second meeting is scheduled to take place to finalise the recommendations before the draft guideline is released for public consultation.

I would like to thank Marie Malica and Fran Doughton for their continued tremendous support over the last year. The support of COSA as an independent health professional group with such wide representation, remains of great benefit in developing and furthering AYA cancer activities in Australia.



## BREAST CANCER GROUP

**2019 has been a quieter year for the Breast Cancer Group. Our main project has been the development of a fact sheet on breast density. As I write, the fact sheet is almost ready to present to the Council meeting in March 2020.**

Along with Professor Rik Thompson and Dr Haitham Tuffaha we have worked on this project for almost two years, aided greatly by consultation with many members of peak bodies involved in breast medicine, surgery, screening and consumer groups.

It has been a much more difficult task than originally envisaged to come up with a helpful evidence-based document which will hopefully enable

COSA members and members of affiliated professional groups to discuss breast density with their patients.

Many thanks to the participants, stakeholders and advisors who have contributed to the development of the fact sheet. To quote Rik Thompson, "This document has evolved to a delicate balance around complex issues and hopefully will be a useful tool for professional groups".

The other very important development for the Breast Cancer Group has been the release of the COSA Exercise Group's Position Statement – led by Professor Prue Cormie. A lot of this research and work was done in the Breast space.

This position statement has major ramifications for the management of all women newly diagnosed with

breast cancer. Ideally each and every woman should be referred to an exercise specialist pre-treatment. We as clinicians should be "prescribing exercise".

The other ongoing projects related to breast cancer nationally – shared care for early breast cancer and risk-stratified screening – have concluded and outcomes and/or implementation are, I believe, being evaluated.



## CANCER CARE COORDINATION GROUP

**The Cancer Care Coordination Group has completed a survey of COSA and CNSA members to explore the changing nature of the cancer care environment and the implications for care coordination and the professional development needs of those in dedicated care coordination roles. The survey results will be used to inform Group activities in 2020.**

In July 2019 we hosted our fourth webinar – *Connecting Cancer Care Using Digital Tools* – providing care coordinators with evidence and practical information about digital innovations in cancer care to assist them in their role in caring for cancer patients. We were once again pleased with the level of engagement and positive evaluations supporting the value of this program. Thanks to Liz Zwart for coordinating the Group's webinar program. Thanks also to the WA Cancer and Palliative Care Network for once again providing

technical support, and the assistance of Steve Platt and Dominic Soanes.

A number of members of the Group attended the 2019 COSA ASM in Adelaide, which included many sessions of interest to care coordination. In the opening plenary session, I had the opportunity to present findings from the Movember-funded TrueNTH survivorship program for men with prostate cancer. I was able to present data which highlighted that a key factor to the success of the program is good care coordination, as men have multiple needs which require access to multiple service providers over the course of their journey.

A number of the presentations on digital health also highlighted the enormous potential provided by digital technologies to improve safety and quality of care for our patients. We were also pleased to view Liz Zwart's poster at the ASM: "Click-Connect-Converse-Collaborate – Extending the reach of education and professional development opportunities through

webinar series". Liz shared the key message that webinars are an accessible and time-effective way to meet the professional development needs of cancer care coordinators.

We have continued to provide regular updates on Cancer Care Coordination-related news through our bi-annual newsletter *The Coordinator*. Claire Kelly, as editor of this newsletter, continues to ensure that it provides up-to-date information on the latest evidence and delivers a platform for sharing of experiences and news among Group members.

I would like to take this opportunity to thank Gillian Mackay, Project Manager for the Cancer Care Coordination Group, for her fantastic support of our work.



**Patsy Yates**  
Chair,  
Cancer Care  
Coordination  
Group

## CANCER PHARMACISTS GROUP



### CPG Membership and Committee

Currently our membership (Group members and those COSA members stating cancer pharmacy as an area of interest) stands at 205, which has remained consistent since 2017.

The 2019 CPG committee members were:

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

### Educational activities

This year COSA supported the CPG to adopt a more streamlined approach to sponsorship of its educational

activities. This involved a new combined sponsorship model that allowed even distribution of support for both Foundation and Advanced practice courses. The success of the combined sponsorship method will be continued by the Group into 2020.

Thank you to our 2019 sponsors who helped make our events a success again this year.

### Pharmacology of Cancer Chemotherapy for Advanced Trainees Workshop, 16 February 2019, Melbourne

*CPG speaker/convenors: Krissy Carrington, Dan McKavanagh*

This Roche sponsored workshop was held as a single event in Melbourne, rather than the previous Sydney/Brisbane/Melbourne locations. This format was hugely successful with 70+ medical oncology/haematology trainees attending.

### CPG Foundation Clinical Practice for Cancer Pharmacists Course, 31 May-2 June 2019, Brisbane

*Convenors: Dan McKavanagh, Geeta Sandhu*

*CPG member speakers: Jim Siderov, Gail Rowan, Marissa Ryan, Geeta Sandhu, Krissy Carrington, Courtney Oar, Dan McKavanagh*

The 12th Foundation course reached capacity (100 attendees) and was successfully delivered, with excellent positive feedback. Additional workshops were added to the program this year that focused on essential-level clinical knowledge and skills required for cancer pharmacists.

### CPG Advanced Clinical Practice for Cancer Pharmacists Course, 31 August-1 September 2019, Melbourne

*Convenors: Jim Siderov, Gail Rowan, Courtney Oar*

The 10th CPG Advanced Course welcomed 70 pharmacist attendees and was held in Melbourne with an exciting program spanning myelofibrosis to digital health to transplants. Feedback was once again positive and has encouraged the convenors to build upon the 2019 format to bring exciting changes to the 2020 course.



**CPG Foundation Clinical Practice for the Ramsay Group Cancer Pharmacists, 5-6 October 2019, Brisbane**

*Convenors: Dan McKavanagh, Geeta Sandhu*

*CPG member speakers: Jim Siderov, Gail Rowan, Marissa Ryan, Geeta Sandhu, Krissy Carrington, Dan McKavanagh*

This additional course was convened to assist the Ramsay Group in meeting their internal training requirements for 20 cancer pharmacists. The popularity of the May/June course resulted in maximum attendee capacity prior to closure of registration that did not allow for their additional numbers. Feedback from the course was resoundingly positive. A special thank you to our convenors and speakers who made a considerable effort to get this additional course up and running with relatively short notice.

**CPG Pre-ASM Clinical Development Workshop, 11 November 2019, Adelaide**

*Convenors: Jenny Casanova, Kimberley-Ann Kerr*

The CPG held a Pre-ASM Clinical Development Workshop on Monday 11 November for 30 attendees. The program included both clinical and professional topics, and the CPG was pleased to host Associate Professor Alex Chan from Singapore to present. Positive feedback was obtained to shape future workshops.

**CPG involvement in COSA ASM Adelaide, 12-14 November 2019**

Two of our CPG committee members from Adelaide, Jenny Casanova and Kimberley-Ann Kerr, were the CPG representatives on the ASM organising committee. Several CPG members presented over the ASM, including in the Medicines Matter session (health literacy focus). The CPG nominated and were successful in bringing international pharmacy speaker Associate Professor Alex Chan from Singapore to present at the ASM.

**Other activities**

Huge kudos to Krissy Carrington and Jim Siderov for their ongoing involvement in the drafted ACSQHC/NCERG National Chemotherapy Governance Framework Working

Group. This Guide has been out for feedback but the final publication is yet to be released.

Towards the end of 2019, Geeta Sandhu raised interest in a new focus group: Digital Safe Prescribing, Dispensing and Administration. Geeta Sandhu presented on the topic at the AGM with interest across the CPG members present to form a focus group and potentially draft a position statement on this topic.



**Dan McKavanagh**  
Chair,  
Cancer  
Pharmacists  
Group

## CLINICAL TRIALS RESEARCH PROFESSIONALS GROUP

**The Clinical Trials Research Professionals Group Executive Committee had a very productive year in 2019. Our website was updated, including the addition of a number of useful links providing a broad range of current information relevant to cancer clinical research.**

Members of the committee attended the National Clinical Trials Governance Framework Consultation workshop in Brisbane. The committee subsequently provided a report to COSA on the presentation and contributed to the final response to the Australian Commission on Safety and Quality in Health Care (ACSQHC) by COSA and the 14 Cooperative Cancer Trials Groups.

With support from COSA a pre-conference workshop was held on Monday, 11 November 2019 at the Adelaide Convention Centre. The workshop was organised by the COSA CTRPG Executive Committee in response to themes identified by CTRPG members surveyed in 2018, and to meet identified needs in the wider membership as well as the local membership in Adelaide. While workshop attendance was down on previous years, the standard of presentations by invited guest speakers, who very generously donated their time and expertise, was extremely high.

The morning session was led by Eleanor Allan (Caledonian Clinical Training) an internationally renowned expert in Good Clinical Practice (GCP), clinical trials management, and auditing and training, in conjunction with invited speakers Amy Ives (Royal Brisbane & Women's Hospital, Queensland) and Maryanne Turner (Peter MacCallum Cancer Centre, Victoria), both experienced Clinical Research Coordinators. An interactive and informative session followed, starting with a case study on the potential benefits and challenges of transitioning to the electronic filing of site files. Site files include the essential documents required by GCP guidelines which support the conduct of every clinical trial at

a site. These are currently managed in hard copy at many sites, which significantly adds to administrative workloads and the expense of running cancer clinical trials. Interactive/small group sessions demonstrated the importance of managing electronic site files successfully, including naming conventions and consistency in filing to enable access for all stakeholders.

Candid site perspectives from Amy and Maryanne shared the trials and tribulations of introducing e-site files and how to avoid pitfalls. In the second part of the morning session perspectives were presented from an auditing, regulatory and experiential approach to data management. Towards the end of the morning, a review of what needs to be filed and how best to do it was both entertaining and informative. The morning workshop successfully covered how electronic site files systems can be used to more efficiently manage research data and workloads. The session ended with an informal interactive and summative session on root cause analysis exercises to optimise the implementation of electronic systems.

The afternoon session was led by Dr Claudia Rutherford (Deputy Director of the Cancer Australia Quality of Life Office in Sydney) in conjunction with Dr Rachel Campbell (also from the QOL Office). Dr Rutherford is a health psychology researcher with experience in the development and evaluation of health-related conceptual framework and patient-reported outcome (PRO) measures. As a PRO specialist, she has a comprehensive set of methodological skills related to multi-centre research conduct and all aspects of PRO inclusion in clinical trial protocols. Dr Campbell is a post-doctoral research associate at the Sydney Quality of Life Office and her current research focuses on optimising the use of patient-reported outcome measures in oncology research and clinical practice. She is particularly interested in the implementation of patient reported outcome measures (PROMs) in clinics to improve patient outcomes. Their joint presentation was on PROs in clinical research. Dr Rutherford presented a summary and overview of the development, background and uses of PROMs in

research. Dr Campbell presented a number of very helpful resources to help ensure that quality data is collected. This was a very interactive session with the questions and discussion time drawing on the experiences and expertise of the audience.

### Evaluation

The workshop audience was multi-disciplinary, with a mix of clinicians, clinical research professionals and researchers. They were very engaged and it was an extremely interactive and interesting day. On behalf of the CTRPG Executive Committee I would like to thank all the presenters for generously donating their time to provide these worthwhile and valuable sessions.

Throughout the year the membership of the Executive Committee changed. We welcomed two new general members, Joanne Benhamu from the Peter MacCallum Cancer Centre and Krystyne Hiscock from Affinity Clinical Research in Perth. Sanela Bilic (St John of God, Subiaco, WA) and David Mizrahi (Sydney Children's Hospital) stepped down and we thank them both very much for their contributions to the committee. Dianne Lindsay (Clinical Research Consultant, Newcastle) stepped down as Chair and Annette Cubitt (Royal Brisbane and Women's Hospital) - previously Deputy Chair - stepped up to Chair the committee. Alison Richards (Flinders Medical Centre) continues as Secretary and Natasha Roberts (Royal Brisbane and Women's Hospital) and Adam Stoneley (ICON Cancer Foundation) continue as general members. I am pleased to acknowledge the commitment and high level of support provided by all members of the committee.

During the Annual General Meeting members were updated about the activities of the CTRPG Executive Committee during 2019 and an invitation was extended for nominations from people interested in joining the committee. Members were canvassed for suggestions to guide new initiatives to be undertaken during 2020.

I would like to sincerely thank all of our members and the COSA staff for their support during 2019. The CTRPG





## EPIDEMIOLOGY GROUP

**The Epidemiology Group was active this year with a number of leading events and initiatives.**

### **Epidemiology Group Terms of Reference**

The Executive Committee developed Terms of Reference for the Group which was approved by the COSA Council. The document gives an overview about the Group's purpose, membership and governance. The Terms of Reference can be found at [cosa.org.au/media/332580/epidemiology-tors-2019\\_approved-by-council\\_23082019.pdf](http://cosa.org.au/media/332580/epidemiology-tors-2019_approved-by-council_23082019.pdf).

### **Epidemiology at COSA's 46th Annual Scientific Meeting**

Our Group was well represented at the COSA's 46th Annual Scientific Meeting (ASM) in Adelaide, specifically, in the "Best of the Best Orals - Epidemiology" and "Best of the Best Posters - Epidemiology" and Health Services Research sessions.

### **Personalising Cancer Prevention and Screening**

Personalised risk-based cancer screening and prevention programs are critical to reduce overdiagnosis and improve the balance between the benefits and harms of screening. Such targeted programs will avoid unnecessary health costs and improve patient experience and outcomes. The Group organised a session titled "Personalising cancer prevention and screening", which was held during the ASM on Thursday, 14 November. The session was well-attended and the panel discussions at the end of the session were very rich and interactive.

The session was chaired by Jon Emery and Claire Vajdic and it featured four excellent presentations by multidisciplinary speakers. Anne Cust (University of Sydney) presented on risk-stratified melanoma prevention and screening; Michael O'Callaghan (Flinders University) discussed prostate cancer screening; Sanchia Aranda (Cancer Council Australia) presented a policy perspective of cancer screening; and Jonathan Karnon (Flinders University) discussed the challenges in demonstrating the value of cancer screening.

### **The second issue of the Epidemiology Group's newsletter (Epi-news)**

The second edition of *Epi-news* was circulated in October 2019. The purpose of this newsletter is to share with the Group members some of the research and progress being made in cancer epidemiology. The issue included "Researcher in Focus" and "Resource in Focus" updates - providing a snapshot of the diverse range of skills, experiences and achievements of our members, and a chance to learn about a valuable new resource. The newsletter can be accessed at <http://cosa.e-newsletter.com.au/link/id/zzzz5dae3dbc72365896Pzzzz4d6ad53547393645/page.html>

will continue to promote positive changes through education, networking, the provision of resources and leadership to further improve the excellent standard and conduct of oncology clinical trials research throughout Australia, New Zealand and beyond.



**Annette Cubitt**  
Chair,  
Clinical Trials  
Research  
Professionals  
Group



**Haitham Tuffaha**  
Chair,  
Epidemiology  
Group

## EXERCISE AND CANCER GROUP

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

### COSA Position Statement on Exercise in Cancer Care

2019 has been a busy year with the continued promotion of the COSA Exercise and Cancer Position Statement through media, publications and a number of national conferences focusing on the message that exercise should be prescribed as part of routine cancer care. There are now 23 "Supporting Organisations", with the addition of the Can Too Foundation, CanTeen and Leukaemia Foundation during the year. The position statement can be downloaded from [cosa.org.au/media/332623/cosa-position-statement-2020-final.pdf](http://cosa.org.au/media/332623/cosa-position-statement-2020-final.pdf) and an infographic (see below) is also being used to help raise awareness.

### Exercise Implementation Working Group

Another key piece of work that occurred during the year was the formation of the Exercise Implementation Working Group, chaired by Professor Christine Paul from the University of Newcastle. The vision of the working group is

to develop "nationally consistent referral pathways for personalised exercise plans". The first meeting of the group was held in August 2019 and we look forward to watching the development of activities over the coming year. The group have a diverse multidisciplinary mix:

- Gerry Adams: Radiation Oncologist, Genesis Cancer Care
- Di Adams: Medical Oncologist, Macarthur Cancer Therapy Centre
- Chris Breheny: Implementation Science, Safer Care Victoria
- Prue Cormie: Exercise Physiologist, Australian Catholic University
- Sharon Czerniec: Physiotherapist, Macquarie University
- Amy Dennett: Physiotherapist, Eastern Health
- Shelley Heaney: Consumer, La Trobe University
- Melissa Moore: Medical Oncologist, Cancer Centre St Vincent's
- Sophie Nightingale: Surgical Oncologist, Western Hospital, Peter MacCallum Cancer Centre, Royal Melbourne Hospital
- Rebecca Paul: Clinical Nurse Specialist, Chris O'Brien Lifehouse
- Matthew Perich: Cancer Nurse Coordinator, GenesisCare, Concord

- Ganes Pranavan: Medical Oncologist, Canberra Hospital
- Carolina Sandler: Exercise Physiologist, Queensland University of Technology
- Elysia Thornton-Benko: Specialist General Practitioner, Family, Wellness and Cancer Survivorship Physician
- Haitham Tuffaha: Pharmacist & Health Economist, Centre for Applied Health Economics, Griffith University
- Jane Turner: Exercise Physiologist, Concord Cancer and Sydney Survivorship Centre

### Executive Committee Membership

Four new active members were appointed to the Exercise Executive Committee in 2019:

*Dr David Mizrahi:* David is an exercise physiologist, who has worked in the field of exercise-oncology research for the past seven years. He has been selected for the Fulbright fellowship in 2020 to attend a leading research institution in exercise and paediatric cancer in the US.

*Dr Tina Skinner:* Tina is a senior lecturer in clinical exercise physiology at the University of Queensland and has a strong interest in improving the health of people with cancer using exercise as medicine. She is a lead researcher



## COSA POSITION STATEMENT ON EXERCISE IN CANCER CARE

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

## EXERCISE SHOULD BE PRESCRIBED AS PART OF ROUTINE CANCER CARE

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

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



on an international exercise oncology team that has conducted research across the bench to bedside spectrum.

*Dr Elysia Thornton-Benko:* Elysia currently works as a specialist general practitioner and is passionate about cancer survivorship and wellness. She has also had formal training in radiation oncology, as well as experience in other areas of medical and surgical oncology.

*Dr Sara Wahlroos:* Sara is a medical oncologist and PhD candidate at St Vincent's Hospital and the Garvan Institute of Medical Research. She sub-specialises in breast cancer and has developed a keen interest in exercise oncology. Sara's PhD aims to gather further evidence and insights into the benefits of exercise for cancer patients.

They replaced Anne Cust, Elizabeth Eakin and Sandra Hayes on the Executive Committee. I wish to thank the outgoing Executive Committee members for all their hard work over the past few years. I also wish to thank Prue Cormie who has stepped down as Chair of the Group but will continue to serve on the Executive Committee. Prue has provided excellent leadership over the years to the Executive and broader exercise and cancer community and has made a lasting contribution to the Group.

**2019 COSA Annual Scientific Meeting**  
Exercise also featured strongly at

the 2019 ASM with a plenary session "Personalised, pragmatic and precision – exercise prescription for cancer patients". The highlight of the session was provided by Shona Edwards who gave a personal insight into the number of challenges that she has faced along her cancer journey and highlighted the importance of a tailored and personalised exercise program to assist in her recovery. There was also a range of other exercise related research presented at the conference. These are available on the conference website at [cosa.org.au/events/past-annual-scientific-meetings/](http://cosa.org.au/events/past-annual-scientific-meetings/). We encourage you all to look at some of the amazing research and work being undertaken in the area.

Another highlight of the ASM was the COSA Exercise booth. COSA, Australian Physiotherapy Association (APA) and Exercise & Sports Science Australia (ESSA) joined forces to promote the message of exercise in cancer care to delegates, in particular the role Physiotherapists and Accredited Exercise Physiologists (AEP) have in supporting patients across the cancer continuum. The booth also provided a perfect research opportunity (led by Dr David Mizrahi) that looked at assessing the fitness and physical activity referral patterns of healthcare professionals who have the opportunity to promote exercise to patients.

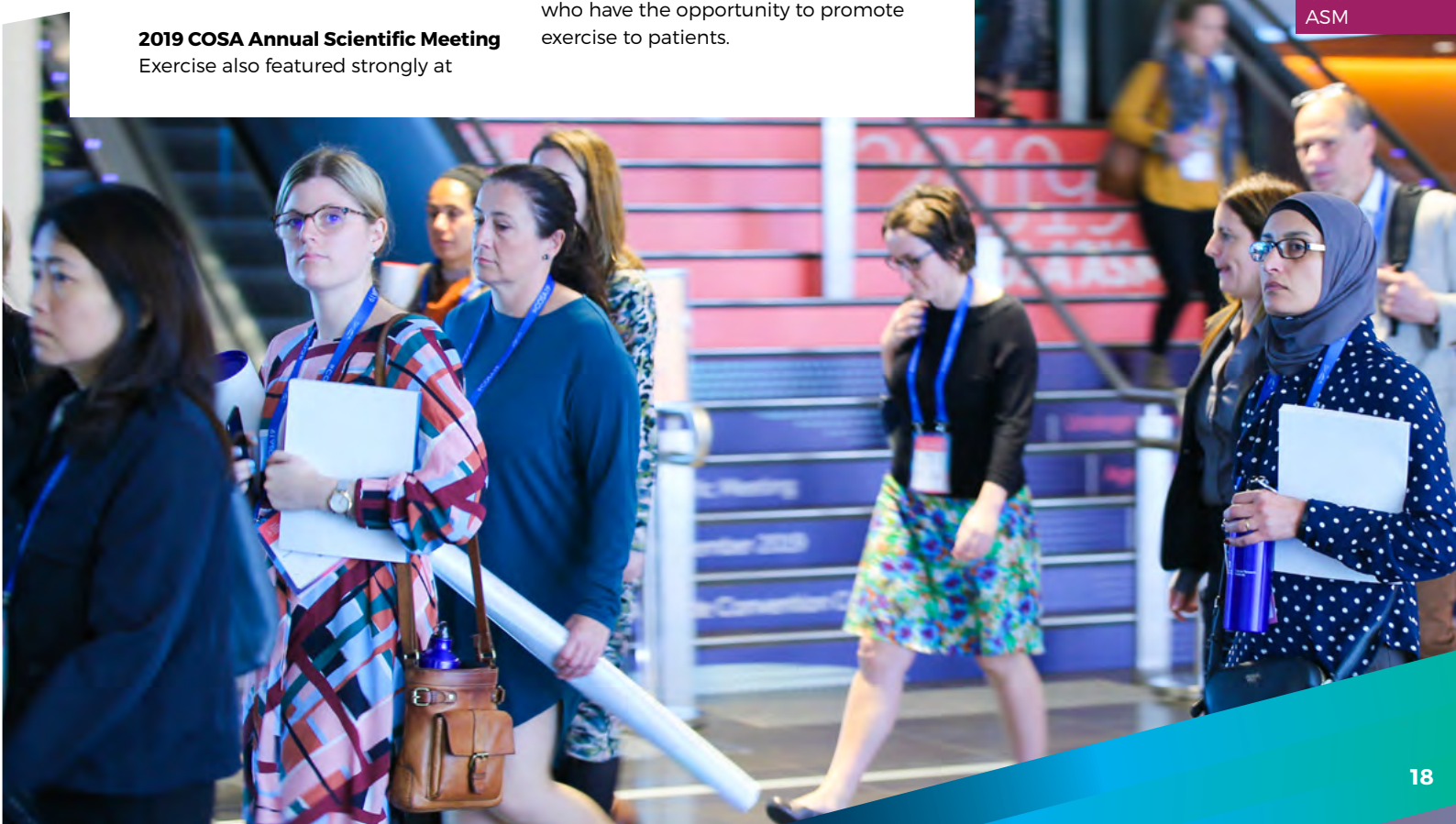
Finally, the Exercise Group held an AGM at the 2019 ASM to determine priorities and activities for 2020. The focus of the discussions was around how best to implement the calls made within the COSA Position Statement on Exercise in Cancer Care, along with exploring issues for patients in the community to access exercise services (long-term). On behalf of the Executive Committee I would like to thank all members of the Exercise and Cancer Group, they represent a broad multi-disciplinary team who are passionate about promoting the role of exercise in cancer care.



**Andrew Murnane**  
Chair,  
Exercise and  
Cancer Group



2019  
COSA  
ASM





2019  
COSA  
ASM

## FAMILIAL CANCER GROUP

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

**The activities of the COSA Familial Cancer Group have continued to focus on continuing training, education, and the development of resources and guidelines to achieve consistency of practice.**

The Group contributed to the following conferences and educational activities in 2019:

- The successful running of the COSA/ Human Genetics Society of Australia (HGSA) Familial Cancer Clinics Clinical Professional Day, which was held on Tuesday 27 August 2019, at the Mantra resort, Kingscliff, NSW. The day featured four sessions:
  1. *Melanoma*. Presentations included the latest evidence and progress in developing melanoma risk prediction tools using family history information; evidence for melanoma surveillance for CDKN2A gene mutation families; and evolving evidence regarding

clinical phenotype of the BAP1-tumour predisposition syndrome.

2. *Paediatric cancer*. Featured presentations from the Zero childhood cancer project and considerations for the provision of Genetic Counselling in a paediatric and adolescent cancer setting.
3. *Li Fraumeni Syndrome (LFS)*. Featured presentations regarding variability in LFS including potential modifying factors, updates from the international and Australian experiences, multi system cancer screening including whole body MRI screening and adolescent and young adult experiences of genetic testing for LFS.
4. *Familial Leukemia and Managing Variants of Uncertain Significance (VUS)*. Presentations featured updates from the Australian Familial Haematological Cancer Study, including genetic interpretation and therapeutic considerations, case presentations and international experiences of managing VUS in the clinic.

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

- The selection of Familial Cancer topics and speakers for the 2019 COSA ASM held in Adelaide included:
  - ▶ Dr Nicola Poplawski – The clinical benefits of germline genetic testing for a cancer patient
  - ▶ Dr Karin S Kassahn – Benefits and limitations of NGS testing
  - ▶ Ms Debra Trott – Closing the loop – managing the patient and the family
- The selection of topics and speakers for a Cancer genetics session at the 2019 Human Genetics Society of Australia (HGSA) ASM held in Wellington included:
  - ▶ A/Prof Kathy Tucker – Mainstreaming in genetic testing

- Dr Robert Weinkove – Chimeric Antigen Receptor T Cells: A Cell and Gene Therapy for Cancer
- Dr Finlay Macrae – CAPP3 and risk management of Familial Colorectal Cancer

Other activities included:

- Completion of an online education tool to support oncology teams to upskill regarding mainstream genetic testing. The module can be accessed via [mainstreamgeneticstesting.com.au/](http://mainstreamgeneticstesting.com.au/). We thank the efforts of the steering committee – Margaret Gleeson, Maria Kentwell, A/Prof Kathy Tucker, Dr Yoland Antil and Dr Helen Mar Fan who led the development of this module. We acknowledge the financial support of Astra Zeneca, and medical writing and digital development provided by The Med Collective and JHL Digital
- Completion of a membership survey to understand more about the membership's needs and to inform a strategic plan

- Updating the prescribing guidelines and patient information resources for medications to lower the risk of breast cancer
- Updating the terms of reference

The COSA FCG Executive committee also serves as the Executive committee for the HGSA Cancer Genetics Special Interest Group. The HGSA Cancer Genetics SIG restructured and expanded the Executive committee in 2020 to include a subgroup within the Executive that will represent and drive a somatic cancer genetics agenda. We believe this change will provide greater educational opportunities for COSA and HGSA members, provide a reference group to advocate for issues relating to somatic cancer genetics and raise the profile of cancer genetics more broadly.

I wish to thank all those on the Executive in 2019 for their work during the year. I also acknowledge the significant contributions Dr Nicola Poplawski, Dr Helen Mar Fan and Ms Mary-Anne Young, who have stepped down from the Group.

The 2020 COSA FCG/HGSA Cancer Genetics SIG Executive members are:

- Lucinda Salmon (VIC), Chair
- Simon Troth (QLD), Secretary
- Susan Dooley (NSW), Treasurer
- Members: Kathy Tucker (NSW), Rachel Williams (NSW), Mathilda Wilding (NSW), Linda Warwick (ACT), Fiona Webb (ACT), Alexandra Lewis (VIC), Nicholas Pachter (WA), Robyn Luekis (NSW), Nisha Singh (NSW), Nicole Waddell (QLD), Monica Armstrong (ACT), Mark Cowley (NSW), Daniel Buchanan (VIC), Anne Jay (NZ)

**Lucinda Salmon**  
Chair,  
Familial Cancer  
Group

**Nicholas Pachter**  
Council representative,  
HGSA

## GERIATRIC ONCOLOGY GROUP

**In 2019 the Geriatric Oncology Group had a focus on the further development of Australian geriatric oncology guidelines, with great engagement from a broad range of interdisciplinary clinicians from the COSA membership across Australia. We hope the guidelines will be launched in 2020.**

A highlight of 2019 for the Geriatric Oncology Group was hosting a breakfast session at the COSA ASM in Adelaide: "What is needed to ensure optimal care and outcomes for older people with cancer in Australia?" This session provided an opportunity to promote discussion from consumer, clinician, service and policy perspectives about what needs to change to improve outcomes for older people with cancer in Australia. We heard why geriatric oncology needs to be a priority in Australia, and what it is going to take to deliver effective

cancer care for older people, including the consideration of service models, the need for a national approach to data concerning older people with cancer, collaboration, policy and funding. We were also privileged to hear the consumer perspective (via a carer) of being an older person with cancer. Some existing geriatric oncology services discussed the way they set up their services, what works well, the outcomes they are achieving, and shared ideas for other clinicians thinking about models which might suit their cancer service. Many thanks to Tim To for expertly chairing this session, and to all members who contributed their knowledge and expertise to the panel.

We were also very pleased to announce in 2019 that Heather Lane was approved as the International Society of Geriatric Oncology (SIOG) National Representative for Australia. National Representatives play an important role in linking SIOG with members, institutions and geriatric oncology experts around the globe,

and we have valued the insights Heather has provided to our members through her involvement in SIOG forums via the *GO eNews*.

*GO eNews* continues to provide our Group with excellent updates about national and international initiatives in geriatric oncology, and two editions were produced during 2019. We are grateful to Wee-Kheng Soo for providing editorial leadership and for helping our members keep up to date with a range of multidisciplinary initiatives that help improve outcomes for older Australians with cancer, as well as the latest research in the geriatric oncology space.



**Meera Agar**  
Chair,  
Geriatric  
Oncology  
Group

## NEUROENDOCRINE TUMOURS GROUP

**The COSA NET Group was formed in the late 2000s, and was initially active in writing the original COSA NET guidelines, as well as participating in a NET database. Following a period of less activity in recent years, I am glad to report that the second half of 2019 has seen its re-activation.**

The NET Group has thrived over the last few months due to the combined efforts of dedicated members, particularly those in the Executive Committee. We have written terms of reference that have been ratified by COSA Council. The Group has met regularly over the last 12 months and had 15+ attendees at the annual general meeting held at the COSA ASM. One of the main activities for the COSA NET Group in 2019-2020 is the revision of the COSA guidelines. Group

chairs have been allocated to update the original guidelines with the bounty of evidence arising in the past decade. Writing has already begun and we hope to publish the guidelines in the coming year.

Looking into the future, my hope for the NET Group is that it becomes an active group of NET-interested members regardless of who is at its helm. While we do not wish to duplicate the excellent work being done by other groups such as CommNETs and AGITG, I do see particular opportunities for COSA NET members to contribute to the scientific literature, particularly in novel, cross-disciplinary collaborations. We also remain committed to supporting patient advocacy groups such as the Unicorn Foundation to lobby for equitable access to effective therapies for NET patients – despite the relatively uncommon nature of NETs, each therapy represents a step

forward and a potential improvement in the journey of each patient affected.

I would like to take this opportunity to acknowledge and thank all the members of the Executive Committee: Gabby Cehic, Erin Laing, Michael Michael, Tim Price, Kate Walkin and David Wyld. While we have only spent six months together to date, it has been an absolute pleasure working with such a group of committed, experienced and selfless peers. I would also like to personally thank Nick Pavlakis, our COSA President, for his ongoing mentorship and support.



**David Chan**  
Chair,  
Neuroendocrine  
Tumours Group

## NEURO-ONCOLOGY GROUP

**The Neuro-oncology community of healthcare practitioners, consumer advocates and researchers across Australia and New Zealand continues to be a strong and vibrant group with important links to relevant international clinical, advocacy and clinical trial networks.**

Brain Cancer Awareness Week was held 1-7 May 2019, with several patient education forums held across states and territories.

Brain Tumour Alliance Australia (BTAA) was awarded co-funding for a project to develop new brain tumour resource materials including in languages other than English. In 2019, this project has released a wonderful suite of multi-cultural support resources, including the translation of important support publications – the new Pathway document, the booklet *It's OK to Ask*, and the BTAA information brochure. These can be located at [btaa.org.au/resources/languages](http://btaa.org.au/resources/languages)

There have also been efforts to educate and upskill care coordinators, in particular addressing the

specialised issues facing brain tumour patients and their carers. One example of this was a retreat held in Newcastle, NSW, hosted by neuro-oncology care coordinator Marina Kastelan and funded by the Mark Hughes Foundation.

A highlight of the annual calendar for the neuro-oncology community remains the Cooperative Trials Group for Neuro-oncology's Annual Scientific Meeting. The 2019 ASM, with the theme of "The Neuro-Oncology Picture: Now and The Future", was convened by neurosurgeon Dr Jonathon Parkinson, and ran from Sunday 27 to Tuesday 29 October 2019 at the International Convention Centre Sydney. This was a very successful meeting with the program including five international experts spanning neuro-imaging, neuro-oncology, neurosurgery and radiation oncology, as well as key national experts. A patient support and education forum facilitated by the Cancer Institute NSW Neuro-oncology Group and BTAA was held alongside the main Scientific Meeting program. Similar events were held by other key clinical and research groups.

Research activity has continued to increase, catalysed in part by the

Australian Brain Cancer Mission, announced in October 2017, representing a total investment of \$124.7m achieved through co-investment by the Australian Government's MRFF and donations from other funding partners. Over the decade to 2027 The Mission has the goal of doubling survival rates and improving the quality of life of people living with brain cancer with the longer term aim of defeating brain cancer.

It has been a great pleasure to Chair the COSA Neuro-oncology Group.



**Eng-Siew Koh**  
Chair,  
Neuro-oncology  
Group

## NUTRITION GROUP

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

The *Nutrition Group eNews* was circulated quarterly with the aim of keeping Nutrition Group members up to date with the activities of the Group; informed about upcoming events, relevant new resources and research in the area of nutrition and cancer; and profiling the work of clinicians and researchers in nutrition and cancer.

Nutrition was again on the agenda at the 2019 COSA ASM with a hot topic discussion on “As health professionals do we practice what we preach” revealing the poor adherence of COSA attendees to cancer prevention recommendations, particularly those around diet. The Nutrition Group held a session on “Exploring age and media in onco-nutrition: assets or liabilities?” The session covered broad and topical areas in oncology nutrition including the impact of sarcopenia (low muscle mass) on cancer outcomes, digital health as a platform for nutrition interventions, and the benefit of combining exercise and nutrition interventions for optimal outcomes in men with prostate cancer.

The Dietitians Association of Australia (DAA) renewed their membership of COSA as an associated organisation with the aim of supporting an increase in collaborative activities between the two organisations to address nutrition and cancer issues. DAA again funded an external research prize for the highest quality abstract presented by a dietitian at the 2019 ASM. The recipient of the 2019 DAA external conference research prize was Merran Findlay for her excellent presentation and quality research on sarcopenia in people with head and neck cancer, undertaken within her PhD candidature.

Cancer-related malnutrition and sarcopenia have severe negative consequences, including poorer survival, for people living with and recovering from a cancer diagnosis. With as many as one in three people with cancer experiencing malnutrition and/or sarcopenia there is a substantial impact at an individual level for people with

cancer and their families as well as for the health care system as a whole. Over the duration of 2019 the Nutrition Group has been developing a position statement on cancer-related malnutrition and sarcopenia for all health professionals working in oncology. In April a 22 member multidisciplinary working group was formed, consisting of dietitians, nurses, exercise physiologists and medical practitioners, to commence work on the position statement. A draft of the position statement was presented at the August COSA Council and received preliminary approval from Council. The position statement contains a summary of the evidence for recognition, assessment and treatment of cancer-related malnutrition and sarcopenia, as well as the important role of the multidisciplinary team. Implementation tips are included in order to assist organisations in adopting the recommendations stated in the position statement. The Nutrition Group aims to have the final position statement available early in 2020 and will commence work on an implementation and promotion strategy.

A number of Group members continue to be involved with the Victorian Cancer Malnutrition Collaborative, led by the Peter MacCallum Cancer Centre Nutrition department and funded by the Victorian Department of Health and Human Services (DHHS). Specific work members of the Nutrition Group have been involved with in 2019 include development of the CanEAT pathway, an optimal care pathway for nutritional management of people with cancer. Two versions of the pathway are freely available, one for people with cancer and one for health professionals working with people with cancer. The second project the Group has been involved with is the translation and cultural adaptation of the malnutrition screening tool (MST) into the five most spoken languages in Victoria, other than English. This project has also involved development of an online platform for the MST, with audio files in English and in five other languages, which can be accessed by health professionals to support broader access to malnutrition screening within CALD populations.

Nutrition Group members have been involved in project committees, project lead roles and steering groups within the program.

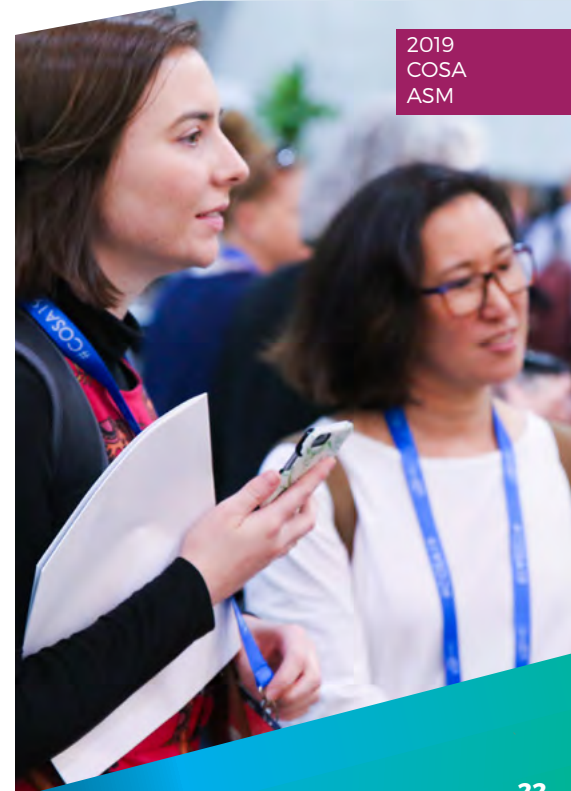
The Nutrition Group was fortunate to receive a small grant from Goldman Sachs to support an update of evidence-based guidelines for nutritional management of adult patients with head and neck cancer. These guidelines are used by dietitians and multidisciplinary teams nationally and internationally to support nutrition practice in head and neck cancer. Work on the update will commence in 2020.

The Group held an AGM at the 2019 COSA ASM to determine priorities and activities for 2020.

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



**Nicole Kiss**  
Chair,  
Nutrition Group



2019  
COSA  
ASM

## PSYCHO-ONCOLOGY GROUP

**This year has been another eventful year for the COSA Psycho-oncology Group. It started with a strong Psycho-oncology presence at the 2019 Cancer Survivorship conference on 28-29 March in Sydney. This conference provided stimulating presentations and thought-provoking discussions about a range of issues faced by cancer survivors.**

In September, a significant contingent of Australians trekked to Banff, Canada, to attend the International Psycho-oncology Society World Congress. The congress program was generously peppered with Australian content. It was a delight to see our own Professor Jane Turner take the reigns as the new President of IPOS. The international recognition of Australian expertise is demonstrated in Australian involvement in IPOS interest groups. It was also wonderful to see Dr Ursula Sansom-Daly recognised with the Hiroomi Kawano New Investigator Award which is an early career award for outstanding research contribution to psycho-oncology.

The COSA Psycho-oncology Group ended 2019 on a high note with a lively COSA ASM in Adelaide. This meeting gave us the opportunity to gather as a group of health professionals committed to the psychosocial care of people with cancer and their families. Our engaging international speaker, Professor Matt Loscalzo, provided many opportunities to consider not only strategies for improving access to quality, individualised services for cancer patients and their families, he also challenged us to reflect on our own practice.

Among the highlights of the ASM was the Psycho-oncology Professional Day, which was sponsored by the Psycho-oncology Co-operative Group (PoCoG). This was a clinical workshop which focused on gender, communication, sex and fertility. Professor Loscalzo kicked off the day and was joined by Australian experts Jessica Medd, Dr Michelle Peate, Professor Jane Turner and Dr Lisa Beatty.

The psycho-oncology content and quality in the COSA ASM program was exceptional. Again, it reinforced that Australian psycho-oncology is a high calibre, world class workforce.

Recognition of accomplishments among our peers was formalised by presenting Dr Ben Smith with the New Investigator in Psycho-Oncology Award in recognition of his substantial achievements in psycho-oncology research. The inaugural Melanie Price Psycho-oncology Award recognised the highest level of contribution to psycho-oncology from among the membership of COSA and PoCoG. The award was named in honour of Dr Mel Price and was awarded to Kim Hobbs by Mel's brother, Andrew.

Already, 2020 looks like another year of opportunity for psycho-oncology. I welcome contact by you all (emails to [laura.kirsten@health.nsw.gov.au](mailto:laura.kirsten@health.nsw.gov.au)) and look forward to the year ahead.



**Laura Kirsten**  
Chair,  
Psycho-Oncology  
Group



Members of the  
Psycho-oncology Group  
at IPOS in Banff, Canada



## RARE CANCERS GROUP

**In 2019 a major highlight for the Rare Cancers Group has been the establishment of the Australian Genomic Cancer Medicine Centre (AGCMC). This program will bring together and help build upon previous Group activities that have focused on supporting and improving outcomes for patients with rare and uncommon cancers.**

### **Genomic testing and clinical trials**

Access to genomics testing is especially critical for patients with rarer cancers, as these often lack evidence-based treatments. Identifying a cancer's genetic driver allows for personalised cancer treatments, including optimising entry into clinical trials. The Group's existing pilot study of genomics in rare cancer patients, NOMINATOR (QLD, SA, VIC, WA) completed accrual in 2019, with the key finding being that half of rare cancers had a genetic aberration which could be matched to a potential drug treatment. The MoST trial (NSW) incorporates genomic screening with an innovative suite of clinical trials. Last year it achieved a number of major milestones including the accrual of over 1500 subjects and the completion of three drug trials. Now expanded under the AGCMC, MoST has provided the foundation for a national program of genomic screening and matching drug trials for people with rare and uncommon cancers. Towards the end of 2019, participating sites began opening across Australia, and we expect the program to be available in all states and territories by the second quarter of 2020.

### **Patient support and advocacy**

Our consumer partners, Rare Cancer Australia (RCA), are a central member of the ACGMC, and have expanded their operations to provide additional telephone support, transport and accommodation for rare cancer patients on clinical trials. Their website is also being redeveloped to improve patient access to rare cancer

information, links to support services, as well as an evolving database of clinicians and researchers with an interest in particular rare cancers.

### **Improving access to national rare cancer expertise**

Another Group project being developed by BioGrid Australia, under the umbrella of the AGCMC, is the Australian Rare Cancer Portal. All patients are being consented to the WEHI-Stafford Fox Rare Cancer Program to ensure that all data is being collected with consent, including for research. This is will be an online and telehealth-based service, to provide Australian cancer clinicians with centralised access to nationwide expertise for specific rare cancers; streamline access to guidelines; facilitate accurate diagnosis; molecular testing; treatment and support. Patients will be referred to the AGCMC/MoST program at the appropriate point. Once this is available for referrals we will ensure that it is advertised widely.

### **Membership**

The Rare Cancer Group enjoys a diverse membership which includes patient advocates, scientists, allied health members and clinicians. In 2019, the Executive consisted of: Chair Clare Scott; Deputy Chair Damien Kee; and members Phyllis Butow, David Goldstein, Michelle Harrison, Sandra O'Toole, Tim Price, David Thomas, Toby Trahair, Alison Trainer, Kate Vines and Richard Vines. Kirsten Nowak joined the Executive team and replaces Hugh Dawkins, who was a founding member of the Group, providing key leadership in public and indigenous health.



**Clare Scott**  
Chair,  
Rare Cancers  
Group



## REGIONAL AND RURAL GROUP

**I would like to thank all of the Regional and Rural Executive for dedicating their time and ideas to the regional and rural needs of cancer patients in 2019. We again received wonderful support from Rhonda DeSouza and the entire COSA Executive.**

The year has been a consolidative one in many ways. We are still working on finalising the data from a workforce survey of our regional cancer centres. There is a clear need to better understand what it takes from a resource perspective to effectively run a regional cancer centre. We are hoping to publish this data in 2020 to help guide health administrators when they are making decisions on adequate staffing. Most of our members highlight the same message that they currently do not have adequate staff to provide for all of the needs of cancer patients. Particular areas of shortage appear to be in the allied health arena.

Coupled with this internal initiative, our Group, with COSA's backing, has lobbied hard with MOGA to have the medical oncology workforce plan updated. This report published in 2012 highlighted the shortage of medical oncologists in Australia and has become the default guide to estimate the number of full-time medical oncologists required to treat a set number of cancer patients. We argue that the landscape of medical oncology and the administration of systemic therapies have undergone

transformative changes since 2012. The most striking example of this is the treatment of melanoma patients who now undergo several lines of treatment. Their survival has quadrupled in the Stage IV setting. I am pleased to report that the MOGA Executive has accepted the need to update this important workforce document. We hope to see the new report in 2021 which will empower our members to lobby their health administrators for more staff.

There was another annual meeting of the Group at the ASM with more faces in the audience than in 2018. At the ASM itself one interesting area of discussion was around cancer rehabilitation and pre-habilitation prior to major cancer surgery. This is a very exciting area to explore as there is much to gain with helping our patients recover from cancer surgeries and therapies as they attempt to regain their lives. Stay tuned for more on this item.

Once more the Group has been very involved in lobbying government to expand the pilot of the Australasian Tele-Trial Model. This model has been tested in multiple states and over 100 regional and rural patients have been successfully recruited and treated with novel therapies. Our goal is to expand this to all regional and rural Australians in the coming years. Many of our members, in particular Prof Sabe Sabesan, are leading bids for the Medical Research Future Fund's \$100million Regional and Rural Clinical Trial Enabling grant. We hope to announce our successful bids in the next reports. Cancer clinicians

are again leading the way, however, we hope our success in tele-trials will expand to rural patients with other common diseases.

Finally, we have also started work on updating "Psychosocial well-being and supportive care needs of cancer patients living in urban and rural/regional areas: a systematic review" published in *Supportive Care in Cancer* in 2012. This is being led by our newest Executive member Dr Kate Gunn. Kate has also led our Group in lobbying Cancer Australia to incorporate key rural focused resources in their updated 2020 website. This has been leveraging off her PhD work in ensuring rural cancer voices are heard and their unique challenges are incorporated into government policies and plans.

Please ensure you keep up your membership of COSA and the Regional and Rural Group in 2020! If you would like to participate in the Regional and Rural Group or be kept informed of our activities, login to your member profile on the COSA website and select Regional and Rural Oncology as either a COSA Group or Area of Interest. We strongly encourage members from all disciplines to get involved with our Group.



**Rob Zielinski**  
Chair,  
Regional and  
Rural Group

Kate Gunn and Ian Olver appearing on the Rural Cancer Stories YouTube channel



Rural  
Cancer  
Stories

## SURVIVORSHIP GROUP

**It has been another busy and productive year for the COSA Survivorship Group, starting with the 2019 Flinders COSA Survivorship Conference, which was held this time in Sydney.**

The conference was once again a great opportunity to bring together clinicians, researchers, consumers and advocates to focus on important issues relating to cancer survivorship. One of the issues, cardiooncology, generated a lot of discussion – so much so, that COSA is taking it further by making it one of the themes of the COSA ASM for 2020 in Brisbane, and working with the Cardiac Society of Australia and New Zealand on collaborating in this area.

The Group's Strategic Plan ([cosa.org.au/media/332578/strategicplan\\_final\\_230919.pdf](http://cosa.org.au/media/332578/strategicplan_final_230919.pdf)) was finalised following member consultation, and key areas of work were agreed. The plan was developed to guide our priority activities from 2019 to 2021 with particular focuses on (i) models of care implementation, (ii) patient reported outcome (PRO) implementation, (iii) building research capacity, (iv) advocacy for better survivorship services, and (v) member engagement.

During 2019 we achieved one of our first steps towards implementing the COSA Survivorship Model of Care, by disseminating it beyond the COSA membership. The Model, which summarises the critical components of cancer survivorship care, was published in the December 2019 edition of the *Australian Journal of General Practice*. We encourage any members not already familiar with the Model to read the publication at [www1.racgp.org.au/ajgp/2019/december/clinical-oncology-society-of-australia-position-st](http://www1.racgp.org.au/ajgp/2019/december/clinical-oncology-society-of-australia-position-st).

We also established a PRO Working Group to progress the implementation of PROs into routine cancer care in Australia. The Working Group is chaired by Bogda Koczwara and includes James Bonnamy, Peggy Briggs, Bena Brown, Phyllis Butow, Ray Chan, Richard Cohn, Afaf Girgis, Michael Jefford, David Joske, Sharon

Licqurish, Christobel Saunders and Kate Webber. The Working Group is already making great progress having agreed a work plan, and is focusing on drafting a call to action and developing a strong advocacy case.

We reviewed the Group Executive structure during 2019 to increase the diversity of skills, interests and regions represented, and welcomed three new members – John Boyages, Mahesh Iddawela and Elysia Thornton-Benko. They have joined continuing Executive members Ray Chan, Richard Cohn, Michael Jefford, David Joske, Karolina Lisy, Bogda Koczwara and Janette Vardy. We thank all the Executive members for their dedication to advancing the survivorship agenda, and also thank Gillian Mackay for providing excellent project management support to the Group.

We have also continued to produce the *Survivorship eNews* under the editorial leadership of Karolina Lisy, and we thank her for keeping us informed and for providing members with the means to share details of their research, activities, events and achievements. All members are welcome to get in touch to contribute to future publications.

A Group AGM was held at the COSA 2019 ASM in Adelaide, providing the opportunity for many of us to connect face-to-face. Group members also contributed to what proved to be an excellent ASM program, ensuring that survivorship issues were well represented. We have already started developing ideas for the 2020 COSA ASM in Brisbane and hope to include practical workshops regarding implementation of enhanced survivorship care. We look forward to sharing more details with you about this.

This is the last report from Bogda, who is handing over the Chair role to previous Deputy Chair Michael Jefford, but staying on the Group Executive lead the PRO work. We are looking forward to the Group continuing its work under Michael's leadership as we strive to improve outcomes for all Australians after cancer treatment.



**Michael Jefford**  
Chair,  
Survivorship  
Group



**Bogda Koczwara AM**  
Chair,  
Survivorship  
Group (Dec 2017-  
Nov 2019)



2019  
COSA  
ASM

# AFFILIATED ORGANISATION REPORTS

These reports were supplied before the COVID-19 pandemic led to the cancellation of many events planned for 2020. Please check with the relevant organisation that the events mentioned in their reports are going ahead and in what format

## AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP



**To create a world free from Gastro-Intestinal (GI) cancers, we need to transform treatment. At the AGITG, 2019 was about divergent thinking that targeted the areas of greatest need in new ways.**

Patients with GI cancer are always at the centre of our research, and our focus is on saving and improving lives by accelerating the pace of discoveries that lead to cures. Our dedicated group of over 1100 research and health professionals develop bold new ideas into life-saving clinical trials that help those patients as quickly as possible.

### **New studies open in rectal and pancreatic cancer**

RENO, a prospective study of the "Watch and Wait" strategy in patients with rectal cancer who have developed a clinical complete response with concurrent chemo-radiotherapy, opened in February 2019. The study hopes to demonstrate that at least 70 per cent of these "clinical complete responder" patients can preserve rectal anatomy and avoid major surgery without developing a local cancer recurrence. Study Chair, Prof Chris Karapetis, aims to enrol a total of 250 participants – 50 in the "Watch and Wait" arm, and 200 in the "Standard Management" arm. Fourteen participants have been enrolled to date from Flinders Medical Centre and Mount Gambier Hospital.

The phase II MASTERPLAN trial, led by Dr Andrew Oar, investigates whether stereotactic body radiotherapy (SBRT)

in addition to modern chemotherapy is superior to the current standard of chemotherapy alone in both the neoadjuvant and definitive setting. MASTERPLAN opened in October 2019 for patients with high-risk, borderline resectable pancreatic cancer and locally advanced pancreatic cancer. Three sites across Australia are open for recruitment including Princess Alexandra Hospital, Royal Adelaide Hospital and Peter MacCallum Cancer Centre. This method of multimodal approach to treatment has the potential to impact more than a third of pancreatic cancer patients. Focused radiotherapy for pancreatic cancer is common in other countries around the world, but in Australia it is not currently standard care. As such it offers much needed hope to patients, as pancreatic cancer is a complex disease to diagnose and treat – it is frequently not detected until it is at an advanced stage, at which point it often cannot be cured. If the results of this trial are successful, this treatment could be one of the breakthroughs needed for this deadly disease.

### **Trial results published**

The preliminary results of the ALT-GIST clinical trial were presented by Prof Desmond Yip at the ASCO Annual Meeting. ALT-GIST was a randomised phase II trial of imatinib alternating with regorafenib compared to imatinib alone for the first line treatment of advanced gastro-intestinal stromal tumour (GIST). The preliminary results found no meaningful difference for patients between the two treatment regimens after nine months of treatment. Based on these results, the alternating regimen will not improve outcomes for patients with advanced GIST.

### **Collaboration between experts**

AGITG members submitted new research ideas to the inaugural Idea

Generation Workshop held in June 2019, and discussed the ideas at their primary stages. It was the first time an event of this kind had been held by the AGITG, giving researchers an opportunity to develop their ideas into research concepts that will deliver the most benefit to possible patients. Ten embryonic research ideas were presented and discussed throughout the day to determine the best direction for future research. Convenors Prof Martin Stockler and A/Prof Mustafa Khasraw guided each idea from presentation to identifying the next steps for development. Those selected had the potential for further development via the AGITG Working Parties. History was made at the workshop when AGITG Consumer Advisory Panel member Julie Marker presented a research idea – the first research idea ever developed and presented by consumers to an Australian Cancer Cooperative Trials Group.

### **Moving beyond the traditional model**

We will always be committed to doing whatever we can to help our patients, and this year we looked beyond AGITG-sponsored studies and implemented the AGITG Endorsed Study Model. The purpose of this model is to proactively engage with investigators conducting pilot trials with the aim of expanding the AGITG clinical trial portfolio. In 2019, AGITG endorsed PALEO, led by Dr Fiona Day and A/Prof Jarad Martin at Calvary Mater Newcastle, and NEO-CREATE, led by Dr Amitesh Roy at Flinders Medical Centre, both are recruiting oesophageal cancer trials. AGITG encourages clinicians to consider this model to seek AGITG endorsement of their research concepts.

### **Providing access to research specimens**

The AGITG can now provide basic scientists, preclinical and industry



The Cape to Cape Gutsy Challenge team

partners access to stored biological specimens from studies that have closed, to develop new translational research. We invite researchers to submit an application to access the stored specimens under the Translational Research Model. All applications are reviewed by the relevant Trial Management Committee and Operations Executive Committee. Providing access to these specimens means that even closed studies can add value to the research community and foster the development of new study ideas.

**Challenging the enigmatic nature of GI cancers**

The 2019 Annual Scientific Meeting, convened by Dr Lorraine Chantrill, was themed "Challenging the enigmatic nature of GI cancers". The focus was on rare and underfunded cancers, as well as cancer subtypes, which acknowledged that GI cancer is not

one disease, but many. The dedicated Trainee and Study Coordinator Workshops provided compelling programs for each discipline. Invited Faculty members shared insights, leading a collaborative and highly productive meeting.

**Thinking outside the box**

The 2019 AGITG Innovation Fund Grant of \$200,000 was awarded to the study FORECAST-1: Feasibility of organoid response assessment to define effective treatments for patients with colorectal cancer after failure of standard therapy. This study, led by Prof Peter Gibbs, aims to demonstrate the feasibility of a prospective patient-derived tumour organoid (PDO) approach to metastatic colorectal cancer treatment selection.

**No Gutsy, No Glory**

In 2019, researchers and community supporters alike took on the two

Gutsy Challenge Adventures to raise funds for vital AGITG research. Dr Lorraine Chantrill led the first team as they travelled west and trekked the 140km Cape to Cape track in Western Australia. Next, AGITG Chair Tim Price and his team went east to New Zealand, hiking across the spectacular Southern Alps. Together, the Gutsy Challenge teams raised almost \$150,000 for the AGITG Innovation Fund - an incredible success that will directly fund innovative AGITG studies.



Tim Price  
Chair,  
AGITG

AUSTRALASIAN  
LEUKAEMIA AND  
LYMPHOMA GROUP



Having recently celebrated its 46th year of collaborative clinical research, the Australasian Leukaemia & Lymphoma Group (ALLG) continued to expand its portfolio of clinical trials and correlative research in the

**area of blood cancer and other blood disorders.**

During 2019, the ALLG focused on increasing its public voice, improving operational efficiencies, providing more and broader support for our members and continuing to strengthen engagement with government, philanthropic and industry partners.

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

cancer. We have streamlined internal processes for protocol development, grants and funding opportunities with dedicated staff support for these activities. A major priority was the National Blood Cancer Registry (NBCR) and the securement of new funding for the data registry and sample biobank.

As a collaborative, member-based organisation, we have continued to make gains in our four key strategic directives: to deliver significant scientific outcomes, enhance brand and reputation, foster a passionate membership base and ensure long-term sustainability.

Key highlights of 2019 include:

- Membership reaching 882 Members, consisting of 425 Full Members, 335 Associate Members, 50 Community Members and 7 Life Members
- 66 trials in the active trial program, including eight new clinical trials progressing through the development approval processes
- 92 hospital sites accredited for participation
- 15 contributions to government consultations
- 16 publications in medical journals
- 17 international conference presentations of ALLG-related research
- First organisational presence at European and American blood cancer research meetings
- Developed new collaborations with key international research organisations with the aim of bringing more international trials to Australasia

The ALLG continued efforts with those organisations that share our vision. In October 2019, the ALLG joined the HSA NZ in facilitating the third annual Blood Cancer Forum, chaired by Prof Andrew Roberts. The Blood Cancer Forum is a great opportunity for the multiple blood cancer foundations, including the Leukaemia Foundation of Australia, Lymphoma Australia, Myeloma Australia and Snowdome Foundation and various research groups to share common ideas for advancing blood cancer initiatives. Priority areas identified by the forum consist of, but are not limited to: improving care for rural, regional and remote communities; enabling access to new medicines; and supporting collaborative research activities.

Our advocacy efforts have engendered remarkable awareness and support for patients with blood cancers, including the launch of new government initiatives for research and support services. The ALLG has actively assisted with efforts toward the priority areas identified by the Blood Cancer Forum and will continue to explore ways to

collaboratively achieve these common aims.

Thank you to the ALLG members and staff, who are essential to making the organisation a continuing success. We look forward to taking the ALLG's scientific endeavours to a new level of achievement and prominence in haematology.

We also acknowledge all the participants who join ALLG clinical trials. Without their extraordinary contribution to science the ALLG would not be able to provide better treatments and better lives for those affected by blood cancer.



**Peter Mollee**  
Chair,  
Scientific Advisory  
Committee, ALLG

## AUSTRALASIAN LUNG CANCER TRIALS GROUP



**In 2019, the ALTG celebrated its 15th year and reached the milestone of 1000 patients on ALTG clinical trials. One of the strengths of the ALTG is its strong, collaborative and multidisciplinary membership, with an emphasis on member engagement and participation. In 2019, the ALTG reviewed its clinical trial concept design and development pathway to maximise the input of the multidisciplinary membership.**

The existing Scientific Advisory Committee subgroups were revised to encompass (i) Early stage non-small cell lung cancer (NSCLC), (ii) advanced stage NSCLC and (iii) mesothelioma, small cell lung cancer (SCLC) and other thymic cancers, providing a better representation of where clinical trial development occurs in the ALTG.

These working groups will provide preliminary peer and consumer review of clinical trial concepts submitted for ALTG consideration and will determine priority areas for development of new clinical trial concepts. Consumer and supportive care review panels will assess each concept for the benefit and appeal to lung cancer patients and for the potential to incorporate sub-studies examining supportive care or consumer-relevant endpoints. In late 2019, nine clinical trial concepts were reviewed at an open SAC meeting, illustrating the enthusiasm of the ALTG members in developing new clinical trials that will ultimately advance treatment in lung cancer and mesothelioma.

The active clinical trial program also continued to expand in 2019. ILLUMINATE is a Phase II, single arm trial to assess the efficacy and tolerability of durvalumab (PD-L1 inhibitor) and tremelimumab (CTLA-4 inhibitor) with chemotherapy in metastatic EGFR NSCLC patients following progression on EGFR tyrosine kinase inhibitors. The ILLUMINATE

clinical trial, led by Dr Chee Koon Lee, expands ALTG's international collaborations in China and Taiwan.

ALKTERNATE, led by Dr Malinda Itchins, is a proof concept study examining the hypothesis that alternating lorlatinib with crizotinib in a pre-treated advanced ALK-rearranged NSCLC population will delay the emergence of resistance to ALK tyrosine kinase inhibitors.

PEARL, led by A/Prof Linda Mileshekin, assesses the effect of early referral to palliative care on the quality of life in Stage IV NSCLC, SCLC and malignant pleural mesothelioma patients. Importantly, the palliative care services used in this clinical trial are already available in the healthcare system, so in the event of a positive result, the additional support services for lung cancer patients can be readily implemented using an already available, but potentially underutilised, component of the health care system.

Several ALTG clinical trials completed recruitment in 2019. OSCILLATE, led by Prof Ben Solomon, alternated

osimertinib and gefitinib in EGFR T790M+ NSCLC patients who had acquired resistance to first or second generation EGFR-TKIs. The BR.34 clinical trial, part of the ALTG's long-standing collaboration with the Canadian Cancer Trials Group (CCTG), examined the efficacy of the checkpoint inhibitors, durvalumab and tremelimumab, in newly diagnosed metastatic NSCLC. BR.31, also conducted in collaboration with CCTG, was a double-blind, placebo-controlled, randomised study examining the effect of durvalumab on disease-free survival when administered following surgery in Stage I-III NSCLC patients. Unfortunately, both NIVORAD, examining Stereotactic Ablative Body Radiotherapy (SABR) and nivolumab (PD-1 inhibitor) in pre-treated NSCLC patients, and STIMULI, examining nivolumab and ipilimumab (CTLA-4 inhibitor) in SCLC patients following chemo-radiotherapy, closed prematurely in 2019 due to poor recruitment.

The ALTG DREAM clinical trial, that examined the addition of durvalumab to upfront chemotherapy in malignant pleural mesothelioma patients, which has previously had an interim analysis

presented as an oral presentation at ASCO 2018, completed data collection in 2019. The DREAM manuscript is nearing publication, and the exciting results have led to secured funding and a collaboration with the leading US trials group, PRECOG, for a randomised Phase III clinical trial examining the same combination of immunotherapy and chemotherapy in the first line setting. The DREAM3R trial is expected to open in early 2020.

Critical to the effective translation of the ALTG clinical trial program into improved practice, is a community of health professionals that is able to critically appraise evidence and remains abreast of new developments in the field. The ALTG Preceptorship in lung cancer strives to ensure that medical trainees recognise the importance of clinical trials in developing lung cancer treatment protocols by mentoring trainees to critically appraise evidence and by discussing research career options. In 2019, 43 trainees engaged in the 5th Lung Cancer Preceptorship and all reported that their learnings would influence their clinical practice.

The other principal event of the ALTG calendar is the ALTG Annual Scientific

Meeting, held in July. The two-day program featuring the theme "Delivering Precision Medicine for Lung Cancer", showcased local and international experts delivering presentations on patient-focused care, survivorship and host factors for immunotherapy and targeted therapy. Highlights included presentations by Dr Alexander Drilon, from Memorial Sloan Kettering Cancer Centre, on "Precision medicine in lung cancer" and "RET/NTRK targets in lung cancer", and by Professor Jolie Qing Zhou, from Guangdong Lung Cancer Institute, Guangdong General Hospital and Guangdong Academy of Medical Sciences, on "EGFR sequencing in the context of resistance". For the first time the program included a dedicated session on abstract oral presentations, with the ALTG Young Investigator Award awarded to Dr Pei Ding, and the ALTG Annual Scientific Meeting Abstract Award awarded to Dr Christopher Cao.

The ALTG is also fortunate to have a dedicated group of consumers who form the Consumer Advisory Panel (CAP). The ALTG extends congratulations to Sue McCullough, ALTG CAP member, who in 2019 was appointed a Medal of the Order of Australia in the General Division for her service to community health, particularly in lung cancer. The ALTG also thanks Rosemary Taylor, who resigned from the CAP in 2019, for her contribution. Long-term ALTG CAP member, Andrew Bowen, was welcomed to the consumer representative role on the ALTG SAC. In 2019, the ALTG CAP commenced a re-invigoration of the CAP, with a revised Terms of Reference and induction process for new members, leading to an expansion of the membership.

The ALTG thanks members, partners and sponsors for their continued support of the ALTG research and education programs and looks forward to a successful 2020. For more information go to [altg.com.au/](http://altg.com.au/).



Nick Pavlakis presents Dr Pei Ding with the Young Investigator Award



Nick Pavlakis  
President,  
ALTG

## AUSTRALASIAN METASTASIS RESEARCH SOCIETY

**The Australasian Metastasis Research Society (OzMRS) has gone through significant organisational changes in 2019, with the election of several new board members at the Annual General Meeting held in Sydney.**

We welcomed the arrival of new committee members Dr Paul Timpson, Dr Frederic Hollande, Dr Jacinta Simmons and Dr Philip Gregory. Dr Normand Pouliot took over from Dr Elizabeth Williams as President and replaced Prof Rik Thompson as OzMRS representative on the COSA Council earlier in the year. Dr Carmela Riccardielli retained her position as Treasurer, while Dr Maree Bilandzic took on new responsibilities as Vice-President. To cater for the increased membership (>200 members) and activities planned for 2020, she will share her role of Co-Secretary with new committee member, Dr Delphine Merino. Dr Thomas Cox, Dr Kelly Kiejda and Dr Adrian Wiegman remain on the OzMRS committee for another term while Prof Robin Anderson, A/Prof Kevin Spring and Prof Rik Thompson remain as ex officio.

The 4th biennial OzMRS symposium was held on 30 October at the University of Technology Sydney (UTS), in conjunction with the 6th Thomas Ashworth 2019 Symposium (TAS 2019) on CTC and Liquid Biopsy and the 12th Annual Scientific Meeting of the Cooperative Trial Group for Neuro-

Oncology (COGNO). The meeting, attended by 46 participants, was a great success and featured a broad range of innovative metastasis research from experts across the Australasian region. We thank our National (Dr Eng-Siew Koh, Liverpool Hospital, NSW) and International (Dr Seema Nagpal, Stanford Cancer Centre, California, USA, Dr Helen A Shih, Harvard Medical School, Massachusetts, USA, and Prof Raghu Kalluri, MD, Anderson Cancer Center, Texas, USA) plenary speakers for their insightful talks.

In 2019 the OzMRS committee also initiated preparations to promote the 2020 International Biennial Congress of the Metastasis Research Society which is to be held 7-10 November 2020 in Buenos Aires, Argentina. More information can be found at [metastasis-research-conferences.org/](http://metastasis-research-conferences.org/). Dr Thomas Cox joined Dr John Price on the International MRS board of Directors to ensure good representation from the Australasian region. In addition, we are pleased to announce that the OzMRS Committee has agreed to provide Travel Awards for OzMRS PhD students and early career researchers to encourage participation of Australasian researchers. More to come on that front...

**Normand Pouliot**  
President, OzMRS

## AUSTRALIA AND NEW ZEALAND SARCOMA ASSOCIATION



**2019 was a momentous year for the Australia and New Zealand Sarcoma Association as it operated a full year as a newly formed organisation following the successful merger of the Australasian Sarcoma Study Group (ASSG) and the Australian Sarcoma Group (ASG).**

We are pleased with our achievements throughout the year, notably our 2019 Annual Scientific Meeting, clinical trials progress, inaugural Sarcoma Awareness Month National Campaign, and rebranding efforts.

### 2019 ANZSA Annual Scientific Meeting

The 2019 ANZSA ASM in Canberra was a highlight of the year for the sarcoma community. Sarcoma specialists and consumers came together to discuss the latest research results and treatment for sarcomas. We were honoured to have two esteemed international guest speakers join us at the ASM – Prof Francis Hornicek (Professor and Chief Orthopaedic Oncologist, UCLA, Los Angeles, California) and A/Prof Neeta Somaiah (Assistant Professor, Department of Sarcoma Medical Oncology, University of Texas MD Anderson Cancer Center, Houston, Texas). They shared their experience in treating sarcoma patients and their involvement in clinical trials that may bring positive outcomes for patients.

Additionally, we had separate meetings with the specialist sarcoma nurses, the consumer advisory panel and the scientific advisory committee (SAC) at the ASM.

The ASM was also an opportune time for our Sarcoma Research Grant Program recipients to share with the ANZSA SAC and delegates their work in the past year. We were pleased to hear that their research shows promising results so far.



A gathering of OzMRS members at the 2019 Biennial Symposium





Some of the speakers at the ANZSA ASM

### Clinical Trials and Research

Sarcoma research remains our focus with the successful conduct of several clinical trials and the ongoing development of new studies, both clinical and translational. Our sarcoma research endeavours continue to expand with new collaborations with international and national partners. We look forward to opening a study with our Dutch colleagues soon, and three other clinical trials are in development for the next 12 months.

We are pleased to share some updates on our ongoing projects:

- **SARCO32** – A Phase II randomised controlled trial of neoadjuvant pembrolizumab with radiotherapy and adjuvant pembrolizumab in patients with high-risk, localised soft tissue sarcoma of the extremity. This is a collaboration with the Sarcoma Alliance for Research through Collaboration (SARC) and is now open for patient recruitment in three sites in Australia – Peter MacCallum Cancer Centre (VIC), Chris O'Brien Lifehouse (NSW) and Princess Alexandra Hospital (QLD).
- **NORTH** – A Phase II study of panobinostat in paediatric adolescent and young adult patients with solid tumours including osteosarcoma, malignant rhabdoid tumour and neuroblastoma. This clinical trial is funded by the NHMRC and jointly run with ANZCHOG. It is now open for patient recruitment in 14 sites – Peter MacCallum Cancer Centre (VIC), Chris O'Brien Lifehouse (NSW), Royal Adelaide Hospital (SA), Princess Alexandra Hospital (QLD), Monash Children's Hospital (VIC), Starship Children's Hospital (Auckland, NZ), Sydney Children's Hospital (NSW), Queensland Children's Hospital (QLD), Christchurch Hospital (NZ), Royal Children's Hospital (VIC), Perth Children's Hospital (WA), Children's

Hospital Westmead (NSW), Royal Hobart Hospital (TAS), Women's and Children's Hospital (SA).

- **rEECur** – An international randomised controlled trial of chemotherapy for the treatment of recurrent and primary refractory Ewing sarcoma. This clinical trial is funded by a grant from CanTeen and is now open for patient recruitment in both adult and paediatric sarcoma centres across ANZ. The participating sites are Peter MacCallum Cancer Centre (VIC), Monash Children's Hospital (VIC), Prince of Wales Hospital (NSW), Sydney Children's Hospital (NSW), Starship Children's Hospital (Auckland, NZ), Perth Children's Hospital (WA), Queensland Children's Hospital (QLD), Christchurch Hospital (NZ), Princess Alexandra Hospital (QLD), Chris O'Brien Lifehouse (NSW) and John Hunter Children's Hospital (NSW).

For more details about the projects or want to be involved in the patient recruitment process, write to us at [contact@sarcoma.org.au](mailto:contact@sarcoma.org.au).

### Sarcoma Awareness Month

In July, we ran a successful awareness campaign for Sarcoma Awareness Month in support of the sarcoma community. This year we asked Australians to "Go Yellow Anywhere for Sarcoma Awareness" as we wanted to highlight the word "anywhere" because sarcoma is a unique cancer that can form anywhere in the body.

We had simple activities for the public to participate in and we were delighted with the response we received throughout the month from politicians and the public. Using traditional media and social media such as Facebook, we were able to educate the public about sarcoma through our "Sarcoma of the Week" initiative. We also developed some

resources such as a sarcoma fact sheet with useful bite-size information for the public to download. The ANZSA team had the opportunity to present about sarcoma at the Victoria Comprehensive Cancer Centre (VCCC) where clinical professionals attended.

### ANZSA Branding

We are pleased with our rebranding efforts that are now reflecting our new identity. Some of our key assets that were rebranded include logo, website ([sarcoma.org.au](http://sarcoma.org.au)) and company collaterals, among other things. Our new website has been designed to cater to the whole sarcoma community. Whether you are a health professional or a consumer, this website is a good resource and has all the information you are looking for.

The ANZSA team is proud of the work we do and what we achieved in 2019. We remain committed to our vision and will strive to ensure better outcomes for patients in the year to come. We thank all our partners, sponsors and members for their continued support, generosity and trust in us and the work we do.



Jayesh Desai  
Chair,  
Scientific Advisory  
Committee ANZSA

AUSTRALIA  
NEW ZEALAND  
GYNAECOLOGICAL  
ONCOLOGY GROUP



Improving life for  
women through  
cancer research

**In 2019 ANZGOG membership grew from 950 members in June to 1003 by 30 December and it now has 57 sites conducting its clinical trials.**

ANZGOG seeks to demonstrate leadership in academic investigator-led gynaecological cancer research in Australia and New Zealand by actively sharing our learnings to improve clinical and research practice and by working to drive excellence in clinical research. We have a shared five-year Strategic Plan and strong collaborations both locally with other research and consumer organisations, and globally with the Gynecologic Cancer InterGroup, the newly formed Asia Pacific Gynaecological Oncology Trials Group and pharma.

We continue to foster new clinical trials with 14 open or in development and many more in the pipeline.

**ANZGOG Annual Scientific Meeting 2019**

The 2019 Annual Scientific Meeting (ASM) was held in Sydney in March. The topic, "Radical Treatments for Gynaecological Cancers: HOPE OR HYPE?", stimulated excellent presentations, animated conversations and challenged new paradigms. We were fortunate to again have an outstanding array of international speakers with Professor Christina Fotopoulou from London, UK, and Dr Umesh Mahantshetty from Mumbai, India. Dr Elise Kohn had to withdraw at the last minute, but we look forward to her speaking at a future conference.

One of the main outcomes from the meeting was the unquestionable spirit of collaboration. Through exceptional presentations, specialised workshops and networking events, the 2019 ASM

fostered exciting discussion resulting in an unprecedented degree of new research concepts.

With almost 300 people attending the ASM it was an excellent representation of ANZGOG's 960 members at that time. Growth in our membership is a key indicator that we are respected as the peak national organisation in gynaecological cancer research in Australia and New Zealand.

**Engaging members in research development**

ANZGOG held its annual Research Development Day in October 2019 in Sydney, engaging members in ongoing research development, identifying gaps in current research and recommending options for future studies. Participants came from across Australia and New Zealand.

The Cervix Tumour Working Group met at the 2019 ANZGOG Research Development Day



The Research Advisory Committee (RAC) reviewed 14 new concept and the OASIS group discussed funding strategies. The ovarian, uterine and cervical tumour type working groups also met to discuss new projects and strategic opportunities.

Members of the Consumer Research Panel (CRP) were present throughout the day contributing feedback to the three tumour type working groups as well as the RAC. The Study Coordinator Committee spent the majority of the day workshopping ways ANZGOG can facilitate the proposed Tele-Trials Model and also finalised a fantastic program for the 2020 ASM. The Committee is looking forward to welcoming more Study Coordinators through a soon-to-be announced scholarship program for the ASM.

ANZGOG's Annual General Meeting also took place on this day, during the lunch period. Our five-year strategic goals were reviewed from our achievements in the last 12 months and opportunities were highlighted for moving forward in the future.

#### **TR-ANZGOG**

A facilitated TR-ANZGOG consensus workshop was held in November 2019 to reach agreement on key governance and process issues for TR-ANZGOG. It was well attended by a balanced representation of clinical, scientific, operational, ethical, consumer and legal expertise from across Australia and New Zealand. Focus areas of discussion included consent guidelines, data management, biospecimen collection, custodianship of data and specimens and laboratory network considerations. ANZGOG is fortunate to have the quality of contribution by attendees to create such robust foundations for TR-ANZGOG and its activities going forward, ready for implementation in 2020.

#### **Fund for New Research**

ANZGOG received 14 applications for the 2019 Fund for New Research program, all of a high standard, with an even split of both pre-clinical and clinical concepts. These applications were peer reviewed and discussed at the RAC. Applications were also

received for donor funded projects, including the Judith Meschke Memorial Grant, the Rochelle Fisher Grant and the Ladybird Foundation Grant for a Western Australian project.

#### **Collaboration**

ANZGOG is currently developing deeper and more connected relationships with researchers in Asia, aiming to formalise these through the development of the Asia Pacific Gynaecological Oncology Trials network (APGOT), collaboratively with Japan, Korea and Singapore. ANZGOG leaders travelled to Singapore in November to discuss an Asia-Pacific collaboration for clinical trials with clinical leaders of other countries from the group.

APGOT will focus on Phase II clinical trials and studies that can be co-developed with industry funders. Strong links are to be forged with ENGOT in Europe. ANZGOG members can expect early access to new treatments for some of the more difficult to treat cancer subtypes through these clinical trials.

#### **Publications of Interest**

2019 has been a year of significant publication for ANZGOG clinical trials. These publications and abstracts are available on our website at [anzgog.org.au/research/research-publications/](http://anzgog.org.au/research/research-publications/).

#### **New ANZGOG logo and fundraising brand**

2020 marks the 20-year anniversary of the establishment of ANZGOG. Over the coming year we will be recognising ANZGOG's achievements by its members, clinical trials, initiatives, collaborations and engagement with consumers and donors.

Looking back over the last couple of decades, ANZGOG has made continuous improvements in achieving our strategic goals - increasing trials numbers, bolstering our membership, and becoming financially sustainable.

As part of this continued growth, we have refreshed our ANZGOG logo and introduced a new fundraising brand, WomenCan ([womenscan.org.au](http://womenscan.org.au)).

The new brand is smarter, brighter and is a reflection of the maturity of our organisation today. It strongly

represents women and gynae cancers, and should help us continue to further research, raise funds for, and build awareness of gynaecological cancers.

#### **Survivors Teaching Students**

2019 has been a busy year for the Survivors Teaching Students (STS) program. 100 volunteers delivered 26 presentations across Australia and reached just over 1200 junior doctors or medical and nursing students in NSW, VIC, WA and QLD. Feedback from both students and doctors demonstrates the value of this ANZGOG program that, alongside research, is making a difference for the future for women affected by ovarian cancer.

In 2020 the program will be fully national, in all states, once new locations have been setup.

Also in 2020, ANZGOG celebrates 20 years of bringing gynaecological cancer clinical trials to women in Australia and New Zealand. ANZGOG is proud to have enabled 60 clinical trials and studies across a range of gynaecological cancers and including chemotherapy, surgery and quality of life. Close to 4000 patients have been recruited to ANZGOG trials in this time.



**Philip Beale**  
Chair,  
ANZGOG

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



**ANZCHOG has had a very busy year, undertaking a range of activities to support our members and expanding our portfolio of clinical trials to provide options for Australian and New Zealand children diagnosed with cancer.**

In our role as the peak body for healthcare professionals who care for children diagnosed with cancer, we continue to support our multidisciplinary members through our dedicated Groups, providing opportunities for members with specific areas of interest to collaborate, network and provide national leadership in their field. We have established an Education Group to guide the training and mentoring provided to our paediatric oncology trainees, ensuring standardised, high quality education and strong mentoring strategies are developed.

ANZCHOG also continues to provide expert advice to the Australian Government and other initiatives, with membership on the Australian Brain Cancer Mission Strategic Advisory Group and the recently announced Blood Cancer Taskforce

ANZCHOG's Annual Scientific Meeting (ASM) was held in Christchurch, NZ, in June, and provided excellent education opportunities with a range of international and national keynote speakers. With our highest number of abstract submissions, there was a lot of Australian and New Zealand paediatric oncology research and other initiatives on display. We have commenced planning for our 2021 ASM, scheduled for June 2021.

From a clinical trials perspective, we achieved our highest number of ANZCHOG-sponsored trials open for recruitment in Australia and New Zealand. This landmark achievement is only made possible by the support of our funders, and we gratefully acknowledge their continued support of ANZCHOG.

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

To support ANZCHOG's ability to provide national co-ordination for the majority of our trials, the ANZCHOG Office has expanded with a number of National Trial Coordinators providing centralised, high-quality trial support to the childhood cancer centres throughout Australia and New Zealand. This approach provides consistency for ANZCHOG-sponsored trials, and also reduces trial coordination burden at the participating centres.

Finally, ANZCHOG launched its new website in late 2019 - we invite you to take a look, at [anzchog.org](http://anzchog.org).



**Chris Fraser**  
Chair,  
ANZCHOG

## AUSTRALIAN AND NEW ZEALAND HEAD AND NECK CANCER SOCIETY



**The vision of the Australian and New Zealand Head & Neck Cancer Society (ANZHNCS) is to promote quality care for all head and neck cancer patients. Through leading a multi-disciplinary approach to education, research, care and advocacy we aim to minimise the impact of head and neck cancer.**

The main activity of our annual calendar is the Annual Scientific Meeting which in 2019 was held in Adelaide. The theme of the conference was "New Science, Better Treatments" with a particular focus on recent advances in head and neck cancer treatments, including immunotherapy and proton beam therapy. We had four outstanding keynote speakers from the USA, UK and Hong Kong. During the meeting, Dr Brian Stein (Medical Oncologist, Adelaide) assumed the Presidency of the Society and Dr Tsien Fua (Radiation Oncologist, Melbourne) has stepped into the role of Vice-President.

Supporting research continues to be another important focus of the ANZHNCS and is represented through the Research Foundations in both Australia and New Zealand. Up until September 2019, the Australian Research Foundation was chaired by A/Prof David Wiesenfeld. David has held this role since 2015 and he has been very successful in fundraising and establishing partnerships. Over \$100,000 was raised in 2019 alone. At our 2019 ASM, \$84,900 worth of grants were awarded to members after peer review from the Scientific Committee. We all look forward to hearing about the results from these research grants at future meetings. Dr Kerwin Shannon was appointed the new chair of the Australian Research Foundation. The New Zealand Foundation is chaired by Professor Swee Tan and the financial donations towards the New Zealand Foundation are also steadily rising.

Disbursements of \$30,000 towards research in New Zealand were made during the 2019 ASM. The Foundation Boards and their chairpersons should be congratulated for continuing to enable the Foundation's researchers to gain important preliminary data - as a result, crucial seed funding and top-up funding has been obtained. We remain very confident that significant future competitive research grants will flow as a result of these early opportunities.

With regard to education and advocacy, in 2019 our non-member Executive colleague Mr Rod Wellington and I met with the Royal Flying Doctor Service (RFDS) with the aim of beginning a collaboration to examine the rates of head and neck cancer retrieval from rural and remote areas in Australia. Over a continuous three year period there were 53 retrievals, most frequently related to laryngeal disease and subsequent airway difficulties. The RFDS is currently implementing community oral health programs. As a result, we are looking at ways to collaborate with the RFDS to seek opportunities to assist, particularly in the management of difficult cases, via telehealth. Our members will also be able to provide education to the RFDS staff with regard to head and neck cancer screening. Additionally, we have ensured that the HPV vaccine has been added to their list of vaccination compliance initiatives to check off when they perform health screening.

In 2019, the ANZHNCS also offered a Developing Nations Grant and a Travelling Lectureship Grant as part of its educational activities for those countries with limited financial resources. We were delighted to host Dr Bandana Khanal from Nepal and Dr Rajesh Gunasingham from India. Both visitors spent valuable time at our ASM, and then visited prominent Australian Head and Neck Cancer units at the conclusion of the meeting.

The latest Australian Chris O'Brien Travelling Fellowship was awarded to Dr Julia Crawford, a head and neck surgeon from Sydney. Dr Crawford will attend the American Head and Neck Society (AHNS) annual meeting in Chicago, and will then spend time visiting leading American Head and Neck Cancer units furthering her knowledge and collaborations in the fields of robotic surgery and the management of HPV-related head and neck cancer. I warmly congratulate Dr Crawford on her achievement.

World Head and Neck Cancer Day was proclaimed as 27 July in 2014, during the International Federation of Head and Neck Oncologic Societies (IFHNOS) meeting in New York. The number of activities on this day are increasing each year, and in 2019 there was a great deal of activity across Australia and New Zealand. These important activities were all advertised on our website and through IFHNOS. We are hoping to create a unified national screening activity under the banner of ANZHNCS, and we are currently consulting with others about how to best implement this initiative.

In summary, 2019 proved to be a busy year for the ANZHNCS and we are looking forward to continuing with many well-planned activities for 2020.



**Julia Maclean**  
Immediate  
Past President,  
ANZHNCS



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



### 2019 proved a very exciting year at ANZUP.

In June 2019, ANZUP's ENZAMET clinical trial (ANZUP 1304) featured in the ASCO main plenary session, with Professor Chris Sweeney presenting the results. This was a great achievement, as only the top four abstracts out of more than 6200 submissions were selected.



Chris Sweeney presenting at the ASCO main plenary session

These practice-changing results, which were concurrently published in the *New England Journal of Medicine*, showed a 33 per cent improvement in overall survival and a 60 per cent improvement in progression-free survival, for men who received enzalutamide.

This achievement certainly put ANZUP on the international stage, generating worldwide interest both through extensive media coverage and the medical community. ASCO has listed ENZAMET in its *Clinical Cancer Advances 2020: Annual Report on Progress Against Cancer*, published on World Cancer Day, 4 February 2020. The trial helped achieve FDA approval for enzalutamide in this indication in December 2019.

Another important consideration for ANZUP researchers in the ENZAMET trial was the health-related quality of life of ENZAMET participants.

ANZUP evaluated aspects of health-related quality of life such as comfort, happiness and well-being in men who received enzalutamide, comparing their experience with men who received standard anti-androgen drugs. In September 2019 these results were presented as a poster discussion at ESMO.

Our ANZUP membership has grown to close to 1700 members across more than 20 disciplines showing we remain relevant and useful to our members. We could not achieve what we do without the continued commitment and generosity of our members and supporters, as well as our Board, SAC and Subcommittees.

ANZUP's trial portfolio also continues to expand. In 2019 we had eight ANZUP-led and three co-badged active and recruiting trials. During 2019 we saw three trials reach recruitment, and we have seven trials in development, including three that are due to open in early 2020.

In September we were excited to announce that two of our trials reached recruitment - TheraP (ANZUP 1603) and UNISoN (ANZUP 1602). And in early November, Pain-Free TRUS B (ANZUP 1501) recruited their final patient.

On Tuesday 10 September 2019 the final patient (of planned 200) was randomised to ANZUP's TheraP trial, five months earlier than expected. Our Study Chair, Prof Michael Hofman, led this important prostate cancer study and ANZUP is proud to be at the cutting edge of this research. TheraP is a partnership between ANZUP and the Prostate Cancer Foundation of Australia (PCFA) with support from the Australian Nuclear Science and Technology Organisation (ANSTO), Endocyte, It's a Bloke Thing, Movember and CAN4CANCER. We look forward to sharing the results at ASCO 2020.

A week later, on Thursday 19 September, the final patient was recruited to our UNISoN trial, nine months ahead of the planned recruitment timeline. Congratulations to A/Prof Craig Gedye our Study Chair, and all the investigators and dedicated trial staff across Australia who have done an amazing job to get the trial to this point.

On 5 November the final patient (number 420) was recruited to our Pain-Free TRUS B Phase 3 double-blind placebo-controlled randomised prostate cancer trial, supported by NHMRC/Cancer Australia funding. Thanks to Study Chair Dr Nick Buchan and everyone involved in the study for reaching this significant milestone.

Throughout 2019 ANZUP programs have encouraged and supported concept development within our membership. Our Concept Development Workshops, GU Preceptorship and of course our ANZUP Annual Scientific Meeting (ASM), which continues to grow in scope and influence, have all endeavoured to bring together multidisciplinary healthcare professionals to help develop, foster and promote GU cancer research. In 2019 we also partnered with Astellas Oncology to hold our inaugural two and a half day Prostate Cancer Masterclass in Boston, Massachusetts, convened by Professor Chris Sweeney. It provided a comprehensive update on current best practice, emerging clinical evidence and recent expert opinions in prostate cancer management. Six ANZUP members were fortunate to attend this successful event and help shape the future of clinical trials.

ANZUP's ASM, "Making Connections", was held in Brisbane in July and was yet again a hugely successful three days. We were treated to the most up-to-date scientific presentations from our impressive national and international faculty, including Kelly Parsons, Phuoc Tran, Alison Birtle, Catherine Paterson and Betsy Plimack, who shared their insights and experience with close to 400 attendees, our largest attendance to date.

2019 marked the sixth year of the Below the Belt Pedalthon in Sydney and our second Pedalthon in Melbourne. Since 2014 we have raised over \$1.65 million which has helped support 24 Below the Belt Research Fund Projects. Not only do our Below the Belt Research Fund studies provide a launch pad for future trials, they provide vital insights in the short term that can translate into positive outcomes for patients. The Below the Belt Pedalthon, along with the studies

it funds, is one of the many ANZUP success stories.

As the decade came to a close, and we reflected on all the achievements ANZUP has made over the past ten years, it's important to remember all this progress would not be possible without our dedicated and committed membership. These people all take 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. We are grateful to them all for their ongoing support and dedication to helping ANZUP achieve its goal of improving outcomes for those affected by genitourinary cancers.



**Ian Davis**  
Chair,  
ANZUP



2019  
COSA  
ASM

## BREAST CANCER TRIALS



**Breast Cancer Trials (BCT) is a group of world-leading breast cancer doctors and researchers based in Australia and New Zealand, committed to the conduct of multicentre national and international clinical trials for the treatment and prevention of breast cancer.**

Founded in 1978, our breast cancer clinical trials research program is a unique collaboration between researchers, clinical trial participants and supporters. It brings together almost 800 researchers in over 100 institutions in Australia and New Zealand. Almost 16,000 women have participated in our clinical trials over the last 40 years.

The BCT research program encompasses approximately 85 clinical trials in various stages of recruitment, follow-up, analysis and publication and BCT has contributed to approximately 1170 publications.

### Research Program

In 2019, BCT had eight clinical trials open to recruitment:

- BRCA-P – a world-first clinical trial which aims to determine the preventive effect of denosumab on breast cancer in women carrying a BRCA1 germline mutation
- CHARIOT – aims to evaluate whether the addition of two immunotherapy drugs (ipilimumab and nivolumab) to standard treatment can improve the survival of women and men with high risk triple negative breast cancer
- DIAmOND – is investigating the addition of two immune monoclonal antibodies (durvalumab and tremelimumab) to Herceptin for patients who have metastatic HER2 positive breast cancer

- EXPERT – is investigating whether a genomic test of breast cancer tissue can be used to identify women with early breast cancer who can safely avoid radiation therapy after breast cancer surgery and the potential side effects of this treatment
- OlympiA (closed in 2019) – is investigating whether taking olaparib tablets twice a day for 12 months can reduce the risk of breast cancer coming back after all standard anticancer treatments have been completed, for patients with HER2 negative breast cancer with an inherited BRCA1 or BRCA2 mutation
- PATINA – aims to investigate if people with metastatic breast cancer could benefit from the addition of palbociclib, when given in combination with anti-HER2 therapy (trastuzumab and pertuzumab) and endocrine therapy
- POSNOC – is investigating axillary (armpit) treatment in women with early stage breast cancer, who have metastases in one of two sentinel nodes, and whether it may be possible for some women to avoid removal of all axillary nodes or radiotherapy to the armpit and the potential side effects
- PROSPECT (closed in 2019) – uses breast magnetic resonance imaging (MRI) in combination with a review of pathological features of the breast tumour to identify women who might safely avoid radiotherapy because their risk of local recurrence is very low

### 41st Annual Scientific Meeting

The Breast Cancer Trials 41st Annual Scientific Meeting (ASM) was held 24-26 July 2019 at the Hilton Adelaide. Over 230 BCT members, breast cancer researchers and those involved in the conduct of our clinical trials were present to learn about the latest advances in breast cancer research worldwide, share knowledge, research outcomes and collaborate and plan for new clinical trials.



Martin Tattersall was awarded the Gold Medal at the 2019 BCT ASM

Each year, BCT recognises the valuable contribution that our members have made to our research program and the following awards were presented during the ASM:

- The Gold Medal, which recognises a founding member of BCT who has played an instrumental role in the development of breast cancer clinical trials research in this region, was presented to Professor Martin Tattersall
- The Robert Sutherland Award for Excellence in Translational Research, which recognises translational researchers and their achievements and contributions to improved patient outcomes, was presented to Professor Sherene Loi
- The John Collins Medal and Travel Grant, which aims to encourage potential academic Breast Surgeons to become involved in clinical trials research, was awarded to Dr Holly Keane and Dr Anannya Chakrabarti
- The Study Coordinator Prize, which acknowledges outstanding commitment to BCT and the clinical trials research program, was presented to Ms Kanako Ohara
- Education Travel Grants, which support Study Coordinators and Junior Clinicians to attend the ASM, were awarded to Eileen Hozack, Cassandra Rubio, Dr Emma-Kate Carson, Kristine Nakhel, Diane Canning, Kelsey Bumford, Lisa Wilkinson, Aylin Yahya, Sally Pontre and Kanako Ohara

**New Board Directors**

In 2019, BCT welcomed two new Board Directors – Mr Luke Bugden and Ms Fiona McPhee. Mr Bugden is a Partner at professional services firm Pricewaterhouse Coopers (PwC). Ms McPhee is a fundraising and marketing specialist providing coaching, consulting and training to fundraisers and not-for-profit leaders.

**Recognition for BCT Researchers**

Professor Geoffrey Lindeman and Professor Jane Visvader received the Susan G Komen Brinker Award for Scientific Distinction in Basic Science at the San Antonio Breast Cancer Symposium in the United States. Professor Lindeman and Professor Visvader are both members of BCT and Geoff is a member of BCT's Scientific Advisory Committee and a former BCT Board Director. They are the Joint Division Heads of the Cancer Biology and Stem Cells Division at The Walter and Eliza Hall Institute in Melbourne. Geoff and Jane's laboratory studies led to the opening of the BRCA-P clinical trial – a world-first clinical trial being coordinated in Australia by BCT, which aims to prevent breast cancer in women with the BRCA1 gene mutation.

Congratulations also to Associate Professor Prue Francis and Professor Sherene Loi, who were recognised in 2019 for their outstanding contributions to breast cancer research. Prue is the Chair of the BCT Scientific Advisory Committee and received a Fellowship into the

Academy of Health and Medical Sciences. Sherene is the BCT Study Chair of the CHARIOT and DIAMOND clinical trials, and was recently recognised on the Highly Cited Researchers 2019 list, which identifies scientists and social scientists who produced multiple papers ranking in the top one per cent by citations for their field and year of publication, demonstrating significant research influence among their peers.

**The Breast Cancer Trials Podcast**

Stay up to date with breast cancer research news and related topics through the *Breast Cancer Trials Podcast*, which can be found on Spotify and Apple Podcasts. The Podcast features leading Australian and international breast cancer researchers and clinical trial participants, discussing a range of topics, from "De-escalation: Reducing Breast Cancer Treatments" to "The Psychological Impact and Effects of Breast Cancer" to "Finding Friendships in Clinical Trials".



**Bruce Mann**  
Chair,  
BCT





Delegates at the 2019 CNSA Congress in Melbourne

## CANCER NURSES SOCIETY OF AUSTRALIA



**The Cancer Nurses Society of Australia (CNSA) has had a very busy period of self-reflection over the past twelve months, resulting in organisation change to help ensure good governance, organisational sustainability and operational efficiency.**

### Governance framework and organisational structure

In 2019, the Board of Directors developed a new Strategic Plan – including a consumer-focused vision, revised organisational values and four strategic priorities (Our Learning, Our Voice, Our Members and Our Organisation) – which was officially launched at our Annual Congress.

This Plan will help focus CNSA's output over the next three years, and ensure we are working towards our mission of "Promoting excellence in cancer care and control through the professional contribution of cancer nurses".

It also enabled the Board of Directors to update and confirm our ongoing core values:

- *Unity:* We value the contribution of our members and volunteers, as well as the support of our partners and

stakeholders, as we work towards shared goals with a unified voice

- *Excellence:* Excellence underpins all activities of the Society
- *Innovation:* We are creative and use knowledge to advance the practice of cancer nurses, progressing contemporary ideas to create sustainable value for the society and meeting its changing needs
- *Collaboration:* We collaborate and openly seek opportunities to influence and build partnerships

While developing the Plan, the Board of Directors adapted the organisational structure – including the allocation of portfolios to Board Directors, a position description for each Director portfolio, and the establishment of new Board sub-committees and standing committees to help achieve our strategic priorities.

The Society also changed our business support model, with the move to an association management organisation to provide membership services, secretarial and operational support, as well as Executive Officer and Company Secretary services.

### Education and Events

Our 22nd Annual Congress was held 20-22 June in Melbourne. The theme was "The Complexity of Cancer Care: What will the future of cancer nursing look like?" and it had the highest number of delegates ever recorded.

Our international keynote speaker Dr Linda Watson, President of the

Canadian Association of Nurses in Oncology, presented two fantastic sessions on embedding Patient Reported Outcomes and incorporating digital health and change management to transform nursing care. Professor Mei Krishnasamy and Professor Sandie McCarthy also facilitated two thought provoking sessions on the nurse's role in Voluntary Assisted Dying and the role of the Specialist Cancer Nurse.

Throughout the year, our Special Practice Networks and State Groups also ran a series of educational workshops nationally, with close to 1000 participants in over 20 events. These events provided members the opportunity to network in a local setting, and discuss topical issues and problems faced by their patients.

### Member Engagement

CNSA introduced several member benefits in 2019, as we moved towards a stronger online presence to allow members to engage with the Society at a time that works for them.

These benefits included:

- Launch of a Continuing Nursing Education Portal in partnership with the World Continuing Education Alliance, allowing our members to access world class Continuing Professional Development (CPD), for example more than 900 free nursing CPD courses available 24/7, a free

CPD tracker and the ability to accrue CPD hours from the comfort of their home

- Two more years of access to Sosido, allowing cancer nurses to communicate important announcements, keeping CNSA members updated with the latest research impacting their practice, while fostering a community where members can crowdsource information, discuss trending topics and network with peers
- The move from a hardcopy journal to an online publication, with the *Australian Journal of Cancer Nursing* now available through a digital platform

CNSA also continued to award education and research grants to members, including:

- Nine professional development grants to support members attending national/international professional development events
- A research grant of \$15,000 to support a project exploring "Specialist cancer nurses' engagement in clinical supervision"

### Stakeholder Engagement

Our role continued to evolve in 2019, with CNSA regularly engaging with stakeholders to participate in projects and advocate for cancer nurses. These included:

- NSW Health Cannabis Medicines Research Forum
- Cancer Australia Statement – Influencing Best Practice in Metastatic Breast Cancer
- Cancer Australia's Optimal Care Pathway (OCP) for Aboriginal and Torres Strait Islander People with Cancer
- Medicare Benefits Schedule (MBS) Review Taskforce
- Cancer Council's proposed Standard for Informed Financial Consent
- The Australian Commission on Safety and Quality in Health Care initiative on the Introduction of Neuraxial Devices Compliant with ISO80369-6:2016 in Australia
- The National Nursing Education Review

- NSQHS Standards User Guide for Medication Management in Cancer Care
- Venous Thromboembolism Prevention Clinical Care
- Peripheral Venous Access Clinical Care Standard
- Australian Brain Cancer Survivorship Research Workshop
- The Leukaemia Foundation's Blood Cancer Taskforce to develop Australia's first National Strategic Action Plan for Blood Cancer
- Rural Allied Health Quality, Access and Distribution Discussion Paper
- Attendance at the ICN-ISNCC Policy Leadership in Cancer Nursing Programme in Geneva, Switzerland, which was an opportunity to network with peers from 21 countries representing six WHO regions

We would like to thank everyone involved who represented CNSA and/or provided feedback. Your support and involvement ensure CNSA can continue to "have a voice" and play an important role in shaping the influence of cancer nurses.

### Key project: Establishment of the Radiation Oncology Alliance

In an exciting development, CNSA helped to establish the Radiation Oncology Alliance in collaboration with the Faculty of Radiation Oncology (FRO) of The Royal Australian and New Zealand College of Radiologists (RANZCR), the Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) and the Australasian College of Physical Scientists and Engineers in Medicine (ACPSEM).

The Alliance was established to advance the joint interests of the organisations through a range of strategies including:

- addressing issues of common interest and/or concern
- making representations to Governments and other relevant bodies
- releasing consensus statements and other information on relevant matters
- providing advice to medical and other bodies upon request

We are delighted by the opportunity to contribute meaningfully in an intercollegiate environment to improve outcomes for people affected by cancer.

This Alliance builds on the relationship we have with COSA, which provides a collaborative and strategic environment for CNSA as we continue to raise our profile as the national peak body for cancer nursing. We look forward to further collaborations with you all in 2020 as we strive to deliver improved outcomes and experiences for Australian cancer patients.



**Lucy Patton**  
President and  
Board Chair,  
CNSA



2019  
COSA  
ASM

## CANCER SYMPTOM TRIALS AND PALLIATIVE CARE CLINICAL STUDIES COLLABORATIVE



### Funding

In June 2019, Cancer Symptom Trials (CST) received funding from Cancer Australia for another year to continue work developing a clinical research program in cancer symptom management and supportive care.

### Workshops

#### Immunotherapy Symptoms Clinical Trials: A New Paradigm

Cancer Symptom Trials (CST) and the Victorian Comprehensive Cancer Centre (VCCC) co-hosted a concept development workshop focused on immunotherapy on 12 June in Melbourne. Immunotherapy represents a paradigm shift in oncology, greatly impacting quality of life and control of symptoms for people with cancer. CST was delighted to collaborate with the Palliative Care Clinical Trials Group at VCCC and CREST, to conduct a workshop to set an agenda for trials research to improve outcomes for people experiencing symptoms related to immunotherapy.

#### Nausea

PaCCSC and CST hosted a Nausea concept development workshop on Friday 1 March in Brisbane. Participants were invited to submit new concept ideas for presentation at the workshop and supported to progress their ideas.

#### Inaugural Annual Research Forum

Our Inaugural Annual Research Forum was held on 14 March 2019 in conjunction with the Palliative Care Clinical Studies Collaborative (PaCCSC) Annual Scientific Meeting.

The program included presentations by Professor Anna Nowak, University of Western Australia and Chair of the Cooperative Trials Group for Neuro-Oncology (COGNO); Professor Bogda Koczwara, Director, Flinders Centre for Innovation in Cancer, Flinders University; and Professor Christine Jenkins, George Institute for Global Health, University of Sydney. The program also featured member and new study presentations. This was an excellent opportunity for networking and collaboration.

### Grants

#### Duloxetine and Pregabalin for Neuropathic Cancer Pain (DEPARTURE)

The Australian arm of this international collaboration was awarded NHMRC Clinical Trials and Cohort Studies funding of \$978,610. The aim of this study, led by Professor Katherine Clark in Australia, is to build the evidence base for the pharmacological treatment of opioid refractory neuropathic cancer pain and to assess the analgesic efficacy of duloxetine versus pregabalin in patients with neuropathic cancer pain.

#### Inoperable Malignant Bowel Obstruction (IMBO)

In 2019, \$68,890 was awarded by SPHERE Palliative Care Clinical Academic Group Seed Grant Scheme for this pilot. The aim of this study, led by Professor David Currow and Professor Meera Agar, is to enhance the evidence base for the treatment of inoperable malignant bowel obstruction with the primary objective to evaluate the net clinical effect on the symptomatic course of IMBO of ranitidine, dexamethasone, both or neither.

### Research Program

In 2019, the CST Scientific Advisory Committee endorsed the addition of an eighth symptom node to our research focus areas, to include sleep. The other symptom nodes are appetite and cachexia, breathlessness, cognitive and neurological disorders, fatigue, gut dysfunction, nausea and pain. Each symptom node is overseen by a group of dedicated clinicians and researchers who conduct clinical research that builds our knowledge about the best medications and treatments for people affected by these symptoms.

### Our people

#### Inaugural CST Post-Doctoral Research Fellow Appointment

In 2019, CST appointed its first Post-Doctoral Research Fellow, Dr Rayan Saleh Moussa. Rayan is focusing on identifying new projects and collaborative opportunities through engagement with industry groups to seek out therapeutic agents and devices that may be utilised in the management and/or treatment of cancer symptoms. Rayan is working to progress a cachexia-related clinical research program and has played a key role in bringing a range of national and international experts together for an upcoming workshop.

## PALLIATIVE CARE CLINICAL STUDIES COLLABORATIVE (PaCCSC)

### Tenth Annual Research Forum

Our 10th Annual Research Forum was held on 14 March 2019, in conjunction with Cancer Symptom Trials inaugural Annual Scientific Meeting. This year we celebrated PaCCSC being a world leader in palliative care clinical trial research. We look forward to building collaborations into the future and working closely with CST to set goals to continue to develop a program of clinical research in palliative, supportive and cancer symptoms over the next ten years.

### Workshops

On 8 February 2019 in Perth, a workshop in partnership with Cancer Council WA, IMPACCT and CST was held. The workshop included general clinical trial discussions, a panel session looking at the challenges of conducting clinical trials in palliative care and cancer symptom management, as well as the presentation of new study concepts. Our sincere thanks to our colleagues at Cancer Council WA for partnering with us and those who presented from the WA trials community.

### RAPID program

The RAPID program had a great year in 2019. There are now ~50 participating sites collecting data, and the program has expanded into paediatrics with a new protocol and 12 new sites from five countries involved so far.

The extraordinary series for oxycodone/naloxone de-prescribing in pain management was closed and the results published in the *Journal of Palliative Medicine*. The first nursing interventions for noisy secretions series, which commenced in April 2019, has attracted considerable interest and is already halfway through data collection. The Amitriptyline series has recently been closed and the results are now being written up for publication. The Cyclizine series is also well over halfway.

New series in development/pilot phase are cancer related lymphoedema – which is a tri series with three arms being: physical and related therapies, diuretics for lymphoedema, and subcutaneous needle drainage for lymphoedema – and a new nursing intervention series, care for disorientated patients.

Visit the RAPID website to find out more about the current series and get involved. Go to [uts.edu.au/RAPID](http://uts.edu.au/RAPID).

#### **PBS support for breathlessness treatment**

The Minister for Health, The Hon Greg Hunt, announced via a media release a new treatment for breathlessness that will now be available through the Pharmaceutical Benefits Scheme (PBS). Professor David Currow, PaCCSC Chief Investigator, led research that contributed to Kalpanol® being registered on the PBS.

#### **NHMRC collaborative research grant for breathlessness study**

PaCCSC has received an NHMRC grant to fund participation in an international, multi-disciplinary consortium researching better treatments for breathlessness in palliative care. The research will investigate whether mirtazapine, currently used as an antidepressant, is an effective treatment for chronic breathlessness.



**Katherine Clark**  
Council  
representative,  
CST

## COOPERATIVE TRIALS GROUP FOR NEURO- ONCOLOGY



### **2019 was another busy year for COGNO with many achievements, some of which are highlighted below.**

- COGNO's clinical trials portfolio ([cogno.org.au/content.aspx?page=currenttrials](http://cogno.org.au/content.aspx?page=currenttrials)) continues to grow, with three successful MRFF grant applications led by PIs Dr Craig Gedye (MAGMA), Dr Hao-Wen Sim (PICCOG) and Dr Hui Gan (LUMOS):
  - \$2.5 million over five years for MAGMA (Multi-Arm Glioblastoma Australasia trial). MAGMA uses a new adaptive design to build a clinical trial platform in the highly fatal brain cancer glioblastoma, assessing, for example, two different schedules of chemotherapy, with the goal of expanding brain cancer trial activity to sites all across Australia and also New Zealand to allow as many patients as possible to participate.
  - \$1.5 million over five years for PICCOG (PARP and Immune Checkpoint Inhibitor Combination for relapsed IDH-mutant high-grade Glioma trial). There are no effective treatments available for patients with relapsed glioma. This study will assess the efficacy of a new targeted therapy in combination with an immunotherapy in patients with this condition.
  - \$500,000 over 12 months for the Low and Intermediate Grade Glioma Umbrella Study of Molecular Guided Therapies (LUMOS). Low and intermediate grade brain tumours are universally fatal brain tumours with almost no access to clinical trials. LUMOS is a comprehensive Australian trials program for these patients. We will match tumours on a molecular level with the best treatments. We will assist in accessing these drugs, including creating trials of new treatments. Lastly, we will collect an invaluable
- set of tissue and blood, before and after treatment, for future research into better treatments.
- Establishment of the COGNO International Clinical Research Subcommittee (ICRS), initially under the lead of Dr Mustafa Khasraw, and then with Dr Matt Foote as Chair. COGNO was awarded a five-year Australian Brain Cancer Mission grant in 2018 to improve treatments and outcomes for adults with brain cancer by increasing access to high quality international clinical trials. The ICRS will facilitate achievement of the grant's milestones.
- International conference presentations for our VERTU and CATNON trials:
  - Dr Mustafa Khasraw gave an oral presentation on VERTU at the 2019 Society for Neuro-Oncology (SNO) conference, with VERTU included in the SNO Daily Highlights, in which invited discussants review the most cutting-edge science from that day's basic science and clinical research presentations. VERTU also featured at the 2019 American Society of Clinical Oncology (ASCO) conference with Dr Khasraw and Dr Hao-Wen Sim presenting preliminary results for the primary endpoint (6mPFS) and some secondary endpoints (toxicity and QOL outcomes) in a poster discussion (6mPFS and Toxicity), as well as a poster presentation on QOL outcomes.
  - Professor Martin van den Bent gave an oral presentation at 2019 ASCO on the second interim and first molecular analysis of the EORTC randomised phase III intergroup CATNON trial on concurrent and adjuvant temozolomide in anaplastic glioma without 1p/19q codeletion.
- Two publications, one in the *Journal of Clinical Neuroscience* ("Whole genome and biomarker analysis of patients with recurrent glioblastoma on bevacizumab: a subset analysis of the CABARET trial", [doi.org/10.1016/j.jocn.2019.08.044](https://doi.org/10.1016/j.jocn.2019.08.044)), and the other in the *Journal of Global Oncology* ("Traveling with cancer: a guide for oncologists in the modern world", which was a project developed at

a 2015 COGNO Ideas Generation Workshop. doi.org/10.1200/JGO.19.00029).

- Another successful Ideas Generation Workshop co-convened by Dr Kathryn Field and Dr Ben Chua who developed a successful program which included discussion of six proposals as well a number of inspirational talks and presentations.
- A successful 2019 COGNO ASM over an intense three days in Sydney from 27 to 29 October. Convenor Dr Jonathan Parkinson and the organising committee put together a fantastic program with a theme of "The Neuro-Oncology Picture: Now and the Future", and stellar international speakers who also gave their time to participate in associated satellite meetings such as the brain cancer patient education and support forum and the Brain Cancer Group scientific meeting. ASM awards included:
  - ▶ COGNO Young Investigator Award – Miss Caterina Brighi for her abstract "Disruption of the Blood-Brain Barrier using MR-guided Focused Ultrasound Increases Antibody Delivery to Non-Enhancing High Grade Glioma"
  - ▶ COGNO Most Outstanding Oral Presentation – Dr Sarah Shigdar for her abstract "Targeted drug delivery reduces brain metastases"
  - ▶ COGNO Most Outstanding Poster Presentation – A/Prof

Rosalind Jeffree for her abstract "Developing a National Paediatric and Adult Brain Cancer Registry: A Clinical Feasibility Study"

- ▶ BTAA Lynette Williams Award first prize – Ms Dianne Legge for her abstract "Building the Bridge: The value of consumer co-design in brain cancer resource development"
- ▶ BTAA Lynette Williams Award second prize – A/Prof Michael Back for his abstract "Reflecting on survivorship outcomes to aid initial decision-making in patients managed for IDH-mutated Anaplastic Glioma"
- ▶ COGNO/Elekta Radiation Oncology Trainee Scholarship (to support attendance at the COGNO ASM) – Dr Wee Loon Ong
- ▶ COGNO Neuro-Oncology Nurse Care Coordinator Travel Grant (to support attendance at the COGNO ASM) – Ms Elizabeth Campbell-Taylor
- Continuation of COGNO's outreach and education activities through its Outreach and Education Committee, chaired by A/Prof Zarnie Lwin, including the 2019 COGNO Outreach Education Preceptorship which was awarded to Dr Minjmaa Minjgee, a radiation oncologist from Mongolia. The award supported her attendance at the COGNO ASM as well as a two-day observership at Liverpool Hospital.

- Continuation of COGNO's partnership with MSD on the 2019 Hubert Stuerzl Memorial Educational Award, won by Dr Ashray Gunjur, a medical oncology advanced trainee with a passion for neuro-oncology. The award enables Dr Gunjur to attend at an international neuro-oncology scientific meeting as well as undertake a neuro-oncology preceptorship.
- Continued membership increase, with 62 joining in the past year. We end the year with 780 members!



**Anna Nowak**  
Chair,  
COGNO



The COGNO Scientific Advisory Committee with international speakers at the 2019 COGNO ASM

## FACULTY OF RADIATION ONCOLOGY



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

**This is my first annual report as Dean of the Faculty of Radiation Oncology to members of COSA. I had the privilege of being elected as Dean in mid-2018, with my term commencing on 1 January 2019.**

2019 was another busy year for the Faculty and our many volunteers. Whether providing feedback on a document, responding to surveys, attending committee meetings, or representing the Faculty, our members are our strength.

### Advocacy

Working closely and collaboratively with our stakeholders remains a high priority. In 2019, I was pleased to re-sign two memoranda of understanding - one with the Prostate Cancer Foundation of Australia (PCFA) and one with the Trans Tasman Radiation Oncology Group (TROG) - reinforcing our relationships.

We saw cancer care being emphasised during the Federal election campaign, with significant commitments being made by the main political parties. In the leadup to the election, RANZCR surveyed political parties holding seats in both houses and elicited sector-related commitments from them. The re-election of the Coalition government brought with it the prospect of new regional radiation therapy centres. We have been working, and will continue to work, with the Department of Health to ensure the success of these centres.

The biennial Faculty of Radiation Oncology Facilities Survey was undertaken in 2019. The Faculty surveys all radiation therapy centres across Australia and New Zealand (achieving a 100 per cent response rate). The survey collects data on workforce, equipment and treatments - all of which is highly pertinent in our advocacy efforts for the sector.

The Faculty again hosted the annual Faculty of Radiation Oncology Industry Roundtable at the end of 2019. The Industry Roundtable is an

opportunity for the Faculty to engage with our industry partners and provide an update on some of the activities undertaken throughout the year. 2019 updates included: the ongoing Medicare Benefits Schedule (MBS) Review; the work of the Asia Pacific Radiation Oncology Special Interest Group in low and middle income countries; particle therapy; horizon scanning; and the Targeting Cancer campaign. In addition, the Radiation Therapy Advisory Group (RTAG) provided an update on their work to improve access in regional areas.

### Medicare Benefits Schedule Review

The Medicare Benefits Schedule (MBS) Review continues to make progress. The Faculty's MBS Review Working Group is working to ensure the recommendations of the Taskforce are implemented. This includes working with the Department of Health on ways to support an initial cost modelling exercise of the proposed radiation oncology items. Although we are still in the early stages, progress is being made and we look forward to the implementation of the new schedule in late 2021.

The Department of Health established an Implementation Liaison Group (ILG) to look at the recommendations of the Urology Clinical Committee and identify potential unintended consequences ahead of implementation of recommendations. The Faculty provided representation, supporting the radical prostatectomy explanatory note requiring men to see both a urologist and a radiation oncologist.

### Targeting Cancer

The Radiation Oncology Targeting Cancer campaign continues to go from strength to strength, with further increases in website traffic ([targetingcancer.com.au](http://targetingcancer.com.au)). Thanks must go to all the clinicians and radiation therapy professionals who support the campaign and are helping to increase awareness of radiation therapy.

At the end of 2019, new consumer information was released to help consumers understand the cost of radiation therapy in Australia. This information complements the Australian Government's Medical Costs Finder initiative to improve understanding and transparency of out of pocket costs.

### Education

The Training and Assessment Reform, which aims to enhance our existing training programs (both radiation oncology and clinical radiology), continues to progress. Much of the work has been completed, including curricula reviews, development of learning outcomes and evaluating and developing suitable assessment tools. As 2019 ended, the Faculty was eagerly looking towards the implementation phase of the enhanced training program in radiation oncology ahead of the program launch in 2021.

### Clinical Excellence

The Faculty continually reviews and updates professional documents to ensure currency of information and guidance. One document that commenced review in 2019 was the *Establishing and Sustaining Regional, Rural and Remote Radiation Therapy Centres* position paper. First published in 2016, the significance of this was emphasised with the announcement of additional funding for regional radiation therapy centres by the Government. Due to be finalised in early 2020, this document garnered much feedback from stakeholders.

All professional documents are available from the RANZCR website at [ranzcr.com/college/document-library/](http://ranzcr.com/college/document-library/).

### Organisational Governance and Sustainability

RANZCR commenced the establishment of a cross-Faculty Theranostics Working Group. The purpose of this group will be to explore the landscape of theranostics and provide direction to our two faculties. As we partner with key stakeholders, this is an exciting space to be involved in.

In September, RANZCR was visited by the Australian Medical Council (AMC) as part of the accreditation of our College. The accreditation process is a significant piece of work for specialist medical colleges. Every facet of our organisation is scrutinised: governance, training programs, international medical graduate assessment and continuing professional development programs. The preliminary assessment report was favourable, which highlights the tremendous effort

and work of our members and secretariat staff.

I would like to again thank all our members for their ongoing support of Faculty and College activities.



**Madhavi Chilukuri**  
Dean,  
Faculty of  
Radiation  
Oncology,  
RANZCR

## MEDICAL ONCOLOGY GROUP OF AUSTRALIA



**I am pleased to present this annual report on the 2019 activities of the Medical Oncology Group of Australia Incorporated (MOGA), the national professional body for Australian medical oncologists and a specialty society of the Royal Australasian College of Physicians (RACP).**

As specialist clinicians responsible for the care and management of people affected by cancer in both the public and private sectors, MOGA welcomed the focus on cancer by both major parties during the 2019 election campaign. We are committed to working with all political parties on behalf of the medical oncology profession and our patients. The election campaign served as a catalyst for MOGA to develop a Position Statement, *A National Cancer Strategy for Australia*, to articulate what we, as a profession, identify as the top national priorities and issues for action, for example, the rationalisation of Medicare rebates for specialists treating cancer patients to reduce or eliminate cost gaps.

### **Educational Programs**

In 2019 MOGA presented a range of educational programs. Our Communications Skills Training Program focused on "Transitioning to Palliation". This mandatory training for medical oncology advanced trainees is an important component of ensuring good patient-clinician communication. MOGA funded Travel Awards for trainees to attend the Annual Scientific Meeting (ASM) and over 40 trainees participated in the Sciences of Oncology Program, convened by Prof Mark Shackleton. The Young Oncology Group of Australia provided support and guidance for young consultants, organising educational initiatives throughout the year.

The 40th Anniversary ASM, "Leading the Way in Medical Oncology Education, Research and Clinical Practice", and the Immuno-Oncology Forum in Canberra provided a timely opportunity to reflect on the growth and evolution of



Celebrating MOGA's 40th Anniversary ASM

MOGA as a professional organisation, medical oncology in Australia and advances in clinical practice, research, patient care and training. We thank the Planning Committee, and Convenor, Prof Desmond Yip, for organising world leaders in clinical research and practice to participate: Professors Sabine Tejpar, Belgium; Jeffrey Gregg, USA; Stephen V Liu, USA; and Harpreet Wasan, UK. Prof Martin Tattersall AO, the founding Chairman of MOGA and Prof Ian Olver AM opened the meeting with great style, giving spirited and inspiring welcome presentations. A panel of past Chairs of MOGA, chaired by Prof Fran Boyle AM, provided insights to and stories from MOGA's past.

In 2019 Prof Martin Stockler presented a series of one day Concept Development Workshops in India, Singapore, New Zealand and Australia. Meanwhile plans for the ACORD 2020 Protocol Development Workshop (27 September-2 October) were put in place with applications opening online from 4 November.

### **MBS Review**

Representatives from MOGA met with the MBS Implementation Liaison Group in September to progress the implementation of the MBS Review Oncology Recommendations. The meeting considered the distinct wording of the new chemotherapy item numbers, including a new oral chemotherapy item number. The latter will need to undergo a submission to MSAC and approval prior to implementation.

### **Oncology Drugs and Treatments**

The Oncology Drugs Working Group, led by Dr Deme Karikios, met regularly



2019  
COSA  
ASM

with the PBAC and other regulatory bodies to address oncology issues in 2019. The 2019 Drugs Roundtable Meeting considered broader system and patient-focused issues with stakeholders to improve our systems, our prescribing and clinical practices to make the patient journey a better one. MOGA decided to re-focus this meeting and developed an *Advocacy and Access Activities Report 2019* which summarised our achievements over the last 12 months with oncology drugs issues such as derestriction of pemetrexed to allow patients with lung and other cancers access to the drug.

A MOGA position statement on the principles of chemotherapy prescribing, *The 8 Steps to Personalised Therapy – The Art and Science of Anti-Cancer Drug Dosing*, developed by Prof Steve Ackland and other senior medical oncologists, was completed mid-year and is set for publication. These important guidelines have been developed by the profession for the profession and are a welcome addition to the Association's guidance materials.

#### Partnerships

In 2019 MOGA strengthened its strategic alliances. I represented MOGA at the inaugural ASCO Breakthrough Summit in Bangkok from 11 to 13 October. This global summit highlighted the many novel and ground-breaking solutions transforming or set to transform clinical practice, from diagnostics through to digital health, including next generation immunotherapy. MOGA was one of the regional collaborating oncology societies associated with this meeting along with colleagues in China, Korea, Bangkok and Singapore. Going forward, ASCO plans to run ASCO Breakthrough in Asia every two years.

Dr Adrian Lee attended the 2019 Singapore Oncology Society Annual Meeting and Best of ASCO on behalf of MOGA. Prof Chris Karapetis represented MOGA at ESMO Asia and the first National Societies Committee Meeting for the Asia-Pacific region in Singapore.

Nationally, MOGA collaborated with many organisations, notably

the Private Cancer Physicians of Australia and the Australian Medical Association, in response to major national medical issues such as the Medicare Benefits Schedule Review and Informed Financial Consent. The Association also worked closely with the RACP.

#### Our Members

As the national body for Australian medical oncology, MOGA has a strong and diverse membership base. In 2019 MOGA made strong headway in our work to address diversity and inclusivity issues, including the provision of free childcare services at our annual meetings. As a group, we are richer for the diversity and inclusion of all our members, which ultimately benefits patient care. At the ASM, MOGA addressed the issue of unconscious gender bias in speaker introductions by requiring consistent speaker introductions (using title, first name, surname) for all speakers across all sessions. This will be an ongoing requirement of all future MOGA meetings.

Prof Martin Stockler was a very worthy recipient of this year's MOGA-Novartis Oncology Cancer Achievement Award for his outstanding contribution to medical oncology in Australia. He is Professor of Oncology and Clinical Epidemiology and Oncology Co-Director at the NHMRC Clinical Trials Centre at the University of Sydney, and a Consultant Medical Oncologist. Since 2008, Prof Stockler has also been the Convenor of the ACORD Initiative that advances training and education in clinical trials design and development.



**Dr Prunella Blinman**  
Chair,  
MOGA

## MELANOMA AND SKIN CANCER TRIALS LIMITED



Melanoma and Skin Cancer Trials Limited

**The past twelve months have been an exceptional time for our cancer collaborative trials group as we formally transitioned from the Australia and New Zealand Melanoma Trials Group (ANZMTG) to the Melanoma and Skin Cancer Trials Group Ltd (MASC Trials) Inc, a not-for-profit company with constitutionally mandated and nationally representative board membership. Operationally, we now have staff located in both Melbourne and Sydney via our new affiliation with Monash University and the founding there of the dedicated MASC Trials Research Centre.**

Although the challenges of our transition have been substantial and fraught by numerous delays resulting in the loss of some great staff, I am pleased to report that things are finally settling down. We are well into the process of hiring new team members and creating a revamped group that will be substantially bigger than previously as a result of the numerous studies we are project managing. The exciting structural and operational changes we have undergone are encouraging the group to become more nationally engaged than ever, with an expanded breadth of investigators, institutes and other collaborative partners working to facilitate research that improves outcomes for patients and families affected by melanoma and skin cancer.

As we get back closer to capacity, a major focus for the group, additional to our project management responsibilities, is looking carefully at the ways in which we work collaboratively with investigators to ensure that trials and research-related projects are developed and managed in a manner that addresses the needs of investigators, the trials group and relevant academic affiliates, recognising the essentially symbiotic relationship that exists between these parties in collaborative, co-operative group research. Getting this balance



right can be a challenge for all cooperative trial groups, and group Chairs and Managers are working nationally on developing consensus approaches.

Alongside these issues, the group continued to focus on supporting our investigators and their research projects. There were many highlights in 2019.

Foremost among these efforts was the publication of the MASC 01.07 WBRTMel clinical trial in the *Journal of Clinical Oncology*,<sup>1</sup> a study of patients with melanoma brain metastases that has been running internationally for a decade. This trial provided level I evidence to support the recent move away from the use of whole brain radiotherapy in these patients. Presented at ASCO 2019, ASTRO 2019 and the COSA Annual Scientific Meeting in Adelaide, the trial results were well received, with Prof Gerald Fogarty and Prof Angela Hong's presentation being selected as part of the "Best of ASCO 2019" program and being discussed in Dr Pierce's "Cancer Breakthroughs" presentation at ASTRO.

The MASC trials team has worked hard to progress our 16 established studies, while also advancing four new trials towards activation in early 2020 (MASC 03.18 I-MAT, MASC 10.17 GoTHAM, MASC 02.19 IMAGE and MASC 07.17 AOMA registry). A total of 13 new research proposals commenced development during the course of the year and we continue to work with collaborators to move these forward. Enhancing recruitment to our active studies, a further six trial sites recently opened, three of which are in regional areas of Australia. Of the 353 patients recruited across our portfolio in 2019, five were from regional Australian centres. Boosting this number is a priority in the coming years. We continued to appreciate the active engagement from multiple institutions across 22 countries who actively recruit to our studies, with 48 of these institutions recruiting patients to our studies in the past year.

Recruitment commenced recently to two new trials. The MASC 02.18 MelMarT-II trial assesses the use of 1cm versus 2cm excision margins in primary cutaneous melanoma and

has been widely embraced by the international melanoma surgical community. Continuing the success of the MelMarT pilot, this trial is expected to inform international clinical guidelines in the surgical management of primary melanoma. Currently recruiting within Australia, this trial will soon open across Scandinavia, the UK, Brazil, the USA, Canada and New Zealand thanks to the hard work of our MASC Trials team and the study investigators in building international collaborations to bolster funding and recruitment. The MASC 04.17 SMARTI trial is open across sites in Victoria, assessing the innovative use of artificial intelligence in the diagnosis of melanoma and skin cancers, a rapidly growing area of research we are excited to lead in collaboration with the investigators.

As new trials commenced, the MASC 01.12 EAGLE FM and MASC 02.14 CombiRT studies neared recruitment completion at the end of 2019 and so our attention has turned to data analysis. We expect that we will see the public dissemination of data from these trials in 2020.

In supporting the development of new studies, we submitted 16 grant applications during the past year. Of these, eight have so far been funded, directing \$6 million+ in funds towards research of melanoma and skin cancers – a fantastic outcome.

Outside of our clinical trials portfolio, development of our Australasian Merkel Cell Carcinoma Interest Group (AMIGOs) and Australasian Ocular Melanoma Alliance (AOMA) group continued to gain momentum. Early in the year, AMIGOs were privileged to be present when the announcement was made in Canberra that Bavencio (avelumab) was listed on the PBS for Merkel cell carcinoma. The AMIGOs had lobbied for, and supported, this addition to the PBS, which was a satisfying achievement for our team. Both groups increased their profile among relevant research communities, with AMIGOs representatives presenting at the International Symposium on Merkel Cell Carcinoma in Tampa, Florida, the European Society of Medical Oncology Asia Conference in Singapore and at the COSA Annual Scientific Meeting in Adelaide. The first AOMA summit

was successfully held in Sydney, with the second to take place on 12-13 June 2020 at QIMR Berghofer Medical Research Institute in Brisbane. MASC Trials and the respective Chairs of these groups, Prof Gerald Fogarty and A/Prof Anthony Joshua, worked closely with health professionals, patients and carers to develop and launch the AMIGOs and AOMA websites<sup>2,3</sup> to act as reputable sources of information for these rare cancers. Please do visit and recommend these websites, along with our new MASC Trials site.<sup>4</sup>

As I reflect on a 2019 that saw unprecedented change in, and continued productivity from, MASC Trials, I need particularly to acknowledge MASC's leadership team who have done an extraordinary job in shepherding our group through a momentous period. These staff, with the resolve of the Board, are creating an organisation with the independence and organisational structure required to avail the opportunities of the modern era of melanoma and skin cancer prevention and treatment, ensuring that MASC Trials, and the researchers we encourage and support, are well placed for a successful 2020 and beyond.

1 DOI: 10.1200/JCO.19.01414 *Journal of Clinical Oncology* 37, no 33 (20 November 2019) 3132-3141

2 [amigos.org.au/](http://amigos.org.au/)

3 [aoma.org.au/](http://aoma.org.au/)

4 [masc.org.au/](http://masc.org.au/)



**Mark Shackleton**  
Chair,  
MASC Trials

## ONCOLOGY SOCIAL WORK AUSTRALIA NEW ZEALAND



**OSWANZ is pleased to report another strong year of growth and development. Membership numbers are strong and there is increasing interest from our New Zealand colleagues since we have formalised the incorporation of a trans-Tasman partnership in our revised Constitution.**

The 14th National Conference was held in November in Hobart, with a theme of "Unique Footprints: Recognising the biopsychosocial implications of the cancer site". Delegate numbers were pleasing and a range of national speakers from diverse disciplines and backgrounds highlighted the importance of multidisciplinary collaboration in delivering high quality, comprehensive care to people with cancer and their families. A combination of plenary and workshop sessions, along with several pleasant social opportunities, ensured that stimulating discussions extended across the three days of the conference and beyond. The value of meeting annually ensures that new networks established at the conference will continue well beyond the event, as colleagues return to their workplaces but maintain connections with each other in their areas of specialist practice, regardless of geographical location.

OSWANZ continues to provide input to groups and committees at the national level. This is important in enabling our organisation to articulate the expertise of oncology social workers and to forge strategic partnerships, as we strive to address gaps and inequities in cancer care service delivery for all Australians. As well as representation on COSA Council, OSWANZ has a standing membership on the Scientific Advisory Committee of the Psycho-Oncology Co-Operative Group (PoCoG). In 2019 OSWANZ was invited by Cancer Council Australia to nominate a member to their Health Service

Advisory Committee. Currently, Kim Hobbs represents OSWANZ with these three organisations, COSA, PoCoG and Cancer Council Australia.

Late in the year, several OSWANZ members contributed to the Optimal Care Pathway refresh project which is reviewing the OCP template. Thank you to OSWANZ members who took the time to provide feedback. Our comments were well received by the review team and will be incorporated into the revised pathway document. We have continued to engage with Cancer Council Australia as they progress their body of work in the domain of financial toxicity and financial consent and anticipate ongoing contributions in the future.

The recently completed "Social work interventions in cancer care: a quality assurance project", has been accepted for publication in *Australian Social Work*. This multi-site project, conducted across cancer treatment centres in Victoria, Queensland and New South Wales, has provided valuable insights into the services provided by oncology social workers. Important outcomes demonstrated that social workers are effectively reaching, and responding to, patients who are frequently under-served in oncology centres and, indeed, in health settings more generally. People from lower socio-demographic groups, Indigenous and rural and regional patients are well represented in referrals to oncology social workers. Additionally, although anecdotally well known to social workers themselves, this study confirmed the substantial assistance and supportive care provided to families and caregivers. OSWANZ is grateful to Dr Rosalie Pockett from the University of Sydney who led this project, and to the social work clinicians from the six treatment centres who participated in the data collection.

Thanks are extended for the extraordinary voluntary commitment of the OSWANZ Executive and Management committees. I would like to acknowledge our President, Nick Hobbs, from the Royal Hobart Hospital. Nick has completed with aplomb the first year of his two year term as the inaugural OSWANZ President, and enthusiastically took on the onerous task of convening

the conference committee for the Hobart conference. Special thanks are extended to our Secretary, the tireless Olga Gountras. Each state, territory and New Zealand have nominated representatives who, along with clinical experts in various oncology sub-groups, take responsibility for convening local professional development events and ensuring that the organisation continues to flourish. Further information about the organisation can be found at [oswanz.com](http://oswanz.com).

Finally, the OSWANZ membership extends congratulations to Kim Hobbs, the inaugural recipient of COSA's Melanie Price Psycho-Oncology Award. Recognition by one's peers of a sustained contribution to the discipline of psycho-oncology is in itself humbling, but to receive that honour in memory of a loved and esteemed colleague makes the award even more special.

As an Affiliated Organisation of COSA and the primary professional organisation for oncology social workers, the "core business" and priority concerns of OSWANZ are closely aligned with COSA's strategic direction, to provide excellence in evidence-based cancer care across the treatment continuum and in an equitable manner. We will continue to work collaboratively with our multidisciplinary colleagues to promote best practice cancer care in increasingly challenging times. We look forward to the continuation of a mutually productive association between COSA and OSWANZ. Kim Hobbs will continue to be the OSWANZ representative on COSA Council.



**Kim Hobbs**  
Council  
representative,  
OSWANZ



PC4 founding members  
Lyndal Trevena and  
Geoff Mitchell

## PRIMARY CARE COLLABORATIVE CANCER CLINICAL TRIALS GROUP



**2019 heralded PC4's 10th anniversary. It was a great opportunity to reflect on how much we have grown. We've now helped researchers successfully receive over \$19 million in funding which has supported trials that have recruited over 10,000 patients from over 100 sites over the last 10 years.**

### Research highlights

2019 was a stellar year for our researchers. The time and effort PC4 has invested to develop new trials was handsomely rewarded. We would like to congratulate:

- Dr Nicole Rankin, University of Sydney, for her NHMRC Ideas grant to test the acceptability and feasibility of potential lung cancer screening implementation in the Australian community
- Dr Jennifer McIntosh, University of Melbourne, funded by the Victorian Cancer Agency, for an RCT trial of patient narrative SMS messaging in general practice, to increase participation in the National Bowel Cancer Screening Program in Victoria
- Prof Ray Chan, Queensland University of Technology, who is partnering with the McGrath Foundation to test the implementation of a nurse-enabled, shared-care follow-up model for early breast cancer survivors: The IBIS-Survivorship study
- Prof Jon Emery, University of Melbourne, whose Cancer Australia PdCCRS grant will fund an RCT of genomic-based stratified colorectal cancer screening in primary care

- Dr Joel Rhee, University of Wollongong, whose NUW Alliance grant will investigate why people in rural areas with cancer have worse outcomes
- Prof Michael Jefford, Australian Cancer Survivorship Centre, funded by the Victorian Cancer Agency, to identify state-wide disparities in cancer survivorship

### Podcasts

After launching two podcasts in 2018, we were thrilled that *Research Roundup* was a finalist for best Science and Medicine podcast. We were pipped at the post by the ABC's *Science Friction*. We are hoping that 2020 will be our year.

Our second season of *Cheers with Peers* launched in 2019 and was hosted by Dr Jennifer McIntosh, who discussed the challenges of being a mid-career researcher. Joined by senior researchers from around Australia, Dr McIntosh discussed What makes a great supervisor? How do GPs navigate clinical research and their practice? And How do you build your leadership and value as you work towards taking that next step into becoming a senior researcher?

You can listen to both series at [pc4tg.com.au/podcasts](http://pc4tg.com.au/podcasts).

### PC4 Scientific Symposium

Our sixth Scientific Symposium was held in Melbourne at the Victorian Comprehensive Cancer Centre on 4 April 2019. The Symposium highlighted our goals of nurturing research collaboration and developing new primary care research. It was a great day, driving discussions around current research, pathways and new methodologies. The event was also a celebration of Prof Geoff Mitchell and Prof Lyndal Trevena, both founding members of PC4, who decided to make the move into retirement.

The day opened with plenary speaker Prof Ross Lawrenson from the

University of Waikato, who presented on how New Zealand is working to reduce the inequities in cancer diagnosis and outcomes. Dr Sam Merriel from the University of Bristol (UK) won the best presentation for his mapping study on integrating multiparametric MRI into prostate cancer diagnostic pathways.

### PC4 in a snapshot

- Over 750 members
- Members represent over 30 different health and research disciplines
- We reached 740 Twitter followers @PC4TG
- We visited Singapore to look at opportunities to establish an Asian cancer in primary care research network
- Hosted a workshop at GP19 on integrating shared care for cancer survivors

New concepts presented at workshops	11
Active studies	14
Studies opened to recruitment	3
Publications	17
Conference presentations	26
Training Awards	4



Jon Emery  
Chair,  
PC4

## PSYCHO-ONCOLOGY CO-OPERATIVE RESEARCH GROUP



**2019 was an outstandingly busy year for PoCoG as we continued on our mission to support an interdisciplinary network of researchers, clinicians and consumers to undertake research to address the psychosocial issues relevant to all aspects of cancer, namely: prevention, early detection, treatment and survivorship.**

To this end, our research and capacity-building activities focus on developing interventions which take care of the whole person, not just the disease, from the time of diagnosis throughout the whole cancer journey. They also aim to support patients to continue to enjoy life and achieve psychological resilience in the face of a disease that can be both chronic and life-limiting. Importantly, our research work also addresses the psychosocial challenges faced by families, caregivers and health care professionals, as well as health systems.

### Research priorities

In May, the new PoCoG Chair, Professor Brian Kelly from the University of Newcastle, hosted our Scientific Advisory Committee along with a multi-disciplinary team of invited experts, at a Strategic Planning Day. The primary goal of this full day meeting was to identify future research priorities for the group and to establish a concrete plan to achieve those priorities. The day involved a review of current work and an exercise to identify any gaps in the research agenda, along with a horizon scanning exercise to explore potential new areas of interest.

These new initiatives will be developed alongside ongoing work in cancer genomics research; fear of cancer recurrence; collaborative care programs for depression among cancer patients; research examining clinical practice in response to anxiety among patients with advanced cancer; and the ADAPT program.

The ground-breaking ADAPT program continued to meet all its milestones in 2019. Of the 12 cancer services in NSW participating in the ADAPT cluster RCT, nine completed their initial 12 months recruitment and five sites moved into the sustainability phase of the project, with a further three due to complete the initial 12 months this year.

### Early Career Researchers

PoCoG works hard to build the capacity and research skills of our early career researcher (ECR) members and in April we hosted a joint workshop with the Primary Care Collaborative Cancer Clinical Trials Group for our ECR members at the Victorian Comprehensive Cancer Centre in Melbourne.

20 ECRs attended the workshop, which focused on supporting participants to develop skills in using administrative and linked data sets in research. The agenda included presentations by a carefully selected group of data experts, who facilitated a lively and informative discussion and fielded questions from the audience.

### Scientific Meeting

In November, we hosted the second PoCoG Scientific Meeting at the South Australian Health and Medical Research Institute in Adelaide. Eighty members and colleagues from a range of multi-disciplinary backgrounds gathered to hear Australia's leading psycho-oncology and health researchers address the theme "Revolutionising Access to Psycho-oncology".

A highlight of the program was the dynamic panel discussion focused on teaching researchers how to disseminate their research and influence policy makers. This upbeat debate, ably chaired by Professor Jane Turner from the University of Queensland, included a range of experts with experience in "getting stuff done". Panellists included Professor Caroline Miller from SAHMRI, Dr Melanie Bagg from the National Youth Science Forum, Hollie Harwood from the Cancer Council and Dr Ursula Sansom-Daly from UNSW.

### Concept Development Workshops

While the PoCoG ASM was undeniably the jewel in our "event crown" for 2019,

we also hosted two themed concept development workshops.

To further our expertise in the area of cancer related fatigue, we hosted a joint concept development workshop with the Cancer Symptoms Trials Group (CST) in July. Facilitated by a multi-disciplinary team from CST and PoCoG, this workshop offered participants a valuable opportunity to develop their own concepts, as well as work with fatigue experts to identify gaps in current knowledge and key research questions. PoCoG and CST are continuing to develop this program of work in 2020.

Late last year we got our multi-disciplinary Scientific Advisory Committee together again for another concept development workshop, this one with a focus on multi-morbidity. Three concepts were presented and will complement an emerging stream of research examining the burden of cardiovascular disease among cancer survivors and the related psychosocial issues.

We have also progressed an important body of work focused on the needs of Aboriginal and Torres Strait Islander people, with research addressing burden of cancer and multimorbidity in this population.

To learn more about PoCoG activities and to join, visit [pocog.org.au](http://pocog.org.au)



**Brian Kelly**  
Chair,  
PoCoG

## ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA



**The Royal College of Pathologists of Australasia (RCPA) principle objectives are to train and support pathologists and senior scientists to improve the use of pathology testing, utilising the highest quality evidence and expert collaboration. We are pleased to highlight the following notable achievements accomplished in 2019.**

### **International Pathology Day**

This year's RCPA International Pathology Day (IPD) event, held at the RCPA headquarters in Sydney on 11 November 2019, was hosted by Sophie Scott, National Health Reporter for the ABC, and was livestreamed. This year's topic was Human papilloma virus (HPV)-related head and neck cancer. The RCPA welcomed guest patients Julie McCrossin AM, TV presenter and media personality, and Archibald prize-winning artist Nicholas Harding, who shared their personal stories of the disease. Julie McCrossin shared her experience with HPV-related oropharyngeal cancer stating, "There is an epidemic, and people don't know about it."

Anatomical pathologist A/Prof Ruta Gupta presented her insights as a head and neck cancer specialist, along side surgeon Prof Jonathan Clark AM, who is also the Chairman of Beyond Five, Australia's head and neck patient education website. A/Prof Gupta

said, "Head and neck cancers are very serious cancers, but unfortunately are one of the most under-supported, under-researched and under-funded cancers worldwide."

### **Molecular pathology practice**

The revised National Pathology Accreditation Advisory Council (NPACC) requirements now allow for recognition of prior learning (RPL). This means that non-genetic pathologists with designated clinical governance, who supervise molecular testing in their discipline, now have access to certification through a standard training and assessment pathway, or RPL. Applicable disciplines include Anatomical Pathology, Chemical Pathology, Haematology, Microbiology, Immunopathology and General Pathology.

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

With substantial evidence that standardised structured reporting improves the quality of pathology reporting, the federally funded Structured Pathology Reporting of Cancer (SPRC) Project continues to expand, having now published 46 protocols.

Recent editions include updated and new protocols for Thyroid cytology, Head and Neck cancers and Endometrial cancers. Each protocol incorporates the latest scientific evidence, TNM staging, as well as the internationally agreed standards from the International Collaboration on Cancer Reporting (ICCR-cancer.org).

SPRC protocols are the result of expert multi-disciplinary input and independent peer review, and are

authored by a volunteer group of expert pathologists, clinicians and scientists. The resources and protocols are made free to access on the RCPA website at [rcpa.edu.au/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer/](http://rcpa.edu.au/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer/).

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

The International Collaboration on Cancer Reporting (ICCR), of which RCPA is a sustaining member, has produced standardised reporting templates for cancers, available to all countries of the world.

As a result of translating existing English datasets into French, Spanish and Portuguese, more than 2 billion people now have access to the structured pathology reporting templates globally (ICCR-cancer.org).

### **Pathology terminology standardisation**

The RCPA's national project for standardising Pathology Information, Terminology and Units Standardisation (PITUS) has been working hard to encourage the adoption of standardised pathology information structures and terminologies, to optimise systems for recording, decision support, communication and analysis, in order to improve healthcare for all.

The National Clinical Terminology Service (NCTS) published the latest updates to the RCPA Standards for Pathology Informatics in Australia (SPIA) terminology reference sets on 24 September 2019, on the NCTS portal website. This interim Release

incorporated 518 updates to new or existing terms plus 209 new requesting terms for allergens.

The PITUS Systems Design and Compliance Working Group, in collaboration with the Australian Digital Health Agency, has completed a significant body of work, with the transformation of all published RCPA SPIA information models and terminology reference sets into Fast Healthcare Interoperability Resources (FHIR), making it easier for implementation and ongoing maintenance. FHIR is a healthcare interoperability standard used to describe data formats and elements published by Health Level 7. The terminology work was facilitated by the CSIRO, and now means the RCPA SPIA information models and terminology reference sets and related knowledge are available via the NCTS.

The ICCR has agreed to collaborate to ensure terminology is developed

for cancer reporting such that it meets the needs of the clinical care teams, national registrars and cancer researchers around the world. The international group includes the colleges of the USA, UK and Canada, as well as many other interested parties around the world such as Sweden, New Zealand, Malaysia, Spain, and The Netherlands. The project aims to align terminology development and cancer dataset development efforts to create truly computable, interoperable cancer reporting tools for use by all participating nations.

#### **Pathology Update Conference and Exhibition 2019**

The RCPA annual scientific meeting, Pathology Update, was held at the Melbourne Convention and Exhibition Centre, 22-24 February 2019. The conference was highly successful with 1370 delegates who attended scientific presentations in the disciplines of Anatomical, Chemical, Forensic,

Genetic, General, Haematology, Immunopathology and Microbiology. This conference is a significant event on the RCPA's calendar.



**Kenneth Lee**  
Council  
representative,  
RCPA

## **TROG CANCER RESEARCH**



### **TROG Cancer Research celebrated 30 years in 2019**

We are extremely proud to be celebrating over 30 years of TROG Cancer Research, after humble beginnings back in 1989. To date TROG has conducted over 105 clinical trials, enrolled over 14,700 patients and produced over 200 publications. A lot has changed in radiation therapy treatment over these last three decades and TROG Cancer Research has been at the forefront of advancing radiation therapy treatments to improve patient outcome and quality of life for those affected by cancer.

2019 has been another productive year for TROG Cancer Research. We have welcomed new members to our Board of Directors (Madhavi Chilkuri, Annette Haworth and Denis Byron) and had Dr Peppe Sasso take on the leadership

of TROG Cancer Research, with his appointment as Board President in March 2019. Susan Goode (CEO, appointed in July 2018) together with the TROG Operations Executive have successfully led a restructure of many of the TROG Central Office operations to ensure, going into the future, our organisation has the right structure, systems and people.

Highlights of 2019 included the TROG Annual Scientific Meeting (ASM) held at the MCG in Melbourne, 11-15 March. With over 300 delegates participating, it was a great opportunity to showcase trial findings, discuss new trial concepts and also learn new skills in a multidisciplinary environment. TROG Cancer Research was very honoured to acknowledge A/Prof Farshad Foroudi (out-going TROG Board President) with the Outstanding Contribution to TROG Award. Prof David Ball was presented with the Trial Excellence Award for his TROG 09.02 CHISEL study. In August 2019 TROG Cancer Research hosted a strategic planning workshop to review our progress in the current strategic planning cycle and map out our future directions.

In terms of trial activity, in 2019 there were five new trial proposals approved

by the TROG Scientific Committee for further development. There were also five proposals approved and commenced for secondary analysis of previous TROG trials. Two trials (CORE, SC.24) completed accrual in 2019, and two trials (LARK, MASTERPLAN) opened to accrual. TROG 08.03 RAVES disseminated the primary study results with a prestigious presentation at ASCO in September 2019.

### **TROG 08.03 RAVES trial stands to change clinical practice worldwide**

Balancing the risk of side effects with the potential benefit of treatment is a big part of making decisions about treating any cancer. Over 21,000 new cases of prostate cancer are diagnosed each year across Australia and New Zealand, with surgery the most common treatment approach. More than a third of these patients will have high-risk features placing them at significant risk of their cancer returning.

The strategy of treating high-risk patients with radiation therapy soon after surgery (called adjuvant radiation therapy) has been shown in three large randomised trials to halve the risk of cancer returning, and is currently recommended by both European and



American urological guidelines. An alternative approach is to use radiation therapy only if a rising PSA shows the cancer is active (called surveillance with salvage radiation therapy).

While adjuvant therapy provides benefits to some patients, it exposes males to risks of bladder and bowel problems and can compromise recovery of erectile functioning. If surveillance with salvage radiation therapy is as effective as adjuvant radiation therapy, many patients could be spared unnecessary treatment and possible side effects.

There has been considerable debate over the last decade on the optimal timing of post-operative radiation therapy for high risk patients. The TROC 08.03 RAVES trials stands to help resolve this debate and could transform the way this issue is addressed across practices worldwide.

Launched in 2009, the RAVES trial is the first study in the world to address the role and timing of radiation therapy after surgery for prostate cancer within the context of giving radiation therapy in a standard way.

The phase III randomised clinical trial was led by Dr Maria Pearse from

Auckland Hospital and A/Prof Andrew Kneebone from Royal North Shore Hospital, and involved enrolling 333 male patients from 32 radiation therapy centres across Australia and New Zealand. Patients were randomly allocated to receive radiation therapy within six months after surgery or to be observed and have radiation therapy if their PSA rose above 0.20 ng/mL. All received the same 64Gy dose and had symptoms, PSA and patient quality of life assessed.

The trial has shown surveillance with early salvage radiation therapy has similar rates of controlling cancer to adjuvant radiation therapy and is associated with fewer urinary problems. After five years of follow-up, 86 per cent of patients in the adjuvant radiation therapy arm were free from relapse measured by PSA tests, compared with 88 per cent in the salvage radiation therapy arm. The results were presented at the American Society for Therapeutic Radiation Oncology (ASTRO) ASM in Chicago in September 2019.

The next phase of analyses will look at side effects and quality of life, more effective ways to identify high-risk patients, and explore the

relationship between radiation therapy delivery technique and risk of side effects. Data will also be pooled with two similar trials in Britain and France for a combined analysis of over 2000 patients, providing enough patients to compare the two treatments in relation to survival.

*This trial was funded with grants from the New Zealand Health Research Council, Australian National Health Medical Research Council, Cancer Council Victoria, Cancer Council NSW, Auckland Hospital Charitable Trust, Trans-Tasman Radiation Oncology Group Seed Funding, Genesis Oncology Trust, Royal Australian and New Zealand College of Radiologists, Cancer Institute NSW, Prostate Cancer Foundation Australia, and Cancer Australia.*



**Puma Sundaresan**  
Council representative,  
TROC

# OTHER REPORTS

## COSA TELE-TRIAL PROJECT



### The Pilot Implementation of the Australasian Tele-Trial Model

The project to pilot the implementation of the Australasian Tele-Trial Model which commenced in August of 2017 has made significant progress in the last 12 months. There are now 75 patients participating in tele-trials nationally. Ten tele-trials are open, two are closed to recruitment and a further nine tele-trials are pending. Tele-trials are open in Queensland, New South Wales, ACT, Victoria and South Australia. In Western Australia a project to pilot implementation of the Tele-Trial Model has commenced and the project is actively seeking a suitable trial to pilot their first tele-trial.

The Tele-Trials Project was originally scoped as a two-year project due for completion by 30 June 2019. However, thanks to the support of existing funding partners, and three new funding partners the project will be extended to 30 September 2020. The project extension will allow time for increased recruitment to a greater number of clinical trials at project sites to fully test processes and integrate the Model into sites, particularly in NSW and Victoria. The extension will also allow ongoing support of sites outside the project funded sites and continued engagement of sponsors through the project's Cancer Cooperative Trials Group and Medicines Australia Industry Advisory Group to coordinate adoption of uniform processes and facilitate problem solving as the Tele-Trial Model is rolled out.

The next step for national adoption of the Tele-Trial Model is via the National Mutual Acceptance (NMA)

mechanism. The following documents remain under consideration for National Mutual Acceptance:

- Australian ICH GCP (including Tele-trials) SOPs and supervision plan template
- Tele-Trials Subcontract for use between primary and satellites sites

NMA is addressing insurance and indemnity arrangements for the Tele-Trial Model and developing a definition of tele-trials that will be accepted across all the jurisdictions. A tele-trial policy framework with reference to the SOPs and subcontract will enable absolute understanding of what it means to approve a tele-trial and we are hoping this process will be completed in the first quarter of 2020.

This year saw the development and completion of several tele-trial resources and templates to assist sponsors and sites with the adoption of the model. These resources are now available on the COSA website and include:

- Supervision Plan templates
- Steps to establish a tele-trial cluster
- Post approval steps for tele-trial amendments and documents
- Question and Answer documents for sponsors and sites and FAQ
- Checklist of documents for RGO submission at Primary and Satellite Sites.
- Sample PICF for tele-trial clusters
- Stakeholder engagement was an important focus for the Tele-Trials Project in 2019. The Tele-Trials Model and Project were presented at the following conferences:
  - ARCS Annual Conference – two oral presentations
  - ACTA International Conference – oral presentation
  - ASCO Breakthrough – oral presentation
  - COSA ASM – oral presentation

We are also pleased to inform you that a supplement to the *Asia-Pacific Journal of Clinical Oncology – The Australasian Tele-Trial Model: Lessons from Practice* – was published on the Wiley Blackwell Online Library in October and printed copies were available at the COSA ASM. A copy of the supplement on the Wiley Online Library can be found at [onlinelibrary.wiley.com/toc/17437563/2019/15/S8](http://onlinelibrary.wiley.com/toc/17437563/2019/15/S8).

We would like to take this opportunity to thank MTPConnect who provided matched funding for the first two years of the project and our funding consortium partners for this project: Rare Cancers Australia, Cancer Voices NSW, Australian Institute of Tropical Health and Medicine, The Garvan Institute of Medical Research, The Walter and Eliza Hall Institute of Medical Research, Icon Group, St John of God Hospital, Medicines Australia, AbbVie, Jansen, Novartis and Pfizer. We would also like to thank BMS, AstraZeneca and MSD who have joined our funding consortium for the extension phase of the project.



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



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





**A Snapshot of Cancer Council Australia's work in 2018/19**

Cancer Council Australia centres its work in three key areas: reducing the incidence of cancer, improving survival from cancer and supporting those affected by cancer.

I am going to focus this report on the goal of improving survival from cancer, as it is this work that resonates most with COSA members. We know one of the most effective ways to improve survival is to find cancer early. The earlier a cancer is found, the more likely it is that it can be successfully treated.

That is why I was delighted this year when the Federal Health Minister Greg Hunt announced that Cancer Council Australia would receive a **\$10 million grant to run Australia's first ever national mass media campaign to promote bowel cancer screening.**

Bowel cancer is Australia's second biggest cancer killer and Cancer Council has a long history of advocating for bowel cancer screening to improve survival.

In more recent years we have focused our efforts on calling on Government to complete the full implementation of the program and support it with a mass media campaign to make sure that all eligible Australians take part. This year our calls were answered.

Our national landmark campaign was rolled out across the country during 2019 and spanned TV, radio, social media, community radio and PR, including tailored materials for specific cultural communities. Our goal is to raise the current participation rate of 40 per cent. Cancer Council NSW analysis has shown that if participation could increase to 60 per cent, around 84,000 lives would be saved by the program by 2040. Early evaluation is promising, with final results due in 2020.

Cancer Council was able to leverage the investment by Government to a

massive \$19 million in media value. Our ask to Government is to repeat the campaign for three further years so we can maximise the potential of this important national screening program to save lives.

Cancer survival will also be improved if we can ensure all people benefit equally from Australia's world leading cancer outcomes. Australia has one of the best cancer survival rates in the world - with nearly 7 in 10 Australians surviving at least 5 years. Unfortunately, this good news story masks some of the statistics that sit below the surface and too often remain unspoken.

First Nations Australians have 43 per cent higher cancer mortality rates than the general population, and those from the poorest parts of our community are 37 per cent more likely to die from cancer than the richest. If you live in regional or remote Australia or have a cancer type with limited treatment options, then you are also more likely to have a poorer cancer outcome.

We are speaking out on behalf of people who have cancer, and in particular highlighting where improvements need to be made to ensure everyone has equal access to optimal treatment and care. We are seeking to understand the causes of these outcome disparities and continuing to raise awareness of this issue through our public voice - on TV, radio, social media, with Government and at conferences.

We also furthered our work addressing the financial toxicity associated with cancer, in particular the growing issue of out-of-pocket costs for diagnosis and treatment - which we know contribute to cancer inequalities.

The first and easiest way to address this is to make sure that Australians are aware of what costs they can expect for their cancer treatment - and other options available to them. Our Standard for Informed Financial Consent, launched at the COSA ASM in November 2018, was developed with and for health professionals, in partnership with Breast Cancer Network Australia, Prostate Cancer Foundation and Canteen. Following an extensive consultation period, the standard will be launched in 2020 and an implementation process will follow.

We hope this will be the first step in improving cost transparency and protecting people with cancer from avoidable costs.

It would also be remiss of me not to mention that in 2018 the World Health Organisation launched a global campaign to eliminate cervical cancer. Australia has been at the forefront of this ambitious goal and is likely to be the first country to achieve an incidence rate below 4 per 100,000 - a level where elimination as a public health problem is defined. Of course, this great news needs to be balanced with acknowledgement that First Nations Australians will not achieve this goal without a concerted effort to improve vaccination and screening rates amongst these women.

Of course - this snapshot of work is just a part of the larger Cancer Council picture and the work done across the Cancer Council Federation.

For instance, during 2018, **Cancer Council support services were used over 250,000 times, 2 million Aussie kids were protected from UV through the SunSmart Schools program, 830,550 free resources were distributed to the community to help Australians better understand cancer and Cancer Council, along with our research partners contributed over \$58.3m to world-class cancer research.**

As a non-government organisation, none of our work would be possible without the support our community. I particularly want to thank the many COSA members who provide us with voluntary advice and support every year. As our clinical partner you make an amazing contribution to our efforts to achieve a cancer free future.



**Sanchia Aranda**  
AM  
CEO,  
Cancer Council  
Australia

# FINANCIAL STATEMENTS AT 30 JUNE 2019 AND INDEPENDENT AUDIT REPORT

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# ABOUT CLINICAL ONCOLOGY SOCIETY OF AUSTRALIA LIMITED

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

## **Our vision**

Quality multidisciplinary cancer care for all.

## **Our mission**

To improve cancer care and control through collaboration.

COSA achieves this by:

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

## **Guiding Principles**

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

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

## **Strategic Directions 2016-2019**

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

## **Our history**

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

# CLINICAL ONCOLOGY SOCIETY OF AUSTRALIA LIMITED

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

Professor Sanchia Aranda AM  
Professor Phyllis Butow AM  
Dr Christine Carrington  
Ms Sandie Angus  
A/Professor Haryana Dhillon  
Mr Peter Dowding  
Professor Meinir Krishnasamy  
Ms Sandra McKiernan  
Dr Wayne Nicholls  
A/Professor Nick Pavlakis  
Professor Fran Boyle AM  
Dr Nik Zeps  
A/Professor Dion Forstner  
Ms Hollie Harwood  
Professor Sabe Sabesan  
A/Professor Judy Bauer  
Professor Timothy Price

**Company Secretary & Chief Executive Officer**

Ms Marie Malica

**Registered Office and Principal place of business**

Level 14  
477 Pitt Street  
Sydney NSW 2000

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**Company contact details**

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E: [cosa@cancer.org.au](mailto:cosa@cancer.org.au)  
W: [www.cosa.org.au](http://www.cosa.org.au)

**Auditors**

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

# DIRECTORS' REPORT

## 30 JUNE 2019

The Directors present their report on Clinical Oncology Society of Australia Limited ("the Company") for the year ended 30 June 2019.

### Objectives

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

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

The Company's long term objectives are to:

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

### Strategy for achieving the objectives

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

## DIRECTORS' REPORT 30 JUNE 2019 (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 2019 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 2019 was \$1,218,741 (2018: \$1,052,270). In the same period, expenditure was \$1,205,628 (2018: \$888,355) leaving a surplus of \$13,113 (2018: \$163,915 surplus). The level of spending for the organisation varies from year to year as the range of activities to support our members, and the costs associated with them, also vary.

### **Matters Subsequent to the end of Financial Year**

As at the date of this directors' report, the directors are not aware of any matter or circumstance that has arisen that has significantly affected, or may significantly affect, the operations of the Company, the results of those operations or the state of affairs of the Company in the financial years subsequent to 30 June 2019.

### **Indemnity and insurance of officers**

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

During the financial year, the Company paid a premium of \$1,219 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>Professor Phyllis Butow</b> AM, BA (Hons) Dip Ed M Clin Psych MPH PhD</p> <p>Professor Phyllis Butow is an NHMRC Senior Principal Research Fellow and Founding Director of the Centre for Medical Psychology and Evidence-based Decision-making (CeMPED) at the University of Sydney. She has worked for over 20 years in the areas of Psycho-Oncology and doctor-patient communication and plays an active role in promoting these issues within the cancer community. She was the inaugural Chair of the Psycho-oncology Co-operative Research Group (PoCoG).</p>	President and Board Chair (2017-2018), Director	06-Mar-15	17-Oct-18	2 / 2	-
<p><b>Associate Professor Nick Pavlakis</b> BSc MBBS Mmed (ClinEpi) PhD FRACP</p> <p>Professor Pavlakis is a medical oncologist at Royal North Shore Hospital and Northern Cancer Institute in St Leonards Sydney whose clinical interest is in lung cancers, mesothelioma, and gastrointestinal cancers including NETs. His clinical research focuses on trials in these tumour types and includes new cancer drug development, including translational research interest into drug resistance in oncogene driven lung cancer, biomarkers in gastric cancer and NETs. He is study chair or co-chair on several ALTG and AGITG trials. He is current Chair of the COSA Lung Cancer Group, President of the ALTG and Regent for Australasia for the International Association for the Study of Lung Cancer (IASLC).</p>	President and Board Chair (2019-2020), Director	24-Nov-16	-	3 / 5	-
<p><b>Professor Fran Boyle</b> AM MBBS FRACP PhD GAICD</p> <p>Professor Boyle is a Medical Oncologist at North Sydney's Mater Hospital, where she is Director of the Patricia Ritchie Centre for Cancer Care and Research, and Professor of Medical Oncology at the University of Sydney. She has been involved in clinical trials, supportive care and psychosocial research in breast cancer for the past 20 years. Fran has chaired the Board of Breast Cancer Trials (formerly ANZ Breast Cancer Trials Group) and contributes to clinical trial development nationally and internationally through the BCT and IBCSG. She has recently led the founding of the Metastatic Breast Cancer Alliance in Australia, which promotes the involvement of breast care nurses in the care of patients with metastatic disease, and better access to new therapies. Fran is currently a member of the Board of the Breast Cancer Network of Australia, and in 2008 was awarded Membership of the Order of Australia for her contributions to Breast Cancer research, education, policy and advocacy.</p>	President Elect (2019-2020), Director, Member Audit, Risk & Finance Committee	22-Nov-18	-	2 / 3	1 / 1
<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, Member Audit, Risk & Finance Committee	20-Mar-18	-	4 / 5	1 / 1

## DIRECTORS' REPORT 30 JUNE 2019 (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>Professor Sanchia Aranda AM RN, PhD, GAICD</b></p> <p>Professor Sanchia Aranda was appointed as CEO of Cancer Council Australia in August 2015. She holds academic appointments with the School of Health Sciences, University of Melbourne, University of Technology, Swinburne University, Monash University and the Faculty of Nursing, University of Sydney. She has almost 40 years' experience in cancer control, having held prior leadership roles in healthcare, government and tertiary education. For the last 25 years Sanchia has worked in international cancer control, with 16 years on the board of the International Society of Nurses in Cancer Care, including 4 as President (2006-2010). She is the Immediate Past President of the Union for International Cancer Control having served on the Board for 8 years (2011-2018). Sanchia is currently inaugural Chair of the City Cancer Challenge Foundation.</p>	Director	27-Aug-15	01-Mar-19	3 / 4	-
<p><b>Associate Professor Judy Bauer BSc, GradDipNutr&amp;Diet, MHlthSc, PhD, FDA</b></p> <p>Professor Judy Bauer from the University of Queensland is a Fellow of the Dietitians Association of Australia (DAA) and holds a conjoint position as DAA Translational Research Leader. She is recognized internationally for translational research and innovative nutrition intervention programs 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 sarcopenia. Judy has research funding of &gt;AU \$9.3M, published over 120 papers with &gt; 4800 citations. She is the past Chair of the COSA Nutrition Group and a past director of the DAA.</p>	Director	30-Jul-19	-	-	-
<p><b>Dr Christine Carrington BPHarm(Hons), MMedSci Doctor Clin Pharm</b></p> <p>Dr Carrington is a Senior Consultant Pharmacist for Cancer Services and a Deputy Director of Pharmacy at the Princess Alexandra Hospital in Brisbane. She also holds an Adjunct Associate Professor position at the School of Pharmacy, University of Queensland. She is a past Chair of the COSA Cancer Pharmacist Group and has a keen interest in safe medication practices in cancer therapy and in developing educational programs for pharmacists. She has recently led the multidisciplinary working group for the review and development of the COSA national guidelines for the 'Safe Prescribing, Dispensing and Administration of Cancer therapy' which have been published on the Cancer Council Wiki platform.</p>	Director	01-Jul-13	18-Jun-19	4 / 5	-
<p><b>Associate Professor Haryana Dhillon BSc MA PhD</b></p> <p>Professor Dhillon is a Senior Research Fellow in the Survivorship Research Group and a Director of the Centre for Medical Psychology &amp; Evidence-based Decision-making, School of Psychology, Faculty of Science at the University of Sydney. She is the former Chair of the COSA Survivorship Group.</p>	Director, Member Audit, Risk & Finance Committee	1 July 2013	18-Jun-19	5 / 5	-
<p><b>Mr Peter Dowding BSC (Hons) MBA</b></p> <p>Mr Dowding is co-founder and Chairman of Propel Investments, a mid-market private equity firm based in Sydney and established in 2007. He has over 30 years' experience in the private equity sector, having been a Director on several investments and was appointed as a Director to the COSA Board for his experience in corporate governance.</p>	Director, Chair Audit, Risk & Finance Committee	12-May-14	-	3 / 5	5 / 5
<p><b>Associate Professor Dion Forstner MBBS (Hons) FRANZCR</b></p> <p>Professor Dion Forstner is a radiation oncologist with Genesiscare with his practice based at St Vincent's Sydney, Macquarie University Hospital and Concord. 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 and on the Indigenous Working Group of RANZCR. His clinical areas of specialisation are in the management of head and neck and skin cancers. He is also a board member of Beyond Five.</p>	Director	25-Jul-19	-	-	-



Name, Qualifications and Experience	Role	Date Joined	Date Ceased	Board	Audit, Risk & Finance Committee
				Attended / Eligible to attend	Attended / Eligible to attend
<p><b>Ms Hollie Harwood BA</b> Ms Harwood has over 15 years' experience in media and communications in both Australia and London. She is currently head of Media and Communications at Cancer Council Australia, where she has worked for over six years. Her current role involves overseeing all national media and communications activity – including public relations, media outreach, social media, content development and issues management. Hollie has a BA majoring in Public Communication from the University Technology Sydney and is also employed as a casual academic at the University.</p>	Director	15-Mar-19	-	1 / 1	-
<p><b>Ms Sandra McKiernan BAppSc (Nsg) MPH</b> Ms McKiernan is the Executive Manager Specialist Community Services St Vincent de Paul Society WA, and previous Director of Cancer Information and Support Services at Cancer Council WA (2009-2018). Sandy is a Past President (2013-14) of the Cancer Nurses Society of Australia and a graduate of the Australian Institute of Company Directors.</p>	Director, Member Audit, Risk & Finance Committee	18-May-15	18-Jun-19	4 / 5	4 / 5
<p><b>Professor Meinir Krishnasamy BA, RN, DipN, MSc, Ph.D</b> Professor Krishnasamy is a Past President of the Clinical Oncology Society of Australia. She is Chair in Cancer Nursing at the University of Melbourne, Director of the Academic Nursing Unit at the Peter MacCallum Cancer Centre, and Victorian Comprehensive Cancer Centre Research and Education Lead for Cancer Nursing. She is a past President of the Cancer Nurses Society of Australia.</p>	Director	13-Jul-17	23-Aug-19	5 / 5	-
<p><b>Dr Wayne Nicholls MBChB FRACP</b> Dr Nicholls is the Director of the Oncology Services Group at the Lady Cilento Children's Hospital in Brisbane (formerly the Royal Children's Hospital) with over 20 years' experience. He has a particular interest in brain tumours and sarcomas. He is also a senior lecturer in the Department of Paediatrics at the University of Queensland.</p>	Director	19-May-15	-	2 / 5	-
<p><b>Professor Timothy Price MBBS FRACP DHlthSc (Med)</b> Professor Price is a Medical Oncologist at The Queen Elizabeth Hospital and Lyell McEwin Hospital Adelaide. His clinical research is focused on Gastrointestinal and Neuroendocrine cancers. He also heads the Solid Cancer Team at the Basil 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 COSA NET and Rare cancer groups. He is the current Chair of the AGITG Board and Scientific Advisory Committee. He has also Chaired the recently updated NHMRC Cancer Council Colorectal Cancer Guidelines.</p>	Director	29-Jul-19	-	-	-
<p><b>Professor Sabe Sabesan BMBS(Flinders) PhD FRACP</b> Professor Sabesan is the director of the department of medical oncology at the Townsville Cancer Centre, 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. He has been the chair of the QH State-wide Teletrial Working Group and Co-chair of the Australian Teletrial Consortium of COSA.</p>	Director	31-Jul-19	-	-	-
<p><b>Dr Nik Zeps BSc (Hons) PhD</b> Dr Nik Zeps is Group Director of Research and Development at Epworth HealthCare in Victoria. He is the chair of the COSA Cancer Biology Group, a member of the Scientific Advisory Committee of the AGITG, chair of the PC4 Advisory Committee and a member of the PC4 Scientific Committee. He was a founding director of the Australian Clinical Trials Alliance (ACTA).</p>	Director, Member Audit, Risk & Finance Committee	13-Jul-17	-	5 / 5	5 / 5

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

## DIRECTORS' REPORT 30 JUNE 2019 (Cont'd)

### Company Secretary and Chief Executive Officer

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

### Auditor's Independence Declaration

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

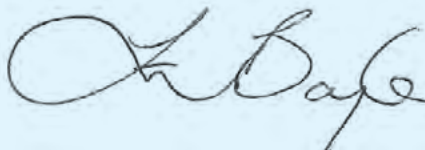
This report is made in accordance with a resolution of directors, pursuant to section 298(2)(a) of the Corporations Act 2001.

On behalf of the directors



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A/Prof Nick Pavlakis  
President



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Prof Fran Boyle AM  
President-Elect

Sydney  
15 October 2019



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

As lead auditor of Clinical Oncology Society of Australia for the year ended 30 June 2019, I declare that, to the best of my knowledge and belief, there have been:

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

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

Paul Cheeseman  
Partner

### BDO East Coast Partnership

Sydney, 15 October 2019

# STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2019

	Note	2019	2018
		\$	\$
<b><u>Income</u></b>			
Member body subscriptions	1(a)(ii), 4	133,368	132,218
Annual Scientific Meeting revenue	1(a)(iii), 4	376,789	455,984
Other grant & project revenue	1 (a)(i), 4	655,169	408,642
NHMRC Enabling grant revenue	1(a)(iv), 4	978	4,755
Interest income	1 (a)(v), 4	52,437	50,183
Other revenue	1 (a)(vi), 4	-	488
		<b>1,218,741</b>	<b>1,052,270</b>
<b><u>Expenditure</u></b>			
Administration expenses		(82,820)	(64,667)
Employment costs		(615,739)	(492,402)
Depreciation		(3,269)	(1,934)
NHMRC Enabling grant expenses		(978)	(4,755)
Annual Scientific Meeting		(30,471)	(25,932)
Other grant & project expenses		(401,087)	(243,368)
Other expenses from ordinary activities		(71,264)	(55,297)
		<b>(1,205,628)</b>	<b>(888,355)</b>
Surplus before income tax expense		<b>13,113</b>	<b>163,915</b>
Income tax expense	1(c)	-	-
<b>Net surplus after income tax expense for the year attributable to the members of COSA</b>		<b>13,113</b>	<b>163,915</b>
Other comprehensive income for the year, net of tax		-	-
<b>Total comprehensive income for the year attributable to the members of COSA</b>		<b>13,113</b>	<b>163,915</b>

The accompanying notes form part of these financial statements

# STATEMENT OF FINANCIAL POSITION 30 JUNE 2019

	Note	2019 \$	2018 \$
<b>ASSETS</b>			
Current Assets			
Cash & cash equivalents	5	292,918	600,236
Trade & other receivables	6	173,195	97,045
Other current assets	7	2,063,540	1,780,127
<b>Total Current Assets</b>		<b>2,529,653</b>	<b>2,477,408</b>
Non-Current Assets			
Plant & equipment	8	4,413	5,827
<b>Total Non-Current Assets</b>		<b>4,413</b>	<b>5,827</b>
<b>Total Assets</b>		<b>2,534,066</b>	<b>2,483,235</b>
<b>LIABILITIES</b>			
Current Liabilities			
Trade & other payables	9	270,870	272,427
Provision for employee benefits	10	48,999	29,818
<b>Total Current Liabilities</b>		<b>319,869</b>	<b>302,245</b>
Non-Current Liabilities			
Provision for employee benefits	10	35,226	4,277
<b>Total Non-Current Liabilities</b>		<b>35,226</b>	<b>4,277</b>
<b>Total Liabilities</b>		<b>355,095</b>	<b>306,522</b>
<b>Net Assets</b>		<b>2,178,971</b>	<b>2,176,713</b>
<b>EQUITY</b>			
Grants & Special Projects Reserve		130,277	141,132
General Funds		2,048,694	2,035,581
<b>Total Equity</b>		<b>2,178,971</b>	<b>2,176,713</b>

The accompanying notes form part of these financial statements

## STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2019

	\$	\$	\$
	General Funds	Grants & Special Projects Reserve	Total Funds
<b>Balance at 1 July 2017</b>	<b>1,871,666</b>	<b>155,887</b>	<b>2,027,553</b>
Transfer from reserves	-	(14,755)	(14,755)
Transfer to liabilities	-	-	-
Surplus after income tax for the year	163,915	-	<b>163,915</b>
Other Comprehensive income for the year, net of tax	-	-	-
Total comprehensive income for the year	<b>163,915</b>	-	<b>163,915</b>
<b>Balance at 30 June 2018</b>	<b>2,035,581</b>	<b>141,132</b>	<b>2,176,713</b>
<b>Balance at 1 July 2018</b>	<b>2,035,581</b>	<b>141,132</b>	<b>2,176,713</b>
Transfer from reserves	-	(10,855)	(10,855)
Transfer to liabilities	-	-	-
Surplus after income tax for the year	13,113	-	<b>13,113</b>
Other Comprehensive income for the year, net of tax	-	-	-
Total comprehensive income for the year	<b>13,113</b>	-	<b>13,113</b>
<b>Balance at 30 June 2019</b>	<b>2,048,694</b>	<b>130,277</b>	<b>2,178,971</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 2019

		2019	2018
	Note	\$	\$
<u>Cash flows from operating activities:</u>			
Receipts from member subscriptions and other income (inclusive of GST)		1,073,589	912,728
Payments to suppliers, employees and member bodies (inclusive of GST)		(1,231,489)	(756,165)
Interest received		52,437	50,183
		<hr/>	<hr/>
Net cash (used) in/provided by operating activities	14	(105,463)	206,746
		<hr/>	<hr/>
<u>Cash flows from investing activities:</u>			
Payment for term deposits		(200 000)	-
Received from term deposits		-	(5,289)
Payment for purchase of plant and equipment		(1,855)	(6,413)
		<hr/>	<hr/>
Net cash used in by investing activities		(201,855)	(11,702)
		<hr/>	<hr/>
Net (decrease)/ increase in cash & cash equivalents		(307,318)	195,044
Cash & cash equivalents at the beginning of the year		600,236	405,192
		<hr/>	<hr/>
<b>Cash &amp; cash equivalents at the end of the year</b>	5	<b>292,918</b>	<b>600,236</b>
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The accompanying notes form part of these financial statements

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

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

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

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

The financial report was authorised for issue by the directors on 15 October 2019.

### New, revised or amending Accounting Standards and Interpretations adopted

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

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

### **BASIS OF PREPARATION**

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

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

### **REPORTING BASIS AND CONVENTIONS**

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

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

All amounts are in Australian dollars.



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

### ACCOUNTING POLICIES

#### (a) Revenue Recognition

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

#### (i) Grants

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

#### (ii) Member Subscriptions

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

#### (iii) Annual Scientific Meeting Income

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

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

The net income for the 2018/19 Annual Scientific Meeting was \$346,318 (2017/18: 430,052).

#### (iv) NHMRC Enabling Grant

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

To date, \$1,946,978 has been allocated to fund this activity of which \$978 (excluding employment costs) has been spent in 2018/19 (2017/18: \$4,755). The balance of unspent monies is held in the Grants & Special Projects Reserve in the Statement of financial position awaiting future expenditure.

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019 (Cont'd)

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

Funding is recognised as income as the funds are spent.

(v) Interest

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

(vi) Other Revenue

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

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

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

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

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

(c) **Taxation**

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

(d) **Trade and other receivables**

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

(e) **Other Current Assets**

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

(f) **Trade and other payables**

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

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

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

### (g) Income in Advance

Income in Advance includes subscription revenue and clinical trials insurance for the 2018/19 year.

### (h) Cash and Cash Equivalents

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

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

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

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

### (j) Comparative figures

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

### (k) Plant & equipment

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

#### Depreciation

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

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

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

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

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019 (Cont'd)

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

### (l) Provision for employee benefits

#### *Short term employee benefits*

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

#### *Other long-term employee benefits*

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

#### *Defined contribution superannuation expense*

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

### (m) Critical accounting judgements, estimates and assumptions

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

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

#### *Estimation of useful lives of assets*

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

#### *Long service leave provision*

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

### (n) Use of the term "surplus"

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

## Note 2. Nature and objects of the Company

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

Its objects are:

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

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

There were 855 financial (and 40 free student) members of the Company at 30 June 2019 (2018: 909).

## 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

	<b>2019</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
Membership subscriptions (also refer to note 1(a) (ii))	133,368	132,218
Interest Revenue	52,437	50,183
ASM Income	376,789	455,984
NHMRC Enabling Grant	978	4,755
Other Grant income	565,169	331,642
Recoveries of clinical trials insurance cover	90,000	77,000
Other revenue	-	488
	<u>1,218,741</u>	<u>1,052,270</u>

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019 (Cont'd)

### Note 5. Cash & cash equivalents

	2019 \$	2018 \$
Cash at bank	292,918	600,236
	<u>292,918</u>	<u>600,236</u>

### Note 6. Trade and other receivables

<u>Current</u>		
Trade receivables	127,904	93,534
Other receivables	45,291	3,511
	<u>173,195</u>	<u>97,045</u>

### Note 7. Other current assets

Prepayments	152,809	69,395
Held to maturity investments - term deposits	1,910,731	1,705,443
	<u>2,063,540</u>	<u>1,780,127</u>

### Note 8. Plant & equipment

Computer equipment		
- Computer equipment, at cost	20,651	18,796
- Accumulated depreciation	(16,238)	(12,969)
Total computer equipment	<u>4,413</u>	<u>5,827</u>

## Note 9. Trade and other payables

	2019	2018
	\$	\$
<u>Current</u>		
Trade creditors & accruals	63,440	34,071
Income in advance	207,430	238,356
	<u>270,870</u>	<u>272,427</u>

## Note 10. Provisions

<u>Current:</u>		
Employee benefits	<u>48,999</u>	<u>29,818</u>
	<u>48,999</u>	<u>29,818</u>
 <u>Non-Current:</u>		
Employee benefits	<u>35,226</u>	<u>4,277</u>
	<u>35,226</u>	<u>4,277</u>

## Note 11. Contingent Liabilities

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

## Note 12. Events subsequent to reporting date

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

## Note 13. Auditors Remuneration

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

External audit of the financial statement	<u>5,700</u>	<u>5,450</u>
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## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019 (Cont'd)

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

	2019	2018
	\$	\$
Net surplus for the year	13,113	163,915
Non-cash flows in surplus from ordinary activities:		
Depreciation	3,269	1,934
Transfer from reserves	(10,855)	(14,755)
Changes in assets and liabilities:		
increase in trade & other receivables	(68,080)	(78,497)
Increase in other current assets	(83,415)	-
Increase/(decrease) in trade & other payables	(9,722)	129,631
Increase in provisions	50,227	4,518
Net cash (used)/provided by operating activities	<u>(105,463)</u>	<u>206,746</u>

### Note 15. Company details

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

Level 14, 477 Pitt Street  
Sydney NSW 2000 Australia

The Company operates entirely in Australia as a Charitable Institution.




# FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2019

## Directors' Declaration

In the directors' opinion:

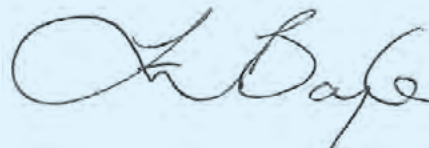
1. The Company is not a reporting entity because there are no users dependent on general purpose financial statements. Accordingly, as described in note 1 to the financial statements, the attached special purpose financial statements have been prepared for the purpose of complying with the requirements of the ACNC Act 2012 to prepare and distribute financial statements to the members of Clinical Oncology Society of Australia Limited;
2. The attached financial statements and notes thereto comply with the ACNC Act 2012, the Accounting Standards as described in note 1 to the financial statements, the ACNC Regulations 2013 and other mandatory professional reporting requirements;
3. The attached financial statements and notes thereto give a true and fair view of the Company's financial position as at 30 June 2019 and of its performance for the financial year ended on that date; and
4. There are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

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



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A/Prof Nick Pavlakis  
President



---

Prof Fran Boyle AM  
President-Elect

Sydney  
15 October 2019



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Australia

## INDEPENDENT AUDITOR'S REPORT

To the members of Clinical Oncology Society of Australia Limited

### Report on the Audit of the Financial Report

#### Opinion

We have audited the financial report of Clinical Oncology Society of Australia Limited, which comprises the statement of financial position as at 30 June 2019, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial report, including a summary of significant accounting policies, and the responsible entities' declaration.

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

- (i) Giving a true and fair view of the registered entity's financial position as at 30 June 2019 and of its financial performance for the year then ended; and
- (ii) Complying with Australian Accounting Standards to the extent described in Note 1 and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

#### Basis for opinion

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

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

#### Emphasis of matter - Basis of accounting

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



### **Responsibilities of responsible entities for the Financial Report**

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

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

### **Auditor's responsibilities for the audit of the Financial Report**

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

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

[http://www.auasb.gov.au/auditors\\_responsibilities/ar4.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf)

This description forms part of our auditor's report.

### **BDO East Coast Partnership**

A small, stylized version of the BDO logo, consisting of the letters 'BDO' in a cursive script.

A handwritten signature in black ink that reads 'Paul Cheeseman'.

Paul Cheeseman  
Partner

Sydney, 15 October 2019

# COSA ANNUAL REPORT 2019



**Clinical  
Oncology  
Society of  
Australia**

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