



Clinical  
Oncology  
Society of  
Australia

# COSA

## ANNUAL REPORT 2020

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> - <i>Deceased</i>	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>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>Professor N Pavliakis</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 2020 there were 736 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.

- Allied Health 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

**Nick  
Pavlakis**  
President



**Fran  
Boyle AM**  
President-Elect



**Sandie  
Angus**  
Director



**Judy  
Bauer**  
Director



**Peter  
Dowding**  
Director



**Dion  
Forstner**  
Director

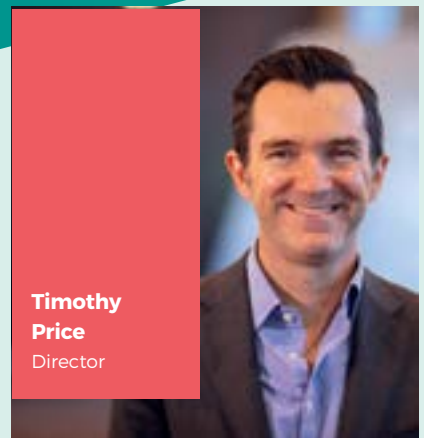




**Hollie Harwood**  
Director



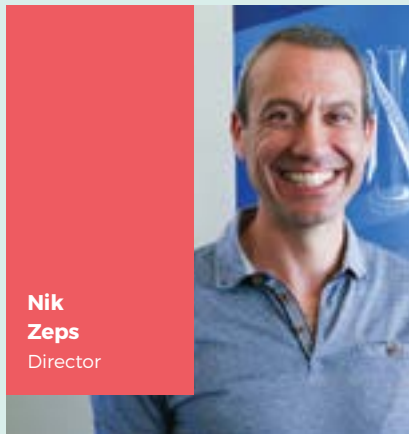
**Wayne Nicholls**  
Director



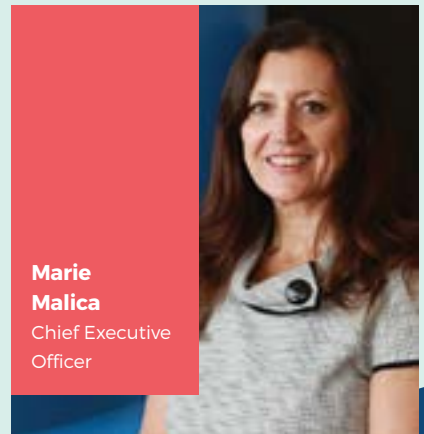
**Timothy Price**  
Director



**Sabe Sabesan**  
Director



**Nik Zeps**  
Director



**Marie Malica**  
Chief Executive Officer

**AUDITORS**

BDO  
Level 11  
1 Margaret St  
Sydney NSW  
2000

# COSA COUNCIL

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

## **PRESIDENT**

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 AM PhD RN FAAN FACN

### **CANCER GENETICS GROUP**

Chair: Ms L Salmon BSc GradDip Genetic Counselling FHGSA

### **CANCER PHARMACISTS GROUP**

Chair: Mr D McKavanagh BPharm DipClinPharm CHIA

### **CANCER PREVENTION**

Chair: Professor B Stewart AM MSc PhD FRACI DipLaw GradDipLegalPract

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

Chair: Ms A Cubitt RN GradCert (Clinical Trials Management)

### **EPIDEMIOLOGY GROUP**

Chair: Dr H Tuffaha BPharm MBA MSc PhD

### **EXERCISE & CANCER GROUP**

Chair: Mr A Murnane BAppSci GradDip MAppSci

### **GASTROINTESTINAL ONCOLOGY GROUP**

Chair: Professor D Yip MBBS FRACP

### **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: Dr M Itchins BMedSc MBBS (Hons1) FRACP PhD

### **MELANOMA AND SKIN GROUP**

Chair: A/Professor A Menzies BSc(Med) MBBS(Hons) FRACP PhD

### **NEUROENDOCRINE TUMOURS GROUP**

Chair: Dr D Chan MBBS PhD FRACP

### **NEURO-ONCOLOGY GROUP**

Chair: Dr ES Koh MBBS FRANZCR

### **NUTRITION GROUP**

Chair: Dr N Kiss PhD Adv APD (until January 2021)  
Ms M Findlay Adv APD (from January 2021)

### **PAEDEIATRIC ONCOLOGY GROUP**

Chair: Position vacant

### **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

### **RADIATION ONCOLOGY GROUP**

Chair: Position Vacant

### **RARE CANCERS GROUP**

Chair: A/Professor C Scott MBBS PhD FRACP

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

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

### **SURGICAL ONCOLOGY GROUP**

Chair: Dr S Nightingale MB ChB MS FRACS

### **SURVIVORSHIP GROUP**

Chair: Professor M Jefford MBBS MPH MHlthServMt Monash PhD GCertUniTeach Melb GAICD FRACP

### **UROLOGIC ONCOLOGY GROUP**

Chair: A/Professor Arun Azad MBBS PhD FRACP

### **ADVANCED TRAINEE REPRESENTATIVE**

Dr A Parsonson MBBS MMed (ClinEpi) FRACP

### **CONSUMER REPRESENTATIVE**

Position vacant

Ian Frazer's presidential lecture is warmly received at COSA HQ



## AFFILIATED ORGANISATION REPRESENTATIVES

### **AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP**

Professor T Price MBBS FRACP  
DHlthSc (Medicine)

### **AUSTRALASIAN LEUKAEMIA & LYMPHOMA GROUP**

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

### **AUSTRALASIAN METASTASIS RESEARCH SOCIETY**

Dr N Pouliot PhD

### **AUSTRALIA AND NEW ZEALAND SARCOMA ASSOCIATION**

(Jan-Apr) A/Professor J Desai MBBS FRACP  
(Apr-Dec) Professor A Hong MBBS MMed PhD FRANZCR

### **AUSTRALIA NEW ZEALAND GYNAECOLOGICAL ONCOLOGY GROUP**

A/Professor P Beale BSc MBBS FRACP PhD

### **AUSTRALIAN AND NEW ZEALAND CHILDRENS HAEMATOLOGY ONCOLOGY GROUP**

Dr C Fraser FRACP MBBS MPH

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

A/Professor J Maclean BAppSc (Speech Pathology) MSc (Med) PhD

### **AUSTRALIAN AND NEW ZEALAND UROGENITAL & 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**

Professor K Clark MBBS MMed PhD FRACP FACHPM

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

(Jan-Oct) Professor A Nowak MBBS FRACP PhD MAICD  
(Oct-Dec) Dr ES Koh MBBS RANZCR

### **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**

A/Professor P Blinman BMed FRACP PhD

### **MELANOMA AND SKIN CANCER TRIALS LIMITED**

Professor M Shackleton MBBS PhD FRACP

### **ONCOLOGY SOCIAL WORK AUSTRALIA & NEW ZEALAND**

Ms K Hobbs MSW MAASW

### **PRIMARY CARE COLLABORATIVE CANCER CLINICAL TRIALS GROUP**

(Jan-Nov) A/Professor J Rhee BSc(Med) MBBS(Hons) CCULT PhD FRACGP  
(Nov-Dec) Dr Carolyn Ee MBBS FRACGP BAppSci (Chinese Medicine) Grad Cert Med Acup MMed PhD

### **PSYCHO-ONCOLOGY COOPERATIVE RESEARCH GROUP**

A/Professor J Shaw BAppI Sc 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 write to you with mixed feelings of satisfaction and loss as I present this my second and final contribution to the COSA annual report as COSA President. It has been an absolute pleasure to be at the helm for the last two years – but I can't help but feel that just as I got the hang of the job my time was up.**

## **Achievements in 2020**

With COVID-19 forcing us all into a state of hibernation one might expect that things were quiet in 2020, but it was certainly business as usual for COSA, just with COVID-19 modifications reflecting the need to be adaptable.

Some of our noteworthy achievements throughout 2020 include:

- A very success virtual ASM
- Our advocacy work around **tele-health**
- Completion of the third and final year of the **Australasian Tele-trial Model** pilot implementation project
- Development of three **Position Statements** covering:
  - **Smoking Cessation** in cancer patients, launched August 2020
  - Cancer-related **malnutrition and sarcopenia**, launched August 2020
  - **Breast density** facts and figures, due for launch in early 2021
- Updated **Exercise and Cancer** position statement, due for launch in early 2021
- Eight **submissions** to government and other bodies

## **Annual Scientific Meeting**

Early in 2020 when the impacts of COVID-19 were not well understood, we planned for the 2020 ASM to be a "hybrid" event with a mix of face-to-face and virtual registration options and content delivery. The in-person aspects were to be held at the Brisbane Convention and Exhibition Centre. By late August, it became obvious that the travel and border restrictions in place at that time would prevent us all from confidently and safely planning for in-person attendance. The COSA Board therefore made the decision to make the ASM totally virtual. We saw an instant spike in registrations, as members then had the confidence to plan for their virtual attendance and were no longer concerned about travel and accommodation.

The COSA Board and staff were determined that delegates would have the best experience possible, so we invested heavily in the virtual technology, which I believe paid off.

Over the three days of the ASM, 11-13 November, delegates had access to all content from plenaries and three concurrent sessions in each time block, as well as breakfast sessions and dinner symposia. All registered delegates also have access to the content on demand for up to 12 months after the ASM.

Whilst I enjoyed the virtual COSA ASM immensely, I look forward to seeing you all again in person in Melbourne in November 2021.





**Nick Pavlakis**  
COSA President  
2019-2020

### Governance

2020 was a very stable year for the COSA Board with no changes to membership. We will be calling for new nominations in 2021 with myself retiring from the Board as outgoing Chair, Dion Forstner stepping up as President Elect, and at least one director completing their final term.

The Board met five times in 2020, with a focus on governance, finance, strategy and risk. The Audit, Risk & Finance Committee (AR&FC), a sub-committee of the Board, met seven times in 2020. More meetings than usual were required to consider COVID-19 contingencies, especially relating to the COSA ASM. One of our co-opted directors, Peter Dowding, deserves a special mention for doing an outstanding job of chairing the AR&FC. Together with our CEO, Peter and the Committee led us through the challenges of COVID-19.

COSA Council, our main Clinical and Scientific Advisory Group, consists of the COSA Group Chairs and a representative from each of the Affiliated Organisations. Council met twice in 2020, instead of the traditional three times, due to COVID-19 travel restrictions. We even held our first fully virtual Council meeting with 49 attendees online. Council provides a body of expertise to respond to national cancer control policy and advocacy issues, and we continue to have excellent engagement and multidisciplinary discussions on diverse cancer care and control matters.

I have been quite proud to be associated with COSA since I was a JMO in the mid 1990s as I have always felt my path into Medical Oncology has been driven by my personal overarching view that fighting cancer requires you to serve a higher purpose than your own. Its

important for our membership and the oncology community as a whole to recognise that the fight against cancer is best served by collaboration and a camaraderie amongst the various professional groups. It is vitally important we never let personal ego and ambition interfere with our ability to achieve collective success. Just as COVID-19 required us as individuals to act in the interests of the community, as cancer professionals we have been coming together for some time – collaborating in various aspects of cancer control: advocacy, education, clinical trials and research, clinical practice guidelines and policy discussions. All of which is expertly facilitated through COSA.

In closing I have many thanks and acknowledgements to offer. My sincere thanks and appreciation to the COSA Board and Council for their support during my term as President, and to Cancer Council Australia for the ongoing mutually beneficial relationship. I would also like to express gratitude to our CEO, Marie Malica and her team for their diligence and excellence in their work. And finally, thanks to the COSA membership for its continued dedication and contributions throughout 2020. COSA is very successful because of your involvement. I hope that you will continue to maintain engagement and active participation going forward.

I wish our incoming President Fran Boyle and President Elect Dion Forstner good luck in striving to achieve the COSA mission. I am confident we are in good hands!



**I have been quite proud to be associated with COSA since I was a JMO in the mid 1990s as I have always felt my path into Medical Oncology has been driven by my personal overarching view that fighting cancer requires you to serve a higher purpose than your own.**



# REPORT OF THE CHIEF EXECUTIVE OFFICER

**I often start my annual reports noting how proud I am of our achievements, but I can honestly say that for 2020 I am absolutely elated by our efforts. The COSA team always achieves so much with minimal resource and we all came together more so than ever, even though we were physically distanced.**

It goes without saying that 2020 was a challenging year for everyone, in all aspects of our professional and personal lives. I am eternally grateful to the COSA team for remaining positive and agile. Unlike many other not-for-profits, we were in the fortuitous position of retaining all staff, at full hours and salaries. If anything, our workload increased rather than decreased as we adapted to the challenges the COVID-19 pandemic presented to our new ways of working.

## **Annual Scientific Meeting**

As with most conferences and events in 2020, the global pandemic forced COSA's 47th ASM online for the first time, 11-13 November 2020.

In 2020 we moved away from COSA's tradition of focussing on one or two cancers, and featured **Quality & Safety, Implementation Science** and **Cardio-oncology** as program themes. Enormous thanks to Bryan Chan and the Program Committee for adeptly converting to the virtual program.

**Quality & safety** was a subtheme for the 2017 COSA ASM in Sydney. Feedback from that conference was very positive with delegates asking for the theme to be included in future ASMs. **Implementation science** is currently recognised as a significant gap in research and practice, and delays in the translation of evidence into practice lead to inferior outcomes for patients and increased costs of care. The cardiovascular health of cancer

patients is a very significant issue for patients and survivors, with **Cardio-oncology** emerging as a discipline that identifies, prevents and treats cardiovascular disease related to cancer therapies. As cardiovascular toxicity is relevant across the age spectrum in cancer patients and across multiple tumour sites, we were able to feature many cancers in the ASM program.

The online platform we utilised, Delegate Connect, was very high quality with even higher reward. In the evaluation feedback survey 99% of respondents found the virtual platform either 'very' or 'somewhat' user friendly which is an impressive statistic given this was the first time the COSA ASM was delivered virtually. Although the pandemic had been declared eight months prior to the ASM, it was surprising that 44% of respondents indicated this was the first virtual conference they had attended. Interestingly over 15% of respondents suggested they would prefer to attend a virtual COSA ASM in future, compared to 67% who preferred the face-to-face format under normal circumstances. Whilst there is appetite for online content, it will not replace the desire to network and engage in person, which was very evident from the overall feedback.

One other major advantage of the Delegate Connect platform is that ALL content was recorded and, with the approval of presenters, is available online on-demand for 12 months post the ASM.

Obviously, there were a few challenges along the way, but the overall success of the meeting cannot be ignored. Having said that, I am eternally hopeful we can meet together in person for the 2021 COSA ASM in Melbourne 16-18 November.

## **Trainee events**

The Advanced Trainees Weekend also experienced a major shift in 2020 with the move to online. The name may not indicate it, but the Weekend workshop has always been open to other health professionals besides Advanced Trainees. This coupled with the planned program focus on Melanoma, led to the name change to the COSA Melanoma Masterclass.

To ensure the virtual event was engaging, interactive and equitable, the program was reduced to a single day (Saturday 5 December) and registration types were simplified into COSA member or non-member. With the generous support of our sponsors, the registration rates were significantly reduced - COSA members received free access, and non-members paid a small fee. These changes to the registration structure, coupled with the ease of access provided by virtual delivery, resulted in record attendance.

Just before the pandemic threw us all into disarray, we successfully hosted the Pharmacology of Cancer Chemotherapy workshop as a face-to-face event for over 60 delegates in Sydney on 29 February 2020. This important annual educational event has become a must for Advanced Trainees and in recent years we have also welcomed Nurse Practitioners.

Unfortunately, the other trainee events we had planned for 2020 were postponed - the Advanced Trainees Oncology meeting (ATOM), the ACT and NSW Oncology Weekend (ACTNOW) and the Breast Cancer Masterclass. If circumstances are in our favour, we certainly plan to host them all in 2021.



**Thanks to the COSA Board and Council for their crucial support and encouragement.**



**Marie Malica**  
Chief Executive  
Officer

**Changing of the guard**

COSA Council is responsible for COSA activities and provides advice to the COSA Board. Council membership comprises the President and President Elect, the immediate past President, the Chair of each COSA Group and the nominee of each Affiliated Organisation.

COSA Council meetings present an excellent opportunity for networking, education and professional development.

As we all know the end of 2020 also saw the end of the Presidential term for Nick Pavlakis. Throughout 2020 we also saw the appointment of several new COSA Groups Chairs - we welcome the incoming Chairs and thank the outgoing Chairs for their support.

<b>Group</b>	<b>Outgoing Chair</b>	<b>Incoming Chair</b>
Urologic Cancer	Professor Ian Davis	Professor Arun Azad
Lung Cancer	Professor Nick Pavlakis	Dr Malinda Itchins
Melanoma & Skin Cancer	Dr David Speakman	Dr Alex Menzies
Surgical Oncology	(vacant)	Dr Sophie Nightingale
Gastrointestinal Cancer	Professor Eva Segelov	Professor Desmond Yip

**Membership**

COSA welcomes membership from health professionals in all disciplines whose work involves the care of cancer patients to join. There are many professional and financial benefits of COSA membership, with one of the most attractive benefits being heavily discounted (sometimes even free) registration to COSA events. Notably we always see members join or renew to be eligible for these discounts.

Throughout 2020 the Board has approved 146 new COSA members. There was however a decrease in overall membership subscriptions, with 256 members from 2019 not renewing. As a member-based organisation, fluctuations in membership can often present challenges. We urge all members to renew every year, and to encourage their colleagues to join and become involved in the vast breadth of COSA activities as demonstrated in the Group reports.

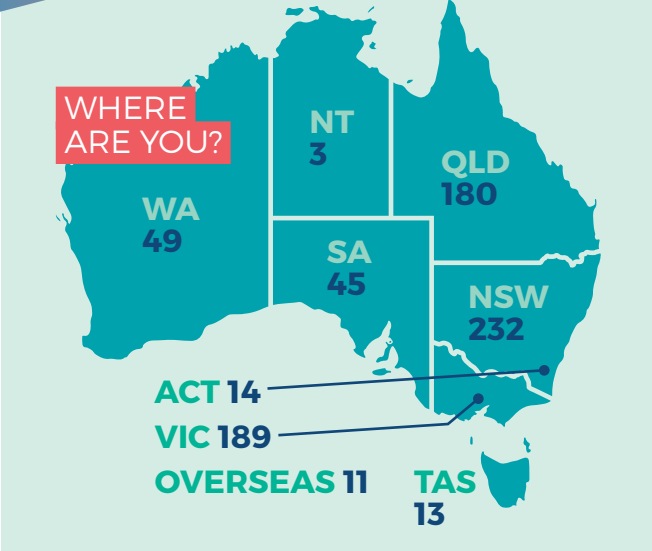
**Thanks and acknowledgements**

My first thanks must go to the incredible COSA team. In March we welcomed Olivia Hart, COSA Social Media Coordinator, to the team. And just as she commenced in the role, we all moved to working from home. Olivia is a true asset to the team. I hope you saw the fruit of her efforts with an increase in our social media presence throughout 2020, which continues to grow. The team of COSA Project Managers - Rhonda DeSouza, Chantal Gebbie, Hayley Griffin, Jessica Harris and Gillian Mackay - worked tirelessly to facilitate all projects during the year. Our highly efficient Fran Doughton and Peter Robinson kept all administration and communication activities on track.

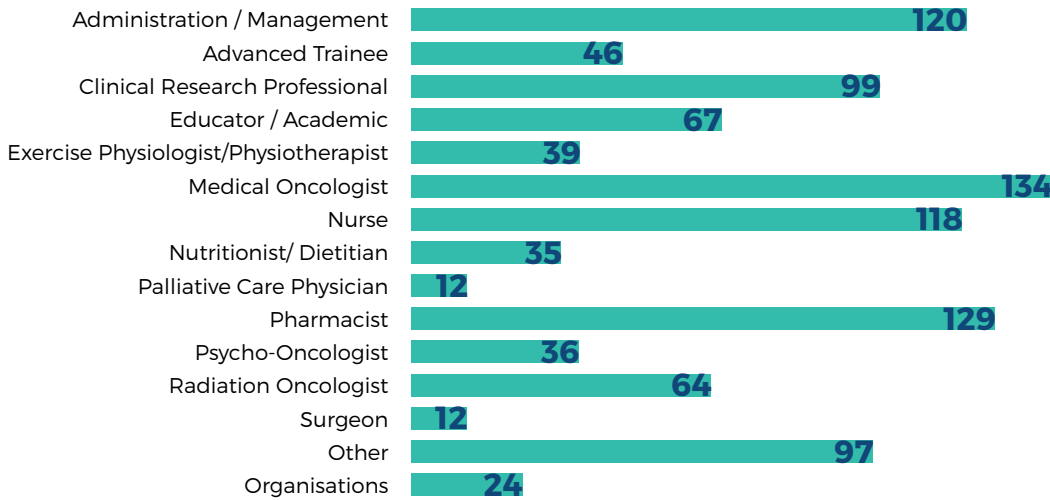
Thanks to the COSA Board and Council for their crucial support and encouragement. My sincere thanks and appreciation to our outgoing President Nick Pavlakis. Nick and I first worked together in 2001 when, under the guidance of Martin Stockler, I managed

the establishment of the Cancer Trials NSW program at Cancer Council NSW. As I write this, I am surprised to note that was 20 years ago! The relationship between the President and CEO is imperative to the success of COSA. Nick has been a wonderful leader and I am sure his passion will also benefit the newly formed Thoracic Oncology Group of Australasia (TOGA).

# COSA SNAPSHOT



## WHO ARE YOU?

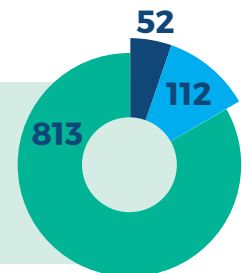


\* Members can indicate more than one profession

## WHAT DID YOU ATTEND?

2020 COSA education opportunities

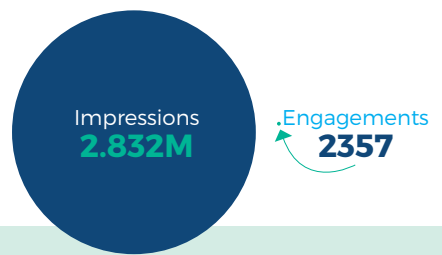
- ASM (813)
- Pharmacology of Cancer Chemotherapy Course (52)
- Melanoma Masterclass (Trainees Weekend) (112)



## ASM REGISTRATIONS

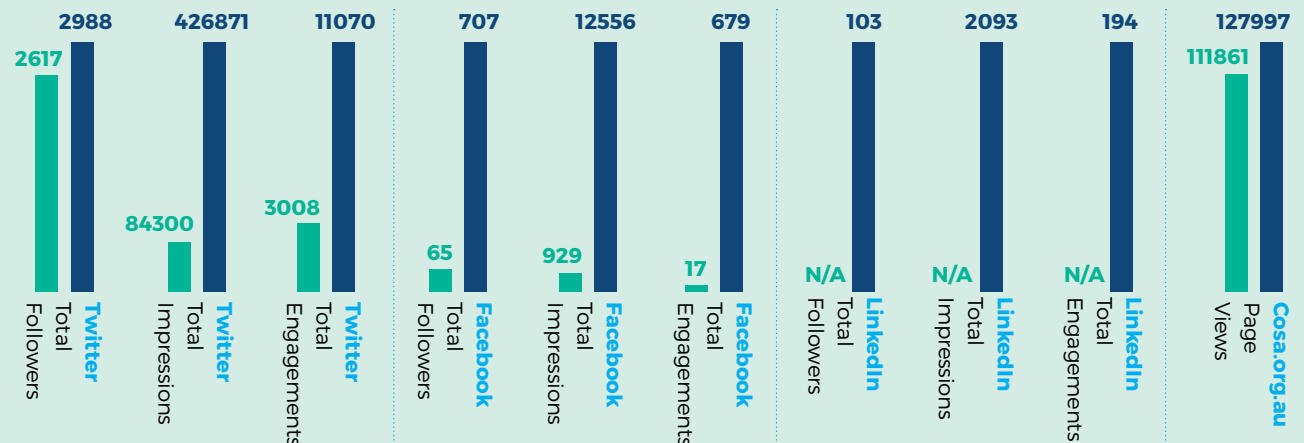


## ASM #COSA20



## SOCIAL MEDIA REACH

Key 2019 2020



# COSA GROUP REPORTS

## BREAST CANCER GROUP

**This year has been a very quiet one for the Breast Cancer Group. The main achievement has been the completion of the Breast Density Fact Sheet – a culmination of the three years of work.**

The draft statement has gone out to COSA members for final feedback and once this is completed the fact sheet will be available on the website to all members. Again many thanks to all those people and organisations who contributed to the development of this fact sheet.

I have also been fortunate enough to represent COSA on several panels during 2020:

- A panel to look at the MSAC response to the provision of funding for the ONCODX test – a predictive risk assessment tool for women with hormone positive breast cancer

- A panel advising/assisting the BCNA – the major consumer organisation assisting and advocating for women with breast cancer

This year has placed many extra stresses on all patients with newly diagnosed cancers and survivors living with cancer. Breast cancer patients have all been affected in some way during the COVID-19 pandemic and needed extra support from their doctors and families.

The COSA Breast Cancer Group has also worked with Cancer Australia through 2020 to update GP online guidelines and education modules relating to breast cancer diagnosis and treatment.

We look forward to continuing our work in 2021 and appreciate our involvement in the broader field of cancer care in Australia.



**Susan Fraser**  
Chair,  
Breast Cancer  
Group

## CANCER CARE COORDINATION GROUP

**2020 saw us dealing with the unprecedented implications of the COVID-19 pandemic, which resulted in broad impacts on cancer services and cancer care and delivery across Australia and globally.**

It was fitting that 2020 was International Year of the Nurse and Midwife, as it was timely to acknowledge the contributions from the broad range of nurses in our Australian cancer services, and particularly recognise everyone who had to deal with the ongoing challenges of the COVID-19 pandemic.

We were disappointed to have missed the opportunity to catch up with colleagues face-to-face at the 2020 COSA ASM, but the virtual program provided plenty of rich learning experiences and kept attendees up

to date with developments across the country. We had designed a face-to-face pre-conference workshop for cancer care coordinators prior to the 2020 COSA ASM in Brisbane. Unfortunately, the restrictions related to COVID-19 meant this did not eventuate. We considered ways that we could instead deliver a professional development opportunity virtually – and are now pleased to provide you with early advice that we will be collaborating with CNSA to deliver a webinar in 2021. We will keep you posted as this program develops.

We have continued to provide regular updates on Cancer Care Coordination related news through our newsletter “The Coordinator”. We thank Claire Kelly for her outstanding work as editor to ensure the newsletter provides up-to-date information on the latest evidence, and we can deliver a platform to share experiences and news amongst Group members.



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

## CANCER GENETICS GROUP



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

**Despite the COVID-19 pandemic the COSA Cancer Genetics Group (previously known as Familial Cancer Group) managed to deliver various activities in 2020.**

### Conferences and education

The Group contributed the following conferences and educational activities in 2020:

- The COSA/Human Genetics Society of Australia (HGSA) Familial Cancer Clinics Clinical Professional Day was held via a virtual platform on Tuesday 1 September 2020. The day featured three sessions:
  1. Pancreatic Cancer. Presentations featured the latest evidence and progress in understanding somatic and germline aspects of pancreatic cancer and the importance in informing treatment as well as the role of screening for pancreatic cancer in high risk individuals.
  2. Implementation Science. Featured presentations regarding the role and ways to incorporate implementation science into research along with successful examples from groups such as Melbourne Health Genomics Alliance.
  3. Hereditary Neuroendocrine Tumours. Featured presentations regarding conditions such as Multiple Endocrine Neoplasia syndromes and Familial Paraganglioma and Pheochromocytoma conditions.
- COSA ASM 2020, held virtually, the Group chaired a session that featured the following presentations:
  - ▶ Camron Ebzery – Mainstreaming genetic testing

- ▶ Tatiane Yanes – Breast Cancer Polygenic Risk Scores: A review of clinical utility and the ethical, legal and social implications of an emerging field
- ▶ April Morrow – Using implementation science to improve Lynch syndrome genetic referral practices among colorectal cancer patients
- ▶ Dr Aidenne McInerney – Upskilling non-genetics physicians to offer genetic testing for melanoma
- New educational webinar series, which featured the following topics:
  - ▶ Meera Warby – Paediatric and adolescent cancer genetic counselling – lessons learned from an expanding service
  - ▶ Prof Melissa Southey – PALB2: The push and pull experience of clinical translation
  - ▶ Paulette Barahona – Clinical study experience of childhood cancer and germline curation

The events above were well attended and the virtual platforms were well received. The Executive thanks all the speakers who gave their time. We also acknowledge the support provided by COSA and Human Genetics Society of Australia to support the registration and running of the various events.

### Transition to Cancer Genetics Group

In addition to the activities above, the group finalised a plan to broaden the remit of the group to include issues related to somatic cancer genetics. This proposal was taken to COSA Council following significant consultation with relevant stakeholders and has resulted in a change in the name of the group to Cancer Genetics Group. The new remit of the group is well supported by the involvement of executive members who hold an interest in somatic cancer genetics and in the continued close working relationship with Human Genetic Society of Australasia Cancer Genetics special interest group. An updated terms of reference for the Group will be released by the end of February 2021.

I wish to thank all those on the Cancer Genetics Group Executive in 2020 for their work during the year.

I wish to specifically acknowledge the significant contributions Dr Nicholas Pachter and Prof Kathy Tucker AO, who have stepped down from the Group Executive in 2020. Dr Nicholas Pachter was the Group Chairperson for several years. Dr Pachter initiated a closer relationship with HGSA and was heavily involved in initiatives such as the universal tumour screening for evidence of mismatch repair deficiency position statement. Prof Kathy Tucker has been an active member in the Group executive, providing significant leadership in various areas of cancer genetics. In particular Prof Tucker had significant recent involvement in the mainstream genetic testing working party that led the development of an online e-learning program for health professionals wishing to upskill in ordering BRCA1 and BRCA2 genetic testing.

We are looking forward to an equally productive 2021 with hopefully less COVID related distractions.

**Lucinda Salmon**  
Chair, Cancer  
Genetics Group



**Fran Boyle**  
presenting a paper  
at the 2020 COSA ASM

## CANCER PHARMACISTS GROUP



### CPG Membership and Committee

Currently our membership (either Group members or those COSA members stating cancer pharmacy as an area of interest) stands at 131, which is a substantial drop from the same time last year. Without our usual educational activities this year, it is likely that this has directly impacted membership. A reminder that your CPG Committee consists of:

- Dan McKavanagh – Chair
- Kimberley-Ann Kerr – Deputy Chair
- Geeta Sandhu
- Gail Rowan
- Courtney Oar
- Marissa Ryan
- and welcoming Chi Hao La

Thanks to Jim Siderov and Jenny Casanova for their tireless efforts in serving COSA and the CPG as Committee members, deciding to stand down from the Committee.

### Educational activities

I'd like to thank all CPG members (and especially the CPG Committee) for their continued support for and involvement in various CPG activities that we have been able to undertake or at least plan for over the traincrash that was 2020.

### Pharmacology of Cancer

#### Chemotherapy for Advanced Trainees workshop 29 February, Sydney

Krissy Carrington and Dan McKavanagh presented this workshop in Sydney this year, with fantastic support from Fran and Marie from COSA. Plans are underway for the 2021 course.

### 2020 COSA ASM 11-13 November

The ASM bustled (virtually) into Brisbane this year, with several foci: Quality and Safety; Implementation Science; Cardio-Oncology. Thanks ever so much to Krissy Carrington as the CPG representative on the ASM organising committee. The ASM was a great success, delivering several pharmacist-containing sessions, notably the Medicines Matters session, along with the COSA CPG AGM.

### CPG post-ASM Clinical Development Workshop 14 November 2020

CPG Committee members Courtney Oar, Marissa Ryan, and Jenny Casanova coordinated a fantastic program for this workshop, linking to one of the ASM themes, cardio-oncology, along with practice orientated presentations very relevant in the challenging year we've had. 22 attendees joined this virtual event and it was hugely successful as an initial foray into the virtual workshop format.

In the background, the CPG Committee continued to plan for several activities, taking advantage of the flexibility that digital delivery allows: **CPG Foundation Clinical Practice for Cancer Pharmacists Course (due June 2021), CPG Advanced Clinical Practice opportunities, COSA ASM 2021 (+ clinical development workshop).**

### Other activities

Gail Rowan and Marliese Alexander have been participating on behalf of the COSA CPG with the ISOPP Global Oncology Pharmacy Response to COVID-19 Pandemic study.

Huge kudos to Krissy Carrington and Jim Siderov for their involvement in the now published range of resources to support cancer care services implement the National Safety and Quality Health Service (NSQHS) Standards. See the Publications and resources section of the Commission's website for these.

Geeta Sandhu and Dan McKavanagh along with the CPG Committee have commenced planning a Digital Safe Prescribing, Dispensing and Administration Guideline that may sit alongside the existing COSA guidelines. It is very much in the early stages of planning but hoping for support from the Group to continue development.

Kimberley-Ann Kerr coordinated this year's COSA CPG member survey, which had a great response rate and has provided excellent feedback on CPG activities and what you all want going forward. Of note was the appetite for educational activities to proceed using virtual means to engage with cancer pharmacists and still allow an interactive experience.



**Dan McKavanagh**  
Chair,  
Cancer  
Pharmacists  
Group



## CLINICAL TRIALS RESEARCH PROFESSIONALS GROUP

**The Clinical Trials Research Professionals Group Executive Committee had a very successful year in 2020 despite the impact of COVID-19, or perhaps because of it!**

With the help of Olivia Hart, COSA Social Media Coordinator, we now have a presence on social media with a CTRPG Twitter account which went live just before the 2020 ASM. Please follow us on @cosa\_ctrpg. We anticipate that this account will allow the CTRPG Executive Committee to more effectively communicate information about events, allow members to connect or re-connect with each other and provide a platform that encourages members to post comments, or questions, which will be automatically redirected and answered by a member of the Committee.

Despite the impact of COVID-19 on travel and the organisation of the annual meetings of many cancer organisations this year, we ran a very successful COSA Clinical Professional Day Workshop in Brisbane on 10 November, as planned. Both in-person and virtual attendance were combined and the workshop entitled "Tele-trials the New Norm" was generously sponsored by the Icon Group. We are very grateful for the support that was provided by Icon staff, led by Mr Adam Stoneley, which included access to an excellent training facility and very high-level internet technology expertise. A record number of people from across Australia (and one person from New Zealand) were able to take part in the 2020 workshop.

As confirmed during the workshop, the COVID-19 crisis has had a silver lining, by bringing telehealth to the forefront. Tele-trials have the potential to quietly and effectively revolutionise delivery and access to cancer care clinical trials. Key stakeholders, including Professor Sabe Sabesan, Dr Craig Underhill and Ms Chantal Gebbie outlined the implementation and current status of the Australasian Tele-trials program. Other presenters described how barriers, including regulatory, legal and pharmaceutical processes, have been reformed and rapid trial approvals facilitated when patients are identified at satellite sites. Cancer centres are now encouraged to embed tele-trials into operational plans, trial units to collaborate with other sites to form clusters and clinicians to use the model to care for patients in partnership with other sites. The workshop provided the

opportunity for participants to learn more about the program from people at the coal-face. Advice was given on how to become involved in tele-trials, and at the end of the day an Expert Panel, very ably moderated by Ms Elizabeth Wilson (IQVIA), answered questions raised online by participants.



**Speakers at the 2020 COSA CTRPG workshop made sure of social distancing**

For the first time we were able to offer virtual as well as in-person attendance at a workshop led by the CTRPG EC, and feedback received from participants indicates that they would like this flexibility to be offered for all future workshops. Other comments received from an online evaluation questionnaire include:

*All presentations were clear, informative and inspiring. I got a huge amount out of this workshop, hearing the personal experiences of those who are paving the way for tele-trials to become accessible to all. Really enjoyed hearing about the tele-trial experiences at many different sites, learning the pros and cons at each site. Happy to learn that so much is happening in this space. Excited to see what develops next. I always thought there would be positive unexpected consequences from a global pandemic. Tele-trials coming to the fore is one, and virtual conferencing is another.*

The commitment of all the presenters to making tele-trials a reality, and to enabling patient access to clinical trials, was obvious. Everyone involved in the workshop benefited by learning from their first-hand knowledge and enthusiasm. We are grateful to everyone who was involved and especially to the presenters for generously giving their time and expertise, which ensured the success



of the workshop. A summary of the workshop is currently being drafted for submission to the Asia-Pacific Journal of Clinical Oncology.

Throughout the year the membership of the Executive Committee changed. We welcomed a new general member, Annette Dempsey, Clinical Research Associate from TROG Cancer Research, Newcastle, NSW. Alison Richards, Clinical Trials Manager from the Flinders Medical Centre, SA, has stepped down from the role of Secretary and we thank her very much for her contributions as Secretary. Annette Dempsey has accepted the role of Secretary for 2021. Alison will continue as a general member.

Annette Cubitt, Clinical Trials Manager, Royal Brisbane and Women's Hospital, continued as Chair; Dianne Lindsay, Clinical Research Consultant, Newcastle, as Deputy Chair. Natasha Roberts, Royal Brisbane and Women's Hospital; Adam Stoneley, ICON Cancer Foundation, Brisbane; Joanne Benhamu, Senior Research Nurse, Peter MacCallum Cancer Centre, Melbourne; and Krystyne Hiscock, Affinity Clinical Research, Perth, continued as general members. All members of the committee were committed to providing high level support throughout the year.

We were unable to hold an Annual General Meeting during the pre-ASM workshop as planned. This will be rescheduled early in 2021 with a date and logistics to be confirmed.

I would like to sincerely thank all our members and the COSA staff for their support during 2020. The CTRPG will continue to promote positive changes through education, networking, the provision of resources and leadership to further improve the excellent standard and conduct of oncology clinical trials research throughout Australia and New Zealand, and beyond.



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

## EPIDEMIOLOGY GROUP

**Despite the challenges of 2020, the Epidemiology Group remained active through regular committee meetings, actively supporting COSA initiatives and events.**

The Epidemiology Group was well represented at COSA's 47th Annual Scientific Meeting (ASM) in the Best of the Best Orals - Epidemiology and other Best of the Best Orals. The Group organised a session titled "COVID-19 response: what can oncology learn about the value of real-time, integrated real-world datasets from health and other sectors?" Chaired by Claire Vajdic and Haitham Tuffaha, the session featured four excellent presentations by multidisciplinary speakers. Nigel McMillan from Menzies Health Institute Queensland gave an overview about international responses to COVID-19 and outlined the opportunities the pandemic offered us in terms of health care, new RNA-based medicines and research.

Dorothy Keefe described the extensive COVID-specific body of work undertaken by Cancer Australia in response to the emerging challenges of managing cancer patients during the COVID-19 pandemic. She also highlighted the need to readily access up-to-date data to inform policy and care and the notable gaps in availability and timely access in Australia. Kees Van Gool from the University of Technology Sydney emphasised the importance of data and research capacity to develop an evidence-based policy response. He discussed the obstacles in improving our capacity to deliver timely and policy-relevant research to improve health and economic outcomes for patients and their families. Karen Canfell from Cancer Council NSW explained how data-driven modelling can provide information on longer term impacts and inform the design of fast-tracked innovative mitigation strategies. Her talk highlighted the work of international modelling consortia to facilitate best practice modelling and support decision-making in cancer control both during and after the crisis.

### New Executive Committee member

I would like to welcome Dr Harindra Jayasekara as a new Executive Committee member. Harindra is a medically qualified epidemiologist. He previously worked at the Centre for Epidemiology and Biostatistics, University of Melbourne, and the Murdoch Children's Research Institute. He joined Cancer Council Victoria in 2015. Harindra's work focusses on the factors that affect the occurrence of cancer and survival from it, with a particular focus on long-term alcohol consumption.



**Haitham Tuffaha**  
Chair,  
Epidemiology  
Group

## EXERCISE AND CANCER GROUP

**2020 was a year unlike any other and despite the challenges of a global pandemic it was encouraging to see how resilient and adaptable clinicians and patients were, as they continued to deliver high quality exercise interventions in a number of novel ways.**

A number of great exercise resources were developed for patients including videos, apps and telehealth became the new way for many to attend 1:1 and group-based exercise sessions. In part this was made possible by the expansion of Medicare item numbers for telehealth for a range of allied health services that previously were not available. These are currently in place until March 31 2021 and it is hoped that these new item numbers

can continue well into the future to enable greater access to support services for all patients.

The Exercise and Cancer Group was very active across the course of the year with a number of events and initiatives, with a major piece of work involving updating the COSA Position Statement on Exercise in Cancer Care (<https://www.cosa.org.au/groups/exercise-and-cancer/resources/>). The statement provides guidance to all members of the multidisciplinary cancer team regarding the role of exercise in the care of people with cancer.

**Left - The revised COSA Position Statement on Exercise in Cancer Care will be launched in early 2021**

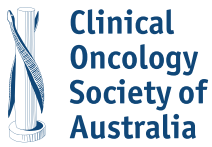
Changes included a greater emphasis on the triad recommendation of "Discuss, Recommend and Refer", a softening of the language to make it less prescriptive, along with engaging with specialist clinicians who are experienced in cancer care for an individualised exercise program. All existing endorsing and supporting organisations have reconfirmed their support for the revised position statement and seven new organisations have agreed to be listed, bringing the total number of Supporting Organisations to 30. These changes were presented and approved by COSA Council at the October 2020 meeting and the Group looks forward to launching the updated position statement in early 2021.



# COSA POSITION STATEMENT ON EXERCISE IN CANCER CARE



Below- An infographic has also been created to support publication of the position statement



## 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 TO BE EMBEDDED AS PART OF STANDARD PRACTICE IN CANCER CARE

All health professionals involved in the care of people with cancer to:

- **DISCUSS** THE ROLE OF EXERCISE IN CANCER RECOVERY
- **RECOMMEND** EXERCISE TO PEOPLE WITH CANCER
- **REFER** PATIENTS TO AN EXERCISE SPECIALIST WITH EXPERIENCE IN CANCER CARE



Version 4, March 2021

There have been some changes to the Exercise Executive Committee over the past 12 months. Prue Cormie has stepped down from the Committee after 5 years. Prue played a key role in starting the COSA Exercise Group, was the Group's inaugural Chair and on behalf of the Group would like to thank her for all her hard work. Additionally, existing Committee member Tina Skinner (Senior Lecturer in Clinical Exercise Physiology from the University of Queensland) has been appointed as the Group's Deputy Chair.

Exercise content also featured strongly throughout the 2020 ASM with a number of excellent presentations. The conference themes 'Cardio-Oncology', 'Implementation Science' and 'Quality and Safety' enabled exercise presentations to be showcased throughout the conference program. Please check out the conference website for all the exercise-related work presented at the conference. Remember that if you registered for

the 2020 COSA ASM, you have 12 months on-demand access to view the recordings of any presentations you missed or want to watch again! We encourage you all to look at some of the amazing research and work being undertaken in the area.

Finally, the Exercise Group held an AGM on the 24 November 2020 to determine priorities and activities for 2021. The focus of the discussions was around relaunching the updated position statement, looking for new educational opportunities to promote our work and engaging with the GP community. The Exercise Implementation Working Group which was established in late 2019 was put on hold during 2020 awaiting the final approval of the updated position statement. The Group will reconvene in early 2021 to finalise the implementation plan for the position statement and work on the development of new resources. These will include a clinician handout, patient handout, slide deck for presentations and FAQ's.

On behalf of the Exercise Executive Committee, I would like to thank all members of the Exercise and Cancer Group, that 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

## GERIATRIC ONCOLOGY GROUP

**The Geriatric Oncology Group has had a strong focus on the further development of the Australian Geriatric Oncology guidelines, with great engagement from a broad range of interdisciplinary clinicians across Australia from the COSA membership. Great progress has been made despite COVID-19 slowing things down for a little while!**

The GO guideline working group has recently finished drafting the guideline for screening older adults for geriatric assessment. The guideline was accepted for publication and also will be published on Cancer Council's Wiki platform in early 2021. Work is well underway for guidelines for referring older adults with cancer for systemic anti-cancer therapy, surgery, radiotherapy, bringing in the input of oncology experts across Australia, as well as from the UK. We would like to thank our project officer **Maja Garcia** who has provided significant support in this work.

Following on from the success at the 2019 COSA ASM in Adelaide, the second Geriatric Oncology breakfast session 'Improving the quality of care for older patients with cancer: Implementing comprehensive geriatric assessment and management from theory into practice' was held virtually on 12 November as part of the 2020 COSA ASM, with a great virtual attendance. The session was chaired by **Dr Meera Agar** and **Dr Darshit Thaker**, Medical Oncologist from Royal Brisbane and Women's Hospital, who we thank for developing and coordinating this session.

**Dr Wee-Kheng Soo's** keynote lecture gave us the 'state of the art' with a great overview of recent research advances in the field of Geriatric Oncology, including his 'INTEGRATE' trial ([https://doi.org/10.1200/JCO.2020.38.15\\_suppl.12011](https://doi.org/10.1200/JCO.2020.38.15_suppl.12011)) and the evidence which underpins assessment approaches. We had opportunity to showcase the Queensland experience, and expert Allied Health professionals from Queensland Health – **Ms Hermione Wheatly, Ms Stella Snape-Jenkins and Ms Bernadette Kelly** – explained the geriatric oncology

model of care they use in their service, and practical use of screening and assessment tools of various domains including functional status, cognition, mood, nutritional status, fatigue, social support and carer strain.

The panel, facilitated by **Dr Darshit Thaker**, discussed the care of an 86-year-old man with locally advanced cancer and complex social circumstances and medical comorbidity. **Dr Christopher Steer, Dr Penny Mackenzie, Dr Heather Lane and Dr Meera Agar** provided expert commentary on the principles of their approach from their discipline lens, how interdisciplinary care really rises to the forefront in planning his care, and how specific geriatric assessment outcomes direct the optimal choices in his care. The session was well attended and triggered lots of questions and comments. It gave insight into implementation of theory of Geriatric Assessment into clinical practice of managing older patients with cancer.

GO eNews continues to provide our Group with excellent updates about national and international initiatives in geriatric oncology, and two editions were produced during 2020. We are grateful to **Dr 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.

**Dr Heather Lane** continued as the International Society of Geriatric Oncology (SIOG) National Representative for Australia in 2020, and we were pleased to see the Australian SIOG advanced course rescheduled virtually to early January 2021. Heather has provided our members with the following update on SIOG activities:

### SIOG 2020 update

2020 has been a very challenging year due to the COVID-19 pandemic, particularly for many of our international colleagues and the older people with cancer they care for. In response to this, SIOG has adapted to enable continuation of its work. In early 2020, they took a lead in establishing the SIOG

COVID-19 Working Group who developed pragmatic guidelines: Adapting care for older cancer patients during the COVID-19 pandemic: Recommendations from the International Society of Geriatric Oncology (SIOG) COVID-19 Working Group. (<https://doi.org/10.1016/j.jgo.2020.07.008>)

SIOG has embraced technology to continue providing educational opportunities. The SIOG Annual Meeting was held virtually on 1 October. Detailed reports from the SIOG COVID-19 Working Group were delivered alongside updates in medical and radiation oncology and geriatric medicine, with the work of **Dr Wee-Kheng Soo** highlighted.

On 12-13 January 2021 the first SIOG Advanced Course in Geriatric Oncology held in the Southern Hemisphere was hosted from Canberra. This important course was delivered in a fully-online format to attendees from 14 countries. The virtual format provided the opportunity to include subject-matter experts from all over the world, with presenters from Australia, Singapore, United Kingdom, USA and France. On Day 1, excellent presentations addressing a selection of Geriatric Medicine and Oncology topics were delivered. The second day's programme included a range of multi-disciplinary team case studies. As well as detailed discussion of medical treatments, discussion branched broadly and holistically into all aspects of the patient experience, highlighting the benefits of effective multi-disciplinary care. Ongoing virtual educational events are planned through 2021.



**Meera Agar**  
Chair,  
Geriatric  
Oncology  
Group

## LUNG CANCER GROUP

**I feel privileged in 2020 to have joined COSA Council as Lung Cancer Group Chair, taking over from my predecessor Professor Nick Pavlakis. I am humbled to work with such a positive, supportive, inclusive and high achieving Group moving forward.**

Despite a very different year, filled with challenges arising of course in particular from the impact of the Covid-19 pandemic, I am pleased to report the Lung Cancer Group have continued to charge forward with the positive momentum we have seen mounting in recent years.

Despite physically distancing, the voice, interaction, ongoing education, clinical and translational research productivity from the Group has been strong.

In 2020 we updated our **Lung Cancer Optimal Care Pathway** for Cancer Council Australia, ensuring this important document is relevant to the current rapidly evolving lung cancer practice paradigm. This resource will be available online in early 2021.

Furthermore, through COSA we have provided invited **expert support** for the regulatory approval of emerging superior lung cancer companion diagnostic platforms and high impact novel therapeutics under review by our Therapeutic Goods Administration.

The highlight of the lung cancer year was the foundation and establishment of the **Thoracic Oncology Group of Australasia (TOGA)**. TOGA is a multidisciplinary, patient-centric group bringing together leading clinicians, nurses, allied health professionals, researchers and patient advocates within the community to conduct high quality, clinically relevant research in order to improve outcomes for patients with thoracic cancers. In 2021 TOGA's official affiliation with COSA will be formalised.



**With November Lung Cancer Awareness month.** TOGA released a brilliant podcast series



Above - The Lung Cancer Preceptorship was held virtually in November

(<https://thoraciconcology.org.au>) with interviews from our leading lung cancer experts, patient interviews and clinical trial updates. TOGA also offered health professionals an excellent **Post-ESMO Virtual Symposia** with further symposia planned in 2021, starting with Post-WCLC. **New members** are invited to join also through the website and follow TOGA on Twitter @TOGAANZ for key updates.

TOGA also successfully conducted the **Sixth Annual Lung Cancer Preceptorship** and first under the TOGA banner, also virtually, in November. The intensive multidisciplinary training session is also a highlight on the lung cancer calendar, providing an in-depth insight across the full management cycle of lung cancer, reviewing the latest published data facilitated by leading ANZ lung cancer specialists, catering for trainees, fellows, and a limited number of nurses, allied health professionals and consumers. This is an invaluable learning, critical appraisal development and networking opportunity, with excitement already mounting for the meeting to be held again later in 2021.

The TOGA **clinical trial portfolio** remains strong and continued relatively seamlessly through 2020 with its unique challenges encountered under the pandemic. Most notably TOGA worked tirelessly in collaboration with industry and the Australian Genomic Cancer Medicine Centre's (AGCMC trading as Omico) Molecular Screening and Therapeutics (MoST) study, co-ordinated through the NHMRC Clinical Trials Centre, to launch the **ASPIRATION** study. **ASPIRATION** in February and March 2021 is opening across the country, evaluating the benefit of routine up-front comprehensive genomic profiling (CGP) in 1000 newly diagnosed metastatic, non-squamous, non-small cell lung cancer patients in Australia. The innovative umbrella design will enable intervention with and evaluation of active therapy arms in an array of oncogene sub-studies

in an effort to deliver personalised maximal impact therapy to all eligible Australians moving forward, and contribute novel practice-changing scientific data to the international arena.

The positive outcome of the Phase II DREAM study evaluating the front-line combination of chemotherapy with immunotherapy (PD-L1 checkpoint inhibition) in malignant pleural mesothelioma has led to a successful collaboration with PreCOG, a US-based clinical trials group, to conduct a Phase III randomised study, **DREAM3R**. We are excited to see this study now open, offering our patients an excellent treatment opportunity and evaluating a highly important therapeutic combination in this group with unmet need.

I envisage our commitment moving forward into 2021 will encompass activities such as supporting the Australian Lung Cancer Screening Program and exploring the interest to update the Cancer Council Lung Cancer Guidelines. These were last published in 2017 and we have seen a rapidly shifting paradigm in the management and treatment of lung cancer in the intervening time. Our commitment in uniting to support our patients in navigating the COVID-19 pandemic, including ongoing telehealth access and guidance around the impending vaccination program, will of course continue.

Now settled into the COSA team, as the lung cancer representative I invite any suggested initiatives and/or members who would like to form a **lung cancer sub-committee** to please contact me.



Malinda Itchins  
Chair, Lung  
Cancer Group

## NEUROENDOCRINE TUMOURS GROUP

**The change that has happened across the world in 2020 has created much uncertainty in the lives of NET patients, clinicians and researchers. Despite this uncertainty, I am so thankful to the members of the COSA NET Group who have remained constant in their efforts to promote NET care and continue the agenda of the Group.**

We had our annual NET Group AGM in December 2020 with approximately 20 registered participants, showing the continued significant interest in NET-related activities under the COSA umbrella.

The main activity in 2020 has been the ongoing revision of the COSA NET guidelines. As most of the contributing

authors also juggle clinical (and leadership) responsibilities, there have been some unavoidable delays in the revisions. Nevertheless, I am delighted to report that all first drafts have been submitted and that the writing group has completed internal review of these drafts. I am so grateful to the members who have worked through late nights (and even holidays in some instances) to make this possible. We plan to circulate these guidelines in the first two quarters of 2021 to COSA members and other member bodies for formal review, and that they may be publicly available by Q3 2021. At the same time, we have been active in advocacy for NET patients. We provided feedback to the MSAC regarding the use of PET scans in patients with NETs - with the hope that there will be ongoing/increasing access to PET scans for all NET patients into the future.

I look forward to discussions with the executive committee in 2021 about potential new projects for the NET Group as the guidelines wrap up. I believe we can leverage the multiple strong craft Groups in COSA to conduct innovative multidisciplinary projects, like we have done with the guidelines so far. Ideally over an in-person celebration at the 2021 COSA ASM.



**David Chan**  
Chair,  
Neuroendocrine  
Tumours Group

## NUTRITION GROUP

**The new year always brings with it hope and optimism for the year ahead. Despite the challenges of 2020, it no doubt brought unexpected learnings that can, in hindsight, be seen as silver linings. The agility, adaptability and resilience required to continue to deliver optimum cancer care in testing circumstances has set the scene for exciting possibilities and opportunities which the COSA Nutrition Group looks forward to embracing.**

We wish to sincerely thank our outgoing Chair, Dr Nicole Kiss, for her dedicated service over the past six years. Under Nicole's leadership, the Group has delivered numerous cancer-nutrition initiatives, the most recent being the foundational Clinical Oncology Society of Australia Position Statement on Cancer-Related Malnutrition and Sarcopenia, now an open access publication in Nutrition & Dietetics.

Over the coming year, we look forward to undertaking further work that includes a focus on implementation of the position statement recommendations and ongoing evidence synthesis to maintain the COSA evidence-based guidelines for

nutritional management of adult patients with head and neck cancer. Planning for the COSA 2021 ASM in Melbourne is already underway, with Jenelle Loeliger representing the Group on the scientific program committee. The opportunity to showcase outstanding cancer nutrition research is always a highlight of the ASM and we hope to be able to offer the Dietitians Australia Research Prize again this year.

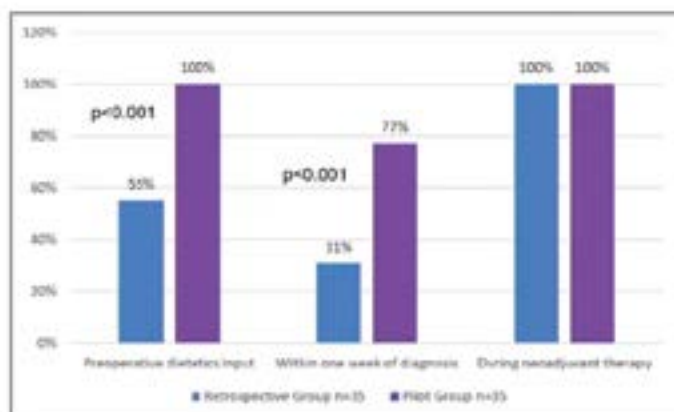
We had a wonderful response to the EOJ to join the COSA Nutrition Group Executive Committee and are pleased to extend a warm welcome to Lauren Atkins (VIC), Dr Teresa Brown (QLD), Irene Deftereos (VIC), Emily Jeffrey (WA), Louise Moodie (QLD) and Belinda Steer (VIC). We are currently mapping out our plans for 2021 and are fortunate to be able to draw from a talented group of cancer-nutrition experts representing diversity across their clinical and research interests, public and private settings, geographical location and unique skill sets, including evidence synthesis, implementation science, large-scale project management, indigenous cancer care and social media.

It is both humbling and exciting to step into the role of Nutrition Group Chair. Having been a member of the Nutrition Group Executive for going on a decade or so, it was certainly time to consider picking up the baton. With such a talented, motivated Nutrition Group to work with, it will be inspiring to see where we can go next. The Nutrition Group would love to hear from anyone interested in becoming involved with our projects and about opportunities for collaborating with other Groups where nutrition expertise can add value to their initiatives.



**Merran Findlay**  
Chair, Nutrition  
Group

## Significant improvements in access to dietetics care



Mean (SD) dietetics occasions of service increased:

2.2 (3.7) to 5.9 (3.9)

Mean difference 3.7, 95% CI 1.9-5.6, p<0.001



Above - Recipient of the Dietitians Australia Research Prize, Irene Defeteros, presenting her PhD research on implementation of a nutrition care pathway for upper gastrointestinal cancer surgery in the 'Best of the Best Orals - Implementation Science' at the COSA 2020 ASM

## PSYCHO-ONCOLOGY GROUP

**Well - what a year! I am sure that we are all still reeling from 2020 as we cautiously prepare for 2021. Psycho-oncology has been challenged, like all areas of health, to provide a high quality service that is evidence-based, patient-centred and can be delivered safely. We have had to learn how to navigate virtual care and virtual meetings all whilst looking at our own reflections as we video-conferenced with colleagues and patients.**

Despite the challenges, there was an incredible energy that saw us balance our busy workloads with rapid changes in service delivery, ever-changing health advice and meeting

our own family responsibilities. There was collaboration and sharing of resources, experiences and frustrations. Delivering cancer care in a COVID-19 environment has made us curious about what works well for patients and how we maintain quality and safety and so, for the researchers, this has led to new areas of investigation. And before we knew it, the 2020 COSA ASM was upon us.

Professor Jane Turner, as usual, provided exceptional psycho-oncology input into the 2020 COSA ASM, which was our first virtual COSA meeting. Whilst the conference delivery was novel, the meeting maintained excellence in content and continues to provide an opportunity to showcase high calibre Australian oncology research.

I look forward to 2021 and am certain that as a workforce we will continue to meet whatever lies ahead. Our ASM will be in Melbourne in 2021 and Associate Professor Lesley Stafford has kindly agreed to be the psycho-oncology representative on the organising committee.

As always, I welcome contact by you all (laura.kirsten@health.nsw.gov.au).



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

The Program Committee gathered in Brisbane for the COSA ASM 2020



## RARE CANCERS GROUP

**Despite the challenges of 2020, the Rare Cancers Group had a productive year with a number of key projects reporting out or beginning to hit their stride.**

### Genomic testing to help treatment selection in rare cancers

With most rare cancers lacking a robust evidence-base or reimbursement for treatment in advanced disease, genomic profiling has been important in helping to better triage possible drug or clinical trial selections for individual patients. In 2020, the Group presented results from the national NOMINATOR study of genomics profiling in rare cancers at ASCO as an invited oral presentation, with updated survival data added later in the year for the COSA ASM. A key finding of this project was that 56% of rare cancers had detectable genetic aberrations that could be matched to a potentially suitable drug treatment. These results provide Australian data supporting the continuing MoST trial, which along with genetic screening, incorporates an innovative suite of sub-studies of novel therapeutics matched to specific aberrations. By the end of 2020, MoST had expanded to eight primary sites (including one in each Australian state or territory), more than 6000 patients had undergone screening, with over 1000 enrolled

onto a clinical trial. Promisingly, the ongoing follow-up of patients enrolled in MoST have begun to demonstrate a survival benefit in favour of matched versus unmatched therapies.

### Consumer group activities

Our consumer partners, Rare Cancers Australia (RCA), remain tireless in their advocacy and support of Australians with rare cancers, at government, pharmaceutical and clinical levels. Along with their expanded operations providing ongoing telephone support, fundraising and transport and accommodation support for rare cancer patients, RCA continue to host their annual CanForum to highlight the challenges and opportunities for advancing rare cancer outcomes. This year it included 37 expert speakers, 13 workshops and over 1200 attendees. The result was the Vision 20-30 Australian Cancer Futures Framework document, developed in partnership with the National Oncology Alliance (NOA) and Minderoo. The entire Vision 20-30 document is available through the [rarecancers.org.au](http://rarecancers.org.au) website.

### Streamlining access to national rare cancer experts and research

The Australian Rare Cancer (ARC) Portal ([www.arcportal.org.au](http://www.arcportal.org.au)) had begun development towards the end of 2019, but was launched more fully in 2020. It is an online and telehealth-based service that provides Australian clinicians centralised access to

nationwide rare cancer expertise and guidelines; molecular test advice and interpretation (including via referral to MoST); and rare cancer research through the WEHI-Stafford Fox Rare Cancer Program. By the end of 2020, the ARC Portal had registered more than 500 individual patients with rare cancers. Registration is simple for individual clinicians and referral of patients encouraged.

### Executive Committee and membership

Our members come from all across Australia and have diverse interests across tumour streams and specialties. Our current Executive consists of: Clare Scott (Chair), Damien Kee (Deputy Chair), Michael Brown, Phyllis Butow, David Goldstein, Michelle Harrison, Kristen Nowak, Tim Price, David Thomas, Toby Trahair, Alison Trainer, and Kate and Richard Vines. We are always open to new members and would love to hear from you about joining or how we can work with you to help our patients with rare cancers.



Clare Scott  
Chair,  
Rare Cancers  
Group



## REGIONAL AND RURAL GROUP

**The COSA Regional and Rural Group had a quieter year in 2020 given the need to increase our workload to address the COVID pandemic.**

We did however make significant progress in a few areas.

1. Ongoing analysis of the COSA regional clinical services workforce survey, with a view to publish a short paper in 2021. The report will summarise the current regional workforce and highlight areas of shortage between regional centres and between regional and metro centres. It is hoped the report can be used to demonstrate that regional staff are working beyond established benchmarks and help guide health administrators when making decisions on adequate staffing.
2. Completion of the systematic review of the psychosocial supports available to rural patients. This was an update of a prior review in 2012 that clearly demonstrated rural and regional patients were not receiving comparable psychosocial supports as their metro counterparts.

Interestingly and pleasingly, analysis of the recent literature has demonstrated an improvement in the psychosocial divide between regional/rural and metro patients. This is great news for our patients. The manuscript will be published in Supportive Care in Cancer in 2021.

3. For WA Country Health Services (WACHS), COVID-19 and the subsequent regional border and Aboriginal community closures caused a rush on commencement of the planned TeleChemotherapy units in Broome and Narrogin to enable people to receive treatment close to home. Significant Commonwealth funding received to implement the WACHS Cancer Strategy 2017-2022 has resulted in recruitment of additional cancer health service providers (nursing and allied health) across the WACHS regions. The TeleLymphoedema pilot service which is servicing Katanning and Esperance has now also expanded to Kalgoorlie. This service has allowed breast cancer patients to receive lymphoedema care closer to home.
4. Clinical Trials. All regional states and territories were winners and

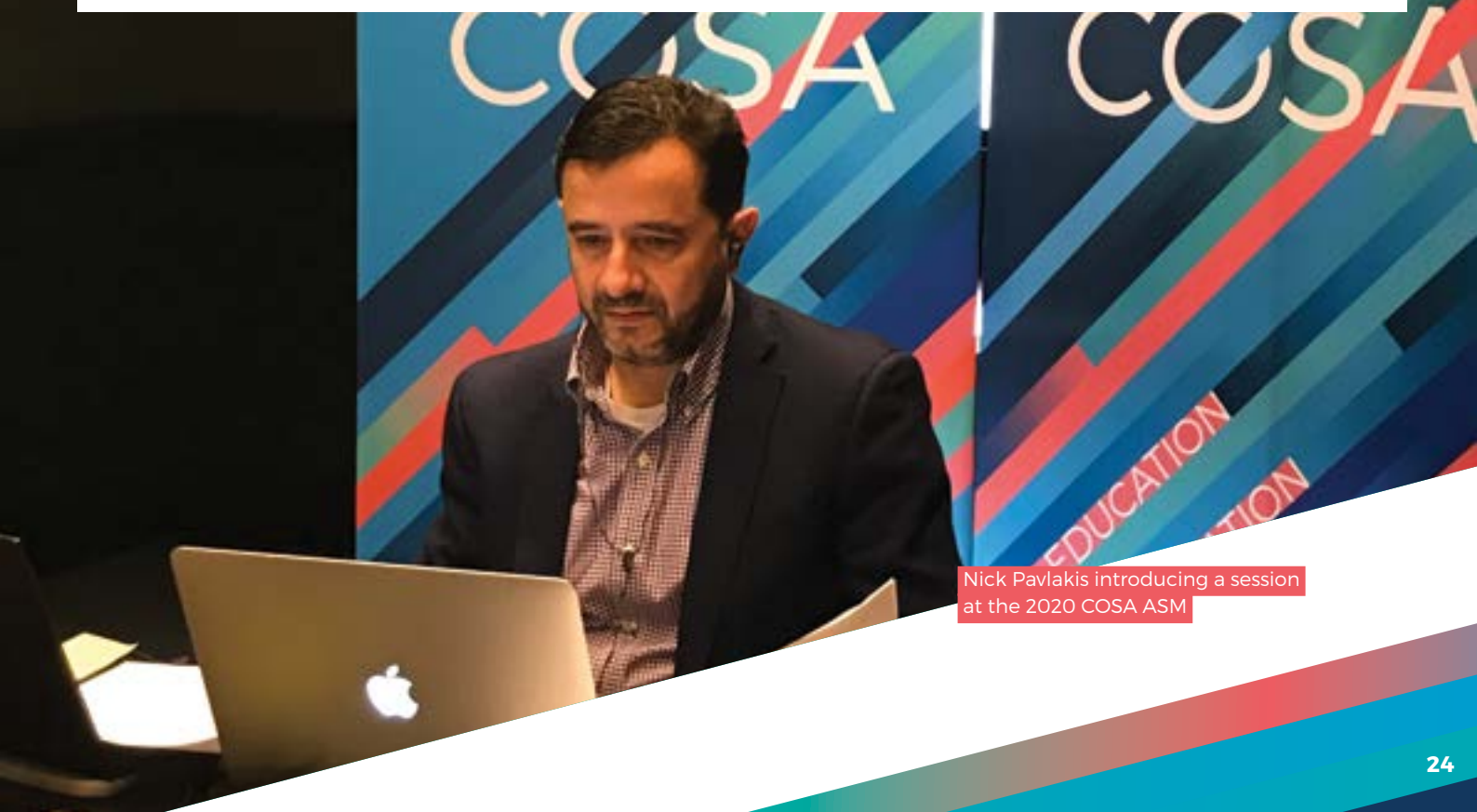
have shared in the \$100million MRFF grant for increasing clinical trial access for our regional and rural patients. Many of the R&R Executive members were instrumentally involved in the successful bids. There will be many more updates in 2021 on this once-in-a-generation government funded program. There is a real opportunity to embed the COSA Australasian Teletrial Model into standard of care for our cancer patients.

I would like to thank all those on the Executive Committee in 2020 for their work during the year:

Sid Baxi (QLD), Peggy Briggs (WA), Kate Gunn (SA), Wei-Sen Lam (WA), Sabe Sabesan (QLD) and Craig Underhill (VIC). Also for Rhonda DeSouza's unflinching and ever responsive support of our Group.



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



Nick Pavlakis introducing a session at the 2020 COSA ASM

## SURVIVORSHIP GROUP

**The Survivorship Group has made great progress during 2020, despite the challenges created by COVID-19. We have continued our work to advance care and research to improve outcomes for all Australians living with and beyond cancer. Our work focusses on supporting improved models of care, delivering and promoting educational opportunities, and facilitating survivorship research.**

The Group's work is led by an Executive team that dedicate their time and expertise and help drive our achievements. Sincere thanks to Deputy Chair Ray Chan (who commenced this role in 2020) and members John Boyages, Richard Cohn, Mahesh Iddawela, David Joske, Bogda Koczwara, Karolina Lisy, Elysia Thornton-Benko and Janette Vardy. We are very well supported by Gillian Mackay, COSA Project Manager.

Early on in 2020 we considered how models of care might be affected by the pandemic, and how we could advocate for improved survivorship care and services for all Australian survivors. We were pleased to support COSA's advocacy efforts to support retention of MBS telehealth reforms through and beyond the period of COVID-19. Telehealth can support improved survivorship care and provide benefits such as less travel time and lower costs (eg transport and parking). We hope the MBS reforms will be retained, long-term.

We were pleased to initiate COSA's inaugural Survivorship Research Fellowships in 2020 and appointed three Fellows to help us achieve our aim to build capacity in survivorship research: Fiona Crawford-Williams, Julia Morris and Carolyn Mazariego. Fiona's work aims to establish priorities for cancer survivorship research in Australia; Julia's has mapped current survivorship research activity, and Carolyn's will determine priorities for implementation of patient reported outcomes (PRO) in clinical settings (also see below). We have been impressed by the calibre of work being produced and look forward to sharing further details of their research in 2021. We also thank members of the Executive for providing mentoring support to each of the Fellows.

In 2020 we established a new working group focussed on supporting the role of primary care in cancer survivorship. This initiative is consistent with the COSA Model of Survivorship Care. Several members of the working group published a paper in the Australian Journal of General Practice (AJGP) during 2020: 'The important role of general practice in the care of cancer survivors' (<https://www1.racgp.org.au/ajgp/2020/may/general-practice-care-of-cancer-survivors>). We are now working with representatives from peak GP groups to consider COSA and the Group's role in this area.

Following the success of a session on Financial Toxicity at the 2020 COSA ASM, we have formed another working group, which will advance efforts to address financial toxicity in Australia. This builds on the Standard for Informed Financial Consent that was developed by Breast Cancer Network Australia, Cancer Council Australia, CanTeen and the Prostate Cancer Foundation of Australia, which was endorsed by COSA.

Bogda Koczwara continues to expertly Chair the PRO Working Group, which has made great progress and has published its value proposition (currently online early with the Medical Journal of Australia). The paper provides the foundation for an advocacy approach and outlines the principles of clinical use of PROs in cancer care: core data; communication framework; access; standards of care; and patient involvement. The PRO Working Group also provided additional mentorship to Survivorship Research Fellow Carolyn Mazariego, who will conduct a Delphi Study regarding minimum standards to implement PROs in routine care. We thank all members of our working groups for their contribution to this initiative.

Providing a forum for education, discussion and exchange of information between health professionals is a key objective of our strategic plan, and we were pleased to collaborate with the Australian Cancer Survivorship Centre and Cancer Council Victoria in 2020 to deliver a webinar on the important role allied health plays in the care of cancer patients post treatment ([www.cosa.org.au/groups/survivorship/education/](http://www.cosa.org.au/groups/survivorship/education/)). We note and have promoted the refreshed eviQ Education course on Cancer

Survivorship (<https://education.eviq.org.au/courses/supportive-care/cancer-survivorship>).

Survivorship issues were well represented at the 2020 COSA ASM. Many of our members contributed to the success of this virtual conference and helped promote the importance of survivorship to attendees. We heard about the importance of incorporating evidence into practice; examples include the known benefits of exercise for patients and survivors, use of PROs, and efforts to minimise harm from tobacco, as well as evidence to support the growing focus on cardio-oncology.

Our planned pre-2020 COSA ASM survivorship masterclass was postponed when the ASM went virtual, but we are now planning further collaborative webinars for 2021, so keep an eye out for these in future Group updates. We are looking forward to the Flinders-COSA Survivorship Conference, which will be held 18-19 March 2021 ([www.survivorship2021.org](http://www.survivorship2021.org)).

We distributed three editions of the Survivorship eNews during 2020, providing us with extra opportunities to engage with our membership. We thank Karolina Lisy for her expert editorial leadership in keeping us informed, and providing members with the means to share details of resources, events, research and achievements. You can also follow our work on Twitter at @COSA\_Surviv.

We keep abreast of international survivorship efforts, and members of the Executive Committee are also leaders of survivorship groups with the Multinational Association of Supportive Care in Cancer, American Society of Clinical Oncology and the International Psycho-Oncology Society.

We ended 2020 by holding our Group's first virtual Annual General Meeting. If you didn't get the chance to join us, you can access minutes via our Group page at [www.cosa.org.au/groups/survivorship/about/](http://www.cosa.org.au/groups/survivorship/about/).



**Michael Jefford**  
Chair,  
Survivorship  
Group

# AFFILIATED ORGANISATION REPORTS

## AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP



**Since 1991, we have approached our goal of creating a world free of gastro-intestinal (GI) cancer with dedication and curiosity, fuelled by the courage of our patients. As a network of dedicated health professionals, we undertake research to improve patient care and medical practice.**

We have conducted 59 clinical trials which have involved over 7,000 participants treated at 115 sites in Australia, 8 sites in New Zealand and 110 sites located across Asia, Europe, North America and the Middle East.

Although 2020 was a year of unprecedented change, cancer didn't stop and neither did our work. Despite the challenges of 2020, we were able to continue enrolling patients to our trials, open a new study, and provide \$565,000 in funding for new research through the Innovation Grant.

### **Doctor Lorraine Chantrill welcomed as AGITG Chair**

On 15 May 2020, the AGITG welcomed Dr Lorraine Chantrill as the new Chair of the organisation. Dr Chantrill also took on the role of Chair of the Scientific Advisory Committee. Dr Chantrill is Head of Service of Medical Oncology at Illawarra Cancer Care Centre, Wollongong Hospital. She has served on the AGITG Upper GI Working Party since inception in 2011, has chaired the Working Party since August 2014, and was appointed to the Board of Directors of AGITG in August 2016.

"I am hoping to maintain and improve the good work of the AGITG while I'm Chair," Dr Chantrill says. "I hope that we will continue to give patients in Australia and New Zealand and internationally the opportunity to participate in studies that offer novel and innovative treatments."

### **New study opens: FORECAST-1**

The FORECAST-1 colorectal cancer study opened in September 2020 and enrolled the first patient shortly after. Professor Peter Gibbs was the recipient of the 2019 Innovation Grant for FORECAST-1. Professor Gibbs and his team are addressing the need for better treatments for patients with metastatic colorectal cancer by using new technology to grow Patient-Derived Tumour Organoids (PDTOs) from biopsies of patients' tumour tissue.

### **Over \$565,000 awarded to develop new research**

Thanks to the support of our community during 2020, we awarded \$565,036 in funding for new clinical research projects through the Innovation Grant.

The Innovation Grant is a unique opportunity for original scientific ideas with the potential to change clinical practice to receive funding. Grants are awarded each year, with a record three grants awarded this year.

The three research projects awarded the Innovation Grant were:

- Professor Niall Tebbutt and Professor John Mariadason for 'A phase II trial evaluating EGFR inhibition with HDAC inhibition in refractory colorectal cancer'. This study aims to re-purpose a drug called valproate to treat patients with advanced colon cancer.

- Professor David Goldstein for 'A translational substudy of the MASTERPLAN trial, Understanding the effect of chemotherapy on microbial composition of pancreatic ductal adenocarcinoma (PDAC) patients'. This study will investigate whether altering or restoring bacterial composition can positively influence the benefits of treatment for patients with pancreatic cancer.
- Doctor Ben Lawrence for 'A translational substudy of the CONTROL NETS trial'. This study is investigating whether PRRT (a form of radiotherapy) treatment for neuroendocrine tumours can be made more effective by adding chemotherapy, and how to select which patients will benefit from this.

Associate Professor Jeanne Tie received the highest ranking for her Innovation Grant application, but this project has since been awarded a grant from Cancer Council Victoria. Her project, RESOLUTE, was awarded the Best New Concept Award at our 2020 Annual Scientific Meeting.

"Our community have raised over \$1.2 million dollars in the past five years for the Innovation Grant and we're very proud of that fundraising. We're also very proud of the standard of scientific applications that we received," Doctor Chantrill says.

### **2020 Annual Scientific Meeting: #AGITGonline**

For 2020, the AGITG Annual Scientific Meeting (ASM) went virtual for the first time. Over 440 AGITG members and other experts connected online to share the latest updates in GI cancer clinical trials and research. What is traditionally a three-day face-to-face meeting was condensed into an accessible, COVID-safe one-day format that included all the highlights of the ASM.

The day featured Opening and Closing Keynote sessions from international Invited Faculty Professor Kohei Shitara (National Cancer Center East, Japan) and Doctor Naureen Starling (Royal Marsden Hospital, London). The ever-popular New Concepts Symposium and Posters Session were also featured, along with trial updates on all of our active trials from the Study Chairs.

At the Awards session, Doctor Chantrill announced the Christine Aiken Memorial Award for Excellence in AGITG Study Coordination, in memory of Christine Aiken, who passed away in 2020. Christine worked for the NHMRC Clinical Trials Centre for 16 years and was known for her enthusiasm, commitment, collegiality and expansive knowledge.

Despite the COVID-19 pandemic, the collegiality and enthusiasm of AGITG

members meant that the ASM was not only the group's first virtual meeting, but one of its best yet.

### The Gutsy Challenge and Community Fundraising

AGITG Innovation Grants are funded through community support from the GI Cancer Institute. These important pilot and translational research studies are made possible thanks to the support of AGITG members and the community who take on the Gutsy Challenge to raise funds and awareness for GI cancer research.

Although it was not possible to conduct the planned Gutsy Challenges in 2020, our incredible community supporters stepped up and raised funds as individuals. They ran marathons and half-marathons, walked over 110km in less than a month, and even cycled the equivalent

distance of Mt Everest to raise an unprecedented amount of funds for GI cancer research.

### Looking to the future

In 2021, we are celebrating 30 years of the AGITG and GI Cancer Institute. We are proud of the achievements and progress we have made to improve GI cancer treatments, but we could not have done it without the dedication of our members, and the commitment of the patients, and their families, who take part in our trials to improve treatments for future generations.



Lorraine  
Chantrill  
Chair,  
AGITG

## AUSTRALASIAN LEUKAEMIA AND LYMPHOMA GROUP



Better treatments...  
Better lives.

**During 2020 the ALLG has delivered upon our vision of Global Leaders and Global Impact through increased partnerships, collaboration, and support of ALLG members providing world-leading blood cancer clinical trials.**

ALLG faced significant challenges with the COVID-19 pandemic and its rapidly emerging effects on patients living with blood cancer, ALLG members and staff, the delivery of clinical trials, the wider healthcare community across Australia and New Zealand as well as our industry and foundation partners. Navigating these challenges and ensuring the safety of ALLG staff, members and clinical trial participants was a major priority from early March 2020.

The ALLG increased its focussed support for members and staff, and through our international partnerships grew the clinical trials program throughout the year. These successes are in part due to our continued emphasis on delivering outcomes toward our rolling strategic plan.

### Delivering scientific outcomes

The ALLG maintained – and even accelerated – its clinical trials program this year. The ALLG clinical trial program consisted of 66 trials in various stages of opening, recruitment, treatment, follow-up, and analysis. In FY20 we opened x9 new trial and research projects, 875 patients participated in trials and the registry projects, bring our tally from 1973 to 2020 to 10,734 ANZ patients included in ALLG research.

The National Blood Cancer Registry (NBCR) and Biobank were a major focus, with our new registry exceeding 2,000 participants. Our members have continued support for the NBCR and engaging our colleagues to develop the pipeline of clinical trials investigating the conditions (eg acute leukaemias and uncommon lymphomas) captured in the NBCR, remains a key priority.

I would like to personally thank the members who have served on the ALLG Scientific Advisory Committee this year, including Tara Cochrane, Matthew Greenwood (commenced October 2020), Nada Hamad, Eliza Hawkes, Zoe McQuilten, Stephen Mulligan, David Ross, Jake Shortt (Deputy Chair), Andrew Wei and David Yeung (retired October 2020).

### Enhancing brand and reputation

The ALLG's ability to swiftly adapt to the rapidly evolving pandemic was in part due to our strong foundations in communications. The strong connectivity with and between the office and our member sites enabled quick responses to assist the clinical and administrative aspects of the conduct of clinical trials.

This year the SAC set out to address some of the most prominent challenges in advancing clinical trials by establishing new committees to address and overcome these barriers:

1. Rural and Regional Haematology Working Group (RRHWG): Led by Louise Imlay-Gillespie from Lismore Hospital, the ALLG's new RRHWG is focussed on engaging and representing the wider

rural and regional haematology community for strategy and input into ALLG clinical trial development and conduct, assisting the implementation of telehealth and teletrials activities for ALLG clinical trials, and driving ALLG clinical trials within rural and regional member sites across Australia and New Zealand.

2. Medicines Access Committee New Zealand (MACNZ): Led by Matthew Greenwood and Claire Hemmaway the committee is addressing the inequitable access to clinical trial therapies/ treatments that NZ members encounter. The differences in access schemes across Australia and New Zealand has led to the establishment of this new committee that has a specific New Zealand focus.

We also attended the American Society of Hematology (ASH) and European Hematology Association (EHA) virtual congresses, with our first-ever exhibitor booth at an international congress. Several ALLG members presented ALLG research at the virtual EHA and ASH congresses.

### Fostering passionate membership

Our commitment to our members underpins everything we do. Shifting to a virtual platform for our May and October Scientific Meetings meant that we could reach more members, engage in further discussions about clinical trials, support more members the way they wanted to be supported at the time, and develop new initiatives to foster mentorship and passion within the organisation. Our May Scientific Meeting saw over 400 members attend, and our October Scientific Meeting reached a record attendance of 533. We were thrilled to have Federal Liberal member Dr Katie Allen MP address the members live regarding current health affairs and offered a tremendous amount of her time to answer questions from the members.

We thank the Membership Relations Working Group, led by Dr Robert Weinkove, for their support in enhancing engagement between members, welcoming new members and celebrating long-time members. Their work has created a supportive environment that has enabled significant growth of the ALLG in terms of membership numbers and collaboration.

ALLG membership during 2020 reached 895; with Full Members 434, Associate Members 402, Community Members 50, Life Members 9.

### Creating long-term stability

With the COVID-19 pandemic affecting work practices, the shift to virtual platforms this year – both internally within the ALLG and externally with collaborative and partner organisations – will continue to be a major focus moving forward.

The success of the May ALLG Virtual Scientific Meeting was an important breakthrough this year. It signified the ALLG team and member adaptability and sustainability in challenging times. The shift to digital platforms enabled the ALLG to significantly increase member, industry and foundation partner engagement throughout the year and deliver an accelerated pipeline of clinical trials.

During the year, the National Blood Cancer Taskforce was formed, and its work accelerated, with the ALLG as a major contributor to the development of the National Action Plan. In 2021 and beyond the ALLG will look to advance recommendations aligned to our work, such as accelerate research, increase clinical trial opportunities, advocate for methods to improve access to technology and medicines for those with blood cancers.

### ALLG by the numbers

**9 trials opened in FY20**  
AML M22 master, AML M22 domain 1, AML M22 domain 2, ALL O9, LS21, LS22, NHL31, MM21 & MM22

**12 ALLG related publications in FY20**

**Studies closed / published in FY20**

Closed: AML M22 Domain 1, LS21, MM16, MM19, MM20  
 Published: HDNHL04, NHL11

**66 trials in various stages of management in FY20**

**10,734 patients supported by ALLG trials overall from 1973 to 2020**

including all ALLG trials, projects and registries

**875 patients supported by ALLG in FY20**



**21 ALLG related posters and presentations in FY20**



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

## AUSTRALIA AND NEW ZEALAND SARCOMA ASSOCIATION



**2020 was no doubt an unprecedented year due to COVID-19. ANZSA was fortunate to operate as usual with our research and clinical trials as our priority. We are thankful that all ANZSA clinical trials have managed to continue with little disruption.**

### ANZSA Virtual Annual Scientific Meeting 2020

While it was unfortunate that we were unable to organise a face-to-face Annual Scientific Meeting (ASM) this year due to COVID-19, we held our first virtual ASM via Zoom Webinar this year.

It was a success where we hosted over 250 local and international delegates over two days (8 and 9 October). This year's ASM theme was "Sarcoma: What's New in 2020".

This year, we had our inaugural "The Professor Martin Tattersall Lecture", delivered by Dr Angelo Paolo Dei Tos, Professor of Pathology, University of Padua School of Medicine and Director, Department of Pathology, Azienda Ospedaliera Universitaria di Padova, Italy.

This plenary lecture was named in honour of the late Prof Martin Tattersall AO, whose work and leadership were crucial to ANZSA and the sarcoma community.

Dr Paolo's lecture titled: "What's new in 2020 (WHO classification of soft tissue tumours)" provided an update on the classification of soft tissue sarcomas followed by a panel discussion with pathologists from Australia and New Zealand.

The second day of the ASM saw Dr Kristy Weber, Chief of Orthopaedic Oncology at Penn Medicine and Director of the Sarcoma Program at the Abramson Cancer Center, USA, and the first woman president of the American Academy of Orthopaedic

Surgeons (AAOS), speak on "Kids, dogs, lesions, and lumps: Current challenges and future directions in sarcoma".

Throughout the two ASM days, we had local sarcoma specialists from various disciplines and researchers providing updates in the field of their expertise on the challenges and advancement of sarcoma diagnosis and treatment.

### Sarcoma Guideline Working Group

ANZSA is currently working on updating and refreshing the sarcoma guidelines for clinical practice using NHMRC and GRADE methodology to ensure high-quality guidelines based on current evidence. The working group is represented by a multidisciplinary team of sarcoma specialists and consumers to provide a comprehensive take on the guideline topics and Chaired by ANZSA Director, Dr Angela Hong.

### Database Working Group

A Sarcoma Database Working Group (DBWG) was formed in 2020 after a constructive discussion at the preceding Scientific Advisory Meeting, acknowledging the importance of a committed driving force behind database-related projects and research output. This group consists of five medical oncologists, one surgeon, one radiation oncologist and four data managers from four sarcoma referral centres in Australia. The group will meet quarterly to generate research questions to build into multi-site study and to track the progress of active studies. As the sarcoma data from seven sarcoma services across five states and territories mature, many more opportunities will arise to generate patient-centred evidence on oncological care that can better guide treatment decisions and policies.

### ANZSA Clinical Trials and Research

We have three ongoing clinical trials, two clinical studies and one database project open for patient recruitment:

- **SARC032** – 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. Open for recruitment across three sites in Australia.
- **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 NH&MRC and jointly run with ANZCHOG. It is now open for patient recruitment in 15 sites across Australia.

- **reECur** – 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. It is now open for patient recruitment in 15 sites across Australia.
- **ISKS** – The International Sarcoma Kindred Study: a global multi-site prospective cancer genetics study. This project aims to establish an international database and biospecimen repository to be used as a clinical and research resource. It is now open at five sites across Australia.
- **SMOC+** – A surveillance study utilising whole-body magnetic resonance imaging and other surveillance procedures in people with germline cancer gene mutations to investigate the prevalence and incidence of investigable lesions. It is now open at six sites across Australia.
- **RESAR** – Retroperitoneal Sarcoma Registry (RESAR): a prospective collection of primary retroperitoneal sarcoma patients' clinical, radiological and pathology data for the TransAtlantic Retroperitoneal Sarcoma Working Group. It is now open at two sites in Australia.

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

### Sarcoma Awareness Month

July was a busy month for ANZSA as we organised many initiatives in conjunction with Sarcoma Awareness Month. Our webinar topics on clinical trials, managing practical issues, and survivorship issues were well received by health professionals and consumers alike. Similarly, Dr Denise Caruso,

ANZSA CEO, was interviewed by Rare Cancers Australia and the Cooper Rice-Brading Foundation to raise awareness for sarcoma and ANZSA. We are thankful to our partners and all who participated.

#### **ANZSA Sarcoma Research Grant**

While donations were less than previous years due to the pandemic, we are proud to still be able to award two Australian researchers with our ANZSA 2020 Sarcoma Research Grants:

- The Johanna Sewell Sarcoma Research Grant was awarded to Dr James Blackburn from the Garvan Institute of Medical Research. Dr Blackburn's research will look to improve fusion gene detection and immune response assessment in sarcoma patients.
- The Xavier Krikori Sarcoma Research Grant was awarded to Dr Rachael Terry from the Children's Cancer Institute, Lowy Cancer Research Centre at the University of New South Wales and Prince of Wales Hospital. Dr Terry's research will look into new immunotherapy strategies for paediatric rhabdomyosarcomas.

The ANZSA team is proud of the work we do and what we achieved in 2020. We remain committed to our vision and will strive to ensure better outcomes for sarcoma patients in the year to come. We thank all our partners, sponsors and members for their continued support, generosity and trust in us.



**Angela Hong**  
Co-Chair,  
Scientific Advisory  
Committee,  
ANZSA

**Denise Caruso**  
Chief Executive  
Officer,  
ANZSA

## AUSTRALIA NEW ZEALAND GYNAECOLOGICAL ONCOLOGY GROUP



#### **Celebrating 20 years**

ANZGOG celebrated 20 years of research in 2020 with our largest number of open trials and members in Australia and New Zealand, and a strong focus on further new research development and collaborations, both locally and globally. Since our beginning in 2000, ANZGOG has conducted 37 clinical trial studies, with close to 4000 patients participating in these trials.

This year, ANZGOG opened three new trials to recruitment – IGNITE, AtTEnd and STICs and STONES – and celebrated SOLACE2 and IGNITE studies achieving their 50% recruitment milestones. We were also delighted to report that MOCCA, an international study with NUHS in Singapore and led by ANZGOG in Australia, focussing on recurrent ovarian clear cell carcinoma cancer, achieved its required patient accrual and has consequently closed to recruitment.

ANZGOG was excited by the news that three ANZGOG-led studies were awarded grants totalling \$4.3m by the Medical Research Future Fund – HyNOVA, ADELE and PARAGON II. In addition, a pre-clinical study led by A/Prof Pamela Pollock was awarded Perpetual grant funding, and the ECHO study was awarded \$2m by Cancer Council Queensland's Accelerating Collaborative Research Program.

#### **Three new trials open to recruitment**

STICs and STONES, a study that is assessing the use of aspirin for prevention of ovarian cancer in women with BRCA1 and BCRA2 mutations, opened for recruitment in November 2019. The study is internationally-led by the Canadian Cancer Trials Group (CCTG) and by ANZGOG in Australia, where it will be available at seven sites.

IGNITE is another trial that we are pleased to be open to recruitment. This phase II ovarian cancer trial opened for recruitment in January at Peter MacCallum Cancer Centre and is looking at adavosertib targeting Cyclin E1 altered high grade serous ovarian cancer (HGSC). The study will be recruiting patients at 10 sites across Australia.

The AtTEnd study is now recruiting in Australia. AtTEnd is a double blind randomized placebo controlled trial of atezolizumab in combination with paclitaxel and carboplatin in women with advanced/recurrent endometrial cancer. The trial is led internationally from Italy by Mario Negri Gynecology Oncology Group (MaNGO) - Istituto di Ricerche Farmacologiche "Mario Negri" and is led by ANZGOG and Principal Investigator Yoland Antill in Australia. For more information on AtTEnd, visit our website.

#### **Collaboration**

ANZGOG united with Ovarian Cancer Australia and the Australian Society of Gynaecologic Oncologists (ASGO) to develop and launch the Ovarian Cancer National Action Plan (NAP) 2020 – 2025 in August. Collaboration is a strategic goal for ANZGOG and working with advocacy groups and other clinical and research organisation will ensure we raise awareness for ovarian cancer research, develop alliances and impact on improving life for women and their families.

During September, ANZGOG held a stimulating Endometrial Cancer Research Workshop to identify its research goals for endometrial cancer. Researchers attended from across Australia and New Zealand, representing surgical, radiation oncology, physicians, quality of life and pre-clinical and translational researchers, as well as consumers. In 2021, a Steering Committee will be developing the EDEN initiative.

Translational ANZGOG, 'TR-ANZGOG', is a significant ANZGOG research initiative and will support ANZGOG's goal to develop world-class translational research in gynaecological cancers. The initiative was officially launched by Professor

Anna DeFazio at ANZGOG's first virtual Annual General Meeting on 22 October. In consultation with sector experts across diverse specialities, TR-ANZGOG has developed the key processes, policies and resources needed to integrate TR-ANZGOG with prospective ANZGOG trials. Find out more about TR-ANZGOG at <https://www.anzgog.org.au/research/tr-anzgog/>

#### Team Teal

The 2020 Team Teal campaign was an outstanding success. Via an incredible effort by the 287 reinswomen and a final tally of 453 wins, a total of \$165,000 was raised to support ANZGOG's Research Nurse Grant Program and the Survivors Teaching Students Program.

Thank you to our Team Teal partners; all the Harness Racing bodies in Australia and New Zealand and Tabcorp for your generous donations. We are thrilled with the result and everyone involved should be immensely proud of their contribution. #getrealsupportteal

#### Survivors Teaching Students

ANZGOG's Survivors Teaching Students (STS) teams around Australia have continued sharing their stories virtually (via Zoom), uninterrupted throughout the COVID-19 lockdown,

to raise awareness of ovarian cancer and promote the importance of good health communication. The universities we work with hold ANZGOG's STS program in high regard and did not want the students to miss out on the opportunity to participate in the program. Now working with 15 universities across five states, the program engaged over 1,500 medical professional students in 2020.

ANZGOG also held an STS webinar - My Story Our Journey - in June 2020. In this webinar, we showcased ANZGOG's STS program and the value of STS across Australia for students and survivors, educators and clinicians including ANZGOG Director Dr Paul Cohen.

#### COVID-19

During COVID-19 ANZGOG's clinical trials were maintained and recruitment targets were revised in some instances, and ANZGOG is on track with the majority of its studies targets despite facing the pandemic challenges. We are grateful to the hard work and support of committees, sites, operating centres, allied health professionals and staff which made this possible.

The 2020 Annual Scientific Meeting was cancelled due to safety concerns with the COVID-19 pandemic. However, ANZGOG has a number of studies in development and negotiation for funding, which is ensuring a strong pipeline for 2021 and 2022.

Despite the difficulties 2020 presented, ANZGOG and its members have plenty to look forward to in 2021 with promising new trials in the pipeline, an exciting endometrial cancer initiative and our Virtual Annual Scientific Meeting.

I wish to thank all of the members, patients and staff who have contributed to another successful year for clinical research in Australia and New Zealand, and who continue to support ANZGOG's mission to improve life for women with gynaecological cancers.



**Philip Beale**  
Chair,  
ANZGOG





## AUSTRALIAN AND NEW ZEALAND CHILDRENS HAEMATOLOGY ONCOLOGY GROUP

**ANZCHOG**  
Australian & New Zealand Childrens Haematology/Oncology Group



Introducing new ANZCHOG Chair: Professor Nick Gottardo

**ANZCHOG is pleased to announce the appointment of our new Chair, Professor Nick Gottardo, a highly experienced and respected paediatric neuro-oncology clinician and researcher.**

Professor Gottardo takes over from Dr Chris Fraser, who stepped down after six years in the Chair role. On behalf of all ANZCHOG staff and members, we would like to formally thank Dr Fraser for his dedication and commitment, acknowledging the growth ANZCHOG has experienced under his leadership.

Professor Gottardo will lead the implementation of ANZCHOG's 2020-2023 Strategic Plan, focussed on supporting our members to provide world-class cancer care and expanding our portfolio of clinical trials to provide access to treatment options for Australian and New Zealand children and adolescents diagnosed with cancer.

### **ANZCHOG's clinical trial initiatives**

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

Our expanding trial portfolio also demonstrates our growing 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, through building standardised processes for future studies.

Thus far, COVID-19 has had a minimal impact on recruitment to our trials. Our greatest challenge has been our inability to perform on-site monitoring, thus we have implemented additional remote monitoring processes to ensure trial integrity.

The ANZCHOG office continues to expand, with the appointment several National Trial Coordinators to provide 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. We also continue to focus upon our quality control processes, with dedicated resources ensuring that ANZCHOG-sponsored trials not only meet, but exceed, national and international requirements.

### **ANZCHOG's professional activities**

In our role as the peak body for healthcare professionals who care for children diagnosed with cancer, ANZCHOG continues 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. In particular, our newly established Education Group are working closely with RACP to tailor training requirements for our paediatric oncology trainees, ensuring standardised, high quality education and strong mentoring strategies are developed.

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

Due to COVID-19, we did not hold ANZCHOG's Annual Scientific Meeting (ASM) in 2020, and are currently planning our first fully virtual event, scheduled for June 2021. While the move to a digital event holds many challenges, it also offers a number of opportunities, including enhanced access to international and national keynote speakers, and reaching a wider base of potential delegates. Our theme for the 2021 ASM is: "Clinical decision-making in a time of precision, hope and uncertainty". We are very excited about venturing into this new area, and the latest information can be found at our dedicated 2021 ASM website (<https://anzchog2021.com>).

We are looking forward to 2021, and with the launch of our new e-community digital platform, ANZCHOG will be providing more opportunities to build collaboration, communication and education across our multi-disciplinary membership.



Chris Fraser  
Immediate Past Chair, ANZCHOG

## AUSTRALIAN AND NEW ZEALAND HEAD AND NECK CANCER SOCIETY



**The Australian and New Zealand Head and Neck Cancer Society (ANZHNCs) is the peak body in Australia representing the multidisciplinary health team who promote quality care for all head and neck cancer patients. We strongly believe and advocate that, through a multi-disciplinary approach to education, research, clinical care and advocacy, we can minimise the impact of head and neck cancer on patients and their families. On a larger scale, the ANZHNCs is the Australian representative on the International Federation of Head and Neck Oncologic Societies (IFHNOS).**

As with many other societies, many of our planned activities for 2020 needed to be put to the side. However, a number of our members were involved in novel work that stemmed from the COVID-19 response. Due to the risk of aerosolisation of particles from procedures routinely conducted by clinicians working with head and neck cancer, we were required to cease or modify many routine clinical activities. This led to a number of our members being involved in the new policies and procedures for infection prevention and control across Australia and New Zealand.

The Executives of both the ANZHNCs and New Zealand Association of Plastic Surgeons (NZAPS) decided early in 2020 to postpone our ASM, which had been planned to take place in Queenstown, 5-9 August. This decision was not made lightly as it is the major event on our calendar, however we felt the responsibility to minimise financial loss and disruption for our invited international speakers. We are currently negotiating how we will move forward with the meeting this year, given that it is unlikely that overseas travel will be allowed for our overseas speakers. At the time of writing, we do not have confirmation

of an Australian and New Zealand "travel bubble" and we are therefore looking at the best options to proceed with our 2021 ASM. Information regarding plans will be placed on our website.

Due to the cancellation of our 2020 meeting, our AGM was held via Zoom. Surprisingly the meeting was our best attended and was completed without incident. It has led us to think that there are some advantages to separating it from the ASM and having it accessible through other mediums. One of the major aims of the Board is to ensure that all members of the MDT and where possible geographical regions are represented. Following our AGM we have welcomed three new members join our Board:

- Dr Julia Crawford, Head and Neck Surgeon, Sydney
- Dr Eric Khoo, Radiation Oncologist, Gold Coast
- Dr Felix Sim, OMFS, Melbourne

The new found ability for members to use Zoom for meetings allowed us to arrange an education session for our members. In November 2020 we were delighted to host an evening webinar where we explored "Ethics in Head and Neck Cancer." The two guest speakers for the evening were Dr Linda Sheahan and A/Prof George Skowronski from South East Sydney Local Health District Clinical Ethics Service. There was great interest in this event with over 100 members registered. We are currently exploring other opportunities to provide remote education for our members, including some sessions that we are hoping to co-host with other societies. We are currently in discussions with the American Head and Neck Society (AHNS) to run a joint webinar exploring the treatment of complex head and neck cutaneous malignancies.

Supporting research continues to be another important focus of the ANZHNCs and is represented through the Research Foundations in both Australia and New Zealand. Like many charities this year, the Australian Research Foundation of ANZHNCs has certainly seen a reduction in donations this year, but pleasingly following review of applications by the scientific

panel, recommendations for funding new projects have been ratified by the ANZHNCs Board. The following are this year's recipients:

1. \$20,000 – Dr Charbel Darido, Profiling the Oral Microbiome in Novel Barrier Impaired Mouse Models of OSCC (General Fund)
2. \$10,000 – Associate Professor Ruta Gupta, Young Oral Cancer (Lauren Barrett Fund)

World Head and Neck Cancer Day was proclaimed in New York as 27 July, during the 2014 IFHNOS meeting. The number of activities on this day are increasing each year, although again this year activities were curtailed due to COVID-19. We are hoping to be able to participate in more national and international activities this year and will again use our website to provide updates on the planned activities.

The ANZHNCs is committed to a strong affiliation with COSA and we are grateful that this allows us to ensure that the needs for head and neck cancer are represented on the national oncology agenda. We would like to invite any members of COSA who work in head and neck cancer to join the ANZHNCs and help guide the future for head and neck cancer services. Information can be found on our website [www.anzhncs.org](http://www.anzhncs.org)

We would also like to actively support any initiatives set by COSA that are relevant to the care of head and neck cancer patients. This year we have reviewed both the nutrition and exercise position statements and included links to these important documents on our website. We are very keen to assist in the smoking cessation work that is currently being undertaken through COSA. We would be happy to be contacted by the COSA Executive and members to contribute to and assist with any initiatives or projects that would be of mutual concern and benefit.



**Julia Maclean**  
Immediate  
Past President,  
ANZHNCs



ANZUP's clinical trial ENAZMET was awarded 2020 ACTA Trial of the Year

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



**2020 certainly proved to be a challenging year for ANZUP, as it has around the world. The year saw substantial changes in how we work, how we develop our trial concepts, how we support our members, and how our trials are conducted. It is a testament to everyone's commitment that we were able to continue to run our programs effectively, and have seen some great achievements along the way.**

Our ENZAMET clinical trial (ANZUP 1304) continued to have impact and be recognised worldwide. In 2019 the trial featured in the ASCO main plenary session, and these practice changing results continue to generate worldwide interest both through extensive media coverage and the medical community.

In 2020, ENZAMET featured in ESMO's Clinical Practice Guidelines for 2020. ENZAMET was also named in the ASCO Annual Report on Progress Against Cancer earlier in the year as one of its Clinical Cancer Advances for 2020. ENZAMET also contributed to registration of the agent for this indication by the FDA in December 2019, and has been incorporated into US and European treatment guidelines.

On 1 December 2020, ENAZMET scooped the pool at the ACTA Trial of the Year Awards Ceremony. ENAZMET won the 2020 ACTA Trial of the Year Award, the ACTA STInG Award for Excellence in Trial Statistics and the Consumer Involvement Award. A fantastic achievement and the first trial to win all three awards!

Another great achievement of 2020 was our TheraP trial (ANZUP 1603) featured as an oral presentation at the

ASCO 2020 virtual meeting on Friday 29 May 2020, with Michael Hofman presenting the interim results. TheraP is the first randomised trial comparing 177Lu-PSMA-617 (Lu-PSMA), a novel radioactive treatment, to the current standard-of-care chemotherapy called cabazitaxel for men with metastatic castration-resistant prostate cancer. 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 Inc., a Novartis Company, Movember, The Distinguished Gentleman's Ride, It's a Bloke Thing and CAN4CANCER and the University of Sydney's NHMRC Clinical Trials Centre providing central study coordination. We are very grateful to all the investigators, trial coordinators and patients and their families for their participation. You can read more about TheraP and all our other trials on the ANZUP website: <https://www.anzup.org.au/content.aspx?page=clinicaltrials>

ANZUP's trial portfolio continued to expand. As at 31 December 2020, we had 8 ANZUP-led and 2 co-badged trials in recruitment, including DASL-HiCaP, ENZA-p and #UpFrontPSMA that all opened in 2020 during the COVID-19 pandemic.

DASL-HiCaP (ANZUP 1801) is an ANZUP-led randomised phase 3 trial of adding darolutamide to androgen deprivation therapy and definitive or salvage radiation in high risk, clinically localized prostate cancer. Study Co-Chairs are Prof. Chris Sweeney and A/Prof. Tamim Niazi and the study aims to recruit 1,100 patients from close to 100 sites across Australia, New Zealand, US, Canada, UK and Ireland. In April, in the midst of COVID-19 the study opened across Australia and as at 31 December was open across 24 sites in Australia and New Zealand and recruited an impressive 94 patients. We anticipate the US, Canada, UK and Ireland will open in early 2021.

ENZA-p (ANZUP 1901) is an ANZUP-led randomised phase II trial using PSMA as a therapeutic agent (Lutetium -PSMA) and prognostic indicator (PSMA-PET) in men with metastatic castrate-resistant prostate cancer treated with enzalutamide (ANZUP 1901). This study is being led by Prof. Louise Emmett from St Vincent's Hospital in Sydney. The study aims to recruit 160 patients across 13 sites, and as at 31 December 2020 had randomised 13 patients and opened at 5 sites.

#UpFrontPSMA is an ANZUP co-badged randomised phase II trial of Sequential 177Lu-PSMA617 and docetaxel versus docetaxel in metastatic hormone-naïve prostate cancer. This study is being led by Prof Arun Azad and aims to recruit 140 patients across 11 sites, and as of 31 December 2020, 14 patients were randomised and the study was open at five sites.

Throughout the year ANZUP continued to encourage and support concept development within our membership – albeit in a slightly different way. Our Concept Development Workshops (CDWs), Advanced Prostate Cancer Consensus Conference (APCCC) and our ANZUP Annual Scientific Meeting (ASM) continued to grow and bring together multidisciplinary healthcare professionals to help develop, foster and promote GU cancer research.

During the year we held four virtual CDWs with 115 attendees and 24 concepts presented to our multidisciplinary members. It was great to see how engaged and enthusiastic our members were in this new virtual format. These CDWs are important to grow and foster a pipeline of innovative ideas to be considered and prioritised with support from ANZUP over the next 12 months.

Our ASM due to be held in Adelaide in July sadly had to be postponed. However, we were excited to introduce our #ANZUP2020 Mini ASM, in a two-

day hybrid format working with local hubs and an interactive virtual meeting platform with over 320 delegates in attendance. We welcomed a superb faculty, including an impressive group of national speakers and a stellar international speaking line-up featuring Cristiane Bergerot, Alison Birtle, Robert Bristow, Felix Feng, Silke Gillissen, Alicia Morgans, Tom Powles, Chris Sweeney and Bertrand Tombal. Popular sessions included the Nurses and Allied Health Session, MDT Master Games, ANZUP Symposium, ANZUP in Conversation, trial updates, the hotly anticipated ANZUPx sessions, as well as virtual poster discussant rooms. The outstanding faculty led discussions around the challenges and opportunities we face as we work together to improve access to clinical trials, particularly in light of the challenges of COVID-19.

On Monday 26 October ANZUP hosted the 2nd Advanced Prostate Cancer Consensus Conference (APCCC), Asia-Pacific (APAC) Satellite Symposium,

meeting and the first time held virtually. The meeting involved 25 multidisciplinary clinicians from 14 countries: Australia, Hong Kong, India, Indonesia, Japan, Malaysia, New Zealand, Philippines, Singapore, South Korea, Taiwan, Thailand, Turkey and Vietnam. The meeting was a great success and focused on five topics discussed at APCCC viewed as most critical for the Asia-Pacific region, as well as discussion about the impact of COVID-19. The discussions are forming a paper due for publication in the BJUI in 2021.

Due to COVID-19 we had to cancel both our 2020 Melbourne and Sydney Pedalthon events and decided to hold our inaugural virtual Below the Belt #YourWay Challenge. During the month of September, 237 challengers and 43 teams ran, walked, cycled and swam 72,783 kms across Australia, New Zealand, UK and beyond, and raised an extraordinary \$173,000 for ANZUP's clinical trial research via the Below the Belt Research Fund, to support the

important work of ANZUP clinicians and researchers during isolation and into the future.

Our membership base continued to grow and reached over 1,800 during 2020, and 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.

More than ever we are grateful to our dedicated and committed membership for both their ongoing support and dedication to ANZUP, even in the light of both personal and professional adversity that we all faced during the year.



Ian Davis  
Chair,  
ANZUP

## BREAST CANCER TRIALS



### About Breast Cancer Trials

Breast Cancer Trials (BCT) is dedicated to finding new and improved treatments and prevention strategies for people affected or at risk of this disease.

Our mission is to conduct the highest quality clinical trials research that improves outcomes for people affected by breast cancer.

### COVID-19 response

COVID-19 presented a number of challenges for clinical trials groups around the world, causing disruption to the conduct and recruitment to clinical trials. Staff at BCT worked from home for a period of three months, returning to the office at the start of July 2020. But rather than allowing this disruptive environment

to halt our activities in the research, fundraising, communications and business departments, BCT identified opportunities to streamline processes and create new ways to engage our stakeholders. These include: system improvements such as implementing a SharePoint portal to allow for real-time collaboration of documents for multiple users from any location; implementation of initiatives to overcome source data verification difficulties associated with increased remote monitoring activities; enhancement of online training tools and conduct of site initiation meetings; virtual public workshops; and online fundraising events.

COVID-19 bought forward and expedited the development and implementation of an electronic patient reported outcome measures platform, known as e-PROMs which was launched with the BCT 2001 (Breast-MRI) trial in July 2020. The e-PROMS platform now allows for important patient questionnaires to be completed by participants (at the appropriate time) electronically on a computer or smart device, including remotely away from the

clinic, if necessary. Participants are provided a link via email as their next round of study questionnaires fall due, enabling them to complete the questionnaires in their own time. The system is completely customisable to all forms of questionnaires and usable on all platforms. Now that this has been successfully launched, we will be utilising this e-platform for all future trials requiring PROMs completion.

Similarly, BCT is developing a platform for providing a digital patient information and consent form, known as e-CONSENT, with the aim of patient consent forms being available for all future clinical trials in an electronic format. Patients will still have the ability to receive the traditional paper version of the consent materials. However, the digital version will provide the opportunity to present and explain the clinical trial in a more interactive way through the inclusion of video and animation. The e-CONSENT platform will also allow patients to remotely provide their consent from anywhere at any time. It is anticipated that this system will provide more condensed, intuitive and easy to understand information about each clinical trial.



Breast Cancer Trials Board members  
Prof Sherene Loi, Dr Richard Isaacs  
and Prof Sunil Lakhani

### New trials commenced

Three new trials opened in 2020:

- BCT 1901 (CAPTURE) is an Australian clinical trial open to both women and men diagnosed with oestrogen-receptor (ER) positive and human epidermal growth factor receptor 2 (HER-2) negative breast cancer that has returned after treatment with a CDK4/6 inhibitor (such as ribociclib, palbociclib, abemaciclib). It will investigate if treatment with a PI3K inhibitor (alpelisib), in combination with fulvestrant, will improve outcomes for patients with metastatic breast cancer when compared with standard treatment. Professor Sarah-Jane Dawson is the Study Chair.
- BCT 1902 (Neo-N) is an international clinical trial for women or men diagnosed with unilateral triple negative early breast cancer. It will investigate if using an immunotherapy drug alone prior to the combination of immunotherapy and standard chemotherapy is safe and effective in treating breast cancer before surgery. Professor Sherene Loi is the Australian Study Chair.

- BCT 2001 (Breast-MRI) is an Australian study that is open to women diagnosed with breast cancer and where the medical treatment team suggest that a Magnetic Resonance Imaging (MRI) of the breast will help plan treatment. This study aims to find out if having a breast MRI after being diagnosed with breast cancer might change plans for treating the breast cancer and how this might affect patient outcomes. Professor Christobel Saunders is the Study Chair.

### Board of Directors

BCT welcomed Professor Sherene Loi to the Board of Directors. Professor Loi is the BCT Study Chair of the Neo-N and DIAMOND clinical trials and a member of the BCT Scientific Advisory Committee. She is the Head of the Translational Breast Cancer Genomics and Therapeutics laboratory at the Peter MacCallum Cancer Centre, Melbourne, as well as Consultant Medical Oncologist in the Breast Service and head of the Breast Cancer Clinical Trials Unit.

Professor Sunil Lakhani and Dr Richard Isaacs were re-elected to the Board. Professor Lakhani is the Executive Director of Research and Senior Staff Specialist at Pathology Queensland and Head of the Breast Group, Centre for Clinical Research, University of Queensland, Brisbane. Dr Isaacs is a Medical Oncologist and Head of Medical Oncology at Palmerston North Hospital, New Zealand.

Thank you to Professor Rik Thomson and Ms Jennifer Horrigan, who stepped down from the Board of Directors in 2020, for their years of service and dedication to our mission.



Bruce Mann  
Chair,  
BCT

## CANCER NURSES SOCIETY OF AUSTRALIA



**In 2020, CNSA set ourselves some high targets – and we worked hard to reach them. On the back of what was a difficult and challenging year, we were very proud see our member numbers reach a record high and we are very grateful for the support.**

Let's take a look at some of the highlights that were achieved during the Year of the Nurse and Midwife, as designated by the World Health Organisation in honour of the 200th anniversary of the birth of Florence Nightingale.

### Cancer Nursing Matters

The impact of the pandemic allowed a rethink of CNSA's operational priorities and led to an increased focus on developing a sustainable business model and a wider reach.

On World Cancer Day, we introduced the new Cancer Nursing Matters newsletter – and increased our subscriber and stakeholder distribution lists. The move from a quarterly publication to a regular bulletin became a vital resource in the early days of the pandemic, allowing us to provide a range of relevant and practical resources and be on the front foot with information flow.

This initiative has kept our members up to date with fact sheets, research, patient information, government updates and education, and is recognised widely as an important source for the cancer nursing workforce.

### National webinar series

As a result of COVID-19, CNSA also introduced a weekly webinar program – it's live and practical and delivered directly to our members every Tuesday evening.

With topics covering telehealth, end of life planning, immunotherapy, medical legal issues, wellbeing, medicinal

cannabis and so much more, we have seen fantastic engagement across the diverse offering.

All of our content has been curated for cancer nurses and there were over 30 sessions held (with recordings available for members). These will be a mainstay of CNSA education going forward, to complement our face-to-face events and Annual Congress.

### Global Nursing Alliance

To celebrate World Health Day, CNSA announced the formation of a new community on Sosido – the Global Nursing Alliance on COVID-19 (GNAC-19).

This initiative was spearheaded by CNSA, with the support of Sosido, and connects all of the 7,500+ nurses currently on the platform from Canada, the USA, the UK and other countries, to support the sharing of research, experience and ideas about the best ways to manage the challenges of the COVID-19 crisis.

### Cancer nurses demonstrate courage and leadership

To recognise our members' dedication and leadership following the Australian COVID-19 outbreak, we published a statement highlighting their response to the unique set of circumstances that arose as a result of the virus.

Our President, Lucy Gent, spoke strongly in support of our members in this widely shared statement:

*Nurses tend to be unsung heroes within healthcare settings, yet are generally the first port of call for patients and their families requesting information and surety during clinical trials and treatment. Their role is even more paramount during times of pandemic, and the calm, caring and collaborative approach shown to date will be a welcome response for those whose health is compromised.*

### Advocacy and representation

After considerable hard work and persistence and a multi-pronged approach to lobbying influential stakeholders, we were successful in having the Health Workforce Division of the Australian Government Department of Health review and

update the Nursing and Midwifery registration renewal surveys to capture Cancer Care as a specific job role.

This will help us to better inform how we work to advocate for nursing workforce needs, to promote best possible outcomes and experiences for people affected by cancer.

We also represented cancer nurses on a range of consultations and position statements, including:

- Cancer Australia Palliative Care Consultation
- PCFA Publications Review Expert Oversight Panel
- Cancer Survivorship in the NGO Sector Forum
- Establishing and Sustaining Regional and Rural Radiation Therapy Centres
- Cancer Australia's model of shared follow-up and survivorship care for early breast cancer
- McGrath Foundation Model of Care for Breast Care Nursing in Australia
- Cancer Council Australia's Standard for Informed Financial Consent
- Cancer Australia's Investigating symptoms of lung cancer
- National Strategic Action Plan for Blood Cancer

As an active member of the Radiation Oncology Alliance, a collaboration between the radiation therapy professions in the areas of quality, standards, workforce and public interest, CNSA has also been given an opportunity to progress shared interests with constituent members.

To support this, the CNSA Radiation Oncology SPN commenced a partnership with colleagues in New Zealand to better understand and articulate nursing workforce needs in the context of safe quality radiation oncology care delivery. This work is in its formative stages and we look forward to being able to report as work progresses.

### Trial membership implemented

As a nursing organisation that operates purely for the benefit of our members, we recognised the impact of the global pandemic was affecting all Cancer Nurses.

With this knowledge, we decided to open up our community and provide support for any and all that needed to access education, information and resources.

The three-month free membership saw close to 350 Cancer Nurses receive access to our online digital resources, including our new national webinar series, and has seen our voice shared across health organisations nationally.

### Board update

Following the Annual General Meeting, we were delighted to welcome Meredith Cummins, Anne Mellon, Emma Cohen and Gabby Vigar as newly elected Directors, and have Professor Kate White endorsed as an Appointed Director for a three year term.

The Board then appointed the Officer Bearers for the next 12 months, with Lucy Gent and Carmel O’Kane retaining the President and Vice President positions respectively.

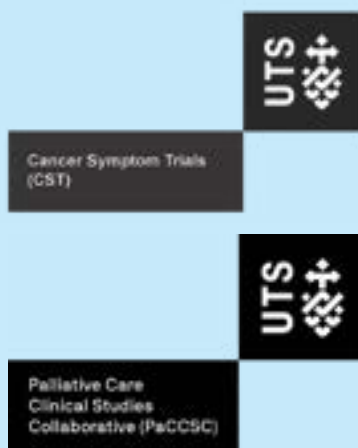
We also restructured and redistributed the Director portfolios that were implemented 18 months ago, after taking the time to reflect on what has worked and what can improve so that we can realise strategic and operational success.

In closing, we are delighted that 2020 was a record-breaking membership year despite the impact of COVID-19 on the workforce and the Australian economy, and we look forward to continuing to deliver education, advocacy, research and events for the cancer nursing workforce, and to ensuring our voice – and our patients’ voice – is heard.



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

## CANCER SYMPTOM TRIALS AND PALLIATIVE CARE CLINICAL STUDIES COLLABORATIVE



### Cancer Australia funding

CST received funding from Cancer Australia for another 12 months from 1 July 2020. The CST Chair, Professor Meera Agar, National Manager, Linda Brown, and the CST team are focused on the continuing program of work and building on the evidence base to improve outcomes for people living with cancer. We continue to receive and support study proposals that are

innovative and focused as well as aligned with our goal to improve the lives of people living with cancer.

### Events

We are continuing to extend our program of work by running a series of events that address clinical challenges requiring innovative solutions. Both experienced and early career researchers bring their study ideas to CST workshops for expert advice, questions, and discussion.

In 2020, we hosted workshops on Cancer Anorexia Cachexia Syndrome (CACS); clinical challenges in malignant wound management; and telehealth, which had come into sharper focus as a challenge with the advent of COVID-19 and the need for alternative remote service solutions for health service providers.

We have had the privilege of engaging highly regarded facilitators and keynote speakers at a range of events, including Professor Vickie Baracos, Alberta Cancer Foundation Chair in Palliative Medicine in the Department of Oncology, University of Alberta, who shared her expertise on CACS at both the **CST Annual Research Forum** and the CACS workshop in February.

The CST Annual Research Forum was held in February 2020



The **CACS workshop** was co-hosted with the Cancer Clinical Academic Group, and the Multinational Association of Supportive Care in Cancer (MASCC) and facilitated by Associate Professor Phoebe Phillips, Leader of the Pancreatic Cancer Translational Research Group, Deputy Director of the Adult Cancer Program at the Lowy Cancer Research Centre, and Deputy Principal of the Cancer Theme at UNSW Sydney.

This world-leading think tank brought together national and international scientists, clinical trialists, and clinician researchers with the aim of bridging the gap between these experts and to foster collaborative relationships in order to progress the development of a trial agenda in cancer cachexia.

Dr Kat Urban facilitated a **clinical challenges workshop** that included presentations of three new study ideas to explore clinical challenges in cancer symptom management and supportive care. Dr Vanessa Yenson, CST Research Assistant, also presented on a current Delphi study on CST priority setting.

We are pleased to be collaborating with Professor Liz Harry, Professor of Biology, and Dr Nural Cokcetin, Research Fellow, both at the ithree institute (Infection, Immunity & Innovation) in the Faculty of Science at UTS, to seek innovative treatments for managing wounds for people living with cancer.

In November, Professor Harry facilitated a **malignant wound management workshop**, where the importance of setting priorities for better management of malignant wounds was highlighted.

Professor Jenny Philip from the Victorian Comprehensive Cancer Centre facilitated a CST-hosted **Telehealth clinical challenges workshop** in December 2020. This important and topical workshop drew interest from participants across a range of health professions as well as consumers. Discussion highlighted the benefits and challenges of remote health service delivery as well as the opportunities to provide options to patients, regardless of location and need.

### Delphi study – cancer symptom management priority setting

Working groups have been established to develop two Delphi Studies into setting priorities for cancer symptoms that have the biggest impact on daily life for those living with cancer and their caregivers – one for adult cancer patients, and the other addressing the paediatric, adolescent, and young adult (AYA) population. Consumers and health professionals will be surveyed to get the best picture of gaps that may become a research focus for CST. Updates on this work will be posted to [www.uts.edu.au/cst/cstprojects](http://www.uts.edu.au/cst/cstprojects).

## PALLIATIVE CARE CLINICAL STUDIES COLLABORATIVE (PACCSC)

### Building palliative care research in New Zealand

IMPACCT, PaCCSC and CST co-facilitated a workshop in collaboration with Capital and Coast District Health Board (CCDHB) on 14 February. Facilitated by Dr Fiona Bailey and Dr Emma McMenamin, the workshop focused on the what, where and why of conducting clinical trials in palliative care.

Discussion highlighted the need for speciality palliative care that prioritises patients and caregivers and considers the substantial emotional and economic burden on families in New Zealand. Attendees were interested to explore future collaboration opportunities for research and clinical trials that draw on international expertise with a New Zealand focus that recognises local expertise and local challenges.

### IMPACCT Rapid Program

In 2020, we responded to COVID-19 by very quickly putting together a program to start to systematically collect the symptoms that are troublesome at the end-of-life. This important work allows us to contribute on a global scale to new and emerging health issues. Other pharmacological and non-pharmacological programs have continued to develop, including,

in the latter half of 2020, a series on nursing intervention for disorientation as well as opioids for paediatric breathlessness.

### The IMPACCT nursing interventions for disorientation – series 29

Disorientation is a common problem for people receiving care in hospitals and other facilities. Influencing factors include unfamiliarity of the environment, sensory impairment, prior cognitive impairment, and the impacts of physical illness and medical treatment on a person's awareness and cognition.

Despite clinical guideline recommendations for orientation strategies for disoriented persons, there is a lack of evidence that such strategies are effective or even acceptable to them. Participants in this series will contribute to our understanding about whether nurses' use of orientation strategies for disorientated persons in their care are effective and acceptable.

### Opioids for paediatric breathlessness – series 34

Breathlessness is a frequent symptom at the end of life for children with the prevalence of dyspnoea reported to range anywhere between 17% to 80% (Pieper et al 2018). It is therefore essential to have reliable and well-evidenced treatment approaches to this symptom. This does not currently exist, with the few studies available only reporting the responses of a small number of participants.

Low dose morphine or other opioid agents are in common clinical use to manage breathlessness at the end of life and warrant good evidence to guide prescribing. This paediatric series will look at the use of opioids for breathlessness to ascertain overall benefit, effectiveness versus adverse effects and potentially allow a comparison between different opioids.

Find out more about the IMPACCT Rapid Program at [www.uts.edu.au/rapid](http://www.uts.edu.au/rapid)



### PaCCSC Post-Doctoral Research Fellow appointment

Mariana Sousa joined us as a PaCCSC Postdoctoral Research Fellow in March 2020. She is a physician and researcher with clinical and research interests in cancer-associated symptoms and the impact of health on quality of life. Her postdoctoral fellowship is focussed on better understanding cancer cachexia and identifying advances to support patients' nutritional and functional state across the cancer care continuum.



**Katherine Clark**  
COSA Council  
representative,  
CST and  
PaCCSC

## COOPERATIVE TRIALS GROUP FOR NEURO-ONCOLOGY



**In many ways a challenging year for COGNO, 2020 was also a very productive year for COGNO with many achievements and highlights, some of which are outlined below. 2020 has also been a year of 'rethink and refresh' with valued committee members completing their terms, the appointment of new committee chairs and members, revised articles of association and a review of strategic directions.**

In October, Professor Anna Nowak completed her three-year term as COGNO Chair. Professor Nowak's vision and strategic leadership of COGNO while Chair has COGNO well-positioned for the next phase of growth, activity and impact.

Despite the pandemic, work continued on increasing COGNO's clinical trials portfolio, with four trials in development, three open to recruitment and one in close-out in 2020.

### Trials in development

- **IWOT study** (IDH mutated 1p/19q intact lower grade glioma following resection: Wait Or Treat?), a collaboration between COGNO and the European Organisation for Research and Treatment of Cancer (EORTC), funded by the Mark Hughes Foundation/Cancer Australia through the Australian Brain Cancer Mission (ABCM).
- **PICCOG** (A single-arm phase II study of a PARP and Immune Checkpoint inhibitor Combination for relapsed IDH-mutant high-grade Glioma), funded by the Medical Research Futures Fund (MRFF).
- **PersoMed-1** (Personalised Targeted Therapy for Adolescent and Young Adult Medulloblastoma Patients), an international study led by the EORTC, funded in Australia by CanTeen and Cancer Australia.
- **CODEL - N0577** (Phase III Intergroup Study of Temozolomide Alone versus

Radiotherapy with Concomitant and Adjuvant Temozolomide versus Radiotherapy with Adjuvant PCV Chemotherapy in Patients with 1p/19q Co-deleted Anaplastic Glioma), international study led by ALLIANCE, funded in ANZ by Cancer Australia.

### Trials open to recruitment

- **LUMOS** (Low & Intermediate Grade Glioma Umbrella Study of Molecular Guided Therapies - Pilot Study) - funded by MRFF, all five study sites open for recruitment, with 80% of its recruitment target achieved within four months of opening.
- **MAGMA** (Multi-Arm GlioblastoMa Australasia Trial) - funded by MRFF, MAGMA is a multi-arm multi-stage, multi-centre, phase III platform trial that aims to assess hypotheses against a common standard-of-care control arm for the management of people with glioblastoma. Recruitment target of 300 patients across up to 27 sites. Open for recruitment across nine sites in 2020.
- **NUTMEG** (A Randomised Phase II Study of NivoLumab and Temozolomide vs Temozolomide alone in newly diagnosed Elderly patients with Glioblastoma) - funded by NHMRC with additional support from BMS. All 20 sites open to recruitment with 80/102 patients randomised onto the trial across all sites.

### Trial in close-out

- **ACED** (Acetazolamide plus Dexamethasone versus dexamethasone alone in recurrent and/or progressive HGG) - data presented to Society for Neuro-Oncology (SNO) Virtual Meeting in November 2020, and manuscripts in progress.

With COVID-19 impacting on travel and in-person meetings, COGNO had to reschedule its 2020 Annual Scientific Meeting to 2021 (Sunday 24 October - Tuesday 26 October 2021, in Melbourne) but we held very successful virtual meetings and workshops, including:

- COGNO Ideas Generation Workshop** – held in September with 30 participants. Three concepts on emotional regulation, a registry for rare cancers, and new peptide conjugates were presented and rigorously discussed. As well as an excellent talk on brain metastases by international expert Dr Carey Anders, Medical Director of the Brain and Spine Metastases Program at Duke Cancer Centre, the workshop also included presentations by the Sydney Quality of Life Office, the Cancer Research Economics Support Team, and COGNO's Consumer Advisory Panel, International Clinical Research Subcommittee and MACMA trial teams. The 2021 Ideas Generation Workshop is planned for May.
- COGNO Strategic Planning Day** – held in October with the theme of 'Contemplate, Co-design, Contemporary'. Facilitated by Associate Professor Eng-Siew Koh and Professor Anna Nowak, the program included a mini SOAR (strengths, opportunities, aspirations) analysis as well as discussion on topics such as governance, strengthening and expanding COGNO's core research base and trials portfolio, translational science activity, funding opportunities/ financial security, international and national collaborations/relationships, membership engagement, and public profile.
- COGNO Annual General Meeting** – held in October.
- COGNO Systematic Reviews Workshop** – held in November with topics including steps of a systematic review, PICO and eligibility criteria, and systematic reviews to justify your grant application. Additional Systematic Reviews Workshops are planned for 2021.

Publications and presentation highlights included:

Management of glioblastoma: an Australian perspective. Chinese Clinical Oncology. Hao-Wen Sim, Anna K Nowak, Zarnie Lwin, Mustafa Khasraw. <https://doi.org/10.21037/cco.2020.02.05>

Phase II randomised placebo-controlled double-blind study of acetazolamide versus placebo for cerebral oedema in recurrent and/or progressive high-grade glioma requiring treatment with dexamethasone (ACED). Agar MR, Nowak A, Hovey E, Barnes E, Simes J, Vardy J, Wheeler H, Leonard R, Hall M, Tim E, Spyridopoulos D, Sim HW, Lwin Z, Dowling A, Harrup R, Jennens R, Kichenadasse G, Dunlop T, Gzell C, Koh ES. Society of Neuro-oncology (SNO) conference ASM, November 2020 (oral presentation).

COGNO membership continued to increase, ending the year with 816 members.



Eng-Siew Koh  
Chair,  
COGNO

Jenny Chow  
Executive Officer,  
COGNO

## FACULTY OF RADIATION ONCOLOGY



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

### Impact of COVID-19

2020 was a challenging year with a significant impact on all of us. Radiation therapy centres, like all health service providers, remained open and logistics adapted to cope with the 'new normal'. Along with others, RANZCR and the Faculty of Radiation Oncology (FRO) gave clear messages to cancer patients that those who needed cancer treatment and those who needed tests should continue to seek them. Cancer patients were also encouraged to speak to their treating doctor about their own situation. Telehealth and telephone consultations were used to deliver radiation oncology services where it was appropriate and commensurate with the restrictions imposed by health services and Government. Radiation therapy courses were modified where appropriate using the published literature to ensure patients were treated safely.

RANZCR formed a high-level COVID-19 Taskforce, chaired by our CEO. The Taskforce reviewed literature and developed advice to keep our membership updated. This work continues and has helped radiation therapy centres deliver services where modifications to treatment courses were contemplated. Like many organisations in offices, we have paused face to face meetings for our committees and moved to virtual platforms for all our interactions to keep people safe.

### Advocacy

#### Medical Benefits Schedule Review

The FRO MBS Review Working Group continues to develop methodology to ensure appropriate values are applied to the proposed radiation oncology MBS descriptors. There was regular engagement with the Federal Department of Health by FRO clinicians and officers during 2020 regarding the review work. New MBS descriptors for radiation oncology practice were resolved and a data collection exercise mapping

the new descriptors to the billing processes commenced in September 2020. Radiation oncology practices across Australia have participated in the data collection phase with good representation from both the public and private sectors.

This work is due to conclude in mid-February 2021 and analysis and modelling will then occur. At the Department's request, RANZCR has provided two expert nominees to provide feedback on the Department's proposed approach to the cost modelling and analysis.

To highlight the explanatory notes in the MBS for radical prostatectomy, the Prostate Cancer Foundation of Australia (PCFA), the Urological Society of Australia and New Zealand (USANZ) and RANZCR released a joint statement supporting the patient's right to seek comprehensive information to make an informed choice in the management of prostate cancer. Consulting with specialists in their own field of practice is the best practice. RANZCR will continue to work collaboratively to ensure best practice is available throughout the journey of cancer management, including survivorship.

### **Targeting Cancer**

The consumer facing clinical content on the Targeting Cancer Webpage has been updated and refreshed. A new patient journey video has been developed with the plan to make others in 2021 so that patients can communicate their own experiences to help others. RANZCR participated in World Cancer Day with the release of a number of videos on the Targeting Cancer website and in social media highlighting the role of radiation therapy in the management of a number of cancers (<https://www.targetingcancer.com.au/2021/02/stand-up-speak-out-and-take-action-for-world-cancer-day-2021>).

### **Education**

Despite COVID-19 with the challenges of lockdowns and border closures, RANZCR proceeded with our examinations in 2020, albeit in a modified manner in a number of instances. An online platform was also necessary. Many fellows and College staff worked in an adaptive manner to successfully overcome the challenges.

For Radiation Oncology, it has been pleasing to see the success of this with a higher than average pass rate.

On the other hand, like many other Colleges, our Annual Scientific Meeting had to be cancelled with the theme carried forward to the 2021 ASM to be held in Melbourne. Despite this, we undertook our annual Radiation Oncology Faculty forum online in October 2020 with contributions from our clinicians and industry. There was a focus on new technology.

### **Organisational governance and sustainability**

In recent times, with continuing better understanding of the molecular basis of certain malignancies and the increased access to contemporary functional imaging techniques, theranostics has gained prominence. The Theranostics Working Group with conjoint involvement of nuclear medicine physicians, radiologists and radiation oncologists was established to give focus to work in this important area of cancer care. With much still to learn and establish as best practice, this is an important early step that will seek to involve all stakeholders.

Recognising the differences in health-related outcomes in our Indigenous population, RANZCR has established a Maori, Aboriginal and Torres Strait Islander Executive Committee reporting directly to the Board. With membership inclusive of Maori and Aboriginal and Torres Strait Islander representatives, the committee will support the professions of radiation oncology and clinical radiology to deliver better health outcomes for Indigenous peoples. There will be multi-pronged approaches to achieve this, including reviewing critical policies, development of a culturally appropriate action strategy, setting milestones and ensuring alignment with the recommendations of the Australian Medical Council and Medical Council of New Zealand.

### **Member engagement**

Relationships are important especially in developing a career. The Faculty of Radiation Oncology has considered the development of a formal mentorship program over the past three years. This has come to fruition as a pilot program where ten mentor-

mentee pairs are now active. Over the next 12 months, this pilot will inform and guide RANZCR as to how best to progress this important initiative.



**Keen Hun Tai**  
Dean, Faculty  
of Radiation  
Oncology,  
RANZCR

## MEDICAL ONCOLOGY GROUP OF AUSTRALIA



**The Medical Oncology Group of Australia (MOGA), as the national professional body for Australian medical oncology and a special society of the Royal Australasian College (the College), enjoyed a rewarding 2020 despite the extraordinary challenges and circumstances posed by COVID-19.**

### Membership

In 2020 MOGA continued to grow with a strong and valued membership of 758 trainees and consultants. It was with great sadness that we learnt of the death of one of our most valued members, Prof Martin Tattersall AO, in late August. Martin was a giant of medical oncology, a founding member and the first chair of MOGA, who was responsible for the establishment and development of medical oncology in Australia. Martin will be sorely missed, forever remembered, and honoured by all medical oncologists in Australia. MOGA has established an award in his honour to reflect Martin's contribution to MOGA and medical oncology in Australia.

### Policy and advocacy

While we all faced many professional and personal challenges in 2020 because of the pandemic, the national and international oncology sector demonstrated strong leadership and a commitment to addressing the impact on people with cancer. MOGA worked closely with the Royal Australasian College of Physicians (the College) and other professional agencies to proactively develop, share information, and provide regular updates on national and international COVID-19 resources to support our members.

MOGA received countless enquiries from members during the pandemic, reporting similar experiences and challenges with regards to the protection of patients and staff, workforce management, development of contingency plans and adapting to telehealth. MOGA endorsed the work of our members in the development of specific clinical or workforce guidelines. Notably, the "Practical Considerations for Treating Patients with Cancer in the COVID-19 Pandemic," published in the *Journal of Clinical Oncology*, co-ordinated by Prof Eva Segelov with MOGA co-authors Prof Chris Karapetis and Dr Deme Karikios.

MOGA also actively encouraged and facilitated members sharing information, experiences, and local policies and procedures to learn from each other. Local contingency plans were a good example where members benefitted from knowing how other

facilities, health districts, and states approached emerging issues.

MOGA plays a key role in facilitating adoption of recommendations from emerging evidence-based best practice guidance into national clinical practice. The MOGA Guidance Statement, *Nine Steps to Personalised Therapy: The Art and Science of Anti-Cancer Drug Dosing*, developed by Prof Steve Ackland along with some of our most senior members Profs Michael Michael, Paul de Souza, Stephen Clarke, Chris Karapetis and Howard Gurney, was accepted for publication in the *Internal Medicine Journal*.

MOGA participated in the Cancer Australia Palliative Care Consultation on proposed palliative care measures for a single national framework which reports key Australian cancer control data across the continuum of cancer care.

MOGA also continued our commitment to diversity through the Women for Oncology Committee of the European Society for Medical Oncology (ESMO) which monitors the representation of female speakers at international and national meetings, as well as on societies' boards. The results were presented at the Women for Oncology Forum, at the ESMO 2020 Congress.

MOGA, working with the College, contributed advice to the National Health and Medical Research Council's ethics framework for pandemics. Many medical professionals will find this document of value and the examples it provides make clear that there are many factors that have a profound influence on 'ethical' situations.

MOGA contributed to global cancer policy through a research study being conducted in conjunction with the World Health Organisation to determine which oncology medications are deemed most essential to cancer care. The study sought to discover the ten cancer therapeutics that front-line cancer physicians deem to be most essential and identify any omissions from the Essential Medicines List.

L-R: Prof Ian Olver AM, Prof Gary Richardson OAM, A/Prof Michael Michael, Prof Martin Tattersall AM, Prof Steve Ackland, Prof Bogda Koczwara AM, A/Prof Ray Snyder, Prof Fran Boyle AM and Prof Chris Karapetis



### **Oncology drugs and treatments advocacy**

Dr Deme Karikios convened the Oncology Drugs Roundtable on 4 December. MOGA has been hosting this annual stakeholder meeting to consider oncology and practice issues for more than 17 years. The meeting allowed oncology sector stakeholders to collectively review MOGA's 2020 oncology drugs and treatment advocacy activities.

These included MOGA's submission to the House of Representatives Inquiry into approval processes for new drugs and novel medical technologies in Australia; legislative changes to extend indications for older drugs; an alternate regulatory framework for rare cancers; and changes to the listing of opioids for cancer patients. The recommended changes to Medicare Benefits Schedule item numbers for the delivery of anticancer drugs were also reviewed, as these posed many issues for medical oncology clinical practice and are the subject of ongoing negotiations with the Department of Health.

### **Education and Professional Development**

Early in the year MOGA's educational initiatives were reviewed and rapidly recast in online formats to accommodate COVID-19 restrictions. To this end, MOGA presented a successful Abstract and Poster Program for Medical Oncology Advanced Trainees and Young Oncologists from 14–21 August, to support trainees and young oncologists in completing training or professional requirements and maintaining research activities. This initiative incorporated an online Poster Exhibition and two live Oral Sessions, with dynamic, real-time Q&As. Every selected abstract was published in the Asia-Pacific Journal of Clinical Oncology. An unrestricted education grant also made it possible to offer merit-based awards for the Best Trainee Poster and Oral, and the Best Young Oncologist Poster and Oral.

With assistance from the Advanced Training Committee of the College, our Communications Skills Training Program was re-developed, and we were able to enable trainees to compete this mandatory training requirement.

MOGA also successfully presented our first online Asia Pacific Oncology Research Development (ACORD) Protocol Development Workshop from 27 September–2 October with a record 101 participants and 45 faculty. The workshop, led by Convenor Prof Martin Stockler, remained an intensive six-day workshop based on the education principles of active-problem based, collaborative learning. Working across many different time zones generated its own demands and required a complete reworking of how this major international project is delivered.

We look forward to another productive and rewarding year in 2021.



**Prunella Blinman**  
Chair,  
MOGA

## MELANOMA AND SKIN CANCER TRIALS



**Melanoma and Skin Cancer Trials (MASC Trials) brings together a powerful network of almost 2,000 professionals who represent the many disciplines critical to our work – oncologists, surgeons, radiation specialists, nurses, allied health professionals, health economists, statisticians, research scientists, clinical research associates, data managers, patient advocates and others.**

With expert support from our Advisories and our trials staff, MASC Trials leads and designs research and clinical trial development, and provides project management for funded trials and other initiatives.

Despite the challenges of a COVID-19 dominated year, MASC Trials has continued to expand activities throughout 2020 with new trials, new recruiting sites, and steady recruitment of research participants. Our membership has also continued to grow, with 333 new members in 2020, representing 35 countries.

The MASC Trials office has migrated to its new home within the Monash University School of Public Health and Preventive Medicine, and our team has developed important collaborative partnerships within the School. We have also expanded, with experienced staff recruited for new trials, due in part to new research grants. We farewelled two senior leaders of our group in December 2020, Libby Paton who dedicated 12 years to building first ANZMTG and then MASC Trials, and Narelle Williams, our Research Manager who worked closely with Libby for five years. We welcomed our new Chief Executive Aileen Boyd-Squires, and Research Manager Marina Skiba. Both Aileen and Marina are highly skilled and have a clear vision for the next phase of growth for MASC Trials.

Throughout 2020, MASC Trials supported a growing portfolio of high-quality phase Ib-IV, multi-modality clinical trials that address important melanoma and skin cancer

research questions. The efforts of many researchers who work with us have been essential to the ongoing success of our portfolio of multicentre, national and international collaborations, and the development of new research ideas through to grant submission.

Despite logistical challenges throughout the year, we have hosted and co-hosted a number of events, including the Australasian Ocular Melanoma Alliance (AOMA) "9th Annual Eyes on a Cure Symposium", the "Making Sense of Merkel Cell Carcinoma" webinar co-hosted with Neuroendocrine Cancer Australia and the Australasian Merkel Cell Carcinoma Interest Group (AMIGOs). We shifted our Annual Scientific Meeting to a virtual format, engaging with members to present research highlights, generate new ideas, and advocate priorities and future directions for the group.

Two of our trials – MelMarT-II and SMARTI – were showcased at the MelNet New Zealand Annual Meeting, and Dr Tim Wang presented his findings for the COMBI-RT trial at ASTRO in October 2020. A notable publication linked to the group and AMIGOs was "The changing paradigm of managing Merkel cell carcinoma in Australia: an expert commentary", published in the *Asia Pacific Journal of Clinical Oncology*.

MASC Trials launched an important survey linked to the Cancer Australia Supporting People with Cancer Initiative "Improving Melanoma and Skin Cancer awareness in rural and regional Australia". The data collected will help identify ways to improve both awareness and patient outcomes in regional and rural Australia.

Two trials opened in the second half of the year: I-MAT – a randomised, placebo-controlled, phase II trial of adjuvant avelumab in patients with stage I-III Merkel cell carcinoma; and GoTHAM – a phase Ib/II study of combination avelumab with peptide receptor radionuclide therapy or conventional fractionated radiotherapy in patients with metastatic Merkel cell carcinoma. Both trials address important treatments for Merkel cell carcinoma, a rare but highly aggressive neuroendocrine skin cancer.

We launched our new website in

November, which now provides important information about our governance, staff, and the trials that we sponsor. We also launched our website fundraising portal, with plans underway for fundraising projects for 2021. We have expanded our social media presence, with regular posts and updates on Twitter and LinkedIn, allowing our membership and the wider community to engage with our work.

These achievements would not have been possible without the continued support and active engagement of our board of directors, our management and staff, our membership and our wonderful community of supporters.



**Mark Shackleton**  
Chair,  
MASC Trials

## ONCOLOGY SOCIAL WORK AUSTRALIA AND NEW ZEALAND



**OSWANZ is the professional organisation for social workers with expertise in providing services and support to people with cancer and their caregivers. Most members are engaged in direct clinical work within hospital cancer centres and community based services; however, within the membership there are academics, researchers and service managers.**

As is the case for all professional organisations during 2020, OSWANZ has needed to think creatively about the manner in which members can be engaged in communicating and delivering professional development activities. For the last 14 years the Annual Conference has been the mainstay and the highlight of the OSWANZ year. Planning for the 15th conference, to be held in Sydney, was well underway when the COVID-19 pandemic brought things to a grinding halt. By demonstrating agility and utilising technology, we have been able to switch to a webinar program to meet our ongoing development opportunities. Two webinars were held during 2020. They were well attended and were positively evaluated by the membership. A sub-committee is currently in the process of planning for quarterly webinars for 2021. Whilst we had hoped to be able to resume our conference program in 2021, with so much ongoing uncertainty around travel and meeting restrictions, face-to-face large gatherings are not currently being considered.

One of the advantages of the webinar program is that we have been able to achieve better trans-Tasman engagement and this has resulted in additional members from our New Zealand colleagues. We are hopeful of continuing to alternate Australian and New Zealand presenters for the webinars to maintain momentum and enthusiasm across the entire membership.

OSWANZ is closely aligned with the areas identified within COSA as priorities and emerging trends. We have members who have particular interests in geriatric oncology, youth cancer, and survivorship care. Meeting the unique needs and outcomes for rural, regional and remote cancer patients and for Indigenous patients is a focus for members in both large tertiary cancer centres as well as for our regionally based members.

Throughout 2020 OSWANZ has been able to continue to provide input to stakeholder groups at the national level, through representation on committees and working parties. One of the core business and value bases of oncology social workers is to address gaps and inequities in the provision of cancer care to all patients and their carers throughout the cancer trajectory. OSWANZ continues to be represented on COSA Council, as well as having a standing membership on the Scientific Advisory Committee of the Psycho-Oncology Co-Operative Group (PoCoG) and on the Health Service Advisory Committee (HSAC) of Cancer Council Australia. Several OSWANZ members contributed to the review of the Cancer Council's Optimal Care Pathways. Members' comments were well received by the review team and will be incorporated into the revised pathway documents.

We have continued to engage with Cancer Council Australia as they progress their body of work in the domain of financial toxicity and informed financial consent. Ongoing contributions and partnerships into the future are anticipated. One of the unintended consequences of the pandemic was that the benefit of increased payments to people who found themselves unemployed due to the restrictions imposed by the widespread lockdowns across the nation, extended to people with cancer. This temporary reprieve that resulted in much more "liveable" incomes for disadvantaged people galvanised the efforts of Cancer Council Australia to partner with the Australian Council of Social Services (ACOSS) in advocating for a permanent increase in the rate of Newstart payments (now called JobSeeker). OSWANZ members contributed case studies and insights

expressed to them by people with cancer about the impact of both these payments. Further work in this arena is already on the agenda.

Our organisation and membership would not be sustained without the energy and enthusiasm of the dedicated volunteers who keep the wheels turning. Thanks are extended for the extraordinary commitment of the OSWANZ Executive and Management committees. I would particularly like to acknowledge our President Nick Hobbs from the Royal Hobart Hospital. Nick is continuing his term as the inaugural OSWANZ President (post-OSWA). Olga Gountras from Slater and Gordon remains as our hard-working and ever efficient Secretary. State, territory and New Zealand representatives make up the OSWANZ committee who meet monthly on the Zoom platform and bring a wealth of talent to 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 [www.oswanz.com](http://www.oswanz.com).

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 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**  
COSA Council  
representative,  
OSWANZ

PRIMARY CARE  
COLLABORATIVE  
CANCER CLINICAL  
TRIALS GROUP



**2020 presented many challenges, due in large part to the COVID-19 pandemic. Despite this, PC4 swiftly adapted and continued to pursue our goal of advancing cancer research in primary care. PC4's membership increased by almost 100, with members across every state. We also welcomed 11 new Scientific Committee members, including a new co-chair.**

#### Research highlights

During 2020, PC4 supported 19 studies. These studies spanned across the cancer continuum, from prevention and early detection to survivorship and palliative care. The support offered by PC4 was equally diverse, and ranged from supplying funding through our Training Awards, systematic review support and comprehensive concept reviews through our workshops.

We also embarked on a research prioritisation study to help us identify new priorities in cancer in primary care research. The goal of this study is to identify top cancer research priorities across the cancer continuum by engaging with a broad range of stakeholders including GPs, practice nurses, cancer survivors and researchers. These results will be used to inform the development of new trials to improve outcomes for cancer patients in Australia.

Other research highlights from 2020 include:

- In July, PC4's palliative care working group completed a series of five systematic reviews which aimed to summarise the role of primary health care professionals (PCPs) in palliative care. The reviews examined a number of facets of palliative care, including the role of GPs, patient and carer expectations, PCPs self-reported multidisciplinary end-of-life care, facilitators and barriers to PCP participation and how models of care impacted PCPs provision of care

- In October, PC4 hosted a joint webinar with the Cancer and Primary Care Research International Network (Ca-PRI). The Ca-PRI Network is a multidisciplinary network of researchers in primary cancer care and related areas. The theme of the webinar was 'COVID-19, cancer and primary care', and included presentations from the USA, the Netherlands and Australia. The webinar was a great success, with close to 100 attendees from across the globe.

#### Podcasts

PC4's Australian Podcast Award-nominated podcast, *Research Round-up*, continued to deep dive into current research and how this impacts primary care. PC4's National Manager, Dr Kristi Milley, interviews leaders in cancer primary care research and explores the impact of their research.

The podcast includes interviews researchers from all facets of cancer care, from early detection through to survivorship. The 2020 season of *Research Round-up* included international guests from the UK and the Netherlands, as well as many impressive Australian researchers.

You can listen to *Research Round-up* at <http://pc4tg.com.au/how-we-can-help/podcasts/>.

#### PC4 events

Despite the unfortunate cancellation of our annual Scientific Symposium due to COVID-19, PC4 hosted several successful virtual events throughout 2020.

We hosted our first webinar, "Why Design Matters in Research" in September. Hosted by our own graphic designer. The webinar included an overview of how graphic design can be used to enhance messaging in research as well as some practical tips and tools. This was an extremely successful first webinar and was highly reviewed by all that attended.

PC4's Concept Development and Peer Review Workshops are designed to provide detailed feedback on concept and grant submissions. Although the workshops are usually held in person, we were able to seamlessly transition to a virtual format and provide ten

comprehensive reviews of concepts and grant applications. Concepts were reviewed by consumers, GPs and other researchers as well as experts in implementation science, quality of life, health economics and more.

#### PC4 in a snapshot

- Over 800 members
- Grown to over 900 Twitter followers @PC4TG
- Nearly doubled our LinkedIn following, with 60 new members
- 10 different concepts reviewed in 2020



Jon Emery  
Chair,  
PC4



## PSYCHO-ONCOLOGY CO-OPERATIVE RESEARCH GROUP



### **2020 was hectic but ultimately productive for the Psycho-oncology Co-operative Research Group (PoCoG) with COVID-19 causing significant upheaval to our plan for the year.**

Along with most of our colleagues, we made a hasty adjustment to working from home and the suspension of trials and access to hospitals and patients prompted a rapid rethink of current research priorities.

#### **Studies in COVID-19**

In addition to continuing our research and capacity building activities focused on developing interventions addressing the psychosocial challenges faced by patients, families, caregivers, health care professionals and health systems, we initiated a handful of new projects exploring the impacts of COVID-19 on patients and families, cancer teams and how we deliver psycho-oncology in cancer care.

Professor Phyllis Butow is leading a PoCoG team conducting a mixed methods longitudinal study exploring the experiences and perspectives of cancer patients/survivors and their family members, health professionals working in cancer care, and non-government cancer services, with particular focus on treatment decisions during the COVID-19 pandemic and the longer-term impact of COVID-19.

PoCoG Executive Director A/Professor Joanne Shaw is leading a team exploring psycho-oncology clinicians' experiences delivering psycho-oncology services using telehealth during the COVID-19 pandemic, to identify the barriers and enablers to implementation. This will inform future implementation strategies for use of telehealth as a model of care in psycho-oncology.

Finally, the joint PC4-PoCoG multimorbidity interest group, led by PoCoG SAC Chair A/Professor Haryana Dhillon, is exploring patient perceptions

and concerns resulting from the rapid transition to telehealth as a result of COVID-19.

We were able to move these projects quickly through the planning stages and they progressed rapidly through the course of 2020.

#### **The BRAINS Program**

We're also proud to report that in 2020 A/Professor Dhillon was successful in leading an MRFF grant application totalling almost \$5million, addressing the needs of people with brain cancer.

This outstanding achievement is a national collaboration with the Cooperative Group in Neuro-Oncology (COGNO), Cancer Symptom Trials Group (CST) and the Primary Care Collaborative Cancer Clinical Trials Group (PC4).

The BRAINS program (Brain cancer Rehabilitation, Assessment and Intervention for survivorship Needs) will deliver care that encompasses implementing screening for needs assessment and symptoms; exploring optimal models of survivorship care; addressing information needs of patients and carers; caring for caregivers and examining rehabilitative and supportive care interventions in this population.

The program will also create a national repository of information resources, a national care coordination service and develop and roll out interventions to address gaps in care, including a collaboration with CanTeen to support young adult brain cancer survivors to re-engage with life.

#### **Special Interest Groups**

PoCoG Special Interest Groups (SIGs) were a hive of activity in 2020 and a constant source of connection and collaboration between members across the country. In the first quarter we officially launched INSPIRE, a SIG dedicated to implementation research in psycho-oncology.

INSPIRE joined groups focussed on psychosocial research among early career researchers, end of life care, fear of cancer recurrence, cancer prevention, clinicians in research as well as a dedicated group for researchers and clinicians working in South Australia.

Over the course of 2020 our SIGs hosted a series of lunchtime webinars.

This exciting and informative series explored a wide range of research and capacity building topics including:

- Agility and adaptation: Expanding best practice palliative care to vulnerable groups among trying global times
- Implementation science in psycho-oncology
- Cancer prevention during and beyond COVID-19
- New intervention models to boost access to FCR treatments
- Cutting edge South Australian ECR research
- Clinicians in research: Combining practice and research in psycho-oncology settings
- Maintaining track record for early career researchers

All these webinars are available to watch on the PoCoG YouTube channel.

The strong interest and webinar attendance from PoCoG members, as well as the wider oncology community, highlights the importance of our SIGs as forums for building collaboration and setting the psycho-oncology research agenda.

#### **Concept Development Workshops**

Across the course of 2020 we moved our concept development workshops online, and successfully hosted three meetings during which our Scientific Advisory Committee along with invited experts, supported researchers to develop and refine concepts.

While we had some initial trepidations about how effective videoconferencing would be for this type of event, all three meetings were highly productive and resulted in new supported studies for the PoCoG research portfolio.

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



**Brian Kelly**  
Chair,  
PoCoG

ROYAL COLLEGE OF  
PATHOLOGISTS OF  
AUSTRALASIA



**The Royal College of Pathologists of Australasia (RCPA) principal objectives are to train and support pathologists and senior scientists to improve the use of pathology testing, utilising the highest quality evidence and expert collaboration. We are pleased to highlight the following notable achievements accomplished in 2020.**

**RCPA and the COVID-19 pandemic**

The COVID-19 pandemic had a significant impact on organisations, businesses and individuals globally. The RCPA encountered many operational challenges during this time. In March, the RCPA announced the cancellation of its annual

conference, Pathology Update 2020. Likewise, RCPA Trainees faced rescheduling of their examinations and RCPA courses, and events were cancelled, postponed or made virtual.

The RCPA's advocacy role in the community was highlighted as a result of the pandemic, particularly surrounding rapid point-of-care testing (PoCT), the safety of collection centres and the importance of routine and diagnostic testing. The RCPA embraced this opportunity to speak on behalf of the Fellowship and continues to support and heed the advice of government and public health experts during this time.

**International Pathology Day**

International Pathology Day (IPD) is an annual awareness day dedicated to highlighting the fundamental role of pathology in addressing global health challenges and improving community health outcomes worldwide. The RCPA's IPD event was held via live web-stream at the RCPA headquarters on 11 November

2020 and was hosted by Sophie Scott, National Health Reporter for the ABC. The topic was COVID-19, and the RCPA welcomed RCPA Fellows: Prof Deborah Williamson, microbiologist; Prof Bill Rawlinson, virologist; A/Prof Paul Griffin, infectious diseases physician and microbiologist; A/Prof Rob Baird, infectious diseases physician; and Prof Peter Collignon, infectious diseases physician and microbiologist. Speakers who have been at the forefront of the country's response to COVID-19 provided behind-the-scenes insights and outlined the fundamental role of pathology to lead the public health testing response.

Pathology testing made a critical contribution to the wellbeing of the community during the COVID-19 pandemic in 2020. The entire healthcare system has been able to wisely use the knowledge gained from COVID-19 testing to locate the virus and protect the community. The 2020 IPD event celebrated the pivotal role that pathology has played in guiding us safely through this pandemic.

Below - Speakers at the RCPA's International Pathology Day event in November



### **RCPA Cancer Services Advisory Committee**

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

CanSAC successfully achieved Medical Services Advisory Committee (MSAC) funding approval for a number of crucial genetic tests for somatic markers for diagnosis and classification of distinct tumours. CanSAC was a passionate advocate for funding these important genetic tests, which will support the timely and appropriate management of patients with a range of specific, relatively rare cancers.

The RCPA was also successful in applying to MSAC for genetic tests for heritable mutations relating to colorectal and endometrial cancer for listing on the Medicare Benefits Schedule (MBS).

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

With substantial evidence that standardised structured reporting improves pathology reporting quality, the federally funded Structured Pathology Reporting of Cancer (SPRC) Project continues to expand, having published SPRC protocols covering over 89% of cancers.

Recent editions include updated and new protocols for endocrine and gastrointestinal cancers. Each protocol incorporates the latest scientific evidence, TNM staging, and internationally agreed standards from the International Collaboration on Cancer Reporting. The resources and protocols are free to access on the RCPA website.

The SPRC Project plans to pilot a digital software trial to help pathologists implement SPRC structured reporting protocols in the most efficient and practical way. The

ultimate goal is to progress the use of highest quality, interoperable, 'atomic' pathology data.

### **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.

Eight Gastrointestinal Datasets and the third edition Carcinoma of the Cervix Dataset were published in 2020 and are available to download on the ICCR website.

### **Pathology terminology standardisation**

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

A significant achievement of the PITUS project in 2020 included the development of Fast Healthcare Interoperability Resources (FHIR) for five RCPA SPRC protocols (Colorectal, Polypectomy, Endometrial, Cervical and Carcinoma of the Ovary, Fallopian Tube and Primary Peritoneal Site). In addition, a suite of RCPA Standards for Pathology Informatics in Australia (SPIA) Exemplar Reports with accompanying Health Level Seven International (HL7) Version 2, Clinical Document Architecture (CDA) and FHIR messages were developed to assist software vendors with the design of SPIA compliant reports and messages. These resources can be accessed from the PITUS 18-20 website.

In collaboration with the National Cancer Screening Registry (NCSR), terminology has also been developed to safeguard the standardised requesting, reporting and messaging of cervical and bowel cancers.

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

As a result of the COVID-19 pandemic, the RCPA annual scientific meeting, Pathology Update 2020, was cancelled.

The 2021 Pathology Update, will be a hybrid format, combining an onsite component at the International Convention Centre, Sydney, and a live-streamed event on 2-4 July 2021. The conference will feature extraordinary international and Australian speakers who are leaders in their fields, in the pathology disciplines of Anatomical, Chemical, Forensic, Genetic, General, Haematology, Immunopathology and Microbiology.



**Kenneth Lee**  
COSA Council  
representative,  
RCPA

## TROG CANCER RESEARCH



**TROG Cancer Research commit to improving patient outcomes amidst COVID-19 challenges**

Despite the challenges of COVID-19, TROG Cancer Research can look back proudly on the work they did in the clinical trial space to further improve patient outcomes in 2020.

Some significant trial achievements include TROG 15.01 SPARK, BIG 3-07/TROG 07.01 and the TROG 13.01 SAFRON II trial, which earned them international recognition by peers in the radiation oncology and health industry.

The **TROG 15.01 SPARK Trial** was led by Prof Paul Keall and Prof Jarad Martin and proposes the use of kilovoltage intrafraction monitoring (KIM) to improve cancer targeting accuracy in the delivery of high-dose precision radiation therapy (stereotactic body radiation therapy or SBRT) for prostate cancer.

Prof Paul Keall said that the accuracy of technology provided an opportunity for cancer patients to receive better treatment, without the added time or bodily stress, as well as helped in reducing commonly experienced side effects.

The **BIG 3-07/TROG 07.01 Trial** received international praise at the San Antonio Breast Cancer Symposium in 2020 for its results in providing better outcomes for breast ductal carcinoma in situ (DCIS) cancer patients. Principal Investigator of the trial, Prof Boon Chua, presented the main efficacy analysis to academic and private physicians and researchers involved in breast cancer from across 90 countries. These included those working in medical, surgical and radiation oncology, and patient advocates and other health care professionals.

The international trial demonstrated that after breast conserving surgery, the delivery of higher radiation doses to the part of the breast where the DCIS was found, in addition to radiation therapy of the whole breast, resulted in significantly reduced risk of the disease returning in patients with higher-risk DCIS.

The **TROG 13.01 SAFRON II Trial**, led by A/Prof Shankar Siva, examined the use of SBRT to determine whether a single treatment or the same dose in four treatments was equivalent.

Patients receiving radiation therapy are usually required to make multiple hospital visits over successive days and weeks. This trial showed promising results (after one year of patient follow-up) that a single precise, high dose of radiation could be safely and effectively given for secondary cancers in the lungs.

A/Prof Siva presented the outcomes of the SAFRON II trial to leading radiation oncology professionals from around the world at the American Society for Radiation Oncology (ASTRO) Annual Meeting in October 2020.

### **TROG Cancer Research embraces technology to move cancer research forward**

The pandemic has presented many challenges for businesses over the past year and TROG Cancer Research has taken these in their stride by embracing technology to move their cancer research and clinical trials into the future.

In the early stages of COVID-19, all TROG Cancer Research staff relocated from their headquarters at Calvary Mater Newcastle to their home offices. By doing this, they were able to ensure their service capability was not impacted, while maintaining the health and safety of clinical trial participants.

The TROG team have also adapted to tele-health trial remote monitoring methods to ensure the highest data quality, and observed NSW Health guidelines for trial sponsors during the COVID-19 pandemic.

TROG e-newsletter updates, distributed monthly, included an array of COVID-19 resources to provide knowledge and support for fellow health professionals as they safely navigated the complexities of a pandemic. TROG also launched its improved eLearning portal, providing free access for TROG members to Good Clinical Practice training modules – which underpin the quality conduct of clinical research.

### **Paving the way for cancer research innovation with first virtual ASM event**

Most significantly, TROG Cancer Research pulled together their first Virtual Annual Scientific Meeting (ASM). Across 17-19 March 2020, more than 300 of Australia and New Zealand's leading radiation oncologists, medical oncologists, radiation therapists, interventional radiologists, medical physicists, and clinical trials personnel attended a full program of international and national presentations as well as tumour stream working group discussions by logging in from their home or work office.

Despite limited time to organise the logistics and scheduling, TROG was able to pivot successfully in the face of COVID-19 and deliver to its members the ASM and the associated opportunities to maintain momentum with clinical trial activity. Almost 220 unique email addresses logged onto the meeting's live stream, with viewer numbers averaging 140 attendees for each session.

TROG CEO, Susan Goode joined Dr Lachlan McDowell and A/Prof Puma Sundaresan to evaluate the TROG live virtual ASM experience which has been published as a peer reviewed, open access manuscript and is available to read in the *Journal of Medical Imaging and Radiation Oncology* (JMIRO).

### **TROG Cancer Research remain ahead of the curve amidst COVID-19 challenges**

Remaining ahead of the curve has always been a priority for TROG Cancer Research. Notably in 2020, their team celebrated multiple wins – which included full trial accruals, trial activations and the opening of brand-new trials that are now recruiting patients in 2021.

Some highlights of our trial achievements in 2020 can be viewed below:

- **Trials which successfully reached accrual target in 2020**
  - **TROG 14.02 RAIDER** A randomised phase II trial of adaptive image guided standard or dose escalated radiotherapy in the treatment of transitional cell carcinoma of the bladder (Trial Chair: A/Prof Farshad Foroudi, The Austin, VIC)
  - **TROG 12.02 PET LABRADOR** - PET scans for locally advanced breast cancer and diagnostic MRI to determine the extent of operation and radiotherapy (Trial Chair: Prof Verity Ahern, Westmead Hospital, NSW)
- **New Trials activated in 2020**
  - TROG 18.06 FIG - Prospective, multicentre trial evaluating FET-PET in Glioblastoma (Trial Chairs: A/Prof Eng-Siew Koh and Prof Andrew Scott). The Olivia Newton-John Cancer Wellness and Research Centre was the first site activated (2020), with a further nine sites expected to open to accrual in 2021.

In addition to these successes, TROG Cancer Research have several trials in development, which you can view and learn more about via the TROG website.



**Puma Sundaresan**  
COSA Council  
representative,  
TROG

# OTHER REPORTS

## CANCER PREVENTION

**In 2016, COSA Council resolved to have cancer prevention explicitly recognised through a responsible appointment to Council. Since then the scope of professional activity which might be addressed under this heading has broadened considerably. Moreover, while those diagnosed with cancer, and their needs, care and management are rightly at the forefront of clinical oncology, the whole community, and various subgroups of it, may be the focus of cancer prevention.**

The scope of cancer prevention is broad [1]. Primary prevention involves that fraction of all cancer which is attributable to exogenous carcinogens: tobacco smoke, alcohol, uv radiation and asbestos, together with more complex risk factors such as high caloric intake, sedentary behaviour, obesity and a range of workplace and environmental situations. Secondary prevention involves early diagnosis and screening: matters that almost invariably must be considered with reference to particular tumour types. Progress currently ranges from almost complete for cervical cancer to most concerning for pancreatic, brain and other malignancies.

That cancer prevention identifies an imperative is clear to all. But, albeit perhaps rarely, then comes the query "Why COSA? Why should an organisation recognized as existing to improve the quality of patient care, also grapple with cancer prevention?" The European Society of Medical Oncology (ESMO) has more than 25,000 members. Reflecting on the *EMSO Handbook of Cancer Prevention*, [2] David J Kerr (Oxford) writes as follows:

*Do we need, at this point in time, to ask why ESMO, an organisation for medical oncology has commissioned a book on cancer prevention? I hope not, and I am sure that anyone who takes even a little time with this*

*book will soon come to see why oncologists must take a part in cancer prevention, not just in areas such as the administration of aromatase inhibitors but also in tobacco control, nutrition, and the working environment. Oncologists have the potential to be a large and important group of activists for cancer prevention measures, and faced, as we are daily, with the failure of cancer prevention we have more incentives than many others to see them implemented.*

Enough said: demonstrably COSA and ESMO, doubtless among many similar authorities, are on the same page. But when coming to cancer prevention, where should COSA start? Cancer prevention has many champions, epitomised by initiatives such as "Every cigarette is doing you damage". "Slip, slop, slap", the national HPV vaccination campaign and population-based screening for breast and bowel cancer. Consistent with this, every State-based Cancer Plan identifies behavioural change in a variety of contexts as key to cancer prevention. Effective contact with indigenous, culturally-diverse, rural and regional and other particular communities is recognised as essential. So there is much going on. Accordingly, particular initiatives by COSA must be focused and seen to fulfil a clear need.

Commitment to, and knowledge gained from the situation of people diagnosed with cancer is a specific consideration. Thus COSA has addressed, through a recent publication, smoking cessation in cancer patients – that's all cancer patients and certainly not only those with lung cancer. The cancer preventive impact of dietary change, exercise and intentional weight loss has been most clearly demonstrated in patients surviving breast cancer. COSA may bring unique perspectives to cancer prevention consequent upon patient-centred care.

When considered in light of population-attributable risk [3], a major focus for cancer prevention on

so-called 'lifestyle' is both justified and required. The proportion of adult cancer caused by tobacco smoking, alcohol drinking and sun exposure, together with case numbers associated with what people eat, the extent of physical activity and the prevalence of obesity warrants attempts to modify individual choices as a means to prevent cancer. But that's not the whole story. A small, but clear, part of the cancer burden involves carcinogen-exposure over which the individual has little or no control [4]. Most marked in this category is cancer caused by workplace exposure to particular or even as yet unknown, carcinogens. Prevention involves a spectrum of initiatives from changes in product usage or workplace practices through to personal protective equipment – an option of last resort.

Cancer may also be the result of pollution. Air pollution, particularly diesel emissions, is a known cause of lung cancer. The people most at risk are those exposed as a result of their employment as transport workers, underground miners and others. As distinct from matters affecting the environment generally, cancer attributable to point source pollution is more readily described, the clearest example being residents located near asbestos mining operations. Regulatory controls are key to both workplace and environmental carcinogen exposure, and COSA, in collaboration with Cancer Council Australia, is well positioned to advocate accordingly.

While the most immediate approaches to cancer prevention involve eliminating or reducing carcinogen exposure, a proportion of cancer, which varies radically according to tumour type, occurs in the absence of any causative agent(s). Conspicuous in this context are prostate, brain and pancreatic cancer together with haematological malignancies as not involving immediately recognisable causative agents. For such cancers, prevention



# SMOKING CESSATION IN CANCER PATIENTS

## EMBEDDING SMOKING CESSATION CARE IN AUSTRALIAN ONCOLOGY HEALTH SERVICES



particularly includes population-based screening and early diagnosis. With clear tumour-based expertise and immediate clinical engagement, COSA is uniquely placed to transition advances reported as improved patient management into public health initiatives.

Many, perhaps most, of the principles and best practices mentioned thus far were valid and known more than 20 years ago, and may still be usefully enunciated for decades to come. But right now, we are in the post-genomic era, particularly as it involves 'omic' patient data as identifying, amongst other things, individually specific use of targeted therapeutic drugs. Such is but one aspect of 'precision medicine'.

Precision medicine has given rise to precision prevention [5]. Genomics, and genome-wide association studies in particular, have established huge data-bases concerning susceptibility, mostly in circumstances where carcinogen-exposure is not a consideration. Identification of individuals at higher than average risk is increasingly an immediate prospect for most tumour types. The implications for screening and earlier diagnosis are obvious. The prospects for COSA contributing to cancer prevention have never been better.

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**Bernard  
Stewart AM**  
COSA Cancer  
Prevention

## COSA TELE-TRIAL PROJECT



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

The COSA project to pilot the implementation of the Australasian Tele-Trial Model commenced on 1 August 2019 and officially concluded on 30 September 2020. The aim was to facilitate the adoption of the Model nationally through engagement with government, regulatory bodies, hospitals and insurers to drive regulatory reform, and through assisting cooperative trial groups, the pharmaceutical industry and researchers to adopt the Tele-Trial Model as part of standard practice.

Key deliverables and achievements for the project are:

- Establishment of tele-trial clusters within five project funded primary sites
- Key stakeholder engagement including State and Territory Departments of Health, and trial sponsors from industry and investigator groups
- Tele-Trial Model implemented and tele-trials opened within all project clusters
- Supervision plans developed to identify workforce roles and responsibilities within tele-trial clusters, and tele-trial resources and information developed to support implementation
- Regulatory issues identified and regulatory reforms implemented including tele-trial SOPs and tele-trial subcontracts
- Seven tele-trials are open in project funded clusters and two are closed to recruitment

The pilot has demonstrated that tele-trials can be safely and ethically implemented and that an interconnected clinical trial system can be created through the Tele-Trial Model, resulting in more regional and rural sites acquiring clinical trial capabilities, and more patients accessing clinical trials closer to home without disrupting continuity of care. The pilot has also demonstrated that trial recruitment can be expedited and that a networked approach for rare cancer trials facilitated access to more patients.

At project commencement there were no tele-trials in Australia. The AGITC sponsored ASCOLT trial opened between Orange and Dubbo in November 2017 and the Eli Lilly sponsored MonarchE trial opened between Townsville, Cairns, Mackay, and Mt Isa in October 2018. There are now ten tele-trials open to recruitment nationally and three closed to recruitment. A further nine tele-trials are pending. 24 sites have participated in tele-trials, 16 of which have been regional or rural. 150 patients have been enrolled in tele-trials. 135 of these patients live in regional and rural areas.

Significant regulatory reforms to support the implementation of the Model have been achieved in the last three years. Tele-trials are now supported by both national SOPs and state specific tele-trial SOPs in NSW, Queensland, and Victoria. Queensland and Victoria have approved tele-trial subcontracts and a national tele-trial subcontract through MA is imminent.

Evidence from the COSA project to pilot the implementation of the Australasian Tele-Trial Model was used to support a MRFF grant application under the Rural, Regional and Remote Clinical Trial Enabling Infrastructure Program. In October the Federal Government announced grants totalling \$125 million over the next five years "to give patients access to clinical trials where they live" by bridging the metro-regional trials gap and addressing inequity in access to clinical trials for rural, regional and remote patients. \$75.2 million was

awarded to the Australian Tele-Trial Program championed by COSA project co-chair Professor Sabe Sabesan and led by Queensland Health.

The Australian Teletrial Program will oversee the establishment of Regional Clinical Trial Coordinating Centres (RCCCs) in Queensland, Western Australia, Victoria, Tasmania, South Australia and the Northern Territory. RCCCs will focus on removing the barriers to establishing tele-trials at satellite sites including infrastructure, equipment and training barriers as well as facilitate the coordination and operational activities of tele-trial clusters. Other grants also funded in the same round were \$18.6 million to the Border Medical Oncology Research Unit for the 'ReViTALISE Project', and \$30.6 million to the NSW Ministry of Health for the 'Improving access to innovative healthcare in rural, regional and remote NSW and ACT Project'. These projects also have a tele-trials component.

Tele-trials will now have the necessary funding, infrastructure and government support to become mainstream in Australia increasing access to clinical trials for hundreds of patients living in regional and rural Australia and for patients with rare cancers.

We would like to thank MTPConnect which 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, Pfizer, BMS, AstraZeneca, MSD and COSA.

We would also like to thank the project's Steering Committee, Executive Committee and our advisory groups including the Cancer Cooperative Trials Group Advisory Group, the Medicines Australia Advisory Group, the Investigational Medicinal Product Advisory Group, Department of



Health Advisory Group, and the Consumer Advocacy Group.

The draft project completion report is currently with the project Steering Committee for review. The final report will be available on the COSA website by the end of March 2021. In the meantime, if you would like further information or have any questions please contact the COSA Tele-Trials Project Manager Chantal Gebbie at [chantal.gebbie@cancer.org.au](mailto:chantal.gebbie@cancer.org.au).



**Sabe Sabesan**  
Co-Chair,  
Australian  
Teletrial  
consortium



**John Zalberg**  
OAM  
Co-Chair,  
Australian  
Teletrial  
consortium

**CANCER  
COUNCIL**



### **A snapshot of Cancer Council Australia's work in 2019/20.**

Cancer Council is Australia's leading cancer charity, and the only charity that works across every aspect of every cancer including research, prevention and support. Our vision is a cancer-free future and our Federation continues to work towards that vision, helping to reduce the burden of cancer in Australia.

Our work with COSA on improving survival from cancer has never been more critical, due to the particular challenges we faced in 2020 related to the COVID-19 pandemic. Our focus has stayed on helping the public stay informed and supported throughout the pandemic. This has included:

- Our National Cancer Screening Recovery Campaign, supported by the Australian Government, gave us the opportunity to remind Australians to not put off their bowel, cervical and breast screening because of COVID 19
- Developing and continuing to lead a collaboration of 14 cancer charities in Australia to ensure there is a common voice for cancer support
- Creating a dedicated COVID-19 web page and COVID-19 FAQ page so that people affected by cancer as well as staff from cancer helplines have easy access to accurate information
- Developing a simple Cancer and COVID-19 fact sheet that was also translated into 12 different languages

In 2020 it is estimated that the number of new cancer cases in Australia will surpass 145,000. We continued our work helping Australians reduce the risk of cancer, supporting and bringing hope, and funding world-class researchers. Some of the key ways we contributed this financial year include:

- Developing a Standard for Informed Financial Consent, in collaboration with other cancer charities, to support doctors and practices to engage in activities that enable greater transparency around fees charged to patients
- Creating a dedicated web page with information and resources on informed financial consent to help people affected by cancer make the best decisions for their care
- Collaborating with the Australian Chronic Disease Prevention Alliance and Australian Prevention Partnership Centre to understand the best ways to prevent chronic health problems, such as cancer, in Australia

- Launching a new content management system, migrating [cancer.org.au](http://cancer.org.au) and three microsites into a new platform easily accessible to all Australians

Cancer Council Australia would not be able to achieve these successes without the invaluable contribution of many. As always, we would like to thank our volunteers, partners, the medical community, our generous donors, and people affected by cancer, along with all levels of government, for their ongoing support. Equally, I would like to recognise the tremendous work which happens in the Cancer Council state and territory organisations every day, ensuring that Cancer Council supports all Australians. I would like to thank our Board of Directors for their ongoing commitment to Cancer Council Australia.

I commenced as Cancer Council Australia's CEO in November 2020 and we farewelled Professor Sanchia Aranda. Sanchia's undisputed dedication and passion during her five year tenure made a lasting change to improve cancer outcomes for all Australians now and in the future.

Lastly and most importantly, as a non-government organisation, our work would not be possible without the support of our community. We particularly want to thank the many COSA members who provide us voluntarily with advice and support, and throw their influence behind our policy, project, and advocacy initiatives every year. As our clinical partner you make an amazing contribution to our efforts to achieve a cancer free future.

I very much look forward to working with you in the future.



**Tanya Buchanan**  
CEO,  
Cancer Council  
Australia

# FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2020

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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 2019-2024**

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

## **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:

Ms Sandie Angus  
Mr Peter Dowding  
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**

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**Auditors**

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

# DIRECTORS' REPORT

## 30 JUNE 2020

The Directors present their report on Clinical Oncology Society of Australia Limited ("the Company") for the year ended 30 June 2020.

### Objectives

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

- Continue working to the agreed strategic plan for the period July 2019 to June 2024
- 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 organisations relevant to cancer care and control
- Reinforce COSA's position as the peak national body representing multidisciplinary health professionals whose work encompasses cancer care and control
- Ensure COSA's educational opportunities remain relevant to the membership
- Build on the strength and success of the COSA Annual Scientific Meeting
- Build on current, and investigate new opportunities for, industry sponsored events outside the COSA ASM
- Extend the reach of COSA's current educational activities
- Provide a forum for the discussion of common issues in cancer research
- Facilitate a collective voice for the cancer cooperative trials groups
- Align COSA's governance and operational structure in accordance with best practice
- Ensure COSA remains relevant to its membership
- Ensure COSA remains financially viable as a not-for-profit organisation

## DIRECTORS' REPORT 30 JUNE 2020 (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 2020 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 2020 was \$1,025,716 (2019: \$1,218,741). In the same period, expenditure was \$1,157,885 (2019: \$1,205,628) leaving a deficit of \$132,169 (2019: \$13,113 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 2020.

### 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 \$1,044 in respect of a contract to insure the directors and executives of the company against a liability to the extent permitted by the Corporations Act 2001.

### Indemnity and insurance of auditor

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

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

### Proceedings on behalf of the Company

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

### Environmental Regulation

COSA is not subject to any significant environment regulations.

### Dividends

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

### Contributions on winding up

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

## Directors

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

Name, Qualifications and Experience	Role	Date Joined	Date Ceased	Board	Audit, Risk & Finance Committee
				Attended / Eligible to attend	Attended / Eligible to attend
<p><b>Associate Professor Nick Pavlakis</b> BSc MBBS Mmed (ClinEpi) PhD FRACP</p> <p>Professor Pavlakis is a medical oncologist at Royal North Shore Hospital and Genesis Care (formerly Northern Cancer Institute) in Sydney whose clinical interests are 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 co-operative group trials. He was past President of the ALTG and its Scientific Advisory Committee, and is now Board Chair of the Thoracic Oncology Group of Australasia (TOGA) 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	-	5 / 5	-
<p><b>Professor Fran Boyle AM</b> 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 Medical Oncology Group of Australia (MOGA) and Breast Cancer Trials (formerly ANZ Breast Cancer Trials Group). Fran contributes to clinical trial development nationally and internationally through the BCT and IBCSG, and leads communication skills training for clinicians through the Pam McLean Centre. 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	-	3 / 5	6 / 8
<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	-	5 / 5	8 / 8
<p><b>Associate Professor Judy Bauer</b> BSc, GradDipNutr&amp;Diet, MHthSc, PhD, FDAA</p> <p>A/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; 5500 citations. She is the past Chair of the COSA Nutrition Group and a past director of the DAA.</p>	Director	30-Jul-19	-	4 / 5	-
<p><b>Mr Peter Dowding</b> BSC (Hons) MBA</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	-	4 / 5	8 / 8
<p><b>Associate Professor Dion Forstner</b> MBBS (Hons) FRANZCR</p> <p>Professor Dion Forstner is a radiation oncologist with Genesiscare with his practice based at St Vincent's Sydney, Macquarie University Hospital 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. 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	-	5 / 5	-

## DIRECTORS' REPORT 30 JUNE 2020 (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>Ms Hollie Harwood BA</b></p> <p>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 seven years. Her currole 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 regularly employed as a casual academic at the University.</p>	Director	15-Mar-19	-	5 / 5	-
<p><b>Dr Wayne Nicholls MBChB FRACP</b></p> <p>Dr Nicholls is the Director of the Oncology Services Group at the Queensland Children's Hospital in Brisbane with over 25 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	-	4 / 5	-
<p><b>Professor Timothy Price MBBS FRACP DHlthSc (Med)</b></p> <p>Professor Price is the Medical Lead of the Cancer Program at Central Adelaide Local Health Network and Medical Oncologist at The Royal Adelaide, Queen Elizabeth and Lyell McEwin Hospitals in Adelaide. His clinical research is focussed on Gastrointestinal and Neuroendocrine cancers. He heads the Solid Cancer Team at the Bazil Hetzel Institute where the group undertake translational and new drug research together with a focus on colorectal cancer of younger patients. He has been a member of the COSA NET and Rare Cancer Groups. He is the immediate past Chair of the AGITG Board and Scientific Advisory Committee and remains a Board Director. He has also Chaired the recently updated NHMRC Cancer Council Colorectal Cancer Guidelines.</p>	Director	29-Jul-19	-	3 / 5	-
<p><b>Professor Sabe Sabesan BMBS(Flinders) PhD FRACP</b></p> <p>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	-	4 / 5	-
<p><b>Dr Nik Zeps BSc (Hons) PhD</b></p> <p>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, a member of the PC4 Scientific Committee and a Consultant to the Office of eResearch at the Queensland University of Technology. He was a founding director of the Australian Clinical Trials Alliance (ACTA).</p>	Director, Member Audit, Risk & Finance Committee	13-Jul-17	-	5 / 5	7 / 8

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



## 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.

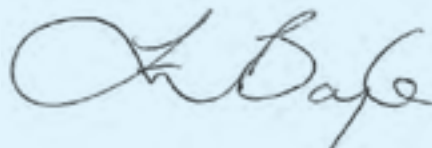
This report is made in accordance with a resolution of directors, pursuant to section 298(2)(a) of the Corporations Act 2001.

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  
02 October 2020



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

### ATTACHMENT 3.2

Level 11, 1 Margaret St  
Sydney NSW 2000  
Australia

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

As lead auditor of Clinical Oncology Society of Australia for the year ended 30 June 2020, I declare that, to the best of my knowledge and belief, there have been:

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

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

Leah Russell  
Partner

**BDO East Coast Partnership**

Sydney, 2 October 2020

BDO East Coast Partnership ABN 83 236 985 726 is a member of a national association of independent entities which are all members of BDO Australia Ltd ABN 77 050 110 275, an Australian company limited by guarantee. BDO East Coast Partnership and BDO Australia Ltd are members of BDO International Ltd, a UK company limited by guarantee, and form part of the international BDO network of independent member firms. Liability limited by a scheme approved under Professional Standards Legislation.

# STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2020

	Note	2020 \$	2019 \$
<b><u>Income</u></b>			
Member body subscriptions	1(a)(ii), 4	139,529	133,368
Annual Scientific Meeting revenue	1(a)(iii), 4	320,614	376,789
Other grant & project revenue	1 (a)(i), 4	378,264	655,169
NHMRC Enabling grant revenue	1(a)(iv), 4	0	978
Interest income	1 (a)(v), 4	33,171	52,437
Other revenue	1 (a)(vi), 4	154,138	-
		<b>1,025,716</b>	<b>1,218,741</b>
<b><u>Expenditure</u></b>			
Administration expenses		(68,760)	(82,820)
Employment costs		(651,421)	(615,739)
Depreciation		(2,755)	(3,269)
NHMRC Enabling grant expenses		(485)	(978)
Annual Scientific Meeting		(36,810)	(30,471)
Other grant & project expenses		(337,407)	(401,087)
Other expenses from ordinary activities		(60,247)	(71,264)
		<b>(1,157,885)</b>	<b>(1,205,628)</b>
Surplus before income tax expense		<b>(132,169)</b>	<b>13,113</b>
Income tax expense	1(c)	-	-
<b>Net surplus after income tax expense for the year attributable to the members of COSA</b>		<b>(132,169)</b>	<b>13,113</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>(132,169)</b>	<b>13,113</b>

The accompanying notes form part of these financial statements

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2020

ASSETS	Note	2020	2019
Current Assets		\$	\$
Cash & cash equivalents	5	220,527	292,918
Trade & other receivables	6	126,666	173,195
Other current assets	7	2,052,443	2,063,540
Total Current Assets		2,399,636	2,529,653
Non-Current Assets			
Plant & equipment	8	1,658	4,413
Total Non-Current Assets		1,658	4,413
<b>Total Assets</b>		<b>2,401,294</b>	<b>2,534,066</b>
<b>LIABILITIES</b>			
Current Liabilities			
Trade & other payables	9	238,517	270,870
Provision for employee benefits	10	103,093	48,999
Total Current Liabilities		341,611	319,869
Non-Current Liabilities			
Provision for employee benefits	10	12,882	35,226
Total Non-Current Liabilities		12,882	35,226
<b>Total Liabilities</b>		<b>354,492</b>	<b>355,095</b>
<b>Net Assets</b>		<b>2,046,802</b>	<b>2,178,971</b>
<b>EQUITY</b>			
Grants & Special Projects Reserve		16,844	130,277
General Funds		2,029,958	2,048,694
<b>Total Equity</b>		<b>2,046,802</b>	<b>2,178,971</b>

The accompanying notes form part of these financial statements

# STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2020

	\$	\$	\$
	General Funds	Grants & Special Projects Reserve	Total Funds
<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	-	13,113
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>
<b>Balance at 1 July 2019</b>	<b>2,048,694</b>	<b>130,277</b>	<b>2,178,971</b>
Transfer from reserves	113,433	(113,433)	(103,862)
Transfer to liabilities	-	-	-
Surplus after income tax for the year	(132,169)	-	(132,169)
Other Comprehensive income for the year, net of tax	-	-	-
Total comprehensive income for the year	<b>(132,169)</b>	-	<b>(132,169)</b>
<b>Balance at 30 June 2020</b>	<b>2,029,958</b>	<b>16,844</b>	<b>2,046,802</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 2020

	Note	2020 \$	2019 \$
<u>Cash flows from operating activities:</u>			
Receipts from member subscriptions and other income (inclusive of GST)		1,134,232	1,073,589
Payments to suppliers, employees and member bodies (inclusive of GST)		(1,229,608)	(1,231,489)
Interest received		33,171	52,437
Net cash (used) in/provided by operating activities	14	(62,205)	(105,463)
<u>Cash flows from investing activities:</u>			
Payment for term deposits		(10,185)	(200 000)
Received from term deposits		-	-
Payment for purchase of plant and equipment			(1,855)
Net cash used in by investing activities		(10,185)	(201,855)
Net (decrease)/ increase in cash & cash equivalents		(72,390)	(307,318)
Cash & cash equivalents at the beginning of the year		292,918	600,236
<b>Cash &amp; cash equivalents at the end of the year</b>	5	<b>220,527</b>	<b>292,918</b>

The accompanying notes form part of these financial statements

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

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 02 October 2020.

## 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 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.

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020 (CONT.)

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

### ACCOUNTING POLICIES

#### (a) Revenue Recognition

The company is required to assess whether revenue is generated from an enforceable contract with sufficiently specific performance obligations in which case it is accounted for as contract revenue (AASB 15). If there is not an enforceable contract with sufficiently specific performance obligations, revenue is accounted for under AASB 1058.

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

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

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

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

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

#### (i) Contract Revenue - Grants

Grant income arising from an agreement which contains enforceable and sufficiently specific performance obligations is recognised when control of each performance obligations is satisfied. This is generally the case for the monies received for information, education, advocacy and research.

The performance obligations are varied based on the agreement but may include management of education events, advocacy programmes and facilitation of research.

Within grant agreements there may be some performance obligations where control transfers at a point in time and others which have continuous transfer of control over the life of the contract.

Where control is transferred over time, generally the revenue is recognition based on either cost or time incurred which best reflects the transfer of control.

#### (ii) Contract Revenue - Member Subscriptions

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

#### (iii) Contract Revenue - Annual Scientific Meeting Income

The Company contracts a professional Events Co-ordinator to manage the staging of the Annual Scientific Meeting including the receipt of revenue and payment of expenses in relation to the event. Documents detailing the income and expenses have been received from the Events Co-ordinator together with a reconciling statement.



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

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 2019/20 Annual Scientific Meeting was \$283,804 (2018/19: 346,318).

(iv) **Contract revenue - 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, \$1,947,463 has been allocated to fund this activity of which \$485 (excluding employment costs) has been spent in 2019/20 (2018/19: \$978). The balance of unspent monies is held in the Grants & Special Projects Reserve in the Statement of financial position awaiting future expenditure.

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.

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020 (CONT.)

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

(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 expected credit loss.

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

(g) **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.

(h) **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.

(i) **Comparative figures**

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

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

### (j) 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.

### (k) 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.

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020 (CONT.)

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

### (l) 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.

#### *Determining whether contracts such as grants contain enforceable and sufficiently specific obligations*

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

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

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

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

### (m) 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 2020 (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>2020</b>	<b>2019</b>
	<b>\$</b>	<b>\$</b>
Membership subscriptions (also refer to note 1(a) (ii))	139,529	133,368
Interest Revenue	33,171	52,437
ASM Income	320,614	376,789
NHMRC Enabling Grant	0	978
Other Grant income	289,514	565,169
Recoveries of clinical trials insurance cover	88,750	90,000
Other revenue	154,138	-
	<u>1,025,716</u>	<u>1,218,741</u>

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020 (CONT.)

## Note 5. Cash & cash equivalents

	2020 \$	2019 \$
Cash at bank	<u>220,527</u>	<u>292,918</u>
	<u>220,527</u>	<u>292,918</u>

## Note 6. Trade and other receivables

<u>Current</u>		
Trade receivables	53,412	127,904
Other receivables	<u>73,254</u>	<u>45,291</u>
	<u>126,666</u>	<u>173,195</u>

## Note 7. Other current assets

Prepayments	131,527	152,809
Held to maturity investments - term deposits	<u>1,920,916</u>	<u>1,910,731</u>
	<u>2,052,443</u>	<u>2,063,540</u>

## Note 8. Plant & equipment

Computer equipment		
- Computer equipment, at cost	20,651	20,651
- Accumulated depreciation	<u>(18,993)</u>	<u>(16,238)</u>
Total computer equipment	<u>1,658</u>	<u>4,413</u>

## Note 9. Trade and other payables

	2020	2019
	\$	\$
<u>Current</u>		
Trade creditors & accruals	29,761	63,440
Contract liabilities	208,757	207,430
	<u>238,517</u>	<u>270,870</u>

## Note 10. Provisions

<u>Current:</u>		
Employee benefits	103,093	48,999
	<u>103,093</u>	<u>48,999</u>
 <u>Non-Current:</u>		
Employee benefits	12,882	35,226
	<u>12,882</u>	<u>35,226</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	5,900	5,700
	<u>5,900</u>	<u>5,700</u>

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020 (CONT.)

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

	<b>2020</b>	<b>2019</b>
	<b>\$</b>	<b>\$</b>
Net surplus for the year	(132,169)	13,113
Non-cash flows in surplus from ordinary activities:		
Depreciation	2,755	3,269
Transfer from reserves		(10,855)
Changes in assets and liabilities:		
Decrease / (increase) in trade & other receivables	46,529	(68,080)
Decrease / (increase) in other current assets	21,282	(83,415)
Decrease) in trade & other payables	(32,352)	(9,722)
Increase in provisions	31,750	50,227
Net cash (used)/provided by operating activities	<u>(62,205)</u>	<u>(105,463)</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 2020

## Directors' Declaration

In the directors' opinion:

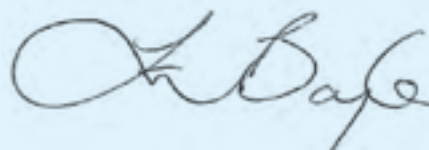
1. The Company is not a reporting entity because there are no users dependent on general purpose financial statements. Accordingly, as described in note 1 to the financial statements, the attached special purpose financial statements have been prepared for the purpose of complying with the requirements 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 2020 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:



---

A/Prof Nick Pavlakis  
President



---

Prof Fran Boyle AM  
President-Elect

Sydney  
02 October 2020



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Australia

## INDEPENDENT AUDITOR'S REPORT

To the members of Clinical Oncology Society of Australia

### Report on the Audit of the Financial Report

#### Opinion

We have audited the financial report of Clinical Oncology Society of Australia (the registered entity), which comprises the statement of financial position as at 30 June 2020, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial report, including a summary of significant accounting policies, and the Directors' declaration.

In our opinion the accompanying financial report of Clinical Oncology Society of Australia, 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 2020 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 (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

#### Emphasis of matter - Basis of accounting

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



### **Responsibilities of Directors for the Financial Report**

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

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

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

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

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

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

This description forms part of our auditor's report.

### **BDO East Coast Partnership**

BDO  
A handwritten signature in dark ink that reads 'Leah Russell'.

Leah Russell  
Partner

Sydney, 7 October 2020

# COSA ANNUAL REPORT 2020



**Clinical  
Oncology  
Society of  
Australia**

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RESEARCH  
ADVOCACY  
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