



Clinical
Oncology
Society of
Australia

CCOSA

ANNUAL REPORT 2021

EDUCATION

COLLABORATION

ADVOCACY

RESEARCH

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PRESIDENTS OF COSA

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

COSA VISION AND MISSION

QUALITY MULTIDISCIPLINARY CANCER CARE FOR ALL

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

COSA achieves this by:

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

COSA MEMBERSHIP

As at 31 December 2021 there were 757 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 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

Professor Fran Boyle AM
President



A/Professor Dion Forstner
President-Elect



Ms Sandie Angus
Director



Professor Judy Bauer
Director



Dr Tanya Buchanan
Director
Appointed July 2021



Mr Peter Dowding
Director



Ms Hollie Harwood
Director
Resigned July 2021



Dr Malinda Itchins
Director
Appointed July 2021



Professor Michael Jefford
Director
Appointed July 2021



**Dr Wayne
Nicholls**
Director
Retired July
2021



**Professor
Timothy
Price**
Director



**Professor
Sabe
Sabesan**
Director



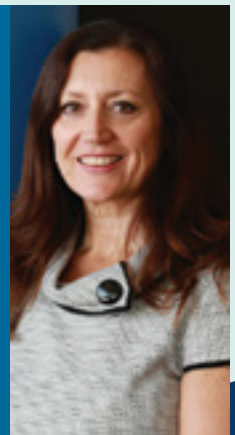
**A/Professor
Christopher
Steer**
Director
Appointed July
2021



**Professor
Nik Zeps**
Director
Retired July
2021



**Ms Marie
Malica**
Chief Executive
Officer



AUDITORS

BDO
Level 11
1 Margaret St
Sydney NSW
2000

COSA COUNCIL

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

COSA GROUP AND APPOINTED REPRESENTATIVES

ADOLESCENT AND YOUNG ADULT GROUP

Chair: Dr W Nicholls
MBChB FRACP

BREAST CANCER GROUP

Chair: Dr S Fraser
MBBS FASBP

CANCER BIOLOGY GROUP

Chair: Professor N Zeps
BSc(Hons) PhD

CANCER CARE COORDINATION GROUP

Chair: Distinguished Professor P Yates
AM PhD RN FAAN FACN

CANCER GENETICS GROUP

Chair: (Jan–Oct) Ms L Salmon
BSc GradDip Genetic Counselling
FHGSA

(Oct–Dec) Mr S Troth
BSc Grad Dip Genetic Counselling
FHGSA

CANCER PHARMACISTS GROUP

Chair: (Jan–Oct) Mr D McKavanagh
BPharm DipClinPharm CHIA

Co-Chair: (Nov–Dec) Mrs M Ryan
BPharm MHIthMgt GradDipClinPharm

Co-Chair: (Nov–Dec) Dr G Sandhu
BPharm(Hons) DipClinPharm PhD

CANCER PREVENTION

Chair: Professor B Stewart
AM MSc PhD FRACI DipLaw
GradDipLegalPract

CLINICAL TRIALS RESEARCH PROFESSIONALS GROUP

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

(Oct–Dec) Mr A Stoneley

EPIDEMIOLOGY GROUP

Chair: Dr H Tuffaha
BPharm MBA MSc PhD

EXERCISE AND CANCER GROUP

Chair: (Jan–Oct) Mr A Murnane
BAppSci GradDip MAppSci

(Oct–Dec) Dr D Mizrahi
BExPhys MSc PhD

GASTROINTESTINAL ONCOLOGY GROUP

Chair: (Jan–Oct) Professor D Yip
MBBS FRACP

(Dec) Dr C Diakos
BSc(Hons) PhD MBBS FRACP

GERIATRIC ONCOLOGY GROUP

Chair: Professor M Agar
MBBS FRACP FACHPM MPC PhD

GLOBAL ONCOLOGY GROUP

Chair: (Oct–Dec) Professor D Yip
MBBS FRACP

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 BMedSci MBBS
(Hons) FRACP PhD

MELANOMA AND SKIN GROUP

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

NEUROENDOCRINE TUMOURS GROUP

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

NEURO-ONCOLOGY GROUP

Chair: A/Professor ES Koh
MBBS FRANZCR

NUTRITION GROUP

Chair: Dr M Findlay
PhD AdvAPD

PAEDETRIC ONCOLOGY GROUP

Chair: Position vacant

PALLIATIVE CARE GROUP

Chair: Professor J Phillips
BSc PGDip PhD RN 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 FAHMS

REGIONAL & RURAL ONCOLOGY GROUP

Chair: A/Professor R Zielinski
MBBS Hons (Sydney) BE Hons (Sydney)

SURGICAL ONCOLOGY GROUP

Chair: Dr S Nightingale
MB ChB MS FRACS

SURVIVORSHIP GROUP

Chair: (Jan–Nov) Professor M Jefford
MBBS MPH MHIthServMt PhD
GCertUniTeach GAICD FRACP

(Nov–Dec) Professor R Chan
PhD GAICD FACN NHMRC Investigator
Fellow

UROLOGIC ONCOLOGY GROUP

Chair: A/Professor A Azad
MBBS PhD FRACP

ABORIGINAL AND TORRES STRAIT ISLAND REPRESENTATIVE

(May–Dec) Professor G Garvey
BEd MEd PhD

ADVANCED TRAINEE REPRESENTATIVE

(Jan–May) Dr A Parsonson
MBBS MMed (ClinEpi) FRACP

(May–Dec) Dr A Knox
BSc MBBS

CONSUMER REPRESENTATIVES

(Sep–Dec) Ms K Bell
BA(Hons) GradCertHealthEcons MPH
GAICD

(Sep–Dec) Ms L Young Duniv

PRESIDENT

Professor F Boyle AM
MBBS FRACP PhD

PRESIDENT-ELECT

A/Professor D Forstner
MBBS (Hons) FRANZCR

IMMEDIATE PAST PRESIDENT

Professor N Pavlakis
BSc MBBS MMed (ClinEpi) PhD FRACP

AFFILIATED ORGANISATION REPRESENTATIVES

AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP

Professor T Price
MBBS DHlthSc (Medicine) FRACP

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

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

(Jan-Mar) Dr C Fraser
FRACP MBBS MPH

(Mar-Dec) Professor N Gottardo
FRACP MBBS MPH

AUSTRALIAN AND NEW ZEALAND HEAD & NECK CANCER SOCIETY

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

(Aug-Dec) Dr B Stein
MBBS(Hons) FRACP

AUSTRALIAN AND NEW ZEALAND UROGENITAL & PROSTATE CANCER TRIALS GROUP

Professor I Davis
MBBS (Hons) PhD FRACP FChPM

BREAST CANCER TRIALS

Professor GB Mann
MBBS PhD FRACS

CANCER NURSES SOCIETY OF AUSTRALIA

(Jan-Mar) Ms C O'Kane
RN NP DipMgmt DipProjMgmt MNsg
MCNSA MCOSA

(Mar-Dec) Ms G Vigar
BN, PGDipOncNurs MNsc (Onc Nurs)
RN MCNSA MCOSA MACN CHIA

CANCER SYMPTON TRIALS

Professor K Clark
MBBS MMed PhD FRACP FChPM

COOPERATIVE TRIALS GROUP FOR NEURO-ONCOLOGY

A/Professor ES Koh
MBBS FRANZCR (from October 2020)

FACULTY OF RADIATION ONCOLOGY

Dr Keen Hun Tai
MBBS FRANZCR

HUMAN GENETICS SOCIETY OF AUSTRALIA

(Jan-Oct) Ms L Salmon
BSc GradDip Genetic Counselling
FHGSA

(Oct-Dec) Mr S Troth
BSc Grad Dip Genetic Counselling
FHGSA

MEDICAL ONCOLOGY GROUP OF AUSTRALIA

(Jan-Aug) A/Professor P Blinman
BMed FRACP PhD

(Aug-Dec) Dr D Karikios

BSc MBBS FRACP PhD

MELANOMA AND SKIN CANCER TRIALS

Professor M Shackleton
MBBS PhD FRACP

ONCOLOGY SOCIAL WORK AUSTRALIA & NEW ZEALAND

Ms K Hobbs
MSW MAASW

PRIMARY CARE COLLABORATIVE CANCER CLINICAL TRIALS GROUP

Dr C Ee
MBBS FRACGP BAppSci (Chinese
Medicine) Grad Cert Med Acup MMed
PhD

PSYCHO-ONCOLOGY COOPERATIVE RESEARCH GROUP

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

ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA

A/Professor K Lee
MB ChB FRCPA

THORACIC ONCOLOGY GROUP OF AUSTRALASIA

Professor M Millward
MBBS MA FRACP

TROG CANCER RESEARCH

Dr P Sundaresan
BSc (Hons) MBBS FRANZCR PhD

PRESIDENT'S REPORT



Fran Boyle
COSA President
2021-2022

When I was nominated for this role back in June 2018, I had quite different ambitions for the first year of my COSA Presidency. Adjustments due to the COVID-19 pandemic continue to affect the way we live and work throughout 2021. Whilst it was not the year I anticipated, I am still very proud of what we have achieved.

I certainly did not expect to spend the last two weeks of 2021 advocating for changes to telehealth, when in fact it was what we had been asking for throughout the pandemic. Telehealth was seen as one of the “silver linings” of COVID-19 for vulnerable people with cancer and other illnesses, with most patients accessing their specialist consultations by phone. But the government saw fit to remove MBS funding for phone, in favour of video only consultations. We believed this was the wrong decision at the wrong time with the Omicron variant causing havoc. So the week before Christmas saw the COSA team and myself working with our members and stakeholders to advocate heavily for the decision to be reversed. We were pleased to learn the changes have been deferred to 1 July 2022, allowing time to negotiate for more flexibility, with the help of Cancer Australia and other stakeholders. I would say that’s a major win for us and our patients, one which I am very proud to have facilitated even if only in part.

Achievements in 2021

Some of our other noteworthy achievements throughout 2021 include:

- Our second very successful virtual ASM
- First virtual, and third COSA-Flinders Cancer Survivorship Conference
- Webinars held in partnership with the Australian Cancer Survivorship Centre, Cancer Council Victoria and Cancer Nurses Society of Australia
- Continued advocacy work around COVID-19, including vaccination for cancer patients, cessation of screening services and the utilisation of tele-health in ongoing cancer care
- Completion and final report of the Australasian Tele-trial Model pilot implementation project, which ultimately saw the Federal Government invest more than \$124 million in tele-trials projects
- Updated Exercise and Cancer position statement
- Breast density facts and issues statement launched
- Fertility preservation guidelines finalised, expanded from adolescents and young adults to include all patients with cancer, ready for formal launch in early 2022
- Seven submissions to government and other bodies
- Appointment of three Cancer Survivorship Fellows who received mentorship, guidance, and support from the COSA Survivorship Executive Committee
- Establishment of the new COSA Global Oncology Group

Annual Scientific Meeting

COSA held its second virtual ASM in 2021, and it was another highly successful event. Early in the year I shared Marie Malica’s enthusiasm for a face-to-face conference, but obviously the Board made the difficult decision to move to event to virtual. By late August, it became obvious that travel and border restrictions would prevent us all from confidently and safely planning for in-person attendance. Luckily, we had the experience of 2020 behind us – that experience coupled with the great online platform we had used the year prior, and the experience of the team at ASN Events to ably support a seamless delivery, all came together flawlessly.

Over the three days of the ASM, delegates had access to all content from plenaries and five 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.

On behalf of the COSA Board and Council I extend our sincere thanks to Kate Webber and the Program Committee for pulling together a stand-out educational program.

Whilst I enjoyed the virtual ASM very much, I am yearning to see you all again in person in Brisbane in November 2022.

Governance

2021 saw a number of changes to the COSA Board membership with some director terms expiring and vacancies created due to others retiring and Dion Forstner stepping up as President-Elect. The retirements included Hollie Harwood (the Cancer Council Australia nominee), Wayne Nicholls, Nick Pavlakis, and Nik Zeps. The new appointments were Tanya



I hope to see you all on the dance floor at the ASM in Brisbane in November.



Buchanan (Cancer Council), with Malinda Itchins, Michael Jefford, and Christopher Steer being the new Council elected directors.

The Board met five times in 2021, with a focus on governance, finance, strategy and risk. The Audit, Risk and Finance Committee (AR&FC), a sub-committee of the Board, also met five times. Once again, our co-opted director Peter Dowding deserves a special mention for his outstanding job of chairing the AR&FC. Together with our CEO, Peter and the Committee continued to lead us through the challenges of COVID-19. Sadly, Peter announced his retirement from the COSA Board, effective March 2022, following eight years of valuable service. A recruitment process is underway for another co-opted director with financial expertise. I hope to introduce the successful candidate appointed by the Board at the 2022 AGM.

COSA Council is our main Clinical and Scientific Advisory Group, and consists of the COSA Group Chairs and a representative from each of the Affiliated Organisations. Council met three times in 2021 - all virtually due to the disruptions and travel restrictions caused by the pandemic. These virtual meetings were still very well attended, with highly engaged participation and informative agendas. As with the ASM, we hope the Board and Council will have the opportunity to meet in person in 2022.

We all have high hopes for 2022, but in closing out 2021 I extend my sincere thanks to the COSA Board and Council for their continued guidance; to Cancer Council Australia for the ongoing mutually beneficial relationship; and to our CEO Marie Malica and her team for leading the organisation through another challenging year.

I hope to see you all on the dance floor at the ASM in Brisbane in November.



Fran Boyle presenting the Tom Reeve Award to the 2021 recipient Michael Barton OAM

CHIEF EXECUTIVE OFFICER'S REPORT

At the start of 2021 I did not expect to be writing another annual report from my "home office" (ie dining room!). Earlier in the year, the team and I commenced a gradual return to our Sydney CBD office, but the Omicron variant quickly quashed that pipedream. As always, the COSA team has achieved an enormous amount with our limited resources, and we all banded together despite being physically distanced.

Annual Scientific Meeting

Whilst I tried to maintain my optimism for a face-to-face event, in late August it became obvious that was not going to be possible as the pandemic once again forced the COSA Annual Scientific Meeting (ASM) online. However, following the experience of a successful virtual ASM in 2020, I was confident we could deliver another great event.

We chose the theme "Cancer care and research: Learning from the past and improving the future" because we wanted to implement the learnings from the first year of the pandemic and not ignore the challenges of 2020. Secondly, we received feedback from the delegate evaluations that our members wanted us to build on previous ASM topics rather than introduce all new themes each year.

In terms of clinical themes, the program had a focus on immunotherapy. This theme was very well received when we last featured it in 2017. There has been a lot of progress since, and in multiple disease areas, so we featured new research and ground-breaking treatments for diseases such as mesothelioma and rare cancers. Building on the excellent presentations from the 2020 program, we also had a focus on patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs). We wanted to move

the discussion from why to how, to the implementation of PROMs and PREMs into routine cancer care, and discuss the barriers and enablers to making this happen.

We utilised the same online platform as in 2020, Delegate Connect. Clearly they listened to our feedback and made lots of improvements, ensuring a positive delegate experience with 97 per cent of respondents in the evaluation survey stating the platform was user friendly. Delegates were highly engaged over the course of the three days with 215,053 minutes of live stream views! And the added bonus of the online platform is that all content is available on demand for 12 months after the ASM.

Given 2021 was the second year of the pandemic, surprisingly 19 per cent of survey respondents stated this was the first virtual event they had attended (compared to 45 per cent in 2020). Once again, a noteworthy number of respondents (19 per cent) suggested they would prefer to attend a virtual COSA ASM in future, compared to 64 per cent who prefer 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.

Whilst this was another highly successful virtual ASM, I remain hopeful we can be together in person for the 2022 COSA ASM in Brisbane.

Trainee events

Unfortunately the pandemic forced us to postpone many of the Advanced Trainee educational events COSA traditionally hosts throughout the year, but we did manage to sneak one in – the ACT and NSW Oncology Weekend (ACTNOW). This event is not just for Trainees, we also welcome

consultants. The big change to ACTNOW in 2021 was opening it up to radiation oncologists as well as medical oncologists. Given the paucity of in-person events, registration quickly filled once we opened it.

ACTNOW is a residential weekend educational program hosted by COSA in Bowral every second year. Traditionally sponsored by Roche, the 2021 event was also kindly supported by GenesisCare. Over 60 delegates participated and benefitted from presentations focused on: cardio-oncology; treatment updates in rectal cancer; skin toxicity management from systemic and radiation therapy; treatment of oligometastatic disease; technology, telehealth and tele-trials; heritable cancer basics for oncologists – mainstreaming and identifying potential germline mutations on tumour profiling; COVID-19 impacts on cancer care; and career planning including a talk to demystify the "dark side" of private oncology.

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.

There were several new appointments to COSA Council in 2021:



I cannot thank the COSA team enough for their dedication and efforts during another strange year



Marie Malica
Chief Executive Officer

| Group or Appointment | Outgoing | Incoming |
|---|--------------------------------|--|
| *Aboriginal & Torres Strait Islander representative | New position | Gail Garvey |
| Advanced Trainee representative | Andrew Parsonson | Andrea Knox |
| Cancer Genetics | Lucinda Salmon | Simon Troth |
| Cancer Pharmacists | Dan McKavanagh | Marissa Ryan (co-Chair) Geeta Sandhu (co-Chair) |
| Clinical Trials Research Professionals | Annette Cubitt | Adam Stoneley |
| Consumer Representatives | Vacant | Kathy Bell Leonie Young |
| Exercise and Cancer | Andrew Murnane | David Mizrahi |
| Gastrointestinal Cancer | Desmond Yip | Connie Diakos |
| *Global Oncology | New position | Desmond Yip |
| Nutrition | Nicole Kiss | Merran Findlay |
| Affiliated Organisations | Outgoing Representative | Incoming Representative |
| ANZCHOC | Chris Fraser | Nick Gottardo |
| ANZHNCs | Julia Maclean | Brian Stein |
| CNSA | Carmel O'Kane | Gabrielle Vigar |
| FRO | Madhavi Chilkuri | Keen Hun Tai |
| MOGA | Prunella Blinman | Deme Karikios |
| PC4 | Joel Rhee | Carolyn Ee |
| *TOGA | New member | Michael Millward |

* New Group/appointment

Membership

The Board approved 119 new members in the 2020/21 financial year. There was however a decrease in overall membership subscriptions, with 188 members from 2020 not renewing. As a member-based organisation, these fluctuations in membership can present some challenges for COSA. We urge all members to renew every year, and to encourage their colleagues to join and become involved in the range of COSA activities as demonstrated in the Group reports.

Team COSA

2021 saw a few changes to the COSA team for the first time in many years. Sadly, COSA Project Managers Chantal Gebbie and Jessica Harris left as they chose not to renew their contracts, and our Social Media Coordinator Olivia Hart took up a full-time role with Cancer Council Australia. In October we welcomed Project Manager Hayley Griffin back from parental leave. And in December we appointed a new Communications Manager, Rosannah Girdlestone (née Snelson). Some COSA members may have crossed paths with Rosannah when she supported the team at COSA ASMs 2012–2016, or in her role as the Executive Editor of *Cancer Forum* at Cancer Council Australia during that time. Rosannah commenced in this newly created role in January 2022, and

she is passionate about lending her communications skills and experience to COSA and will be involved in projects such as our publications, website, social media channels and communications campaigns.

I cannot thank the COSA team enough for their dedication and efforts during another strange year. In addition to those mentioned above the other Project Managers – Rhonda DeSouza and Gillian Mackay – worked tirelessly to facilitate the great projects reported by their Groups. We are all skilfully supported by our highly-efficient admin team in Fran Doughton and Peter Robinson.

COSA SNAPSHOT

WHERE
ARE YOU?



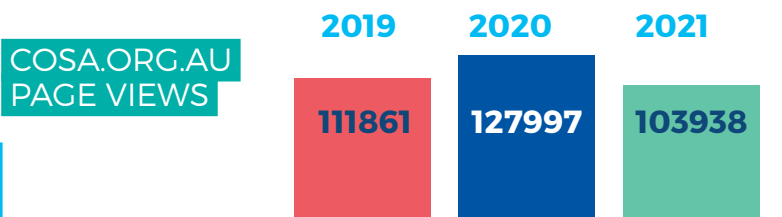
WHO ARE YOU?



* Members can indicate more than one profession

WHAT DID YOU ATTEND?

2021 COSA education opportunities



SOCIAL MEDIA REACH

Key 2019 2020 2021



ASM

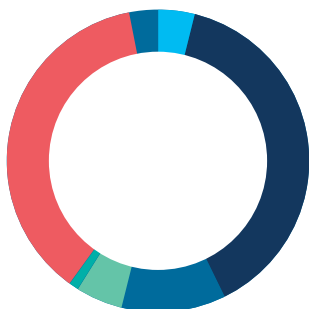
2021

Registrations

725

Registration state breakdown

- ACT: 26 (4%)
- NSW: 277 (39%)
- QLD: 77 (11%)
- SA: 36 (5%)
- TAS: 5 (1%)
- VIC: 258 (37%)
- WA: 21 (3%)



Abstracts

297

Why attend the ASM?



77% broaden my knowledge



43% present new research

Rate the program



Content: 55% excellent

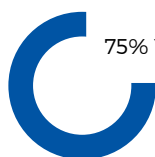


Standard: 57% excellent



Relevance: 61% excellent

Will we see you at the 2022 COSA ASM in Brisbane?



75% YES

Hashtag tweets

#COSA21 1,275

Hashtag impressions

2.303m



(L-R) Fran Boyle, Adam Spencer (hot topic panel discussion facilitator) and Marie Malica at the COSA ASM HQ

COSA GROUP REPORTS

CANCER GENETICS GROUP



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

There have been several changes within the COSA Cancer Genetics Group's Executive Committee. The Committee, on behalf of the COSA Cancer Genetics Group, would like to acknowledge Lucinda Salmon for her dedication and hard work as Chair for over three years. As the new Chair, I would like to welcome new members to the Group and thank those who have taken on the important roles of Deputy Chair, Secretary and Treasurer.

The Executive Committee continues to manage the needs of our members working in somatic and germline cancer genetics. To do this, the Executive has two subgroups (familial and somatic) who meet monthly and come together bi-monthly to plan events and discuss involvement in various projects.

Although 2021 continued to bring ongoing challenges, the COSA Cancer Genetics Group managed to deliver on many activities. Much of the Committee's work has been on providing education to our members. The group contributed to the following conferences, educational events, and projects in 2021.

Conferences and educational activities

Familial Cancer Clinical Professional Day

Although we were hoping for a face-to-face meeting, the COSA/Human Genetics Society of Australasia (HGSA) Familial Cancer Clinical Professional Day was held virtually on 31 August 2021.

The day featured four sessions on palliative cancer care, somatic cancer in the familial cancer clinic, paediatric cancer, as well as a session presenting cases of special interest. The session on palliative cancer care provided evidence and information on the treatment, management, and psychosocial aspects of palliative cancer care. The pancreatic cancer session provided current research and updates on paediatric cancer syndromes, and psychosocial challenges of paediatric cancer genetics. The day also included session on managing patients with unclassified variants and uncertain cancer risks, germline mutations in prostate cancer, multi-organ cancer predisposition and surveillance, and the ever-evolving nature of genetic risk.

The 2021 COSA ASM

The COSA Cancer Genetics Group was very pleased to present a session on the first day of the ASM focused on Inherited Cancer Risk and Risk Management. Prof Paul James began by providing a comprehensive overview of moderate-risk breast cancer genes and the management implications for individuals found to carry a pathogenic variant or likely pathogenic variant. Prof Alison Trainer discussed how non-genetic health professionals who request genetic testing can manage the complexity of a variant of uncertain significance identified in a cancer predisposition gene. Dr Ainsley Campbell presented a detailed overview on risk management for male prostate cancer susceptibility mutation carriers given the rise in clinical genetic testing in families with prostate cancer. The session was closed by Dr Mandy Ballinger who presented the latest data from SMOC+ (The Australian Surveillance Study in Multi-Organ Cancer prone syndromes) demonstrating the impact of whole-body MRI for individuals who carry a mutation in a multi-organ cancer susceptibility gene.

Webinars

A key part of meeting the needs of our members has been the delivery of webinars on topics relevant to both somatic and familial cancer.

- neurofibromatosis type 1
- the SEQC2 oncopanel sequencing working group
- how germline and somatic cancer variants collide in the clinical cancer space
- the germline contribution to haematological malignancies

Although most of the Executive's efforts were focused on the above events, members of the Executive also contributed to the 2021 HGSA ASM scientific program ensuring representation at this meeting for those working in cancer genetics.

The Executive thanks all the speakers who gave their time. We also acknowledge the support provided by COSA and HGSA to support the registration and running of the various events.

Additional activities

The COSA Cancer Genetics Group's Executive Committee has been involved in several projects throughout 2021.

The statement Universal tumour screening for evidence of mismatch repair deficiency: A national strategy to identify families with Lynch Syndrome was first developed in 2018. The Executive has reviewed and updated this document. The updated statement will be available on the HGSA website.

We have been involved in reviewing Medical Services Advisory Committee (MSAC) submissions and reviews at the request of our members. This included a revision of the breast and ovarian cancer genetic testing Medicare item numbers and an MSAC application for whole body MRI. We also surveyed our members to guide our involvement in these projects. The respondents provided overwhelming support for the Group to be involved.

In 2021 the Executive introduced new travel and professional grants. Grants are available for members of the Cancer Genetics Group to attend a conference or educational event either in person or virtually. In our first year we awarded one grant. We welcome members of the Cancer Genetics Group to contact us if they want to find out more and apply for a grant.

I wish to thank the members of the Cancer Genetics Executive Group for all their hard work and contributions in

2021. I thank the members who have stepped down from the Executive in 2021, Fiona Webb, Mathilda Wilding, Susan Dooley and welcome our new members who have already significantly contributed. Again, I would like to acknowledge Lucinda Salmon for her contributions and dedication as Chair over the three plus years.

We look forward to delivering on education and on projects in 2022. We encourage any member of COSA with a special interest in somatic or familial cancer to join the Group.



Simon Troth
Chair,
Cancer Genetics
Group

CANCER PHARMACISTS GROUP



CPG Membership and Committee

Currently our group membership stands at 137, and additionally, there are 19 other COSA members who have registered as having an interest in cancer pharmacy, which is an improvement on both figures, over the last 24 months.

The second half of 2021 saw some changes with the Committee, with Marissa Ryan and Geeta Sandhu coming in as co-Chairs, after Daniel McKavanagh stepped down from Chair responsibilities to focus on other professional activities. Dan has been a very active contributor to Cancer Pharmacists Group (CPG) over the last 13 years, and we are very grateful for all his enthusiasm and leadership to advance cancer pharmacy. Dan plans to step down from his long tenure with the Committee in early 2022. In November 2021 we welcomed our four newest committee members, Kate Wright, Zainab Reslan, Marliese Alexander and Sonia Cuan.

The CPG Executive Committee currently consists of the following members:

- Marissa Ryan (co-Chair)
- Geeta Sandhu (co-Chair)
- Kimberley-Ann Kerr (Deputy Chair)
- Gail Rowan
- Courtney Oar
- Chi Hao La
- Kate Wright (new)
- Zainab Reslan (new)
- Marliese Alexander (new)
- Sonia Cuan (new)
- Daniel McKavanagh (stepping down early 2022)

Educational activities

We would like to thank all CPG members, and in particular, the CPG Committee, for their continued support for and involvement in the planning, attendance and delivery of various CPG activities, during another challenging year impacted by the pandemic. The three main educational events held in 2021 were:

Foundation Clinical Practice for Cancer Pharmacists Course: 5 and 12 June 2021

The Foundation course returned this year (13th year) and was delivered for the first time as a hybrid of pre-recorded lectures and live video conferenced group workshops. The course conveners (Geeta Sandhu, Courtney Oar, Marissa Ryan, Daniel McKavanagh) who were also speakers, in addition to speakers Chi Hao La, Gail Rowan and Kimberley-Ann Kerr, did an amazing job of adjusting to the revised format. The desire for such an educational course was high with the course being sell-out! The recorded footage is planned to be repackaged for the potential virtual delivery of shorter learning modules in 2022.

COSA ASM: 16-18 November 2021

The ASM was held virtually, with the clinical themes of immunotherapy, PROMs and PREMs. A big thank you to Gail Rowan and Chi Hao La who were the CPG representatives on the ASM organising committee. The ASM was a remarkable success, notably, the "Medicines Matters" session provided an informative update on onco-nephrology and included international and national speakers discussing anticancer drug dosing in kidney dysfunction from a multidisciplinary perspective. Overall, we had high engagement by CPG members, including several members of the Committee, presenting orals and posters, as well as chairing sessions and judging abstracts.

CPG pre-ASM Clinical Development Workshop: 15 November 2021

Thank you to Gail Rowan and Helen Gougougiannis for their hard work in organising the virtual clinical development workshop held the day before the COSA ASM. Over 40 attendees used the opportunity to further their knowledge and develop their skills over three interactive sessions. The first session outlined educational resources available for developing our own practice, but also for training pharmacists new or in the early stages of their cancer pharmacy career. The second session saw new immunotherapy trials being discussed as well as an in-depth look into the treatment of lung malignancies with immunotherapies. The final session addressed how we can respectfully discuss with our patients, the use of complementary and alternative medicines (CAMs) and availability of best evidence-based CAMs resources. This session was incredibly interactive, with cancer pharmacists discussing their practical experiences of common concerns with CAMs and cancer therapies. Following the workshop conclusion, the CPG Annual General Meeting was held virtually.

Other activities

- The CPG Executive Committee collaborated with British Oncology Pharmacy Association (BOPA) to co-host a “My Research Session” webinar in October. Australian Bone Marrow Transplant pharmacist Julian Lindsay showcased his research on Cytomegalovirus management in allogeneic haematopoietic stem cell transplantation. There are plans to continue the virtual collaborative effort in elearning for 2022, by sharing education modules and expanding to include international cancer pharmacist groups on regular basis
- Representation by CPG members on behalf of COSA at:
 - Pharmaceutical Benefits Scheme (PBS) Active Ingredient Prescribing Advisory Group (Marissa Ryan)
 - PBS Efficient Funding of Chemotherapy Roundtable Consultation (Daniel McKavanagh and Marissa Ryan)
 - TGA repurposing of medicines (Geeta Sandhu)
 - Potential for allergy related to same/similar ingredients in systemic anticancer therapy and COVID-19 vaccines (Marissa Ryan and Daniel McKavanagh)
 - Participation in the review of the National Medicines Policy
 - Feedback and input into the ACSQH requirements for a PBS Electronic Chemotherapy Medication Chart



Marissa Ryan
co-Chair,
Cancer
Pharmacists
Group



Geeta Sandhu
co-Chair,
Cancer
Pharmacists
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.

2021 again presented many challenges for exercise-oncology clinicians and researchers, however many services were able to return close to "normal". We have widely seen that telehealth is now being integrated into many services as an integral component of care. This is great for many reasons, including that patients can safely exercise under supervision in the comfort of their own homes, particularly if they are immunocompromised (or if there is an increased wave of COVID-19 cases!). This has been important to ensure that patients can still receive exercise services.

As a reminder, you can find the updated COSA position statement on Exercise in Cancer Care at www.cosa.org.au/media/332757/cosa-position-statement-v3-dec2020-web-final.pdf

2021 COSA ASM

Members of the COSA Exercise Group were well represented at the 2021 COSA ASM with a number of excellent presentations. There were seven key presentations covering prehab (ie exercise prior to surgery) trials during treatment, in survivorship and in the palliative care phase. There were also 10 fantastic exercise-oncology poster presentations, particularly with some exciting new researchers presenting. Please check out the conference website for all the exercise related work: cosa2021.org/program.

COSA Exercise and Cancer research update

There was new publication in *Asia Pacific Journal of Clinical Oncology* by members of the COSA Executive Committee (David Mizrahi, Andrew Murnane, Sharni Quinn, Di Adams, Morgan Atkinson) titled "Physical activity referral patterns and physical fitness levels of Clinical Oncology

Society of Australia (COSA) conference delegates" (onlinelibrary.wiley.com/doi/epdf/10.1111/ajco.13594). Data was collected from delegates of the last face-to-face ASM (in 2019). Investigators conducted a cross-sectional study that explored referral habits to exercise professionals and attitudes to exercise-based interventions. Secondary aims looked at individuals' fitness levels and the relationship between fitness and exercise referral habits. The study was set up and run during conference breaks at a booth sponsored by COSA, Exercise and Sport Science Australia and the Australian Physiotherapy Association.

67 delegates completed the survey and 49 completed fitness assessments. 60 per cent of Oncology Health Professionals met physical activity guidelines and 92 per cent agreed that physical activity is important among cancer survivors to attenuate treatment-associated symptoms. Most understand the role of exercise physiologists (67 per cent) and physiotherapists (70 per cent) in cancer care. Health professionals believe exercise physiologists (54 per cent) and physiotherapists (22 per cent) are best placed to increase survivors' physical activity levels. Two-thirds of health professionals were aware of the COSA Exercise and Cancer position statement, with 54 per cent referring patients to exercise professionals. 75 per cent of health professionals had above-average aerobic fitness levels, although fitness was not associated with referrals to exercise professionals. Health professionals with higher self-perceived fitness were more likely to provide their own physical activity recommendations ($r=0.29$, $p=0.02$). Conclusion: Overall, there was good awareness of the benefits of physical activity in cancer care among health professionals. However, there remains a large proportion that do not refer patients to exercise professionals, despite good awareness of the COSA Exercise and Cancer position statement. Efforts should be focused on implementing referral pathways from oncology centres to increase the number of active survivors.

Executive Committee updates

Andrew Murnane stepped down as the Exercise and Cancer Group

Chair in October 2021, after two years in the position and six on the committee. Andrew said "The opportunity to work with such a diverse and dynamic group of cancer clinicians all working towards the promotion of the role of exercise in cancer care in such a supportive organisation has been a real pleasure". David Mizrahi, Research Fellow at the Daffodil Centre (a new venture between Sydney University and Cancer Council NSW), has been appointed as the new Chair and Andrew wishes him all the very best. Also stepping down from the Executive Committee is Elysia Thornton-Benko as the GP representative. We have greatly appreciated the important perspective Elysia has brought to our work. Expressions of interest for new Executive Committee members will be circulated shortly and I highly encourage everyone with an interest and passion for Exercise and Cancer to apply.

The Exercise Group welcomes new members and anyone with an interest in exercise to get involved in our projects. If you would like to participate in the group's activities, please login to your member profile on the COSA website and either select Exercise as a COSA Group or Area of Interest. We encourage members from all discipline areas to participate in our group.

2022 plans

The Exercise and Cancer group met for the AGM on 6 December 2021 to review the year and discuss plans for 2022. These include:

- **Exercise Implementation Working Group:** This remained on hold in 2021 pending the relaunch of the updated position statement and due to COVID disruptions. The group will reconvene in Q1 of 2022 to finalise the implementation plan for the position statement and develop new resources. These will include a clinician handout, patient handout and FAQs. The COSA Exercise Executive Committee will liaise closely with the Exercise Implementation Working Group on this project.

- **Education:** Numerous seminars were held on exercise-oncology including to Cancer Nurses Society of Australia, and Exercise & Sports Science Australia, while ABC held a segment on "Fighting Cancer with Exercise".
- **Advocacy:** Lobbying will continue between COSA and other organisations including Exercise and Sport Science Australia to champion the role of exercise in cancer care. Stakeholders will be identified (hospitals, state and federal departments of health) to lobby for MBS support (increased number of exercise sessions available for cancer patients) and/or more exercise specialists in oncology hospitals.
- **Research:** The small study published in *Asia-Pacific Journal of Clinical Oncology* in 2021 from data collected at the 2019 COSA ASM showed what is possible from the group. In 2022, the group will explore other opportunities for collaborative to promote exercise-oncology research.



Andrew Murnane
Outgoing Chair,
Exercise and
Cancer Group



David Mizrahi
Incoming Chair,
Exercise and
Cancer Group

GASTROINTESTINAL CANCER GROUP

The year 2021 has again been overshadowed by the ongoing impacts of the COVID-19 pandemic with lockdowns and recurrent waves of the pandemic. Australia Institute of Health and Welfare (AIHW) data from 2020 surprisingly found that the National Bowel Screening Program with home faecal occult blood screening kits were not impacted by the pandemic in that year. However, there were the effects on diagnostic activity and cancer surgery in colorectal cancer surgeries in 2020 which will likely be seen in 2021 figures. The impact on survivals will not be known for some time. onlinelibrary.wiley.com/doi/10.1111/ans.17071

The COSA Gastrointestinal (GI) Cancer Group participated in the reviews of the updated Cancer Council Optimal Care Pathway for People with Hepatocellular Carcinoma (2nd edition), Colorectal Cancer (2nd edition), Oesophagogastric Cancer (2nd edition) and Pancreatic Cancer (2nd edition) which were all published in June 2021 at cancer.org.au/ocp

The anti-vascular endothelial growth factor (VEGF) monoclonal antibody bevacizumab for metastatic colorectal cancer became available as a biosimilar in June 2021 on the PBS as an unrestricted benefit and the original Roche Avastin was delisted.

In August 2021 the anti-PD1 immune checkpoint inhibitor pembrolizumab was PBS listed for the front-line treatment mismatch repair deficient (dMMR) metastatic colorectal cancer which is the first reimbursement in this country of immunotherapy for gastrointestinal cancers on the basis of the KEYNOTE-177 study: nejm.org/doi/full/10.1056/NEJMoa2017699

On 30 December 2021 it was announced that the oral BRAF inhibitor encorafenib was to be PBS subsidised for the treatment of BRAFV600 mutated metastatic colorectal cancer in combination with the anti-EGFR monoclonal antibody cetuximab as subsequent line systemic therapy. This molecular subgroup is a poor prognostic type of colorectal cancer that was in great need of new treatment options: nejm.org/doi/full/10.1056/NEJMoa1908075

Finally I would like to welcome Connie Diakos from Royal North Shore Hospital who will be taking over from me as the Chair of the COSA Gastrointestinal Group in 2022.



Desmond Yip
Outgoing Chair,
Gastrointestinal
Cancer Group

GERIATRIC ONCOLOGY GROUP

2021 has been another productive year for the Geriatric Oncology Group. We delivered an educational webinar series (cosa.org.au/groups/geriatric-oncology/activities/) in collaboration with CNSA focused on cancer in the older adult. These five webinars were led by recognised leaders in geriatric oncology and were very well received. Sessions focused on optimising medicines, immunotherapy, the value of the multidisciplinary team in caring for the older person with cancer, screening tools and identifying frailty in older adults, and an overview of the OlderCan resource and the Older and Wiser study. This webinar series has helped increase knowledge and provide practical guidance to enhance the critical skills required to advance care and improve outcomes for older adults affected by cancer.

We were pleased to join another geriatric oncology breakfast session at the 2021 COSA ASM – “Enhancing geriatric care in the lung cancer MDT” (cosa.delegateconnect.co/events/sessions/enhancing-geriatric-care-in-the-lung-cancer-mdt). Meera Agar, Polly Dufton, Divyanshu Dua, and Heather Lane discussed the impact of geriatrician involvement in multidisciplinary teams on outcomes for patients with stage III unresectable non-small cell lung cancer, shared their perspective on what best practice looks like when caring for geriatric patients, and shared insights into treatment and management considerations for the geriatric patient. If you registered for the 2021 COSA ASM you can access a recording of this session for the next 12 months.

We continued our work developing the Australian Geriatric Oncology Guidelines, and have been pleased with the level of engagement from a broad range of interdisciplinary clinicians from across Australia. Guidelines in progress include screening older adults for geriatric assessment, and guidelines for referring older adults with cancer for systemic anti-cancer therapy, surgery, and radiotherapy. The screening guideline was published in *JAMA Oncology* in January 2021: Screening Tools for Identifying Older Adults with Cancer Who May Benefit from a Geriatric Assessment – A Systematic Review (jamanetwork.com/journals/jamaoncology/article-abstract/2774872). The team hopes that this review and online guidelines will support clinicians to routinely screen older adults with cancer for vulnerabilities, and to complete a geriatric assessment for those patients that might benefit.

We were very pleased to support the creation of a new subgroup in 2021 – Geriatric Oncology Emerging Experts and Researchers (GOEER), an initiative led by Michael Krasovitsky. GOEER is drawing together an interdisciplinary range of “emerging experts and researchers” from across Australia with an interest in geriatric oncology. GOEER is aimed at expanding and deepening the field of geriatric oncology amongst trainees and early career clinicians, and has a number of active projects underway including

research endeavours, advocacy programs and geriatric oncology implementation reviews.

During 2021 we surveyed our membership to build information on the landscape of geriatric oncology initiatives across Australia. We hope this information will help us to offer more tailored opportunities to meet the needs of both emerging and more established geriatric oncology services and connect like-minded people who want to improve care and outcomes for older adults affected by cancer.

We have also been working to ensure geriatric oncology principles and priorities are considered in the development of the Australian Cancer Plan by Cancer Australia. Two of our Executive members provide important linkages with international geriatric oncology initiatives, which provides valuable insights that inform our recommendations to the Australian Cancer Plan. Heather Lane continues in her role as Australia’s International Society for Geriatric Oncology (SIOG) representative, and Christopher Steer is working with the Cancer and Aging Research Group (CARG). This work highlights the importance of collaborating and sharing learnings on the same issues that face geriatric oncology both in Australia and internationally, and working together on our common goal to improve outcomes for older adults with cancer.

We have also continued to keep members updated on the latest information and research in the geriatric oncology space through our twice-yearly *GO eNews* (cosa.org.au/groups/geriatric-oncology/resources/) and we thank our editors Wee-Kheng Soo and Polly Dufton for their editorial leadership. We would also like to thank all members who are involved with our initiatives to improve outcomes for older adults with cancer, and we hope there are opportunities for engagement during 2022 as we work towards building a community of practice in geriatric oncology

SIOG 2021 update

SIOG (siog.org) has continued to promote geriatric oncology and deliver educational opportunities during 2021, despite major disruptions to health services due to the COVID-19 pandemic for many SIOG members

internationally. Whilst face-to-face conferences have not been possible, they have hosted well-run virtual events. The SIOG 2021 Annual Conference was held in a virtual format from 4-5 November, providing comprehensive and concise updates across the disciplines, alongside more detailed updates on current research activities. The multidisciplinary discussion sessions enabled consideration of the latest research in a clinical context. The second edition of the Canberra Advanced Course was held virtually on the weekend of 22-23 January 2022. Again, international SIOG members with impressive research credentials were amongst the many speakers. Day one focused on key principals in geriatric oncology, while day two focused on multidisciplinary case-based discussions, to enable participants to consider these principals in a clinical context. SIOG has continued to produce a range of guidelines (siog.org/resources/resources-siog/siog-guidelines/) including updated recommendations regarding the management of older patients with breast cancer; and recommendations on the rollout of COVID-19 vaccines among older adults with cancer; and a position statement on oncology and cancer nursing of older adults and cancer. SIOG also provides a range of educational opportunities and information including webinars (siog.org/programmes/education/learning-demand/) and a regular blog (siog.org/resources/news-and-features/siog-blog/) providing a broad variety of articles ranging from expert opinions on specific aspects of care of older adults with cancer to more practical view on the role of oncogeriatrics in an ageing world.



Meera Agar
Chair, Geriatric
Oncology Group

LUNG CANCER GROUP

I was privileged to represent COSA recently for the first of three planned Cancer Australia lung cancer screening key stakeholder workshops. The meeting engaged in robust discussion around scoping of program tools, information and communications to support the early design of a potential lung cancer screening program in Australia. At COSA we are very supportive of this movement.

The focus outside of the screening commitment, is in working with our now formally COSA-affiliated Thoracic Oncology Group of Australasia (TOGA), and Prof Michael Millward as the newly appointed TOGA Chair on COSA Council. Welcome Michael.

I will be working in the coming months with the TOGA Steering Committee for the Annual Scientific Meeting (ASM) to be held in Sydney 21-22 July 2022. For Interested members please keep this exciting multi-disciplinary meeting on your radar.



Malinda Itchins
Chair, Lung
Cancer Group

NEUROENDOCRINE TUMOURS GROUP

I shall endeavour to start this annual report by mentioning something other than COVID. We have finished writing the draft COSA Neuroendocrine Tumours (NET) guidelines which are ready for circulation. Thank you to the working group members who have put in time and effort to ensure that the drafts and revisions have occurred in a timely manner. I continue to be inspired and humbled by the collaboration that has proved possible under the COSA banner, and look forward to future interdisciplinary projects with this lovely group of colleagues.

Yet, like much of the last year, the guidelines project has also been beset by unforeseen events. Whilst we are ready to upload the guidelines, the Wiki platform is in the process of being upgraded by Cancer Council Australia. The process of website migration has meant an inevitable delay to the consultation process. I am grateful to the writing group for their ongoing patience and support despite this minor setback. I look forward to the consultation process in the coming months, and the publication of the final version by the end of 2022.

As the world "restarts" in 2022, there will be more opportunity to access trials and input on policy matters relevant to patients affected by NETs. I look forward to seeing how the COSA NET Group can continue to collaborate and advocate for improved patient care in Australia.



David Chan
Chair,
Neuroendocrine
Tumours Group

NUTRITION GROUP

A new year is a time to reflect on the past achievements and look forward to new opportunities, and while 2021 certainly didn't unfold as many would have hoped, the Nutrition Group members have continued to deliver excellence in cancer care and research worth celebrating.

In our first report since 2021 wrapped, it's fantastic to reflect on the outstanding nutrition expertise showcased at the 2021 COSA ASM. We were thrilled to welcome Prof Vickie Baracos, University of Alberta, internationally-renowned expert in pathophysiology of skeletal muscle atrophy and cachexia. Prof Baracos delivered two incredible presentations on "Global advances in pre-habilitation" and "Cancer-related malnutrition and sarcopenia", vital information for every cancer clinician. There was a high standard of cancer nutrition research featured in the program and we thank Jenelle Loeliger for her contribution to the organising committee and also congratulate her on receiving the Dietitians Australia Research Prize in well-deserved recognition of her leadership in improving nutrition care and information for cancer patients.



Recipient of the Dietitians Australia Research Prize, Jenelle Loeliger, AdvAPD, presented her research titled "How do we improve nutrition care and information for cancer patients? Exploration of patient, carer and health professional access, perceptions and practices: A mixed-methods study" in the "Best of the Best Orals - Translational Research" at the COSA 2021 ASM.

In the coming year, the Nutrition Group will be undertaking further work focusing on the implementation of the COSA position statement of Cancer-Related Malnutrition and Sarcopenia and progressing the updates to the COSA evidence-based guidelines for nutritional management of adult patients with head and neck cancer. We hope to continue our

partnership with Dietitian Connection for Malnutrition Week and Dietitians Australia to again offer the Research Prize at this year's ASM in Brisbane for which we are fortunate to have Dr Teresa Brown representing the nutrition group.

While 2022 and a number of exciting projects are already underway, it's a time to also acknowledge the caring, compassion and kindness our multidisciplinary cancer colleagues continue to provide through challenging circumstances, no doubt inspired by the resilience of our patients and caregivers. Come November, we hope to see you in person at COSA 2022.

In the meantime, 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 value-add to their initiatives.



Merran Findlay
Chair, Nutrition
Group

PSYCHO-ONCOLOGY GROUP

Reflecting on 2021, it has been a year of challenges but also opportunities. One opportunity we have seen in our clinical cancer world has been the continued use of technology to provide high-quality and safe clinical services using telehealth, and it has raised the need to consider in greater depth how we provide sustainable and robust telehealth. For those involved in research, 2021 has been an opportunity to work on exciting projects including those which consider COVID-19 and its impact on cancer care.

The COSA Psycho-Oncology Group were successful in a proposal to rename the new investigator award, the Professor Phyllis Butow New Investigator in Psycho-oncology Award. This is in recognition of the enormous contribution that Prof Butow has made in teaching, encouraging, supporting and mentoring new psycho-oncology researchers. This

award, co-sponsored by the Psycho-oncology Co-operative Group, sits alongside the Melanie Price Psycho-oncology Award. It was an absolute delight to be able to award Prof Gail Garvey the Melanie Price Psycho-oncology Award in recognition of her huge contribution to psycho-oncology, especially in the area of Indigenous psycho-oncology. It was wonderful also to have Dr Joanna Fardell win the inaugural Professor Phyllis Butow New Investigator Award for her amazing accomplishments to date.

The 2021 COSA ASM again was an opportunity to highlight and showcase the research activity of our Psycho-Oncology Group. Thank you to A/Prof Lesley Stafford who represented psycho-oncology on the organising committee. Despite not being able to meet in person, the ASM had a stimulating program with great content and thought-provoking discussions.

The 2022 COSA 49th Annual Scientific Meeting will be 2-4 November 2022 at the Brisbane Convention & Exhibition

Centre. Maree Grier, Senior Clinical Psychologist, has kindly agreed to be our psycho-oncology organising committee representative.

As 2022 progresses, I look forward to ongoing collaboration and communication with our COSA Psycho-Oncology Group members. As usual, please feel free to contact (laura.kirsten@health.nsw.gov.au).



Laura Kirsten
Chair,
Psycho-Oncology
Group

REGIONAL AND RURAL GROUP

The Regional and Rural Group's major activity and success this year was being a very active voice and considerable player in convincing the Federal Government to continue telephone tele-health consultations for a further six months.

Just two weeks prior to Christmas there was a rather sudden announcement that all but one telephone-based telehealth consultation would no longer be funded by Medicare. The Regional and Rural Group worked closely with the COSA Executive, Private Cancer Physicians of Australia (PCPA), Breast Cancer Network Australia (BCNA) and many other concerned oncologists and organisations over the Christmas period to highlight the disproportionate and inequitable effect the elimination of telephone consultations would have on regional and rural patients. One of our patients spoke of how she would need to drive

to the top of a nearby hill in order to access internet speeds sufficient to participate in a video consultation with her oncologist. Following the concerted effort, Minister Hunt reversed the decision to abolish many telehealth item numbers and agreed to continue all telehealth until June 2022. This was a welcome win for advocacy which lies at the core of COSA's mission. However more work remains to be done to embed full telehealth permanently into our cancer care models. We also need to focus on ensuring regional and rural patients can access sub-specialist services (cancer genetics) via telehealth without substantial out-of-pocket expense. This telehealth item was unfortunately not re-instated in January 2022.

In 2022, the Medical Research Future Fund (MRFF) Regional, Rural and Remote clinical trials grant will finally see clinical trial infrastructure and trial staff begin the expansion of the COSA Tele-trial Model. Members of the Regional and Rural Executive

Committee continue to play major roles in shaping the projects that have been funded by the MRFF. This once in a generation investment of funds into regional clinical trials will be transformative to rural Australia. I am eager to report the numbers of new trials, patients recruited and tele-trial enabled trials that will open as a result of this program. Stay tuned.



Rob Zielinski
Chair,
Regional and
Rural Group

SURVIVORSHIP GROUP

We are pleased to report on the Survivorship Group's excellent work which has continued during 2021. Our work over the last three years has been guided by our 2019-2021 Strategic Plan, and we are very proud of our achievements during this period (achievements can be found on cosa.org.au).

We drafted the 2022-2024 Strategic Plan to help guide our priorities for the coming years and appreciate the feedback provided by our members. We look forward to sharing the new strategic plan with you in 2022.

Many of our Group members were able to join us at our virtual Annual General Meeting (the minutes can be found at cosa.org.au) in November, at which the Chair role was handed over from Michael Jefford to Ray Chan. Our Group's success is due to the commitment and dedication of our members, and we would like to express our sincere thanks to all – our Executive providing leadership, our many working group members, and all our other members who support our projects and engage with our activities.

Working groups have been driving several initiatives that have made great progress over the last year:

The **Patient Reported Outcomes (PRO) working group** (Chaired by Bogda Koczwara) published its value proposition in the *Medical Journal of Australia* "Patient reported outcomes and personalised cancer care" (mja.com.au/journal/2021/214/9/patient-reported-outcomes-and-personalised-cancer-care). This paper provides the foundation for an advocacy approach and outlines the principles of clinical use of PROs in cancer care. The working group are now working collaboratively to map the use of Patient Reported Outcome Measures (PROMs) in clinical practice across Australia and New Zealand. Together with a mentorship group, the working group also provided support to one of our COSA Survivorship Research Fellows, Carolyn Mazariego. Carolyn led a successful funding application to progress this work. The team will be developing an implementation toolkit for PRO collection at the health service team level, working collaboratively with researchers from the University of Toronto.

PROMs also featured as a theme at the 2021 COSA ASM, and we congratulate the convenor Kate Webber and the ASM program committee for delivering such an excellent program. Many of our members contributed to the success of this virtual conference and helped promote the importance of survivorship to attendees.

The **Financial Toxicity working group** (Chaired by Ray Chan) conducted a national survey of multidisciplinary health professionals to help better understand the current beliefs and practices regarding financial toxicity for cancer patients. This information will inform development of a care pathway to support the delivery of consistent, safe and evidence-based care, and the prevention or minimisation of financial toxicity for people with cancer. The working group is currently drafting two manuscripts for submission to peer reviewed journals. In late 2021, the working group also delivered a webinar in collaboration with Cancer Nurses Society of Australia (CNSA) that challenged the misconception that nothing can be done to address financial toxicity (available at: cosa.org.au/groups/survivorship/education).

Two new working groups were formed focusing on **Primary Care** (Chaired by

Joel Rhee) and **Survivorship Policy** (Chaired by Michael Jefford). A single working group was initially established to consider how to integrate primary care more effectively in survivorship. These deliberations evolved and the new working groups were created as there was a need to separately inform primary care and survivorship considerations within the development of the Australian Cancer Plan by Cancer Australia.

Our inaugural **Survivorship Research Fellowship** initiative was a great success. Carolyn Mazariego's study developed priority recommendations for the service level implementation of PROs into clinical cancer care. Carolyn was awarded Best of the Best Orals: PROMs and PREMs at the 2021 COSA ASM and a paper has been published in the *Journal of Cancer Survivorship* (link.springer.com/content/pdf/10.1007%2Fs11764-021-01135-2.pdf).

Fiona Crawford-Williams led a project to establish research and infrastructure priorities for cancer survivorship in Australia. Fiona's paper has been published by *Supportive Care in Cancer* (rdcu.be/cE15c), and provides direction on research priorities for anyone planning to conduct or fund survivorship research. *See right*.

We also welcomed back our third Fellow, Julia Morris, who returned from parental leave at the end of 2021. Julia has been investigating current Australian survivorship research activity, assessing population groups and research designs, as well as perceived gaps in research and barriers. We would like to congratulate our three Fellows on their commitment to their projects and their achievements. We also thank everyone who provided mentoring support to help ensure this program's success. You can find about more about our Fellows on the COSA website: cosa.org.au/groups/survivorship/fellows/

Collaborative survivorship webinars continued during 2021 in partnership with the Australian Cancer Survivorship Centre, CNSA and Cancer Council Victoria. We delivered educational opportunities focused on Nurses integrating optimal survivorship care, and Allied health providing cancer survivorship care (view both webinars at: cosa.org.au/groups/survivorship/education/).

A one-page summary of Fiona Crawford Williams's study of research priorities in cancer survivorship in Australia

CANCER SURVIVORSHIP RESEARCH PRIORITIES IN AUSTRALIA



Fiona Crawford Williams, Bogda Koczwara, Raymond Chan, Janette Vardy, Mahesh Iddawela, Karolina Lisy, Julia Morris, Gillian Mackay, Michael Jefford on behalf of the COSA Survivorship Group

The number of cancer survivors, defined as people living with and beyond a diagnosis of cancer, continues to grow. Research plays an integral role in providing the evidence to support best practice cancer survivorship care.

In 2020, the Clinical Oncology Society of Australia's Survivorship Group undertook a research study to establish expert consensus on the key priorities for cancer survivorship research in Australia.

Background

Australian and international literature was reviewed to identify existing research priority items and research gaps relevant to cancer survivorship^{1,2,3}. Items were mapped across five distinct categories adapted from the Quality of Cancer Survivorship Care Framework⁴ and National Institutes of Health focus areas of grant funding⁵. These included four research categories: physiological outcomes; psychosocial outcomes; population groups; and health services, and one category regarding priorities around research infrastructure.

Methods

A two-round online, modified-Delphi study was conducted between November 2020 and February 2021. The panel of experts included cancer survivors, academic researchers, health professionals, advocacy organisations, and policymakers. In round one, participants ranked the importance of 77 items on a five-point scale, could make comments on wording and relevance, and suggest additional items. In round two, participants ranked the top five priorities within each category. The type of research needed for each priority, such as biological, exploratory,

intervention development, or implementation, was also selected.

Results

Response rates were 76% (63/82) and 82% (68/82) for rounds one and two, respectively. Participants were predominantly female (74%) and had been working in cancer survivorship for an average of 15 years. After round one, 12 items were added, and 16 items combined or reworded. The top five priorities from each category and corresponding types of research required are shown below.

CANCER SURVIVORSHIP RESEARCH PRIORITIES

| Physiological Outcome Priorities | | Psychosocial Outcome Priorities | | Population Group Priorities | | Health Services Priorities | |
|----------------------------------|----------------------------------|---------------------------------|----------------------------------|-----------------------------|--|----------------------------|--------------------|
| 1 | Cancer progression or recurrence | 1 | Fear of cancer recurrence | 1 | Rare or under-represented cancers | 1 | Quality of care |
| 2 | Management of comorbidities | 2 | Economic issues | 2 | Advanced or recurrent disease | 2 | Models of care |
| 3 | Fatigue | 3 | Distress, anxiety and depression | 3 | Rural, regional, remote populations | 3 | Self-management |
| 4 | Exercise and physical activity | 4 | Adaptation and adjustment | 4 | Paediatric and childhood cancer survivors | 4 | Communication |
| 5 | Cognitive function | 5 | Work and study issues | 5 | Survivors with lower socio-economic status | 5 | Patient navigation |

| Research Infrastructure Priorities | | | | |
|---------------------------------------|---------------------------------|---------------------------|--------------------------|------------------------------|
| 1. Data availability and data linkage | 2. Rigorous reporting standards | 3. Collaborative research | 4. Funding opportunities | 5. Investment in researchers |

Legend – Types of research

= Biological/aetiological
 = Exploratory
 = Intervention development
 = Implementation and dissemination

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4. Unpublished, R., et al. A Pan-Canadian Framework for Cancer Survivorship Research.
5. Reid-Hyland, L., et al. Developing a Quality of Cancer Survivorship Care Framework: Implications for Clinical Care, Research, and Policy.
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The Flinders-COSA Survivorship Conference

took place in early 2021 as a virtual event with the theme "Life after cancer. Redefined, Reimagined and Rebuilt". The conference tackled important topics and some challenging concepts including survivorship in the context of incurable cancer, neurological toxicity including peripheral neuropathy and cognitive changes, and survivorship for Aboriginal and Torres Strait Islander people. We thank Bogda Koczwara as convenor and the conference team for creating another stimulating program.

A Roundtable on Cancer Survivorship for Aboriginal and Torres Strait Islander people (tactics-cre.com/resources) preceded the Survivorship Conference, co-hosted with Menzies School of Health Research. The Roundtable was the beginning of an important discussion about cancer survivorship

and care for Aboriginal and Torres Strait Islander people, which included consideration of existing survivorship models and their relevance, and identifying priority areas to progress.

Our Group is proud to be engaged with international survivorship initiatives, and are mindful of how these may inform or be adapted to promote and complement our model of care agenda. These include the Multinational Association of Supportive Care in Cancer (Exercise Oncology, and Survivorship), American Society of Clinical Oncology, the International Psycho-Oncology Society, and the Global Partnership on Self-management in Cancer.

Our Group has also continued to keep everyone informed with our regular Survivorship eNews (you can read the latest here: cosa.org.au/groups/

survivorship/resources/). You can also follow our work on Twitter @COSA_Surviv. Many thanks to Fiona Crawford-Williams and Carolyn Mazariego for their editorial leadership and helping us to stay informed.

We look forward to continuing our work in 2022 and hope there will opportunities for us to connect at the 4th Victorian Cancer Survivorship Conference, as well as at future COSA events.



Ray Chan
Chair,
Survivorship
Group

AFFILIATED ORGANISATION REPORTS

AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP



Since the formation of the Australasian Gastro-intestinal Trials Group (AGITG) in 1991, our key priority has been to undertake patient-centric research to improve medical care and practice in the treatment of gastro-intestinal (GI) cancer. What started with a small group of researchers coming together to improve GI cancer survival rates, has over 30 years grown to a network of over 1,500 dedicated health professionals, seeking to improve patient care and medical practice.

This year, the impact of COVID continued to disrupt the lives of many, cancer didn't stop and neither did we. This year's achievements reflect just how far we've come and the dedication of our researchers even when working in some of the most challenging times.

Our trial achievements

Our INTEGRATE IIb stomach cancer trial and RoLaCaRT-1 colon cancer trial both opened to patient enrolment. INTEGRATE IIb is an international clinical trial that is part of our larger INTEGRATE study. This clinical trial is testing the combination of chemotherapy and immunotherapy, which researchers hope can prolong overall survival and improve quality of life for those with stomach cancer.

RoLaCaRT-1 is a new surgical clinical trial comparing robotic surgery to laparoscopy for colon cancer patients and is the first of its kind in the world to determine the benefits of robotic surgery to laparoscopy.

Two international AGITG clinical trials achieved full patient enrolment and moved to the analysis phase. The multidisciplinary TOPGEAR study involved the collaborative efforts of radiation oncologists, medical oncologists and surgeons to determine the optimal adjuvant regimen for potentially curable gastric cancer. The ASCOLT trial is evaluating the safety and efficacy of aspirin in improving overall survival in colorectal cancer patients.

Two AGITG Innovation Grant funded trials also closed to patient enrolment. The FORECAST-1 colorectal cancer trial reached its patient recruitment target in November and the MONARCC colorectal cancer trial closed to patient enrolment in October. Thank you to the GI cancer community supporters who made these trials possible, through their generous donations.

Both the SSGXXII GIST trial and VADER colon cancer trial received Medical Research Future Fund (MRFF) grants. Both these trials are due to open to patient enrolment in 2022.

Continuing to fund new research

Over the past six years, we have awarded over \$1.8 million in grants to further GI cancer research, all thanks to the generous donations from our dedicated GI cancer community supporters. In 2021, we were fortunate enough to award four community-funded grants.

Innovation Grant

Prof Eva Segelov and Dr Shehara Mendis were awarded the 2021 Innovation Grant for their new research projects. Prof Segelov's project is seeking to investigate if DNA found in colorectal cancer patient's tumour can be used as a way of predicting disease reoccurrence.

Dr Mendis' project focuses on the use of immunohistochemistry to predict who might benefit most from Epidermal Growth Factor Receptor inhibitors in advanced colon cancer patients.

Gastric Cancer Research Grant

The Gastric Cancer Research Grant (including Linitis Plastica) was awarded to Prof Niall Tebbutt. This trial will develop and apply artificial intelligence (AI) based image analysis for scoring of PD-L1 immunohistochemistry in GI cancer.

This \$100,000 grant was made possible as a direct result of the generous donations from our dedicated GI cancer community of supporters. Special thanks must be given to Trine Kirkegaard-Simpson who tragically lost her husband Matt to Linitis Plastica. Trine has fundraised tirelessly to ensure more research focuses on rare cancers like Linitis Plastica and Signet Cell Ring Carcinoma.

Cholangiocarcinoma Idea Generation Workshop Grant

After presenting his research concept at the Cholangiocarcinoma Idea Generation Workshop Grant, Dr Daniel Croagh has been named the recipient of the AGITG-Pancrea Cholangiocarcinoma Idea Generation Workshop Grant. The \$100,000 grant will go towards developing Dr Croagh's comprehensive molecular profiling of advanced biliary cancer study. This community-funded grant was made possible by supporters of the GI Cancer Institute and Pancrea Foundation.

2021 Annual Scientific Meeting

The 23rd AGITG Annual Scientific Meeting (ASM) boasted a record number of attendees, held virtually over four days, on 12-15 October. Over 500 delegates joined the many workshops, presentations, panel discussions, award presentations and Q&A sessions. This ASM also marked a special occasion, commemorating the 30th anniversary of the AGITG, by recognising pioneers, and looking to future leaders.

As well as keynote presentations by the invited faculty and updates on AGITG trials, the work of AGITG members was recognised at the annual awards presentation. It was the first time as well that the inaugural Christine Aiken Memorial Site Award was presented

in Christine Aiken's honour. Christine worked exclusively on AGITG research at the University of Sydney NHMRC Clinical Trials Centre for 16 years as a Trial Coordinator and Associate Oncology Project Manager and passed away in 2020.

With all the positive feedback received, it's safe to say the virtual ASM was a successful one. It also served as the perfect platform to be able to recognise achievements over the past 30 years and look towards a bright future.

The Gutsy Challenge

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.

In 2021, we were able to host the Mt Kosciuszko Gutsy Challenge Trek in March. Over 60 fundraisers, including CEO Russell Conley, joined trek leader, Prof Nick Pavlakis along the 17km

summit walk. The trekkers raised an incredible \$140,000 for the Innovation Grant to fund new research concepts.

30 years later

Our achievements and progress made over the last 30 years, while commendable, has not been accomplished alone. The dedication of our members, and the commitment of the patients, and their families, who take part in our trials has allowed us to make the impact we have. We look forward to 2022 and continuing to improve treatments for the 28,600 Australians diagnosed with a GI cancer every year.



Lorraine Chantrill
Chair,
AGITG

AUSTRALASIAN LEUKAEMIA AND LYMPHOMA GROUP

ALLG

ASBESTOS
LEUKAEMIA & LYMPHOMA

Better treatments...
Better lives.

Remaining present with a purpose

We have seen a strong drive of new clinical trials, with the success of new Medical Research Future Fund (MRFF) grants allowing us to boost capacity for international collaboration and the ability to work without boundaries.

Innovating new models to break barriers, we have continued to make progress to navigate the pandemic, remaining present with a purpose and keeping on target to deliver better treatments, and better lives in every way possible. This is exemplified in our two Scientific Meetings in 2021, which both drew record attendance and saw international engagement move to an exciting new scale.

While we couldn't attend the American Society of Hematology (ASH) Conference in person this year, we were still able to present the success of our trials, as well as having trials such as Prof Harry Iland's APML5 trial presented at the European Hematology Association (EHA) virtual conference and Prof Hang Quach's MM23 trial at the American Society of Clinical Oncology (ASCO).

The Australasian Leukaemia & Lymphoma Group (ALLG) continued strong engagement in the National Blood Cancer Taskforce and we thank the Leukaemia Foundation for their continued efforts to administer the grant and the secretariat services.

In April 2021, the ALLG presented on the topic of real-world evidence to the Medicine Australia partners forum where we were able showcase the value and national asset that the National Blood Cancer Registry (NBCR) has become.

The ALLG with our Haematology Society of Australia and New Zealand colleagues submitted to the

Government "Inquiry into approval processes for new drugs and novel medical technologies in Australia" (see our statement at ALLG.org.au tinyurl.com/3zj33ds8) We were subsequently invited to speak at the public hearing on the 23 April 2021 where we were able to, from our submission, reiterate that quality evidence informs decision making, and we believe that clinical trials provide the best evidence base for access to new novel therapies. The inquiry report has resulted in 31 recommendations and many of these relate to the importance of improving the clinical trial and research environment in Australia.

ALLG Scientific Working Parties are our engine room

The ALLG's Scientific Working Parties form the engine room of the organisation from a membership perspective. They are active forums for workshopping ideas from their infancy, developing protocol for clinical trials and then publishing and acting upon their findings.

By continuing to develop trials from within the Working Parties, the groups align to allow broader reach, increased feasibility, and faster facilitation, all with a view to getting trials to market more quickly as demonstrated in the NHL31 TREBL1 lead by Prof Maher Gandhi; which achieved reaching its target accrual a year ahead of schedule.

Nurturing our future leaders

The year has also seen young investigators stepping up to take leading roles in trials. The ALLG supports the industry's future leaders with mentoring across our research endeavours. We welcome their opportunity to participate in the various committees and subcommittees of ALLG to set the research agenda and strategies, inviting fresh thinking and new knowledge from the best and brightest.

We have created new opportunities in the Scientific Meeting program for more members to be engaged, and we have been able to put forward new advocacy efforts for our New Zealand members through strong engagement lead by the Chairs of the Medicines Access Committee NZ Prof Claire

Hemmaway and Dr Travis Perera.

In addition, we hosted a special session during the October 2021 Scientific Meeting to engage with early career clinician researchers about a new mentee program with ALLG's Scientific Advisory Committee. The initiative for ALLG member trainees, fellows and registrars, interested in research, encouraged them to apply for the mentee position to draw on the experience of our Scientific Advisory Committee, so that together they can elevate and progress great ideas in research for patients with blood cancer.



Peter Mollee
Chair, ALLG
Scientific Advisory
Committee

AUSTRALIA AND NEW ZEALAND SARCOMA ASSOCIATION



Australia and New Zealand Sarcoma Association (ANZSA) looks forward to the opportunities that 2022 brings as we move forward to deliver impactful research and improved outcomes for the sarcoma community. While working from home due to COVID-19 is not ideal, the ANZSA team continues to focus on delivering high-quality sarcoma research and clinical trials by working closely engage with our clinicians, researchers and consumers.

ANZSA ASM 2021

While it was unfortunate that we were unable to organise a face-to-face Annual Scientific Meeting (ASM) for the second year in a row due to COVID-19, we were grateful that over 180 local and international delegates were able to join us virtually via Zoom Webinar.

The ASM 2021 theme was "Coming together", and we were honoured to have five esteemed international sarcoma specialists deliver their talks to our delegates.

The ASM kicked off with an excellent presentation by Dr Alda Tam, Professor in the Department of Interventional Radiology at the University of Texas M.D. Anderson Cancer Centre, who presented on interventional techniques for soft tissue and desmoid ablation.

Dr Sebastian Foersch from the Institute of Pathology, University Medical Centre Mainz, gave a very interesting talk on the use of artificial intelligence in pathology for diagnosis and survival prediction in soft tissue sarcoma.

This was followed by an engaging orthopaedic session which featured The Great Debate on "Old school vs new technology in orthopaedic surgery" by orthopaedic surgeons, Dr Gerard Powell and Dr Richard Boyle.

Our keynote session for day one was delivered by Prof Michiel van de Sande,

Professor in Orthopaedic (paediatric) oncology in the Leiden University Medical Centre (LUMC), who spoke about personalised care from an orthopaedic perspective.

Day two of our ASM started with "The Professor Martin Tattersall Lecture", delivered by Dr Jeffrey Toretsky, chief of MedStar Georgetown University Hospital's Division of Paediatric, Adolescent, and Young Adult Haematology/Oncology. This plenary lecture was named in honour of the late Prof Martin Tattersall AO, whose work and leadership was crucial to ANZSA and the sarcoma community.

Dr Toretsky gave a wonderful talk on his lifelong work titled "From design on a napkin to a clinical trial: a 20-year quest to improve survival for Ewing sarcoma patients".

Throughout the two ASM days, we had local sarcoma specialists from various disciplines and researchers sharing case studies. We also had robust discussions on patient's involvement and perspectives when it comes to treatment and life after treatment.

We thank all our ASM sponsors, organising committee, speakers and delegates (local and international) for making this year's virtual ASM a success.

If you would like to watch the recording of the ASM sessions, please email us (contact@sarcoma.org.au).

Save the date

Our ASM for 2022 will be a hybrid meeting held 4-5 November.



ANZSA Sydney Sarcoma Experts Meeting

ANZSA Strategic Plan 2022-2024

We are pleased to announce that our ANZSA Strategic Plan 2022-2024 has been launched. You can download it from our website. We are grateful for the involvement of various internal stakeholders such as ANZSA members, the scientific advisory committee (SAC), the consumer advisory panel (CAP) and the orthopaedic committee for their input.

Sarcoma guidelines working group

The Sarcoma Guidelines project is well underway. We have over 40 members in the working group consisting of surgeons, medical oncologists, radiation oncologists, general practitioners, pathologists and consumer representatives with ANZSA Director, Prof Angela Hong, as the working group Chair. The guidelines will cover three main topics: Does Treatment at Specialised Sarcoma Centres Improve Outcomes, Retroperitoneal Sarcoma and Paediatric and AYA Sarcoma. We are currently conducting several systematic reviews of the literature to answer specific research questions within those mentioned topics. We aim to finalise the guidelines for submission to the National Health and Medical Research Council (NHMRC) in July 2022.

Database manager workshop

The annual ANZSA ACCORD sarcoma database workshop for data managers was held virtually in October 2021. This workshop covered site updates, current and upcoming data projects, site reporting and data quality as well as addressing specific data entry questions and project data cleaning. It was a productive meeting and we hope to be able to conduct this meeting in person next year.

Lastly, while COVID-19 continues to be challenging for many in our sarcoma community, we are thankful for our patients, collaborators, donors and members for their continued support, generosity and trust in us and the work we do.



Denise Caruso
Chief Executive
Officer,
ANZSA

AUSTRALIA
NEW ZEALAND
GYNAECOLOGICAL
ONCOLOGY GROUP



**Australia New Zealand
Gynaecological Oncology Group
(ANZGOG) has achieved significant
research outcomes in 2021 and
celebrated a number of recruitment
milestones:**

- iPRIME, an ovarian cancer study part of the OASIS Initiative, reached 100 per cent recruitment
- TIPS reached 50 per cent recruitment, an ovarian cancer surgical feasibility study
- ECHO, an exercise intervention ovarian cancer study, reached 400/500 patient accrual
- SOLACE2, an ovarian cancer study part of the OASIS Initiative, reached 75 per cent recruitment

ANZGOG's IGNITE study received approval to expand one of its cohorts – the Cyclin E1 over-expressed without gene amplification cohort – doubling the total number of planned patients in that cohort (now 64 patients). This was the result of positive signalling from an interim analysis in this OASIS Initiative study.

Following the launch of TR-ANZGOG in 2020, the translational research initiative is now being embedded in its first ANZGOG trial, ITTACc. The cervical cancer study will be the first of many clinical trials to integrate TR-ANZGOG in the future.

ANZGOG's EnDomEtrial caNcer Research Initiative (EDEN) was established this year. The EDEN Steering Committee is finalising the strategic direction for the research direction and is working with over 60 members who volunteered to participate in the five focus groups looking at activities in prevention, early diagnosis, surgery, survivorship, adjuvant and recurrent disease, translational research, advocacy and funding. EDEN next steps will

be presented at the 2022 Annual Scientific Meeting, 23-26 March 2022.

ANZGOG's first homegrown clinical trial – OUTBACK – and Principal Investigator Linda Mileschkin, achieved a significant achievement when the American Society of Clinical Oncology (ASCO) selected OUTBACK – a cervical cancer study – to be presented during the Plenary Session at the 2021 Annual Scientific Meeting. It was a great honour and a true reflection of the nature of the trial – the robustness of the question and how it has been answered within the trial. All credit to all senior groups involved in OUTBACK, including Principal Investigator Prof Linda Mileschkin and everyone else associated with the management of the study. ANZGOG's PHAEDRA study was also accepted to be a part of the ASCO Poster Session – Gynecologic Cancer. This recognition at ASCO was a great example of ANZGOG's gynaecological cancer research changing practice internationally.

2021 also saw our first Virtual Annual Scientific Meeting (ASM). Despite not being face-to-face, ANZGOG'S ASM2021 was our most attended event to date, with a total of 340 registrations. After the postponement of last year's ASM, we thank our three keynote international speakers who joined us virtually to each deliver outstanding and insightful presentations:

- Prof Nicoletta Colombo (Gynaecological Oncologist, University of Milan, Italy). "Secondary debulking surgery for recurrent ovarian cancer – What I do and why."
- Prof Amit Oza (Medical Oncologist, Princess Margaret Cancer Centre, Toronto, Canada). "Ovarian Cancer – Building on BRCA: Where Next?"
- Prof Wui-Jin Koh (Radiation Oncologist, National Comprehensive Cancer Network, Pennsylvania, USA). "Defining optimal care for gynaecologic cancers – how do we incorporate patient-reported outcomes into decision making?"

The ASM was a successful, stimulating event. We'd like to thank Dr Paul Cohen and the ASM Steering Committee for preparing the ASM program. Please join us at next year's ASM on 23-26 March 2022 at the

Crown Promenade, Melbourne. For more information: anzgogasm.org.au

Through the hard work and dedication demonstrated by our members, we have more clinical trials in the pipeline than ever before. As of 31 December 2021 these include six clinical trials in development, four studies in start-up – PARAGON-II, ADELE, PEACE, and ITTACc, and eight studies currently recruiting – EmQUEST, IGNITE, ECHO, AtTEnd, ICON9, SOLACE2, EMBRACE, STICs and STONES, and HyNOVA. As at 31 Dec, ANZGOG currently has more trials in operation, in development and in its pipeline than ever before. For more information on ANZGOG's trials, see anzgog.org.au/trials.

Survivors Teaching Students® (STS), a consumer-led, ground-breaking education program, is going from strength to strength. The volunteers of the program pivoted to virtual during COVID-19 and continued to be a force to be reckoned with. The 100+ volunteers have presented their personal stories on diagnosis and care to health professional students at Universities across Australia and now also New Zealand. The passionate team of STS volunteers made a significant impact in 2021 by delivering 33 education sessions this year to just short of 2,000 students, sharing their stories with the next generation of health professionals with the aim of raising awareness of gynaecological cancer symptoms and the importance of good health communication.

Public support through donations and partnerships has been well maintained through 2021 with WomenCan (ANZGOG's fundraising arm) and the Team Teal and Honour Her campaigns, engaging the community to increase vital awareness of gynaecological cancer and raise funds to support ANZGOG's research projects.

The 2021 Team Teal campaign was an outstanding success. Via an incredible effort by the 245 reinswomen and a final tally of 429 wins, a total of \$371,000 was raised to support ANZGOG's Survivors Teaching Students and Research Nurse Grant programs in Australia, and research projects in New Zealand.

The Honour Her (honourher.org.au/) campaign brought together Australian artists and the public to raise funds

for gynaecological cancer research and honour women affected by these cancers. Artists, both renowned and emerging, were invited to donate works of art inspired by and in support of women impacted by gynaecological cancers. Works were exhibited via a virtual gallery and an online auction alongside the personal artist's story and reason for contributing to the cause. Conducted during the COVID19 lockdown in NSW and Victoria, the campaign achieved very high media penetration and generated considerable interest. 95 per cent of art works were sold. We are grateful for the community's support and look forward to bigger engagement in 2022's campaign.

I wish to thank all the members, the women taking part in our trials and our staff for another successful year gynaecological cancer research in Australia and New Zealand, helping ANZCOG to improve life for women with a gynaecological cancer.



Philip Beale
Chair,
ANZCOG

AUSTRALIAN AND NEW ZEALAND CHILDRENS HAEMATOLOGY ONCOLOGY GROUP



2021 continued to be a challenging year, as many Australian states and territories experienced rolling lockdowns and increased workload at our public hospitals. However, our commitment to providing world-class cancer care and access to the latest clinical trials for children with cancer was unwavering, and I would like to commend Australian and New Zealand Children Haematology Oncology Group's (ANZCHOG) Board, staff and our membership for their dedication to our patients during this time.

On behalf of ANZCHOG's Board, we were delighted to welcome Dr Maria Kirby to the new role of Medical Director. This position is responsible for guiding ANZCHOG's clinical trial portfolio, providing medical oversight during the lifecycle of each trial. Dr Kirby takes over from A/Prof Geoff McCowage who has established lasting collaborations with a number of international trial consortia during his eight year tenure as Australasian Children's Cancer Trials (ACCT) CEO. I thank A/Prof McCowage for his commitment to the growth of ANZCHOG throughout this time.

I would also like to acknowledge the input from senior ANZCHOG members into our COVID-19 Vaccination Guidance. During this period of uncertainty and evolving, disparate government policies, we have worked hard to provide trusted, evidence-based information for families during their child's cancer treatment. We will continue to review and update this guidance, which is available on our website, anzchog.org.

We also launched our e-community during 2020, an interactive digital platform for our members to network, share clinical practice experience and effectively disseminate the latest research findings in their field. We look forward to continuing to build and promote this valuable resource.

2020 also marked our first virtual Annual Scientific Meeting. While our members appreciated the accessibility and flexibility of an online meeting, there is a strong desire to return to an in-person event, and we have commenced planning our 2022 ASM in Sydney in late July 2022 (hosted by Sydney Children's Hospital; find out more at anzchog2022.com).

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. Throughout 2021 we had over 25 trials open for accrual at our children's cancer centres, actively seeking to improve care and treatment across the broad spectrum of paediatric cancers. 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.

Excitingly, several of our trials reached their accrual targets in 2021. We look forward to reviewing the data analyses, as this will inform new policy and practices, and in many cases, shape successor trials for the future.

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 of 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 Medical Education Group are working closely with Royal Australasian College of Physicians (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, the Blood Cancer Taskforce and Cancer Australia's Intercollegiate Advisory Group (ICAG).

A professional development highlight for our field – the ANZCHOG ASM – will be returning as an in-person event, 28–30 July 2022. With a number of keynote speakers already locked in, we are looking forward to networking and learning, with a range of interactive discussions and presentations scheduled. Pre-conference days targeted nursing development and a parent day will add to the depth and education opportunities for a wide range of our members and community stakeholders. For more information, please visit our 2022 ASM website: anzchog2022.com.



Nick Gottardo
Chair,
ANZCHOG

AUSTRALIAN AND NEW ZEALAND UROGENITAL AND PROSTATE CANCER TRIALS GROUP



Once again, 2021 proved another busy year for Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP), despite the ongoing challenges with the global pandemic. We saw studies reach recruitment, sites open overseas, and ANZUP continued to receive more awards and accolades for our clinical trials and publications accepted.

We have seen many achievements in the past year including:

- Our **DASL-HiCaP** (ANZUP 1801) trial reached close to 350 patients recruited, and over this time activated sites and recruited patients across NZ, USA, Canada and Ireland, and activated sites in the UK
- **BCG+MM** (ANZUP 1301) recruited its first international patient in the UK
- **ENZA-p** (ANZUP 1901) recruited their 100th patient, well over 50 per cent recruitment
- **UNICAB** (ANZUP 1802) reached 50 per cent recruitment and brought on its first tele-trial site as Goulburn Valley Hospital (Shepparton) under Border Medical Oncology (Albury). This marks an ANZUP first as we look forward to ever expanding the availability of our trials to rural and regional patients
- **P3BEP** (ANZUP 1502) recruited its 150th patient – reaching our stage one recruitment target milestone. We now look forward to beginning recruitment for the next phase of this study
- **GUIDE** (ANZUP 1903) our new phase two prostate cancer trial opened its first site at Chris O'Brien Lifehouse in Sydney

#ANZUP21

On International Clinical Trials Day, our co-badged study ProPSMA led by Prof Michael Hofman, was announced as the winner of the 2021 ACTA Trial of the Year. A great achievement for the study, and ACTA Trial of the Year two years in a row for ANZUP!

Our TheraP trial (ANZUP 1603) featured as an oral presentation at the ASCO GU 2021 virtual meeting in February 2021, with Michael Hofman presenting the results of the study, as well as published synchronously in *The Lancet*. The study also featured in the ASCO Post Genitourinary Oncology Highlight 2020-2021. This was a great achievement.

The TheraP trial results also featured as a poster at the #SNMMI21 (Society of Nuclear Medicine and Molecular Imaging) Annual Meeting in June.

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.

We also had a number of posters and presentations feature at both ASCO GU 2021 (DASL-HiCaP, ENZA-p, KEYPAD, P3BEP, TheraP and UNISoN). As well as at ASCO 2021 (UNISoN).

During 2021 we continued with our Concept Development Workshops (CDW), albeit virtually. We held four CDWs in 2021 with 110 attendees and 18 concepts presented to our multidisciplinary members. This is where many of the seeds for ANZUP clinical trials are first sown, and they are important to grow and foster a pipeline of innovative ideas to be considered and prioritised with support from ANZUP moving forward.

Once again, in view of COVID-19, our #ANZUP21 Annual Scientific Meeting (ASM) took the format of a two-day hybrid event working with local hubs and an interactive virtual meeting platform. With a superb international and national faculty, over 400 delegates heard the latest in GU cancer treatment and research, as well as an update on existing and planned ANZUP trials.

Our stellar international faculty included Alison Birtle, Chris Sweeney, Chris Parker, Heather Payne, Sima



Porten, Eli Van Allen, Matt Galsky and Bertrand Tombal.

One of the highlights of the ASM was the ANZUP Symposium chaired by Haryana Dhillon. This session brought together a panel who shared work they are undertaking to address "Disparities in Cancer Care" – with a focus on Aboriginal and Torres Strait Islander people. Gail Garvey presented, "What do we know about survivorship needs of Indigenous people in Australia?" This gave a marvellous insight into how Indigenous people in Australia experience cancer care. Daniel Lindsay followed with an update on his research, "Out of pocket costs of Aboriginal & Torres Strait Islander people with prostate cancer," generating much discussion about potential causes of these differences. Finally, Dorothy Keefe shared with us "What Cancer Australia is doing to improve cancer outcomes in Aboriginal & Torres Strait Islander people." She showcased a range of resources now available to support cancer care health professionals working with Indigenous people.

ANZUP's trial portfolio continues to grow. As at 31 December 2021, we had nine ANZUP-led and two co-badged trials in recruitment, and a number of new trials set to open for recruitment during 2022.

Due to COVID-19 we had to again cancel both our Melbourne and Sydney Pedalthon events for 2021, and we held our second virtual Below the Belt #YourWay Challenge during the month of May. We saw 146 challengers and 31 teams run, walk, cycle and swim 18,976 kms and 638 hours across Australia, New Zealand, UK and beyond. This event raised \$75,000 for ANZUP's clinical trial research via the Below the Belt Research Fund,

to support the important work of ANZUP's clinicians and researchers.

Our ANZUP 2021 Annual Report was released in June, reflecting on our activities and achievements over the past year. The report is a great showcase of the tireless commitment of our members, supporters and wider ANZUP community to improve treatments and outcomes for genitourinary cancer patients. You can read the report online here: anzup.org.au/annual-reports.

We continue to publish biannually our Consumer Magazine *A little below the belt*. This magazine is full of information about what ANZUP does, how we do it, and how the community supports us. The magazine is available online: anzup.org.au/a-little-below-the-belt.

Our membership base continued to grow and reached over 1,900 during 2021, 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.

As always, 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



Breast Cancer Trials (BCT) is the largest, independent, oncology clinical trials research group in Australia and New Zealand, dedicated to finding new and improved treatments and prevention strategies for breast cancer.

Since our formation in 1978, our research program has grown steadily and today includes 820 members across 109 institutions, who are involved in the conduct of multicentre national and international clinical trials.

Over the last year we have adjusted to the new phase of COVID-19 vaccines rolling out across the world and within our own communities. In 2021, recruitment to clinical trials was impacted once again by the pandemic and our staff had to work from home for a period of three months. However, in 2020 our leadership team and dedicated staff identified ways that we could streamline processes and continue to engage our audiences. So this greatly helped our day-to-day business activities and trials management over the last year.

Our 2021 Annual Scientific Meeting (ASM) for example was an online conference, bringing together over 230 delegates virtually from Australia and New Zealand. Our international speakers included Prof Roberto Salgado from Belgium, Prof Eileen Rakovitch from Canada and Prof Frank A Vicini from the United States of America. This was our first virtual ASM and while we were pleased to be able to maintain dialogue and contact with our members online, we are looking forward to our next face-to-face conference in Melbourne in 2022.

Prof Sunil Lakhani was elected to the position of Chair of the BCT Board of Directors during the reporting period. He 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, Australia.

The Chair position was made vacant following the appointment of Prof Bruce Mann to the role of BCT Director of Research and Chair of the Scientific Advisory Committee. Prof Mann was elected to the Board of Directors in 2015 and was Chair from 2017–2021. Prof Mann is Director of the Breast Tumour Stream of the Victorian Comprehensive Cancer Centre, and works at Royal Melbourne, Royal Women's Hospital and the Peter MacCallum Cancer Centre, Australia.



Prof Bruce Mann, newly appointed BCT Director of Research and Chair of the Scientific Advisory Committee

Prof Andrew Spillane was elected to the Board of Directors in 2021 and is a Professor of Surgical Oncology at The University of Sydney, Northern Clinical School, Sydney, Australia. He specialises in the surgical management of breast cancer and melanoma. Andrew is a senior VMO surgeon at the Mater North Sydney, Royal North Shore Hospital and North Shore Private Hospitals Sydney, Australia.

Prof Sherene Loi was awarded the Frank Fenner Prize for Life Scientist of the Year, as part of the 2021 Prime Minister's Prizes for Science. The Prime Minister's Prizes for Science are Australia's most prestigious awards for outstanding achievements in scientific research, research-based innovation and excellence in science, mathematics or technology teaching. Prof Loi was awarded the \$50,000 Frank Fenner Prize for her work to translate scientific findings into innovative treatments that can improve the survival of breast cancer patients in Australia and around the world. Professor Loi is the BCT Study Chair of the DIAMOND and NeoN clinical trials, a BCT Board Director and member of the Scientific Advisory Committee. She is the Head of the Translational Breast Cancer Laboratory at the Peter MacCallum Cancer Centre in Melbourne, Australia.

Recruitment to the EXPERT clinical trial continued internationally. This trial, led by BCT and our international collaborators the Breast International Group (BIG) and the Spanish Oncology

Trials Group (SOLTI) – is now open in Australia, New Zealand, Spain, Chile, Switzerland and Taiwan. This is a great success for our team after activation of this clinical trial outside of Australia and New Zealand was delayed due to COVID-19. Prof Boon Chua is the BCT Study Chair of the EXPERT clinical trial.

The results of the OlympiA clinical trial were announced, which showed that Olaparib reduces breast cancer recurrence by 42 per cent in patients with early-stage breast cancer who have a BRCA1 or BRCA2 gene mutation. The results of this international trial were published in the *New England Journal of Medicine* and 1,836 patients were recruited worldwide, including 60 women from Australia. Prof Kelly-Anne Phillips was the BCT Study Chair of OlympiA.

BCT launched a new online platform, called the Neoadjuvant Patient Decision Aid, to help women recently diagnosed with breast cancer make informed decisions about their breast cancer treatment. In particular, it provides an evidence-based view of their options for treatment with

chemotherapy or hormonal therapy before surgery to the breast and lymph nodes (neoadjuvant). The online decision aid was created using the research findings from the DOMINO clinical trial and was led by BCT's Medical Advisor, researcher and medical oncologist, Dr Nick Zdenkowski.

BCT is committed to helping educate the wider community about the importance of clinical trials research and the benefits of participating in a clinical trial. This includes promoting diversity and inclusion in clinical trials. In 2021 we translated several BCT brochures and videos into different languages, including Te Reo Maori and a dedicated resource for First Nations Australians. These are free resources available on the BCT website.

Despite the challenges that have been presented over the last two years, BCT is in a strong position as we look ahead. Several new

trials will commence in 2022 and we look forward to networking with our research colleagues once again in person. The pandemic has certainly shown us that the research community is resilient and committed to ensuring the best possible outcomes for patients diagnosed or at risk of breast cancer.



**Sunil
Lakhani**
Chair, BCT

CANCER NURSES SOCIETY OF AUSTRALIA



To achieve Cancer Nurses Society of Australia's (CNSA) mission, "Promoting excellence in cancer care and control through the professional contribution of cancer nurses," CNSA aims to develop and disseminate resources which contribute to advances in cancer nursing and practice.

In 2021, CNSA was incredibly pleased to launch two key resources, the Cancer Nursing Workforce Mapping Project and the CNSA Vascular Access Devices: Evidence-Based Clinical Practice Guidelines, 2021.

CNSA Research Standing Committee launched the Cancer Nursing Workforce Mapping Project. This is the first time a national survey will provide a comprehensive picture of the working conditions and professional concerns of nurses who work exclusively in cancer care and control.

CNSA Vascular Access Device and Infusion Therapy Specialist Practice Network, launched the CNSA Vascular Access Devices: Evidence-Based Clinical Practice Guidelines, 2021. Available at cnsa.org.au/VADguidelines.

The guidelines provide standardised, evidence-based clinical practice guidelines and recommendations for the safe, effective, and efficient management of vascular access devices for the patient with cancer with peripheral intravenous cannulas and central venous access devices. This knowledge base, with clinical expertise, the preferences of the individual patient, product knowledge and application, and local context of the individual healthcare environment can be integrated into comprehensive approach to vascular access management for the individual cancer patient.

They have been received enthusiastically within Australia and New Zealand and have been endorsed by the Australia Vascular Access Society (AVAS), the Alliance for Vascular Access Teaching and Research (AVATAR), the Clinical Oncology Society of Australia (COSA), Haematology Society of Australia and New Zealand (HSANZ) and Intravenous Nursing New Zealand (IVNNZ).

Advocacy and representation

Since our last report to COSA, CNSA welcomed the establishment of two new Specialist Practice Networks (SPNs), Older Persons with Cancer and Genitourinary Cancer. Joining CNSA SPNs representing Breast Oncology, Cancer Nurse Practitioners, Gynaecological Oncology Nurses, Radiation Oncology Nurses, Vascular Access Device and Infusion Therapy. Alongside CNSA's Standing Committees and The State Groups that enable professional networking and education opportunities close to where CNSA members live.

Building on CNSA's strategic aim to promote cancer nurses' contribution to national cancer control activities and policy, CNSA has established a new Advocacy Program in recognition, as the organisation has matured, a need to move from responding to the external environment to proactively seeking opportunities to address core priorities areas for the ongoing development and sustainability of specialist cancer nurses to meet the needs of cancer patients across Australia.

Members of CNSA, also represented cancer nurses on a range of submissions, consultations, and position statements, including:

- The Australian Cancer Plan
- Nurse Practitioner 10-Year Plan
- National Medicines Policy
- Blood Cancer taskforce National Strategic Action plan for Blood cancer
- The development of a Specialist Nurse for Advanced Cancer role proposal, in collaboration with McGrath, for Cancer Australia
- McGrath Foundation Model of Care for Breast Care Nursing in Australia concluded after beginning in 2020
- Coalition of National Nursing and Midwifery Organisations (CoNNMO)
- CNSA are an integral part of the Radiation Oncology Alliance and are working closely with them to review the Radiation Oncology Practice Standards

Education and collaboration

Taking a leadership role in addressing the educational needs of cancer nurses and collaborating with other groups and organisations involved in the development and provision of services to people with cancer, is a key strategic aim for CNSA.

To highlight a few ongoing initiatives:

- We were delighted to collaborate to deliver over 40 Tune in Tuesdays webinars and published 21 Cancer Nursing Matters newsletters.
- *The Australian Journal of Cancer Nursing* (AJCN) is a refereed biannual publication that aims to provide educational material to members and other interested bodies and acts as a forum where debate and exchange of views can take place. The AJCN is essential reading for nurses who are delivering services in the cancer field and is oriented towards clinical, education and management nurses with an interest in cancer care.
- CNSA's online knowledge sharing platform Sisodo, featured 234 publications authored by 296 CNSA authors, and 207 posts in the CNSA discussion forum in 2021-22. We are thrilled with CNSA members' engagement in the community, highlighting and sharing the vast knowledge and clinical expertise amongst our oncology nursing colleagues.

CNSA 23rd Annual Congress

The ongoing impacts of the pandemic was not going to stop CNSA delivering on another key strategic aim, to provide opportunities for professional networking amongst cancer nurses. CNSA's 23rd Annual Congress was quickly adapted and on Friday 18 June 2021, 465 participants, across four locations (Adelaide, Brisbane, Perth, and Sydney) attended this one-day hybrid event. Melbourne was not going to allow a lockdown to stop their Annual Congress, holding a virtual event on Friday 19 November, with over 250 registrations.

There were many highlights with the theme reflective of the year that had been – with cancer nurses called on to rise to the unique challenges the healthcare sector faced because

of COVID-19. "A Voice to Be Heard: Driving Cancer Care and System Reform" was a powerful message and emphasised the role our members, and the wider nursing workforce, played during the pandemic. Some of the many highlights included the keynote presentations delivered by Prof Dorothy Keefe, Tanya Farrell, Prof Shelley Dolan, and Prof Jill White.

CNSA Board update

Sadly, CNSA Board Director Emma Cohen passed away after a short illness on Friday 9 April 2021. Emma was a vibrant and passionate leader, and a fierce and intelligent advocate for the cancer nursing workforce, and her patients. Her loss has left a huge gap in our community, and in our hearts.

Following the 2021 Annual General Meeting (AGM), President Lucy Gent was delighted to welcome Kim Alexander and Kim Rogers as newly elected Directors. Lucy Gent finished her term on the Board and as President after the AGM, after leading CNSA for three years. Kim Alexander stepped into the role at that time, with Carmel O'Kane as the Vice President.

Carmel O'Kane has stepped into the President and Board Chair position, Meredith Cummins, and Anne Mellon as Co-Vice Presidents, as Kim Alexander has taken leave. CNSA welcomed Diane Davey to the Board. CNSA refreshed their Director Portfolios to align further to CNSA's strategic aims. Gabrielle Vigar commenced in March 2021 as the COSA Council representative.

In closing, we are immensely proud of how CNSA adapted to the challenges of 2021. We could not have been so successful in meeting our goals without the support of our members, stakeholders, sponsors, and our amazing staff, we thank you.

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.



Carmel O'Kane
President and Board Chair, CNSA

CANCER SYMPTOM TRIALS AND PALLIATIVE CARE CLINICAL STUDIES COLLABORATIVE



Cancer Australia funding

We are pleased to report that, following an extension of funding until December 2021, Cancer Symptom Trials (CST) has now received funding from Cancer Australia until 30 June 2024. Prof Meera Agar, CST Chair, Linda Brown, National Manager, and the CST team are focused on the continuing program of work as well as a new range of deliverables focused on building equitable access to cancer symptom trials for people living with cancer, regardless of geography, diagnosis, or demographic factors.

Governance

In October, Emeritus Prof Richard Head stepped down from the role of Chair, CST Scientific Advisory Committee. Richard's insights and leadership in this role were instrumental in establishing CST's governance, role, and purpose as a Cancer Cooperative Trials Group from its beginnings in 2017. We are grateful for Richard's service and leadership.

Delphi study – cancer symptom management priority setting

We have reached the third phase of our adult Delphi study for cancer symptoms and treatment research priority setting. We are thankful for the participation of the consumers and healthcare professionals who responded to the surveys and attended our focus groups. Their generosity in sharing their experience is essential in ensuring the research we conduct is focused on treating the symptoms that are most troublesome. We look forward to sharing the results of this important work in 2022.

ASPERT Research Group launches pancreatic cancer survey

In 2021, CST, the University of Otago Department of Medicine, and Nurse Maude Hospice began a collaboration as the ASPERT Research Group to address the perceived lack of access to Pancreatic Enzyme Replacement Therapy (PERT) by people with pancreatic cancer in Aotearoa New Zealand and Australia.

We want to understand the prescribing of and compliance with PERT by investigating current practices in both countries with a view to highlighting the current gaps.

We launched a survey of people with pancreatic cancer in Aotearoa New Zealand and Australia. The goal of the survey is to help us identify better access to treatments for all New Zealanders and Australians with pancreatic cancer. For information and survey links, go to uts.edu.au/aspert.

Events

Workshops

We continue to provide opportunities for investigators to present their study ideas to a supportive, expert audience through our workshop series. In 2021, we facilitated workshops on a diverse range of topics including gut dysfunction, missing data, pain, and the IMPACCT Rapid Program. We also hosted a pain workshop as part of the Oceanic Palliative Care Conference 2021 (21OPCC) pre-conference meeting schedule.

Annual Research Forum

Our principal annual event, the PaCCSC & CST Annual Research Forum was online for the first time in 2021. The forum brought together speakers and guests with interests in palliative care and cancer symptom management. The theme was "Clinical trials in a changing world", putting the spotlight on common challenges faced here in Australia and overseas.

Our keynote speaker, Prof R Sean Morrison, Director of the USA National Palliative Care Research Center, gave an insightful presentation on palliative care research in the United States. We also heard from Prof Christine Ritchie, Minaker Chair in Geriatrics and Director of Research for the Division of Palliative Care and Geriatric Medicine at Massachusetts General Hospital, and Dr Michael Dougan, Assistant Professor of Medicine and Director of Immunotherapy Mucosal Toxicities Program at Massachusetts General Hospital. It was a great privilege to have three excellent international speakers at the forum.

Here in Australia, we were joined by Stefan Harrer, Chief Innovation Officer of Digital Health CRC joined us to talk about technological developments in telehealth delivery, and Hayley BurrIDGE, Melanoma Nurse Consultant at The Alfred who conducted an engaging discussion with Tamara Dawson, founder of the Melanoma & Skin Cancer Advocacy network (MSCAN).

PALLIATIVE CARE CLINICAL STUDIES COLLABORATIVE (PaCCSC)

Staff

In September, we farewelled the PaCCSC founding Chief Investigator, Prof David Currow. Prof Brian Le and Dr Tim Lockett were appointed to the roles of PaCCSC co-Chairs and they are bringing fresh ideas and a new vision to PaCCSC, while building on our track record of conducting high-quality clinical research to achieve better outcomes for our patient population. Brian and Tim bring valuable experience and insights that complement the collaborative nature of our work.



Prof Brian Le and Dr Tim Luckett,
newly appointed co-Chairs of PaCCSC

PaCCSC projects

We commenced two PaCCSC projects (uts.edu.au/research-and-teaching/our-research/impacct/palliative-care-clinical-studies-collaborative/paccsc-projects) investigating breathlessness. "Delineating the impact of chronic breathlessness: a cross-sectional population study" aims to identify the link between chronic breathlessness and its impact on aspects of quality of life.

Engaging with participants from English and Arabic-speaking backgrounds, "Discussing the impact of chronic breathlessness in clinical consultations" is exploring whether chronic breathlessness is discussed in clinical consultations and whether current communication practices are effective in identifying the presence and burden of this symptom.

IMPACCT Rapid Program
Welcome to new Rapid Chair, Dr Caitlin Sheehan

Dr Caitlin Sheehan was appointed as the new Chair of the UTS Rapid Program Management Team. Caitlin is a clinician and researcher at Calvary Healthcare Kogarah in NSW. She has been part of the Rapid management team for over two years and continues to contribute to important opportunities to further develop this international interdisciplinary quality improvement program. Caitlin brings energy and vision to the role and Rapid continues to grow under her leadership with the support from clinicians across the world in leading this large program of work.

New series

The Rapid Program (uts.edu.au/research-and-teaching/our-research/impacct/impacct-trials-coordination-centre/rapid-program) has grown with the addition of new adult and paediatric series. The paediatric and paediatric chronic pain series includes:

- Cyclizine for nausea and vomiting – series 31
- Opioids for paediatric breathlessness – series 34
- Paediatric telehealth – series 37
- Ketamine for non-cancer pain – series 41

The adult program continues to grow with the addition of our first two sleep series and a series on wounds:

- Dressings for malignant cutaneous wounds – series 38
- Melatonin for insomnia – series 39
- Temazepam for insomnia – series 47
- Intrathecal catheters for pain management – series 36
- Telehealth in palliative care – series 35

We invite clinicians who are prescribing or administering any of these medications to collect data for these series. There are also a number of series publications in press so watch out for these as they become available. To find out more and get involved, go to uts.edu.au/rapid.



Katherine Clark
Council representative,
CST and PaCCSC

COOPERATIVE TRIALS GROUP FOR NEURO- ONCOLOGY



Cooperative Trials Group for Neuro-Oncology (COGNO) had a very busy and productive year in 2021, with many achievements and highlights despite the ongoing challenges with COVID-19.

With an increasing number of concepts reviewed by our Scientific Advisory Committee, COGNO's trials portfolio continued to grow:

• Trial open to recruitment

- › **MAGMA** (Multi-Arm Glioblastoma Australasia Trial) – funded by Medical Research Futures Fund (MRFF), MAGMA is a multi-arm multi-stage, multi-centre, phase 3 platform trial that aims to assess hypotheses against a common standard-of-care control arm for the management of people with newly diagnosed glioblastoma. Recruitment target of 300 patients across 26 sites with 21 sites currently activated and strong recruitment throughout 2021.

• Trial in start-up

- › **PersoMed-1** (Personalised Targeted Therapy for Adolescent and Young Adult Medulloblastoma Patients), an international study led by the European Organisation for Research and Treatment of Cancer (EORTC), funded in Australia by CanTeen and Cancer Australia.

• Trials in Development

- › **PICCOG** (A single-arm phase 2 study of a PARP and Immune Checkpoint inhibitor COmbination for relapsed IDH-mutant high-grade Glioma), funded by the MRFF.
- › **CODEL - N0577** (Phase 3 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.

Very successful events were held (all virtual, some for the first time):

- **COGNO Systematic Reviews Workshop** – covering systematic reviews of interventions, diagnostic tests and prognosis studies, meta-analyses and living systematic reviews.
- **COGNO Ideas Generation Workshop** – with three concepts discussed, as well as a presentation on the MAGMA trial.
- **MAGMA Design Workshop** – which explored and discussed new concepts for incorporation into the MAGMA study (which is run using a consortium model in which anyone can propose additional study arms to be incorporated).
- **Post ASCO Update** – a new initiative of COGNO's Outreach and Education Committee, providing an update on the most significant treatment advances in primary brain cancer presented at ASCO 2021.
- **COGNO Annual Scientific Meeting, October 2021** – in conjunction with the Australian Brain Cancer Research Alliance (ABCARA) Research Symposium, and the concurrent BTAA Patient Education and Information Forum. International speakers included: Prof Gelareh Zardeh, Ms Maureen Daniels, Prof David N Louis, Prof Nino Chiocca, Prof Michael Jenkinson (cogno.org.au/content.aspx?page=cognoasm-speakers).
- **COGNO Annual General Meeting, October 2021** – with members updated on the achievements in the past decade and priorities for 2022 and beyond.

Publications and presentations included:

- Outcomes from the uses of computerized neurocognitive testing in a recurrent glioblastoma clinical trial. KM Field, et al. *Journal of Clinical Neuroscience*. doi.org/10.1016/j.jocn.2021.10.022
- Barriers and potential solutions to international collaboration in neuro-oncology clinical trials: Challenges from the Australian perspective. Benjamin Y Kong, Matthew Foote, et al. *Asia-Pacific Journal of Clinical Oncology*. doi.org/10.1111/ajco.13606
- A randomized phase II trial of veliparib, radiotherapy, and temozolomide in patients with unmethylated MGMT glioblastoma: the VERTU study. Hao-Wen Sim, Mustafa Khasraw, et al. *Neuro-Oncology*. doi.org/10.1093/neuonc/noab111
- Prognostic significance of genome-wide DNA methylation profiles within the randomised, phase 3, EORTC CATNON trial on non-1p/19q deleted anaplastic glioma. CMS Tesileanu, AK Nowak, H Wheeler, et al. *Neuro-Oncology*. doi.org/10.1093/neuonc/noab088
- Non IDH1 R132H IDH1/2 mutations are associated with increased DNA methylation and improved survival in astrocytomas, compared to IDH1 R132H mutations (CATNON). C Mircea, S Tesileanu, Anna K Nowak, Martin van den Bent, Pim J French, et al. *Acta Neuropathologica*. doi.org/10.1007/s00401-021-02291-6

- Adjuvant and concurrent temozolomide for 1p/19q non-co-deleted anaplastic glioma (CATNON; EORTC study 26053-22054): second interim analysis of a randomised, open-label, phase 3 study. Martin J van den Bent, Anna K Nowak, Brigitta G Baumert, et al. *The Lancet*. doi.org/10.1016/S1470-2045(21)00090-5
- Development of Randomized Trials in Adults with Medulloblastoma – The Example of EORTC 1634-BTG / NOA-23. Peter Hau, Elizabeth Hovey, Antoinette Anazodo, Michael Weller, et al. *Cancers*. doi.org/10.3390/cancers13143451
- Low and Intermediate Grade Glioma Umbrella Study of Molecular Guided Therapies (LUMOS) study. Kong BY, Hovey EJ, Koh E-S, Gan HK, et al. 2021 Society for Neuro-Oncology Annual Scientific Meeting, Innovations in Patient Care stream, poster presentation.
- Multi-Arm Glioblastoma Australasia (MAGMA) trial. Kong BY, Gedye C, et al. 2021 Society for Neuro-Oncology Annual Scientific Meeting, Randomized Trials In Development stream, poster presentation.

COGNO membership has continued to increase, ending the year with 864 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

2021 was another challenging year with a continuing significant impact on all of us. Radiation therapy centres, like all health service providers, remained open and logistics adapted to cope with the Covid situation. Along with others, Royal Australian and New Zealand College of Radiologists (RANZCR) and the Faculty of Radiation Oncology (FRO) continued to give clear messages to cancer patients that those who needed cancer treatment and those who needed tests should continue to seek it. Cancer patients were also encouraged to speak to their treating doctor about their own situation. Telehealth and telephone consultations continued to be 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 continued to provide advice to keep our membership updated. 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 (MBS) Review

The FRO MBS Review Working Group continued to engage with the Federal Department of Health regarding the MBS review. For most of 2021 the Department of Health considered and modelled the new MBS fees for radiation therapy services. This work took longer to complete than was envisaged by the Department.

Towards the end of 2021, the Department established the Implementation Liaison Group to provide advice to the Department on the new fees and their implementation. RANZCR has provided nominees to this group. It is envisaged that new fees will be resolved for implementation in 2023.

Targeting Cancer

2021 was a busy year for the Targeting Cancer campaign. The following outlines some of our activities.

We released a new patient journey video about a patient dealing with cancer in regional Queensland. You can watch it here targetingcancer.com.au/2021/12/wishing-lex-and-tricia-very-best-wishes-for-christmas/

We also issued a video with our clinicians promoting the importance of being vaccinated against Covid. You can view it at targetingcancer.com.au/2021/10/please-join-us-and-get-vaccinated-too/

Due to the number of lockdowns on the east coast of Australia in 2021, we organised a Targeting Cancer Fun@Home online event where participants posted photos on social media of fun activities they did at home during the lockdowns while at the same time promoting Targeting Cancer.

RANZCR participated in World Cancer Day with the release of a number of videos about our clinicians' commitment to making their patients aware of potential treatment using radiation therapy. You can watch it on our YouTube channel. youtube.com/watch?v=5ujRWsTtoCw&t=9s

A review of the Targeting Cancer website was undertaken to improve the user experience with the intention of making some changes to the website in 2022.

Education

Despite COVID-19 and the challenges of lockdowns and border closures, RANZCR proceeded with our examinations in 2021. Lessons learnt in 2020 were taken into account. Many fellows and College staff worked in an adaptive manner to successfully overcome the challenges.

RANZCR's Training and Assessment Reforms were finalised in 2021 with multiple successful webinars to communicate the changes. New platforms have been set up to implement the reforms from the start of the 2022 training year.

Our Annual Scientific Meeting (ASM) was successfully held online with an increase in registrations. All the usual ASM prizes for excellence in science and presentation were awarded despite the virtual platform.

Organisational governance and sustainability

The College updated their Strategic Plan, and a new plan is available on our website (ranzcr.com). Recognising the differences in health-related outcomes in our Indigenous population, after establishing and working with the Māori, Aboriginal and Torres Strait Islander Executive Committee reporting directly to the Board, the Indigenous Health Action Plan was developed. The plan provides a culturally appropriate action strategy setting milestones and ensuring alignment with the recommendations of the Australian Medical Council and Medical Council of New Zealand. As a first step, a number of ambitious goals have been integrated into the 2022 workplan of our training program.



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 of Physicians (the College), experienced a rewarding 2021 despite the continuing challenges posed by COVID-19.

Partnerships

In 2021 MOGA's strategic national and global networks and partnership were strengthened. The national and international oncology sector demonstrated outstanding leadership, commitment and cooperation on numerous issues and projects. MOGA worked with key organisations such as the European Society for Medical Oncology, The American Society for Clinical Oncology, the College, Australian Medical Association, Cancer Australia, and Cancer Council Australia, to proactively develop, share information, and provide regular updates on critical issues.

MOGA re-activated its Workforce Group in 2021 to address current and future issues for the national medical oncology profession, including the impacts of the so-called "cancer tsunami". Dr Florian Honeyball chairs the Group which has initiated discussions with the Department of Health and Cancer Australia to develop a holistic national approach. A Victorian workforce study completed in 2021 demonstrated a significant shortage of medical oncologists within that state and highlighted key disparities in workforce levels and conditions across various demographics that can be extrapolated nationally. Most oncologists were seeing more than the recommended 2008 benchmark of 150-180 new patients per year. In some areas, oncologists were on average seeing double this number.

The Group plans to map and model the current and future national medical oncology workforce and develop employee performance

metrics (eg, optimum 1FTE: X new patients per annum, or X FTE per 100000 capita). The new work includes the development of a current Scope of Practice for an Australian medical oncologist, taking into consideration factors such as productivity, quality and safety, patient and cancer variations, survivorship and care requirements as well as predicated cancer incidence and changing practice.

Oncology drugs, treatments and advocacy

In response to ongoing and emerging treatment and oncology issues MOGA represented the profession through diverse lobbying and advocacy activities, media and members liaison, the provision of advice to industry, government, and regulatory bodies. Key initiatives included the National Medicines Policy Review, the Ministerial Roundtable for the National Cancer Plan and advice on the Department of Health's Repurposing of Medicines and around testing for dihydropyridine dehydrogenase enzyme deficiency in patients receiving fluoropyrimidines.

The year also saw MOGA make a record-breaking number of submissions and the Drugs Group met regularly with the Pharmaceutical Benefits Advisory Committee (PBAC) to address oncology issues under consideration by Australian regulatory bodies. They also ensured that current, accurate advice on clinical practice and trial developments was directed to key decision-makers.

Membership

The strong interest in our speciality was reflected in the growth of the membership to include 623 consultants and 244 trainees. Members make an invaluable contribution across all MOGA's activities and to our profession.

Prof Clare Scott received the annual MOGA – Novartis Oncology Cancer Achievement Award for her contribution as a medical oncology clinician, clinician-researcher, leader, and mentor. Clare is Professor of Gynaecological Cancer Obstetrics and Gynaecology Royal Women's Hospital/Mercy, University of Melbourne and Joint Division Head Division at The

Walter and Eliza Hall Institute of Medical Research. Prof Scott's skills in clinical oncology, evidence-based medicine and research have resulted in the leadership of numerous, influential clinical trials and platforms for ovarian and rare cancers.

Prof Anna Nowak was awarded the inaugural Professor Martin H Tattersall AO Heroes Award in 2021. This Award recognises contributions by Australian medical oncologists that honour the spirit, courage and commitment of the late Martin Tattersall, and his significant contributions to Australian Medical Oncology. Anna is a medical oncologist at Sir Charles Gairdner Hospital, Pro Vice Chancellor (Health and Medical Research) at The University of Western Australia (UWA) and a Clinical Academic in the UWA Medical School. She has made a significant and lasting impact on the practice of medical oncology, leading transformative research in mesothelioma with profound and far-reaching impacts on people with this fatal condition.

Education and professional development programs

MOGA's educational initiatives in 2021 were developed in online formats to accommodate COVID-19 restrictions, including the mandatory **Communications Skills Training Program** in effective patient communication. The National and State Trainee Representatives along with the Young Oncology Group of Australia provided support and guidance for trainees and junior consultants, organising both educational and professional activities throughout the year.

Dr Peter Manders, convened an **Immuno-Oncology Symposium: Combination & Next Generation Immunotherapy** providing a comprehensive update on the current clinical data for many cancer streams. The program considered the direction of immunotherapy and included sessions on key advances that will impact both present and future clinical practice. International keynote speaker, Prof Padmanee Sharma (USA) was joined by Australian leaders in immuno-oncology.

MOGA launched the **Oncology Professionals Advancing Leadership** program convened by A/ Professor Prunella Blinman. Designed to increase the effectiveness of medical oncology team members with the goal of optimising patient care in the clinical setting, the sessions were directed at team-based learning with the objective of improving all aspects of patient care.

Drs Felicia Roncolato and Florian Honeyball, Co-Convened **The Future of Oncology: Improving Outcomes Through Innovation** our first virtual Annual Scientific Meeting, with a focus on engagement and interaction. International guests, Professors Carlos Barrios (Brazil) and Martin Reck (Germany) joined Australian experts in symposia on the latest developments in genetic diagnosis, prostate cancer, lung cancer and breast cancer, as well as oncology leadership and the medical oncology workforce. The Young Oncologists program included sessions on podcasting and social media in health communications while the Trainees Program examined the management of immune related adverse events and onco-fertility advances.

MOGA also successfully presented the second online **Asia Pacific Oncology Research Development Protocol Development Workshop** with 60 participants and 45 faculty. The Workshop, Convened by Prof Martin Stockler, remained an intensive six-day active-problem based, collaborative learning exercise.

We look forward to another productive year collaborating with our many partners to advance the Australian oncology sector.



Deme Karikios
Chair, Medical
Oncology Group
of Australia



Prof Clare Scott received the annual MOGA - Novartis Oncology Cancer Achievement Award



Prof Anna Nowak was awarded the inaugural Professor Martin H Tattersall AO Heroes Award

MELANOMA AND SKIN CANCER TRIALS



Melanoma and Skin Cancer Trials Ltd. (MASC Trials) experienced considerable growth throughout 2021, with an increase in trial activity and staffing to maximise opportunities for research aimed at preventing and treating melanoma and skin cancer.

Our international collaborative trials group continued to unite a dynamic network of health professionals specialising in melanoma and skin cancer. Together, we developed, conducted, published, and promoted research that is having a real-world impact on how melanoma and skin cancer is diagnosed and treated.

Clinical trials

Despite the pandemic, our portfolio of clinical trials and research expanded in 2021. Patient recruitment increased with over 560 participants enrolled during 2021 in 12 active trials at 177 hospital sites across 11 countries. Providing equitable access to trials remains a high priority. The introduction of "tele-trial" sites enabled patients living in regional and rural Australia to enrol in some of our trials.

Our largest international melanoma trial, **MelMarT-II**, continued to recruit strongly in 2021, reaching 500 participants and 27 sites throughout Australia and overseas by December 2021. Established in 2019, MelMarT-II is investigating whether reducing the amount of skin removed during surgery can decrease the risk of associated long-term pain and improve quality of life without increasing the risk of melanoma returning.

The **IMAGE** trial, which examines the effectiveness of Melanoma Surveillance Photography (MSP), opened its first site early in 2021. The trial now operates across six Australian sites and has recruited almost 200 patients. IMAGE will help to inform the Australian Government if there is a necessity to publicly fund MSP.

The **GoTHAM** trial is investigating the use of immunotherapy drug Avelumab when combined with either

conventional radiotherapy or peptide receptor radionuclide therapy to treat metastatic Merkel cell carcinoma. The trial for this very rare skin cancer recruited its first participant in April and had six participants in December 2021. More sites are planned to encourage recruitment across metropolitan and regional Australia.

The **I-MAT** trial opened its first tele-trial site at Cairns Hospital this year, providing greater access to clinical trials for Merkel cell carcinoma patients in Far-North Queensland. Open to recruitment in 13 primary and four satellite sites, I-MAT aims to develop an effective, well tolerated immunotherapy regimen for participants with stage I-III Merkel cell carcinoma.

Launched in 2021, the **Uveal Melanoma Registry** enrolled its first participant and has three sites open with efforts to open further sites. As there is no accepted management or treatment for uveal melanoma, the Registry aims to change practice by collecting and evaluating patient data.

The Cancer Australia funded **Supporting People with Cancer Project** finalised its survey results. MASC Trials is now collaborating with Melanoma Patients Australia and the Melanoma & Skin Cancer Advocacy Network to develop an awareness campaign and links to resources for regional patients. The survey results were also presented at the Australasian Skin Cancer College Congress.

The **SMARTI** trial closed to recruitment mid-2021 after successfully enrolling 214 participants to the trial. SMARTI aims to determine if the Molemap Artificial Intelligence algorithm can be used as a diagnostic aid in a clinical setting. Investigators have published in *BMJ Open* with further publications planned to distribute results.

The **CHARLI** trial closed to recruitment at 52 participants in December, across 10 sites in Australian cities and regional towns. The trial is examining whether the addition of Denosumab to standard immunotherapies for metastatic melanoma will improve outcomes for these patients. Presentation of the trial results are planned for the ESMO conference in September 2022.

Recruitment for the **RADICAL** trial closed in 2021 at 126 participants. Principle Investigator A/Prof Pascale Guitera and colleagues published "A practical guide on the use of imiquimod cream to treat lentigo maligna" in the *Australasian Journal of Dermatology* in November.

A publication resulting from the **CombiRT** trial in the *Journal of Clinical and Translational Radiation Oncology* by Dr Tim Wang et. al showed that the concurrent use of Dabrafenib and Trametinib are safe to use during palliative radiation therapy.

Discipline Specific Advisories

Our Discipline Specific Advisories, which support specialist researchers to evaluate the study design of new research proposals, met throughout the year to discuss and develop new research projects. In addition to our special interest groups, AMIGOs and AOMA, we formed a group focused on Keratinocyte skin cancer and established an independent panel of consumer advocates.

Events

The MASC Trials Annual Scientific Meeting was held online in November and featured 14 speakers, including researchers, industry and consumer representatives. With over 170 registrations, this meeting was our most successful to date. Updates on MASC Trials research and activities were provided, and discussion about future research opportunities was facilitated.

The second Australasian Ocular Melanoma Alliance Summit was held online in June. This event brought together healthcare professionals, researchers and consumers in ocular melanoma to facilitate national and international collaborations for this rare cancer.

Our people

The MASC Trials team grew in 2021 to support our investigators and raise the profile of their important work. New roles were created and we now employ a Marketing and Communications Manager, Research Development Manager, and Research and Grants Coordinator to support our investigators and the MASC Trials team. Several new skilled Clinical Research Associates and Clinical Data Managers were also recruited.

To strengthen the Board's corporate governance, two new Directors with expertise in Law and Epidemiology joined the Board in 2021. We now have eight Board members who bring expertise from many of the disciplines essential to the success of clinical trials.

Our membership, which spans from people working in clinical trials to patient advocates, continued to grow to over 2,000 members representing 36 countries.

The substantial outcomes achieved by MASC Trials during 2021 demonstrate the collective determination and effort of our investigators, Board of Directors, staff, membership, and community of supporters, to improve how melanoma and skin cancer can be prevented, diagnosed and treated. The benefits of their work will be felt for many years to come. With renewed funding from Cancer Australia, newly funded projects in start-up, and continued dynamism in the preventive and therapeutic landscapes in melanoma and skin cancer, we look forward to an active and productive 2022.



Mark Shackleton
Chair,
MASC Trials

ONCOLOGY SOCIAL WORK AUSTRALIA AND NEW ZEALAND



Oncology Social Work Australia and New Zealand (OSWANZ) starts the year by welcoming our incoming President, Justin Gulliver. Justin is the Professional Lead for Social Work at Te Aho o Te Kahu Cancer Control Agency in Wellington, New Zealand. Our outgoing President, Nick Hobbs from Hobart will remain on the committee as Immediate Past President and as Treasurer.

2022 is commencing with similar uncertainties to those experienced in the preceding two years. With this in mind, the OSWANZ Committee has decided to maintain a program of virtual activities that have proved to be a popular and successful alternative to face-to-face events. At an organisational level, a series of webinars is in the planning stages, as well as a virtual conference featuring an overseas keynote speaker and local experts. Within each jurisdiction regional representatives have access to a Zoom account for meetings and educational events. Members will receive details of all events as dates are finalised.

Various groups have requested participation of OSWANZ members in surveys and research activities. OSWANZ is represented by Kim Hobbs on the Financial Toxicity Working Group, established under the auspices of COSA's Survivorship Group. A pleasing number of OSWANZ members completed a national survey which was distributed widely amongst COSA membership groups. The work of this group is ongoing, under the leadership of Prof Ray Chan who has recently relocated from QUT to the Caring Futures Institute at Flinders University in Adelaide. The program of work for this multidisciplinary national group is wide ranging. A webinar was held in December 2021 and a paper documenting the results of the survey will soon be submitted for publication. Watch this space for more developments.

Our New Zealand members have been approached to participate in a research study examining the implicit and explicit racial biases in the training of health practitioners in New Zealand. Our Australian members have responded to a survey from Rare Cancers Australia investigating issues of transport for cancer patients, especially for those located in rural and regional areas. A link was distributed for members to contribute to the consultation process of the development of Cancer Australia's next Cancer Plan. OSWANZ is also participating with Psycho-oncology Co-operative Research Group (PoCoG) in a telehealth working group developing national guidelines/recommendations for using telehealth (both audio and video) in psycho-oncology therapeutic interventions, including identification of the barriers and enablers of the various technologies.

In an ongoing partnership with Cancer Council Australia a submission to the Australian Government Senate Inquiry into the purpose, intent and adequacy of the Disability Support Pension, resulted in an invitation to provide expert evidence on one of the hearing dates. Megan Varlow (CCA) and Kim Hobbs (OSWANZ) participated in a virtual hearing along with other stakeholder groups. The issues raised in the inquiry have been championed by SBS programs and an article about the particular issues for people with cancer was published in the *Guardian Australia* by Luke Henriques Gomes, Social Affairs and Inequality Editor. The final report and recommendations from the inquiry are awaited.

In spite of the limitations associated with COVID restrictions, OSWANZ is continuing to maintain a busy agenda of activities.



Kim Hobbs
Council
representative,
OSWANZ

PRIMARY CARE COLLABORATIVE CANCER CLINICAL TRIALS GROUP



2021 provided Primary Care Collaborative Cancer Clinical Trials Group (PC4) with an opportunity to think about how we engage and support our members in an ongoing online landscape. In 2021 we continued to grow, with a record number of requests for support. PC4's national membership has expanded to almost 900, with members across every state.

Research highlights

Over the past year, we have supported 27 new research concepts including 11 focused on prevention and early detection, 14 survivorship and one new palliative care study. 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 was 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.

As a result, we developed three Engine Rooms that will assist in developing research under the umbrellas: Prevention & Early Detection, Survivorship, and Palliative care.

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 with researchers from all facets of cancer care, from early detection

to survivorship. The 2021 season of Research Round-up included international guests from New Zealand, Germany, and the UK as well as many impressive Australian researchers.

You can listen to Research Round-up at pc4tg.com.au/podcasts.

PC4 events

In May 2021, we were lucky to host our annual Scientific Symposium as a hybrid event at the Melbourne Convention Centre. It was our largest event to date with nearly 120 attendees. With 100 per cent of attendees reporting that would recommend future Symposiums to their networks. As we've all learned over the past 18 months, timing is everything. In our case, the Symposium was just two days before Melbourne entered its seven-day circuit breaker lockdown. This year the day focused on the role of primary care in the implementation of the Optimal Care Pathways as well as the role of primary care in the possible future roll-out of a national lung cancer screening program.

To connect with a wider audience, we began a new regular event on the PC4 calendar, our Consumer Showcase. This one-hour webinar is open to the public and connects community members with our PC4 members and their research. In our inaugural showcase, Prof Jon Emery presented the results of the CRISP trial which is an online tool that calculates an individual's risk of bowel cancer and provides a recommendation on the most appropriate screening modality. Our Research Coordinator, Paige Druce, presented the results of our systematic review investigating emerging biomarkers for gastrointestinal cancers that could be used in primary care and Dr Emma Kemp, from Flinders University reviewed the evidence of interventions for breast cancer survivors.

We worked to support our members skill development, particularly our early career researchers by partnering with the Australian Healthcare & Hospitals Association to run a short course on writing for policy makers. We also coordinated a webinar showcasing ways to adapt trial recruitment methods in response to COVID-19.

PC4's Concept Development and Peer Review Workshops are designed to provide detailed feedback on concept and grant submissions. These continued to be virtual offerings in 2021. Concepts were reviewed by consumers, GPs and other researchers as well as experts in implementation science, quality of life, health economics and more.

2021 PC4 in a snapshot

- Supported 27 new research concepts
- Close to 900 members
- Grew to 1000+ Twitter followers @PC4TG
- Doubled our LinkedIn following, with 90+ new members



Carolyn Ee
Council
representative,
PC4

PSYCHO-ONCOLOGY
CO-OPERATIVE
RESEARCH GROUP



Despite the ongoing disruptions caused by COVID-19, the Psycho-oncology Co-operative Research Group (PoCoG) maintained a comprehensive program of research and undertook a range of engagement and capacity building activities with our membership to maintain strong connections.

2021 Scientific Meeting

We were very much hoping to hold a face-to-face scientific meeting this year, following from our hugely successful meeting in Adelaide in 2019, however, COVID-19 prevailed, and we made the inevitable decision to move our event online in the middle of the year.

Mindful of increasing levels of screen fatigue we worked with our multi-disciplinary organising committee to develop an event which offered members a series of themed lunchtime sessions over two weeks, hosted by PoCoG Special Interest Groups. Registrants were offered a varied program of presentations, which included invited speakers as well as member abstracts showcasing the scope of work undertaken in the last two years.

The two-week program included sessions on: Learning from the implementation of a clinical pathway to identify and manage anxiety and depression for patients with cancer – what we knew then, what we know now; Current issues in survivorship; An update on brain cancer research; Challenges ahead for implementing preventive strategies in oncology; The impact of COVID-19 on oncology care; Latest fear of cancer recurrence research as well as a Friday afternoon session specifically focusing on self-care strategies for psycho-oncology clinicians during COVID-19.

All the sessions were recorded and are now available on the PoCoG YouTube channel (youtube.com/channel/UChglds3CRlwZhnorWdx6B_A).

Webinar series

Inspiration for the format of our 2021 Scientific Meeting was driven, in part, by the success of our ongoing lunchtime webinar series, developed to support PoCoG members stay connected during COVID-19 and builds on the success of the 2020 webinar.

This informative series featured expert speakers and explored a range of research and capacity building topics including:

- Conducting research with vulnerable populations
- Consideration for conducting systematic reviews in implementation research
- Consumer involvement in research from three researcher perspectives

E-Learning module

In line with PoCoG's focus on increasing inclusivity in our research to improve outcomes for all people with an experience of cancer, PoCoG worked with Gail Garvey and her team now based at the University of Queensland to develop e-Learning modules "Improving Cancer Outcomes for Aboriginal and Torres Strait Islander People".

The first module in a series, provides clinicians and researchers with information and tools to better support Aboriginal and Torres Strait Islander cancer patients and their families and is freely available to view on the PoCoG YouTube channel. Future modules aimed at increasing research engagement will be launched in 2022

Concept development workshops

In 2021 we held two online concept development workshops, to provide members with an opportunity to develop and refine their research ideas.

These workshops are always highly collaborative and very productive and aim to develop study protocols for submission for funding. PoCoG encourages concepts from a wide range of psycho-oncology and supportive care areas of research. In 2021 topics included advanced cancer, end of life care and delivering psycho-oncology via telehealth.

PoCoG research

In 2021 PoCoG continued to build our research portfolio of new studies and concepts in development. Work on the BRAiNS program (Brain cancer Rehabilitation, Assessment and Intervention for survivorship Needs) steamed ahead despite restrictions caused by COVID-19. This PoCoG led national collaboration with the Cooperative Group in Neuro-Oncology, Cancer Symptom Trials Group and the Primary Care Collaborative Cancer Clinical Trials Group 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.

Our program aimed at optimising equitable access to cancer research participation for Aboriginal and Torres Strait Islander people is also progressing well, building on our existing collaborations exploring cardiovascular disease risk after a cancer diagnosis among Indigenous and non-Indigenous Australians.

Two of PoCoG's flagship programs were also completed in 2021.

The ADAPT Program, funded by a Cancer Institute NSW translational program grant. ADAPT, a five-year program of research developing and implementing a sustainable and supported clinical pathway for managing anxiety and depression in cancer patients recruited over and involved development culminated in a Cluster randomised control trial to two implementation strategies of different intensity (core versus enhanced) to promote uptake of an anxiety and depression clinical pathway in oncology services.

Twelve regional and urban oncology services, servicing private and public patients, participated and 1,323 screening events to identify anxiety and depression symptoms were conducted for 627 patients during the 12-month implementation, 106 staff surveys and 88 staff interviews were also conducted just before implementation, and again six months and 12 months later. To date the team have published 15 papers with more publications in development. ADAPT has supported three PhD students.

This program has generated a number of new research projects and collaborations across Australia aimed at implementing screening and management of anxiety and depression in routine cancer care.

The PiGEON Project comprised two inter-related longitudinal studies which explore the psychosocial, behavioural and ethical issues and outcomes of cancer genomic testing. The program recruited 1939 advanced cancer patients undergoing comprehensive genomic profiling to determine targeted treatment options within the Cancer Molecular Screening and Therapeutics (MoST) Program; and 1,379 cancer patients with features

suggestive of a genetic aetiology as well as blood relatives, who will undergo germline genomic profiling through the Genetic Cancer Risk in the Young (RisC) Study.

To date the PiGeON team has had more than 20 journal articles published, with more in preparation and under review. The PiGeON project has also contributed to building capacity in genomic research, with one PhD student and a Master of Genetic Counselling student.

Finally, PiGeON has led to new genomic psychosocial research directions with a CINSW Early Career Fellowship awarded to Dr Jolyn Hersch to investigate ethical and flexible consent in cancer genomic research and clinical practice.

Further research leveraging the results of PiGeON is also planned.

Scientific Advisory Committee

The PoCoG Scientific Advisory Committee is delighted to welcome two new members in 2021, A/Prof Georgia Halkett and Dr Joanna Fardell along with two early career researcher members Dr Emma Kemp and Dr Abbey Diaz. We look forward to working with these new members across the term of their appointments.

To learn more about PoCoG activities and to join visit pocog.org.au



Joanne Shaw
Executive Director,
PoCoG

ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA



The Royal College of Pathologists of Australasia (RCPA) principal objectives is 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 2021.

RCPA and the COVID-19 pandemic

The COVID-19 pandemic continued to have a significant impact globally and in Australia during 2021. The RCPA President Dr Lawrie Bott has said “to date, through the pandemic, it has been widely acknowledged that it has been the combined efforts of public health and Government, the general public, (who have readily come forward to be tested) and the Australian laboratories, including pathologists, scientists, collectors, couriers and all laboratory staff (who have been working around the clock), that have been central to limiting the spread of COVID-19 in this country.” The RCPA was proud of the enduring effort of the pathology community, who worked to the highest levels during a time of unprecedented demands placed upon the healthcare system.

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 on 10 November and was hosted by Sophie Scott, National Health Reporter for the Australian Broadcasting Corporation (ABC).

The RCPA invited local world experts and previous IPD spokespeople to return to reflect on the pathology milestones of 2021, the impacts and response to COVID-19, the future

of vaccines, updates in testing, and challenges in remote and rural communities. Speakers included RCPA Fellows: Prof Deborah Williamson, Prof Bill Rawlinson, A/Prof Paul Griffin and Prof Peter Collignon. Also joining the 2021 IPD event were RCPA Fellows: Prof Sandra O’Toole and Dr Robert Norton.



2021 International Pathology Day speaker Prof Sandra O’Toole with host Sophie Scott

RCPA Awards

The 2021 winner of the RCPA’s 8th annual media awards for excellence in pathology-related journalism was Bianca Nogrady for her article written for the Medical Republic, “So you think you’ve had COVID-19”.¹ The then RCPA President, Dr Michael Dray, said the article provided clear information regarding COVID-19 testing when there was a lot of mixed messaging circulating in the community.

RCPA Fellow A/Prof Emily Blyth was awarded the 2021 NSW Premier’s Award for Outstanding Cancer Research, recognising her research on cellular therapies for cancer.

RCPA Anatomical Pathology Lecture Series 2021 and RCPA podcast

The RCPA’s Anatomical Pathology Lecture Series for 2021 was a great success. The lecture series consisted of two seven-week programs in 2021 and are made available to RCPA Fellows on the RCPA website: rcpa.edu.au

In 2021, the RCPA continued its podcast series The Pathologists Cut. This regular podcast, hosted by the RCPA President, showcased conversations with expert Pathology Fellows, bringing to light the critical work of pathologists, and the integral part pathology plays in medicine and

healthcare. Listen on Apple Podcasts, Spotify or the RCPA website.

RCPA Cancer Services Advisory Committee

The Cancer Services Advisory Committee (CanSAC) is a multidisciplinary committee that oversees 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 essential link to other external cancer-related organisations such as the Cancer Monitoring Advisory Group (CMAG), the Intercollegiate Committee on Cancer (ICC), Cancer Australia and COSA.

CanSAC’s recent activities include the support of further training opportunities for pathologists in molecular and genomic pathology. In 2021, the RCPA successfully achieved Medical Services Advisory Committee (MSAC) funding approval for evidence-based molecular and genomic testing of brain and haematology tumours. Public funding of these tests supports one of the key tenets of the College by ensuring equity of access to testing for all Australians.

Structured Pathology Reporting of Cancer Project

Structured Pathology Reporting of Cancer (SPRC) protocols are the result of expert multidisciplinary input and independent peer-review and are authored by a volunteer group of expert pathologists, clinicians and scientists. Each protocol incorporates the latest scientific evidence, TNM staging, and internationally agreed standards from the International Collaboration on Cancer Reporting (ICCR). Prof Priyanthi Kumarasinghe joined as the new Chair of the SPRC Project in 2021.

Progress towards nationwide implementation of high-level SPRC was achieved in 2021. The National Pathology Accreditation Advisory Council (NPAAC) published the 4th edition “Requirements for Information Communication and Reporting”,² which includes as a requirement, the use of RCPA SPRC Protocols, where published protocols exist. This is a significant achievement by all in the pathology community who have

worked towards this goal for over a decade. The requirement comes into effect on 1 August 2022.

International Collaboration on Cancer Reporting

The ICCR produces standardised reporting templates for cancers, available to all countries of the world. The ICCR celebrated its 10-year anniversary in 2021 and marked the achievement with the publication of an Editorial article³ in the journal *Histopathology*. You can read it here pubmed.ncbi.nlm.nih.gov/34783048

From its inception in 2011 with four founding members – including the RCPA – the ICCR has grown to become a not-for-profit corporation with 18 sponsoring members, covering six continents, and representing a pathology community that services several billion people.

New ICCR Datasets published in 2021 included: six bone and soft tissue Datasets, seven gynaecological Datasets, three breast Datasets, and four gastrointestinal Datasets (iccr-cancer.org)

Pathology Update Conference and Exhibition

The 2021 Pathology Update was a hybrid format conference, combining an onsite component at the International Convention Centre, Sydney, and a live-streamed event on 2–4 July 2021.

This significant event on the RCPA's annual calendar featured extraordinary international and Australian world experts in the disciplines of Anatomical, Chemical, Forensic, Genetic, General, Haematology, Immunopathology and Microbiology. One of the highlights at the 2021 meeting was an announcement by A/Prof Paul Ekert that as a result of the success of phase one of the Zero Childhood Cancer National Personalised Medicine Program (ZERO), every child diagnosed with cancer in Australia would have access to personalised medicine for the first time.⁴

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Kenneth Lee
Council
representative,
RCPA



“To date, through the pandemic, it has been widely acknowledged that it has been the combined efforts of public health and Government, the general public, (who have readily come forward to be tested) and the Australian laboratories, including pathologists, scientists, collectors, couriers and all laboratory staff (who have been working around the clock), that have been central to limiting the spread of COVID-19 in this country.”

**RCPA President
Dr Lawrie Bott**



THORACIC ONCOLOGY GROUP OF AUSTRALASIA



Thoracic Oncology Group Australasia

In July 2021, the Thoracic Oncology Group of Australasia (TOGA) celebrated its first birthday, having evolved from the Australasian Lung Cancer Trials Group (ALTC) a year earlier. TOGA is ably led by Chair Prof Nick Pavlakis, and governed by a Board of Directors, each responsible for a particular portfolio. Committees and working groups have been established in speciality areas.

TOGA membership

TOGA has re-established a 350+ multidisciplinary and consumer membership who collaboratively develop research proposals and clinical trials to improve outcomes for lung cancer and mesothelioma patients. If you are interested in TOGA membership please visit thoraciconcology.org.au/membership.

Education program

TOGA has established a successful education program, underpinned by the Annual Scientific Meeting (ASM) and the Lung Cancer Preceptorship, and expanded to include virtual symposia after the major international conferences and monthly podcasts covering topical items in thoracic cancer (thoraciconcology.org.au/education/podcasts).

Focusing on a theme of "Equity and Innovation in Multidisciplinary Lung Cancer Care", the 2021 ASM was held virtually in July, attracting 234 live viewers. The diverse program covered neo-adjuvant therapy in early disease, screening in never-smokers, precision medicine, Stereotactic Ablative radiotherapy (SABR) for oligometastatic disease, gaps and inequities in lung cancer care, embedding lung cancer research, immunotherapy in mesothelioma and a mock multidisciplinary team masterclass, as well as updates on TOGA clinical trials.

The Lung Cancer preceptorship was held virtually in October and provided an active learning program for medical

trainees, fellows, nurses, potentially other allied health members and consumer observers, interested in developing their clinical knowledge and expertise in lung cancer management. Under the mentorship of preceptors, each attendee conducts a critical appraisal of selected key published papers and presented this to the audience. The preceptorship is a critical educational offering to demonstrate how evidence underpins clinical decision-making, and for establishing relationships in the Australian and New Zealand lung cancer field.

Clinical trial and research program

The **ASPIRATION study**, conducted in collaboration with Omico and University of Sydney NHMRC CTC, evaluates routine upfront comprehensive genomic profiling (CGP) as a standard care in 1,000 newly diagnosed patients with non-squamous, metastatic non-small cell lung cancer (NSCLC). Patients can be enrolled through an ASPIRATION site or remotely via the Garvan. Treatment substudies utilising targeted therapies for BRAF, ALK, NTRK, MET and Her2 are open to recruitment.

The **Phase 3 DREAM3R trial** evaluating chemotherapy alone or with durvalumab in malignant pleural mesothelioma opened to recruitment at up to 30 Australian and New Zealand sites. Led by Prof Anna Nowak, the trial is a collaboration with PrECOG, a US-based trials group, with sites open throughout USA.

ILLUMINATE is a Phase 2, single arm trial assessing the efficacy and tolerability of durvalumab (PD-L1 inhibitor) and tremelimumab (CTLA-4 inhibitor) with chemotherapy in patients with advanced EGFR NSCLC following progression on EGFR tyrosine kinase inhibitors (TKIs). The trial is led by Dr Chee Lee, and involves international collaborations in the Province of China and Taiwan. Australia successfully concluded their recruitment to this clinical trial in 2020.

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

The preliminary findings of the **OSCILLATE trial** were presented by Prof Ben Solomon at the World Lung Cancer Congress. This study evaluated alternating therapy with two TKIs, gefitinib and osimertinib, aiming to modulate the populations of EGFR-T790M positive and negative tumour clones, to delay the emergence of resistance to osimertinib in EGFR-T790M mutation positive advanced NSCLC patients who have received prior therapy with an EGFR-TKI.

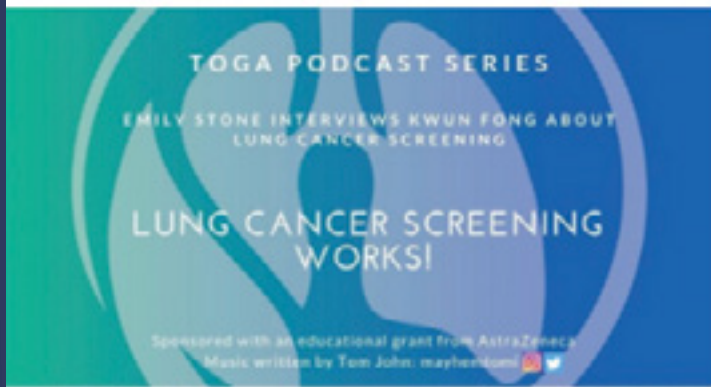
The results from the **NIVORAD trial**, "A Phase 2 trial nivolumab and Stereotactic Ablative Body Radiotherapy (SABR) in advanced NSCLC progressing after first or second line chemotherapy" were presented as an oral presentation at the American Society for Radiation Oncology (ASTRO) 2021 conference. Administering SABR with nivolumab was safe but offered no further clinical benefit than delivery of SABR alone.

The Scientific Committee has continued to assess research proposals presented by TOGA members. Members now benefit from a defined concept development pathway (see TOGA website) that clearly delineates the difference and benefits of TOGA-led and TOGA-endorsed research projects or clinical trials. The formation of working groups in early NSCLC, advanced NSCLC SCLC/mesothelioma and supportive and palliative care has enhanced the capacity for peer-review and consumer involvement of developing concepts, and the identification of research "gaps". A recent concept development workshop saw nine concepts presented, with eight of these approved for further development.

Involving consumers and supporting patients through research

TOGA strongly encourages consumer feedback in development of clinical trial proposals, clinical trial documentation and communication of trial results. The TOGA Consumer Panel expanded in 2021 to include four new members, and training was conducted so newly joined TOGA consumer members could interpret clinical trial designs as they were presented to the wider membership.

A selection
of TOGA 2021
podcasts



TOGA also strengthened its collaboration with the mesothelioma patient support groups, conducting two training workshops. The first workshop explained the benefits and basics of clinical trials, and the second workshop discussed immunotherapy in mesothelioma and the hypothesis behind the DREAM3R clinical trial.

Fundraising

As a registered charity, TOGA undertaken fundraising activities to support lung cancer and mesothelioma research. A team of 18 competed in the virtual Sun Herald CityToSurf, logging 14km each by walking or running in their own neighbourhood. TeamTOGA raised over \$20,000 and hopes to at least double that target in 2022.

Commendations

We were delighted to see TOGA Board Director, Prof Michael Boyer receive the 2021 Adi F Gazdar International Association for the study of Lung Cancer (IASLC) Merit Award. The Peter MacCallum Cancer Centre multidisciplinary lung cancer care team was nominated by local lung cancer patient Lisa Briggs, and won the IASLC Cancer Care Award, highlighting the high standard of lung cancer care in Australia. Prof Anna Nowak was the inaugural recipient of the MOGA Heroes Award, established to honour the spirit, courage and commitment of the late Professor Martin H Tattersall AO.



Nick
Pavlakis
Chair,
TOGA

TROG CANCER RESEARCH



TROG Cancer Research committees and working parties

TROG Cancer Research has continued to work closely with our members to ensure that our trials and new proposals address the key priorities in radiation oncology. TROG working parties are comprised of members from many craft groups and disciplines, with a focus on head/neck and skin, breast, lung and genitourinary. The inaugural Central Nervous System Working Party meeting was also held in 2021, bringing together those with an interest and expertise in cancers involving the central nervous system. We thank these hard-working committee members for their time and efforts to support our TROG Scientific Committee.

In addition, TROG Cancer Research has supported several specialist interest committees during 2021 including New Technologies and Techniques, MR in Radiation Therapy and Particle Therapy. There is a lot going on in this space, with many new ideas, partnerships and collaborations being generated through these committees.

Research achievements in 2021

We hosted our first online Concept Development Workshop in December 2021, for which 14 proposals were submitted. We are looking forward to running more workshops with an even better format, to support new proposal development in 2022!

TROG are very pleased to report that four new TROG trial proposals were endorsed for further development by TROG throughout 2021. We look forward to working closely with the investigators to secure funding.

• New Trials activated in 2021

- ▶ **TROG 19.06 DECREASE** - DarolutamidE + Consolidation Radiotherapy in Advanced proStatE Cancer Detected by PSMA, was opened at five centres and enrolled 10 participants in 2021 (TROG Trial Chair: A/Prof Siva, Peter MacCallum Cancer Centre, VIC).

- ▶ **TROG 20.01 CHEST RT** is a trial of Chemotherapy and Immunotherapy in Extensive-Stage Small-Cell Lung Cancer with Thoracic Radiotherapy. The trial was activated at three hospitals in 2021 (TROG Trial Chairs: Dr Eric Hau (Westmead Hospital, NSW) and A/Prof Paul Mitchell (Austin Hospital, VIC)).

• Active trials in 2021 – Achievements

- ▶ **TROG 18.06 FIG - FET-PET In Glioblastoma** – TROG 18.06 FIG trial is led by TROG Trial Chairs A/Prof Eng-Siew Koh (Liverpool Hospital, NSW) and Prof Andrew Scott (Austin Hospital, VIC). The FIG trial is investigating how the addition of FET-PET imaging to standard MRI imaging affects radiation target volume delineation and treatment planning for Glioblastoma. Twenty-four participants were enrolled from eight recruiting sites in 2021.
- ▶ **TROG 13.01/ALTG 13.001 SAFFRON II** (Stereotactic Ablative Fractionated Radiotherapy versus Radiosurgery for Oligometastatic Neoplasia to the Lung) randomised trial has been published (TROG Trial Chair: Associate Professor Shankar Siva, Peter MacCallum Cancer Centre, VIC).
- ▶ **TROG 17.02 OUTRUN** (Phase II randomised trial of Osimertinib with or without Stereotactic Radiosurgery for EGFR Mutated NSCLC with Brain Metastases), TROG Trial Chair: Dr Fiona Hegi-Johnson (Peter MacCallum Cancer Centre, VIC) and A/Prof Chee Lee (St George Hospital, NSW) has continued to enrol participants despite COVID and other challenge, with 28 participants by end of 2021.
- ▶ **USYD/TROG 17.03 LARK** – Liver Ablative Radiotherapy utilising Kilovoltage intrafraction monitoring (KIM) – achieved accrual of 15 participants from three sites and is led by TROG Trial Chairs: Dr Tim Wang, Westmead Hospital NSW and Dr Dominique Lee, Princess Alexandra Hospital, QLD.
- ▶ **TROG 18.01 NINJA** – Novel Integration of New prostate radiation therapy schedules with adjuvant Androgen deprivation – has seamlessly transitioned from phase II to phase III, reaching over 150 participants. (TROG Trial Chairs: Prof Jarad Martin, Calvary Mater Hospital,

NSW and Dr Mark Sidhom, Liverpool Hospital, NSW)

- ▶ **TROG 16.02 Local HER-O** – A Phase II study of local therapy only (stereotactic radiosurgery and/or surgery) for treatment of up to five brain metastases from HER2 positive Breast Cancer – achieved completion of follow up for all participants (TROG Trial Chair: Dr Claire Phillips, Peter MacCallum Cancer Centre, VIC).
- ▶ **ICR-CTSU/2015/10052/TROG 16.3 CORE** – A randomised trial of COntventional care versus Radioablation (stereotactic body radiotherapy) for Extracranial oligometastases – completed the follow up period (TROG Trial Chairs: Prof Farshad Foroudi, Austin Health/Olivia Newton John Cancer Wellness and Research Centre and A/Prof David Pryor, Princess Alexandra Hospital).
- ▶ **CCTG SC.24/TROG 17.06** – A randomised phase II/III study comparing stereotactic body radiotherapy versus conventional palliative radiotherapy for patients with spinal metastases (TROG Trial Chair: A/Prof Shankar Siva) was published.

Radiation Therapy Quality Assurance

TROG has conducted Quality Assurance activities for many trials throughout 2021 with expansion of our Radiation Therapy Quality Assurance department. TROG have recently developed an adaptive risk-based model to aid the implementation of efficient radiation therapy quality assurance in our clinical trials. We are currently collaborating with the Thoracic Oncology Group of Australia (TOGA), Australasian Gastro-Intestinal Trials Group (AGITG), Breast Cancer Trials Group (BCT), Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP), Melanoma and Skin Cancer (MASC) Trials Group and several other groups, to conduct clinical trial radiation therapy quality assurance activities.



Trevor Leong
Chair, TROG
Cancer Research

OTHER REPORT

CANCER COUNCIL AUSTRALIA



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.

The ongoing COVID-19 pandemic has presented us with many challenges over the last year but we have continued to lead the way with world-class research, prevention work, supporting people affected by cancer and using our voice and expertise to advocate for all Australians affected by all cancers. Our work with COSA on improving survival from cancer has never been more critical.

Some highlights of 2021 include:

- Working with the Australian Government to encourage eligible Australians not to delay their cancer screening due to COVID-19 with our "Cancer Screening Saves Lives" campaign. This campaign proved effective in driving reach and engagement amongst the target audience.
- Reaching millions of Australians across the summer with National Skin Cancer Action Week campaign that called for Federal Investment in national skin cancer prevention culminating in the Federal Government announcing two years of funding for prevention at the end of 2021.

- Supporting people with all cancer types with the development of web-based resources for people with rare and less common cancers, their carers and loved ones. These are now part of our national *Understanding Cancer* series of more than 60 resources.
- Tackling cancer myths with our World Cancer Day campaign on misinformation. This reached around five million Australians and drove people to our newly revamped iHeard website, where we refute cancer related myths.
- Supporting our Federation members to host very different looking events for Australia's Biggest Morning Tea and Daffodil Day in this era of COVID-19. The generosity of Australians who raised over \$2 million on Daffodil Day and \$10 million with Australia's Biggest Morning Tea, exceeded expectations and supported Cancer Council in our work.



Tanya Buchanan at an Australia's Biggest Morning Tea event in May 2021

We have continued working over the past year to achieve health policies that prevent cancer from occurring and which ensure all Australians affected by cancer can receive the support and care they need. Cancer Council presented at the Ministerial Round Table for the development of an Australian Cancer Plan and we are active members of the Australian Cancer Plan Advisory Group. Cancer Council has been a member of

the Expert Steering Committee for the National Preventive Health Strategy and we have made multiple submissions to the Australian Government on issues of public health and cancer care policy. Further to our work last year with the Australian Government encouraging Australians to complete their cervical, bowel and breast screening, we are working with the Australian Government on developing a new campaign to increase participation in the National Bowel Cancer Screening Program. If we can increase the number of people who complete their free at-home screening test kit to six in ten Australians by 2040, we can save 84,000 lives over the next 20 years.

I am enormously proud of the work we have done in the past year, particularly with so many added challenges and constraints due to the ongoing pandemic. I look forward to the upcoming year, collaborating with our members, stakeholders and government as together we work towards a cancer free 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 STATEMENTS AT 30 JUNE 2021 AND INDEPENDENT AUDIT REPORT

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ABOUT CLINICAL ONCOLOGY SOCIETY OF AUSTRALIA LIMITED

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

Our vision

Quality multidisciplinary cancer care for all.

Our mission

To improve cancer care and control through collaboration.

COSA achieves this by:

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

Guiding Principles

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

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

Strategic Directions 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
A/Professor Judy Bauer
Professor Fran Boyle AM
Ms Tanya Buchanan

Mr Peter Dowding
A/Professor Dion Forstner
Ms Hollie Harwood
Dr Malinda Ithcins
Professor Michael Jefford
Dr Wayne Nicholls
A/Professor Nick Pavlakis
Professor Timothy Price
Professor Sabe Sabesan
A/Professor Christopher Steer

Dr Nik Zeps

Company Secretary & Chief Executive Officer

Ms Marie Malica

Registered Office and Principal place of business

Level 14
477 Pitt Street
Sydney NSW 2000

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

Company contact details

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

Auditors

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

DIRECTORS' REPORT

30 JUNE 2021

The Directors present their report on Clinical Oncology Society of Australia Limited ("the Company") for the year ended 30 June 2021.

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 2021 (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 2021 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 2021 was \$748,568 (2020: \$1,025,716). In the same period, expenditure was \$890,483 (2020: \$1,157,885) leaving a deficit of \$141,915 (2020: 132,169 deficit). The level of spending for the organisation varies from year to year as the range of activities to support our members, and the costs associated with them, also vary.

Matters Subsequent to the end of Financial Year

As at the date of this directors' report, the directors are not aware of any matter or circumstance that has arisen that has significantly affected, or may significantly affect, the operations of the Company, the results of those operations or the state of affairs of the Company in the financial years subsequent to 30 June 2021.

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 \$1,130 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>Professor Fran Boyle AM MBBS FRACP PhD GAICD</p> <p>Professor Boyle is a Medical Oncologist at North Sydney's Mater Hospital, where she is Director of the Patricia Ritchie Centre for Cancer Care and Research, and Professor of Medical Oncology at the University of Sydney. She has been involved in clinical trials, supportive care and psychosocial research in breast cancer for the past 20 years. Fran has chaired the 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 a currently a member of the Strategic Advisory Committee 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> | <p>President and Board Chair (2021-2022), Director, Member Audit, Risk & Finance Committee</p> | 22-Nov-18 | - | 5 / 5 | 3 / 3 |
| <p>Associate Professor Nick Pavlakis 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 Deputy Chair of the CME committee for the International Association for the Study of Lung Cancer (IASLC).</p> | <p>Immediate Past President (2019-2020), Director</p> | 24-Nov-16 | 13-Nov-20 | 3 / 3 | - |
| <p>Associate Professor Dion Forstner 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 Head and Neck Cancer Australia.</p> | <p>President Elect (2021-2022) Director, Member Audit, Risk & Finance Committee</p> | 25-Jul-19 | - | 4 / 5 | 2 / 3 |
| <p>Ms Sandie Angus 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> | <p>Director, Member Audit, Risk & Finance Committee</p> | 20-Mar-18 | - | 5 / 5 | 5 / 5 |
| <p>Associate Professor Judy Bauer BSc, GradDipNutr&Diet, MHLthSc, PhD, FDAA</p> <p>Dr Judy Bauer is A/Research Co-ordinator, Nutrition & Dietetics, Royal Brisbane & Women's Hospital, Fellow of Dietitians Australia an Adjunct A/Professor, The University of Queensland. 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 >AU \$9.3M, Scopus H-index 39, published over 140 papers with > 6500 citations. She is a past Chair of the COSA Nutrition Group and a past director of the Dietitians Australia.</p> | <p>Director</p> | 30-Jul-19 | - | 5 / 5 | - |

DIRECTORS' REPORT 30 JUNE 2021 (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>Ms Tanya Buchanan BA(Hons) BSc(Nsg) MBA MAICD</p> <p>Tanya Buchanan is the Chief Executive Officer at Cancer Council Australia, and is an experienced public health professional. Tanya began her career as a Registered Nurse and has worked for the Thoracic Society of Australia and New Zealand, Red Cross Blood Service Australia and in the higher education, local government and the voluntary sectors. Tanya holds an MBA in Health Services Administration, a first-class honours degree in English and Comparative Literature and a B.Sc (Nursing). As former CEO of Action on Smoking and Health (ASH) in Wales, UK from 2006-2011, Tanya was awarded the Leading Wales Award and was admitted as a Member of the Faculty of Public Health by Distinction. Tanya is passionate about prevention of ill health and addressing inequalities in cancer outcomes.</p> | Director | 12-Jul-21 | - | - | - |
| <p>Mr Peter Dowding 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 is also Chair of the Children's Tumour Foundation of Australia. 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 | - | 5 / 5 | 5 / 5 |
| <p>Ms Hollie Harwood BA</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 current role involves overseeing all national media and communications activity – including public relations, media outreach, social media, content development and issues management. Hollie has a BA majoring in Public Communication from the University Technology Sydney and is regularly employed as a casual academic at the University.</p> | Director | 15-Mar-19 | 22-Jun-21 | 4 / 5 | - |
| <p>Dr Malinda Itchins BMedSci MBBS FRACP PhD</p> <p>Dr Itchins is a Medical Oncologist at Royal North Shore Hospital, GenesisCare North Shore Health Hub and North Shore Private, awarded her Fellowship in 2016. She is a Senior Clinical Lecturer with the University of Sydney after receiving her Doctorate in 2020 under an inaugural NSW Health Scholarship investigating drug resistance in lung cancer pre-clinically and via a clinical trial for which she received the Peter Bancroft Prize for research work. Malinda is the Early Career Representative on the Thoracic Oncology Group of Australasia (TOGA) Scientific Committee, and Primary Investigator and Investigator on a number of investigator-initiated and industry lead lung cancer clinical trials. Malinda's research focus is in engaging in clinical trials development, as well as real world data collaborations in patterns of care, survival and drug resistance in molecularly driven lung cancers. She passionately contributes to patient advocacy and survivorship in lung cancer and joined the Clinical Oncology Society of Australia (COSA) Council in 2020 as the Lung Cancer Chair.</p> | Director | 02-Jul-21 | - | - | - |
| <p>Professor Michael Jefford MBBS, MPH, MHLthServMt Monash, PhD, GCertUniTeach Melb, GAICD, FRACP</p> <p>Professor Jefford is a Medical Oncologist, and is Director of the Australian Cancer Survivorship Centre, at Peter MacCallum Cancer Centre. He is a Professorial Fellow with the University of Melbourne. His major clinical focus is on the management of people with gastrointestinal cancers. He is the current Chair of COSA's Cancer Survivorship Committee. He is Chair of the International Psycho-Oncology Society's Survivorship Special Interest Group and he co-chairs the American Society of Clinical Oncology's Health Equity and Outcomes Committee. He was previously Deputy Director of Medical Oncology at Peter Mac and has held senior leadership roles with cancer-related organisations including Cancer Council Victoria and BreastScreen Victoria, and professional organisations such as the Royal Australasian College of Physicians and the Medical Oncology Group of Australia.</p> | Director | 02-Jul-21 | - | - | - |
| <p>Dr Wayne Nicholls MBChB FRACP</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 | 05-Mar-21 | 4 / 4 | - |

| Name, Qualifications and Experience | Role | Date Joined | Date Ceased | Board | Audit, Risk & Finance Committee |
|---|--|-------------|-------------|-------------------------------|---------------------------------|
| | | | | Attended / Eligible to attend | Attended / Eligible to attend |
| <p>Professor Timothy Price MBBS FRACP DHlthSc (Med)</p> <p>Professor Price is the Medical Lead of the Cancer Program at Central Adelaide Local Health Network and Medical Oncologist at The Queen Elizabeth and Lyell McEwin Hospitals in Adelaide. His clinical research is focussed on Gastrointestinal and Neuroendocrine cancers. He heads the Solid Cancer Team at the Bazil Hetzel Institute where the group undertake translational and new drug research together with a focus on colorectal cancer of younger patients. He has been a member of the Board and COSA NET and Rare Cancer Groups. He is the immediate past Chair of the AGITG Board and Scientific Advisory Committee and remains a Board Director. He has also Chaired the recently updated NHMRC Cancer Council Colorectal Cancer Guidelines.</p> | Director | 29-Jul-19 | - | 5 / 5 | - |
| <p>Professor Sabe Sabesan BMBS(Flinders) PhD FRACP</p> <p>Professor Sabesan is a senior Medical Oncologist, department of medical oncology at the Townsville Cancer Centre, and Clinical Dean, at James Cook University and Townsville Hospital and Health Services. His interests include design, implementation and publication on various teleoncology models to enhance regional and rural access to cancer services closer to home. In collaboration with Clinical Oncology Society of Australia (COSA), he led the development of the teleoncology guidelines and the Australasian Teletrial model. Telesupervision guidelines and modules have been his contribution to the Royal Australian College of Physicians. Currently, he is a co-chair of the Australian Teletrial Program (led by Queensland Health).</p> | Director | 31-Jul-19 | - | 3 / 5 | - |
| <p>Dr Christopher Steer MBBS, FRACP</p> <p>Dr Steer is a medical oncologist at Border Medical Oncology at the Albury Wodonga Regional Cancer Centre in Albury. He is currently a senior lecturer at the UNSW rural clinical school, Albury campus. After completing a clinical research fellowship at King's College London, Guy's and St Thomas' Hospital in 2003, Christopher returned to clinical practice in Albury. Christopher is the president of the Private Cancer Physicians of Australia (PCPA) and has served on the board of the Medical Oncology Group of Australia (MOGA), the Australia and New Zealand Gynaecological Oncology Group (ANZGOG) and the International Society of Geriatric Oncology (SIOG). He has also been the chair of the geriatric oncology study group of the Multinational Association for Supportive Care in Cancer (MASCC) and the equivalent Group at COSA. Christopher is a principal investigator at the Border Medical Oncology Research Unit that has enabled clinical trials to be conducted in the region for over 20 years. He is the clinical lead in the Regional Trials Network VIC REVITALISE project Geriatric Oncology Initiative.</p> | Director | 02-Jul-21 | - | - | - |
| <p>Dr Nik Zeps BSc (Hons) PhD</p> <p>Dr Nik Zeps was Group Director of Research and Development at Epworth HealthCare in Victoria until June 2021, and an expert advisor with Chrysalis Advisory. He is the chair of the COSA Cancer Biology Group, chair of the PC4 Advisory Committee, a member of the PC4 Scientific Committee, a Consultant to the Office of eResearch at the Queensland University of Technology, and a past member of the AGITG Scientific Advisory Committee. He was a founding director of the Australian Clinical Trials Alliance (ACTA).</p> | Director, Member Audit, Risk & Finance Committee | 13-Jul-17 | 22-Jun-21 | 5 / 5 | 5 / 5 |

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

DIRECTORS' REPORT 30 JUNE 2021 (Cont'd)

Clinical Oncology Society of Australia Limited (ABN 97 631 209 452)
Directors' Report (cont'd)
30 June 2021

Company Secretary and Chief Executive Officer

Ms Marie Malica is the Company Secretary and Chief Executive Officer of the Company. Ms Malica joined the Company in March 2011 and has 20 years' experience working in the cancer not-for-profit sector and state government having previously held the position of Manager, Research Strategy Unit at Cancer Council NSW and Manager, Research Support Office with South Eastern Sydney Area Health Service, Northern Hospital Network.

Auditor's Independence Declaration

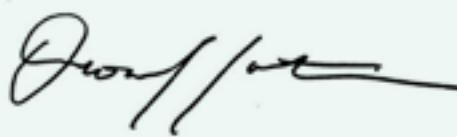
A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out on the following page.

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

On behalf of the directors



Prof Fran Boyle AM
President



A/Prof Dion Forstner
President-Elect

Sydney
12 October 2021



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

Level 11, 1 Margaret St
Sydney NSW 2000
Australia

DECLARATION OF INDEPENDENCE BY 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 2021, 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.

Leah Russell
Partner

BDO Audit Pty Ltd

Sydney, 12 October 2021

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2021

| | Note | 2021 \$ | 2020 \$ |
|--|--------------|------------------|--------------------|
| <u>Income</u> | | | |
| Member body subscriptions | 1(a)(ii), 4 | 135,485 | 139,529 |
| Annual Scientific Meeting revenue | 1(a)(iii), 4 | 274,692 | 320,614 |
| Other grant & project revenue | 1 (a)(i), 4 | 218,366 | 378,264 |
| Interest income | 1 (a)(iv), 4 | 8,725 | 33,171 |
| Other revenue | 1 (a)(v), 4 | 111,300 | 154,138 |
| | | 748,568 | 1,025,716 |
| <u>Expenditure</u> | | | |
| Administration expenses | | (88,896) | (68,760) |
| Employment costs | | (635,520) | (651,421) |
| Depreciation | | (1,503) | (2,755) |
| NHMRC Enabling grant expenses | | 0 | (485) |
| Annual Scientific Meeting | | (12,441) | (36,810) |
| Other grant & project expenses | | (147,540) | (337,407) |
| Other expenses from ordinary activities | | (4,583) | (60,247) |
| | | (890,483) | (1,157,885) |
| Surplus before income tax expense | | (141,915) | (132,169) |
| Income tax expense | 1(c) | - | - |
| Net surplus after income tax expense for the year attributable to the members of COSA | | (141,915) | (132,169) |
| Other comprehensive income for the year, net of tax | | - | - |
| Total comprehensive income for the year attributable to the members of COSA | | (141,915) | (132,169) |

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2021

| | Note | 2021 \$ | 2020 \$ |
|-----------------------------------|------|------------------|------------------|
| ASSETS | | | |
| Current Assets | | | |
| Cash & cash equivalents | 5 | 396,742 | 220,527 |
| Trade & other receivables | 6 | 28,392 | 126,666 |
| Other current assets | 7 | 1,865,211 | 2,052,443 |
| Total Current Assets | | 2,290,345 | 2,399,636 |
| Non-Current Assets | | | |
| Plant & equipment | 8 | 155 | 1,658 |
| Total Non-Current Assets | | 155 | 1,658 |
| Total Assets | | 2,290,500 | 2,401,294 |
| LIABILITIES | | | |
| Current Liabilities | | | |
| Trade & other payables | 9 | 271,708 | 238,517 |
| Provision for employee benefits | 10 | 102,198 | 103,093 |
| Total Current Liabilities | | 373,906 | 341,611 |
| Non-Current Liabilities | | | |
| Provision for employee benefits | 10 | 11,707 | 12,882 |
| Total Non-Current Liabilities | | 11,707 | 12,882 |
| Total Liabilities | | 385,613 | 354,492 |
| Net Assets | | 1,904,887 | 2,046,802 |
| EQUITY | | | |
| Grants & Special Projects Reserve | | 15,000 | 16,844 |
| General Funds | | 1,889,887 | 2,029,958 |
| Total Equity | | 1,904,887 | 2,046,802 |

The accompanying notes form part of these financial statements

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2021

| | \$ | \$ | \$ |
|---|------------------|--|------------------|
| | General Funds | Grants & Special Projects Reserve | Total Funds |
| Balance at 1 July 2019 | 2,048,694 | 130,277 | 2,178,971 |
| 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 | (132,169) | - | (132,169) |
| Balance at 30 June 2020 | 2,029,958 | 16,844 | 2,046,802 |
| Balance at 1 July 2020 | 2,029,958 | 16,844 | 2,046,802 |
| Transfer from reserves | 1,844 | (1,844) | - |
| Transfer to liabilities | - | - | - |
| Surplus after income tax for the year | (141,915) | - | (141,915) |
| Other Comprehensive income for the year, net of tax | - | - | - |
| Total comprehensive income for the year | (141,915) | - | (141,915) |
| Balance at 30 June 2021 | 1,889,887 | 15,000 | 1,904,887 |

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 2021

| | | 2021 | 2020 |
|--|------|----------------|----------------|
| | Note | \$ | \$ |
| <u>Cash flows from operating activities:</u> | | | |
| Receipts from member subscriptions and other income (inclusive of GST) | | 825,234 | 1,134,232 |
| Payments to suppliers, employees and member bodies (inclusive of GST) | | (806,694) | (1,229,608) |
| Interest received | | 8,725 | 33,171 |
| | | <hr/> | <hr/> |
| Net cash (used) in/provided by operating activities | 14 | 27,265 | (62,205) |
| | | <hr/> | <hr/> |
| <u>Cash flows from investing activities:</u> | | | |
| Payment for term deposits | | - | (10,185) |
| Received from term deposits | | 148,950 | - |
| Payment for purchase of plant and equipment | | | |
| | | <hr/> | <hr/> |
| Net cash used in by investing activities | | 148,950 | (10,185) |
| | | <hr/> | <hr/> |
| Net (decrease)/ increase in cash & cash equivalents | | 176,215 | (72,390) |
| Cash & cash equivalents at the beginning of the year | | 220,527 | 292,918 |
| | | <hr/> | <hr/> |
| Cash & cash equivalents at the end of the year | 5 | 396,742 | 220,527 |
| | | <hr/> <hr/> | <hr/> <hr/> |

The accompanying notes form part of these financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

Note 1. Statement of significant accounting policies

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

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

The financial report was authorised for issue by the directors on 12 October 2021.

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 AASB 1054 'Australian Additional Disclosures', as appropriate for not-for-profit oriented entities. These financial statements do not conform to International Financial Reporting Standards as issued by the International Accounting Standards Board ("IASB").

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

REPORTING BASIS AND CONVENTIONS

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

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

All amounts are in Australian dollars.

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

ACCOUNTING POLICIES

(a) Revenue Recognition

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 recognition is 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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021 (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 2020/21 Annual Scientific Meeting was \$262,251 (2019/20: 283,804).

(iv) **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.

(v) **Other Revenue**

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

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

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

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

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

(c) **Taxation**

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

(d) **Trade and other receivables**

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

(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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021 (CONT.)

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.

(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.

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

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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021 (CONT.)

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 776 financial (and 31 free student) members of the Company at 30 June 2021 (2020: 855).

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

| | 2021 | 2020 |
|---|----------------|------------------|
| | \$ | \$ |
| Membership subscriptions (also refer to note 1(a) (ii)) | 135,485 | 139,529 |
| Interest Revenue | 8,725 | 33,171 |
| ASM Income | 274,692 | 320,614 |
| Other Grant income | 129,617 | 289,514 |
| Recoveries of clinical trials insurance cover | 88,749 | 88,750 |
| Other revenue | 111,300 | 154,138 |
| | <u>748,568</u> | <u>1,025,716</u> |

Note 5. Cash & cash equivalents

| | 2021 \$ | 2020 \$ |
|--------------|----------------|----------------|
| Cash at bank | 396,742 | 220,527 |
| | <u>396,742</u> | <u>220,527</u> |

Note 6. Trade and other receivables

| <u>Current</u> | | |
|-------------------|---------------|----------------|
| Trade receivables | 7,971 | 53,412 |
| Other receivables | 20,421 | 73,254 |
| | <u>28,392</u> | <u>126,666</u> |

Note 7. Other current assets

| | | |
|--|------------------|------------------|
| Prepayments | 93,246 | 131,527 |
| Held to maturity investments - term deposits | 1,771,965 | 1,920,916 |
| | <u>1,865,211</u> | <u>2,052,443</u> |

Note 8. Plant & equipment

| | | |
|-------------------------------|------------|--------------|
| Computer equipment | | |
| - Computer equipment, at cost | 20,651 | 20,651 |
| - Accumulated depreciation | (20,496) | 18,993 |
| Total computer equipment | <u>155</u> | <u>1,658</u> |

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021 (CONT.)

Note 9. Trade and other payables

| | 2021 | 2020 |
|----------------------------|----------------|----------------|
| | \$ | \$ |
| <u>Current</u> | | |
| Trade creditors & accruals | 80,553 | 29,761 |
| Contract liabilities | 191,155 | 208,757 |
| | <hr/> | <hr/> |
| | <u>271,708</u> | <u>238,517</u> |

Note 10. Provisions

| | | |
|-------------------------|----------------|----------------|
| <u>Current:</u> | | |
| Employee benefits | 102,198 | 103,093 |
| | <hr/> | <hr/> |
| | <u>102,198</u> | <u>103,093</u> |
| <u>Non-Current:</u> | | |
| Employee benefits | 11,707 | 12,882 |
| | <hr/> | <hr/> |
| | <u>11,707</u> | <u>12,882</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 Audit to the Company:

| | | |
|---|-------|-------|
| External audit of the financial statement | 8,190 | 5,900 |
| | <hr/> | <hr/> |

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

| | 2021 | 2020 |
|---|---------------|-----------------|
| | \$ | \$ |
| Net surplus for the year | (141,915) | (132,169) |
| Non-cash flows in surplus from ordinary activities: | | |
| Depreciation | 1,503 | 2,755 |
| Transfer from reserves | | |
| Changes in assets and liabilities: | | |
| Decrease in trade & other receivables | 98,274 | 46,529 |
| Decrease in other current assets | 38,281 | 21,282 |
| Increase/(Decrease) in trade & other payables | 33,191 | (32,352) |
| (Decrease)/Increase in provisions | (2,069) | 31,750 |
| Net cash (used)/provided by operating activities | <u>27,265</u> | <u>(62,205)</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 2021

Clinical Oncology Society of Australia Limited (ABN 97 631 209 452) Financial report for the year ended 30 June 2021

Directors' Declaration

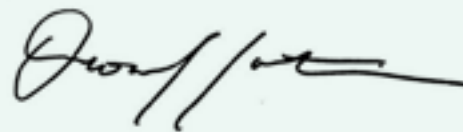
In the directors' opinion:

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 2021 and of its performance for the financial year ended on that date; and
4. There are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

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



Prof Fran Boyle AM
President



A/Prof Dion Forstner
President-Elect

Sydney
12 October 2021



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

Level 11, 1 Margaret St
Sydney NSW 2000
Australia

INDEPENDENT AUDITOR'S REPORT

To the members of Clinical Oncology Society of Australia

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 2021, 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 2021 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

This description forms part of our auditor's report.

BDO Audit Pty Ltd

Leah Russell
Director

Sydney, 12 October 2021



COSA ANNUAL REPORT 2021



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