

**EXERCISE & CANCER GROUP
MINUTES ANNUAL GENERAL MEETING**

Date: Wednesday 2 November 2022

Time: 3:00pm to 4:00pm (AEST)

Location: Brisbane Convention & Exhibition Centre



DISCUSSION ITEMS

1. Discussed potential for initiating a COSA Exercise Group Fellowship, similar to the COSA Survivorship Group. Discussed that it was facilitated by mentors, and no budget is linked to this activity.
2. Implementation working group – Priority to ramp back up and reach out to the Chair, Christine Paul. Sarcopenia and malnutrition group did implementation workshop so could ask them for advice.
3. If we organise a pre-conference workshop at the 2023 ASM, it should be made available not just to COSA members and ASM attendees, but to anyone who wants to register.
4. Advocacy – Are there resources available from previous events that can be disseminated widely? Can we put online resources such as the Cancer Exercise Toolkit created by Amy Dennett et al (<https://cancerexercisetoolkit.trekeeducation.org/>) on the COSA exercise page? More advocacy but noted different needs in each State. Others thought similar content most States, though nothing is available.
5. RACGP as professional group did not give support to Exercise Position Statement, though historically do not give support to any initiatives. Suggestion to link to Exercise is Medicine. Also Moving Medicine – doctors coming into exercise so may be interested in linking. Increase education to GPs. Mention COSA Exercise Position Statement.
6. Noted that it is difficult to find AEPs to refer to on GPs behalf. Need to improve ESSA and APA referral links to make easier.
7. Suggestion and discussion to promote exercise and cancer on social media. Currently many members using Twitter, not many on Tiktok, Instagram, however this is another avenue for patient advocacy. Negative aspect is time-consuming to produce.
8. Patient advocates – There are not any on the Executive Committee, however DM discussed at COSA Council the potential to seek one. Patients drive enhancements and promote to GPs. Need to be trained and know what/why exercise is important. Breast and prostate cancer patient groups – check their websites.
9. Dr Kim Edmunds from UQ suggested to do cost-effectiveness analysis to show cost-benefit and cost-savings of exercise. Then promote to GPs, oncologists. Work is underway.

10. One new member asked the purpose of the Exercise and Cancer Group – Combined role including research, clinical aspects and also advocacy of exercise oncology.
11. Currently, the group only engages once per year – Desire to increase this via forums etc throughout the year. DM will likely not be at the Survivorship conference in Adelaide in March, but Exercise Group can meet again then for those attendees.

