

# Victorian Cooperative Oncology Group

## Summary of Activities — 1976–2007

In **1975** the Medical & Scientific Committee of the Anti-Cancer Council of Victoria considered there was a problem with the proper management of solid tumours requiring chemotherapy in Victoria, as well as the lack of postgraduate and undergraduate training in that area. It seemed important also to ensure that the use of highly toxic, expensive anti-cancer drugs developed along rational lines, avoiding incompetent and wasteful administration. The Medical & Scientific Committee appointed a representative Steering Committee to “explore all aspects of the development of chemotherapy”, which met in March 1976. This led to the formal establishment in 1976 of the Victorian Cooperative Chemotherapy Group (VCCG).

### **1976 Victorian Chemotherapy Cooperative Group – Formed**

The Group met formally in June and November 1976, under the chairmanship of Dr Doug B Pearce, Chairman of the Anti-Cancer Council's Medical & Scientific Committee. The VCCG was formed as a sub-committee of the Medical & Scientific Committee, in this way the Anti-Cancer Council took legal responsibility for the activity of the Group, employed staff, took responsibility for confidentiality of records, and provided continuity to the project. Representatives were nominated by all major metropolitan teaching hospitals. The original emphasis of the VCCG was on cooperation and coordination of the development of chemotherapy – at the time a fairly new method of treatment for cancer in Victoria.

As a pump-priming exercise the VCCG provided grants to general hospitals toward improving and increasing their facilities for cancer chemotherapy. The grants were made generally on a tapering basis over three years, and provided assistance towards employment of medical oncologists, medical social workers, oncology nurses and trained secretaries – in approximately equal proportions. Hospitals included Alfred, Austin, Prince Henry's, Queen Victoria, Royal Melbourne, St Vincent's and Geelong. A total of \$200,010 was provided between 1977 and 1980.

### **1977 Chairman of VCCG – Dr Max Whiteside appointed (Haematologist, Alfred Hospital)**

**Executive Secretary to VCCG – Dr John Colebatch**

At once of the early meetings of the Group, it was decided that its first program should be concerned with breast cancer.

**Breast Cancer Committee** – Formed to advise, assist and coordinate the running of breast studies (Early & Advanced Breast Cancer and the Breast Adjuvant Chemotherapy Study). See “Activities in Breast Cancer”.

**Breast Cancer Newsletter** – First Issue – October 1977

**Trials Secretariat** – Formed to assist with detailed planning of trials, designing of appropriate forms, collecting and monitoring data and handling administration and organisation of trial committee meetings.

- Head & Neck Protocol Sub-committee – Formed to investigate the use of chemotherapy and development of protocols for poor prognosis patients using pre-operative chemotherapy, post-operative chemotherapy, adjuvant chemotherapy with surgery, chemotherapy alone. The Sub-committee went into recess in 1978.
- 1978** A sub-committee was formed to look at Rationalisation of Chemotherapeutic Oncology Services in Victoria and report to the Anti-Cancer Council through the VCCG.
- Lung Cancer Study Group – Formed to exchange information on methods and results in the field of treatment of lung cancer and to discuss the possibility of agreement on treatment protocols and collation of results, and the possibility of running cooperative clinical trials. The Group went into recess in 1982.
- 1979** Gastrointestinal Cancer Committee – Formed to consider proposals affecting GI cancer in Victoria, to act as a vehicle for the collection and dissemination of information concerning GI cancer in its wider aspects, and to act as a central coordinator of measures for improving the standard of cancer treatment. See “Activities in Gastrointestinal Cancer”.
- 1980** Executive Committee of VCCG formed. Consisting of the VCCG Chair – Dr Max Whiteside, two oncology clinicians elected by VCCG – Dr Ian Cooper and Dr Ivon Burns, the VCCG Executive Secretary – Dr J Colebatch, as well as the Anti-Cancer Council’s Director (Dr NJ Gray) and Council Secretary (Ms A Holzer)
- 1981** VCCG Name Change to Victorian Cooperative Oncology Group – reflecting the change in activities of the group.

#### **Aims & Objectives**

- (i) To advise the Anti-Cancer Council of Victoria through the Medical and Scientific Committee on clinical aspects of cancer and in particular prevention, diagnosis, treatment and professional education.
- (ii) To promote, facilitate and coordinate cooperative studies on all aspects of cancer.
- (iii) To encourage and facilitate the recording of information on patients with cancer in a standard way.
- (iv) To consider all applications for help from the Trials Secretariat and for support for hospital-based clinical trials data management.

The membership of the VCOG is an inclusive group (see attached list), consisting of interested individuals with representation of each appropriate hospital and treatment discipline involved in the treatment of patients with cancer. The VCOG also has the power to coopt persons with specific expertise as appropriate.

Clinical Trials Secretariat – serving breast cancer trials – LBCT and BAC – and poised to serve other groups. An application to the Health Commission for Clinical Trial Secretariat to increase coordination and data management support as trials are established by VCCG or which it supports. Assumed that the CTS would provide central trial data management for future state-wide/broader trials and on occasion act as Victorian data collection centre for national data centre.

Gastrointestinal Cancer Newsletter – First issue – March 1981

- 1982** Chairman of VCOG – Professor Richard C Bennett appointed (Surgeon, St Vincent’s)

Executive Committee – expanded to three clinicians elected by VCCG – two oncology clinicians – Dr Ivon Burns and Dr Ian Cooper, one radiation clinician – Dr Tom Sandeman.

The Report on Rationalisation of Chemotherapeutic Oncology Services in Victoria was adopted by the Health Commission of Victoria although it was not formally implemented at that time.

COSA Endometrial Cancer Trial E1/82 – Launched – November 1982. Central Data Management located at the Anti-Cancer Council's Trials Secretariat. (Concluded accrual – November 1990 with 1012 patients entered from Australia, New Zealand and the United Kingdom).

**1983** Executive Secretary to VCOG – Dr John Colebatch retired. Professor Emeritus Richard Lovell appointed.

Commonality of Data – The VCOG conducted a workshop with the view that much might be gained if the various units in Victoria that were concerned with handling cancer cases recorded their data in a standard way. The recommendations of the workshop included the use of common terms in the recording of data on cancer patients, which were implemented with the assistance of the Victorian Cancer Registry.

A discussion paper on Rationalisation of bone marrow transplantation in Victoria was solicited by the VCOG. The document, together with recommendations from VCOG was submitted to the Health Commission.

**1984** The Report of the Palliative Care Working Party, formed in 1983 to review and make recommendations on palliative care in Victoria, was received.

Committee to Review Cancer Services in Victoria – Chaired by Professor Emeritus RRH Lovell, and coordinated through the offices of VCOG. The VCOG made a submission on Multi-disciplinary approach to the management of cancer, as well as providing the Review Committee with the reports on Rationalisation of bone marrow transplantation (1983) and Palliative Care in Victoria (1984).

Alternative Therapies – The VCOG prepared a policy statement for the Anti-Cancer Council and made a submission to the Parliamentary Inquiry into Alternative Medicine.

Gynaecological Cancer Committee – Incorporation of the Gynaecological Oncology Group of Victoria as a VCOG sub-committee. See “Activities in Gynaecological Cancer”.

**1985** Fact Sheet on Unproven Cancer Remedies – Produced for patients, doctors and families, with assistance to the Education Unit from members of VCOG.

Cancer Support Groups – The VCOG collaborated with the Council's Social Service Unit in establishing guidelines for the recognition of Anti-Cancer Council of Victoria Cancer Support Groups.

Restrictions on Drugs for Pain Relief – An ad-hoc sub-committee was appointed to investigate the difficulties being experienced by clinicians in obtaining the right narcotic analgesic drugs in the right quantity at the right time for patients outside hospital.

**1986** VCOG took the initiative in bringing together a representative group of Melbourne laboratories that were doing hormone receptor assays on breast cancer tissue. The

VCOG, on the recommendation of this group, funded the facilitation of standardisation and quality control between laboratories for recording of results by the Victorian Cancer Registry.

Clinical Trials – Ten years of clinical trial experience in the Trials Secretariat reviewed.

**1987** Chairman of VCOG – Professor Richard Fox appointed (Medical Oncologist, RMH)

Executive Committee – expanded to five members elected by VCOG to include: two medical oncologists – Dr James Bishop and Dr Stephen Vaughan, one radiation oncologist – Dr Tom Sandeman, one surgeon – Mr Ian Russell, and the Chair, Prof Richard Fox.

Use of Heroin – The VCOG recommends a policy statement for Anti-Cancer Council. *"In the absence of any demonstrated advantage or unique properties for the use of heroin in the relief of chronic pain due to cancer, the Anti-Cancer Council does not support its re-introduction into clinical use in Australia. The Council considers that with the appropriate use of other narcotics the use of heroin is unwarranted."*

Chemotherapeutic Drugs – A submission was made to the Commonwealth Pharmaceutical Benefits Advisory Committee on the availability of certain anti-cancer drugs for clinical use and on the limitations on the maximum quantity prescribed.

Clinical Trials & Data Management – A VCOG working party provided evidence that the major difficulty with participation in clinical trials was the lack of on-site facilities in hospitals for data collection and handling. It proposed a system of hospital-based data managers be funded according to needs within each institution, and that the visiting data handling service provided by the Trials Secretariat be phased out.

**1988** Cancer Trials (Hospital-based) Data Management Scheme – The object of the scheme is to increase the participation of clinicians in clinical trials concerned with the management of cancer. Grants were provided to 8 hospitals for the appointment of 4 full-time and 4 part-time data handlers for clinical trials – budget – \$200,000. The Scheme would be reviewed annually.

Palliative Medicine Committee – Formed. See "Activities in Palliative Medicine".

Government Restrictions on Anti-Cancer Drugs – The VCOG expressed concern at the Government's introduction of "authority required" prescriptions, and providing a list of anti-cancer drugs "that should be exempted because there is no conceivable cheaper alternative for at least some indications".

**1989** VCOG Executive Committee – Five members elected by VCOG: two medical oncologists- Dr James Bishop and Dr Stephen Vaughan, one radiation oncologist – Dr David Ball, one surgeon – Mr Arthur Day and one palliative care physician – Dr Ruth Redpath.

Ethical Regulation of VCOG-supported Studies – At the request of the International Cancer Information Centre, National Cancer Institute, USA, the VCOG prepared a "warning statement" for VCOG studies registered on the US computer data base PDQ – "The Victorian Cooperative Oncology Group (Australia) is a committee of the Anti-Cancer Council of Victoria which is a charity concerned with all aspects of cancer including research through clinical trials. The VCOG, whose membership reflects all aspects of cancer management, coordinates Victorian contributions to multi-centre therapeutic trials, both national and international. All trials handled by VCOG have to be approved through procedures set out by the Australian National Health and Medical Research Council (NHMRC). These procedures involve approval by institutional ethics committees in

participating institutions, in accordance with published guidelines. Ethics committees always include at least one lay-woman and one lay-man not associated with the institution, a minister of religion, a lawyer and a medical graduate with research experience."

#### Cancer Management Surveys

- Management of primary operable breast cancer in Victoria in 1986. Collins J (on behalf of VCOG Breast Cancer Committee). Med J Aust 1990; 152: 67–72.

- 1991** Cancer Trials Management Scheme – The fourth annual review – VCOG considered that the aim of the scheme *"to increase the participation of clinicians in clinical trials concerned with the management of cancer"* was being achieved and recommended continuing support. Enquiries were received from New South Wales and South Australia on the operation of the scheme.

The role of hormones in cancer and the incidental use of hormones in patients with hormone related cancer – This workshop, jointly conducted by the Breast and Gynaecological Cancer Committees, was well attended.

Handling of Cytotoxic Drugs – A VCOG working party reported that there did not appear to be any evidence that the handling of cytotoxic drugs was carcinogenic, apart from a possible leukaemogenic affect. There was however, evidence that carcinogenic drugs used as immuno-suppressants after renal transplantation could cause second cancers. Transplant units were advised of the risk of second cancers and the need for regular screening. It appeared possible, in theory, that long term exposure to low doses of such drugs might cause cancer. The VCOG suggested COSA convene a committee to revise the guidelines for handling cytotoxic drugs.

Report of the Working Group for A State Plan for the Early Detection of Breast Cancer – The offices of the VCOG coordinated the steering committee appointed to develop a State plan for mammography, which was presented to the Minister for Health in June 1991. The Working Group was chaired by Professor Richard Lovell.

- 1992** Chair of VCOG – Dr James Bishop (Medical Oncologist, Peter MacCallum Cancer Institute)

Cancer Trials Management Scheme – Fifth annual review – 7.3 fte data managers covering eleven hospitals were funded in 1992. Continuation of the scheme was recommended at a cost of \$300,000.

#### Cancer Management Surveys

- Investigation, follow-up and recurrence after resection of colorectal cancer in 1987. McLeish JA. (on behalf VCOG Gastrointestinal Cancer Committee) ANZ J Surg 1992; 62: 931–940.

Diagnostic Related Groups – VCOG expressed concern that the introduction of certain DRGs categories was inappropriate for cancer treatments, and sought oncological representation on the State's Casemix Advisory Committee. VCOG also supported the meeting of a group of medical oncologists from all states convened to ensure that problems with DRGs were identified and a coordinated approach made to the Australian Clinical Casemix Committee.

National Register of Clinical Trials – The VCOG recognised the importance of ready access to information on controlled clinical trials conducted locally and internationally. It encouraged the concept of a national register of clinical trials, proposed by the NHMRC Trials Centre.

**1993** VCOG Executive Committee expanded to include six elected VCOG members: two medical oncologists – Dr Richard Bell and Dr John Zalcborg, one radiation oncologist – Dr David Ball, one surgeon – Mr John Collins, one gynaecological oncologist – Dr Michael Quinn, one palliative care physician – Dr Ruth Redpath.

Potential shortage of qualified cancer nurses – The VCOG supported the Cancer Nursing Liaison Committee's project to ascertain current levels of nursing personnel and to predict cancer nursing requirements over 5 to 10 years. This arose from a concern at a potential shortage of oncology nurses and suspension of appropriate training courses.

Clinical Trials – The VCOG policy is that *"the majority of cancer patients in Victoria should be either enrolled in clinical trials or treated according to protocols that enable aggregated experience to be analysed."* To uphold this policy the proportion of cancer patients in Victoria enrolled in clinical trials needed to increase, which in turn required an increase in data handling assistance. In response to a direct approach to the Minister for Health, a grant was received to appoint 3 fte additional handlers, specifically for breast cancer trials.

Lung Cancer Committee – Established. The membership of the group is broadly based with representation of respiratory physicians, thoracic surgeons, medical and radiation oncologists and pathologists. See "Activities in Lung Cancer".

**1994** Cancer Trials Management Scheme – The scheme supported 9.6 fte data managers appointed to 14 hospitals in metropolitan and peripheral Victoria and 2.5 fte data managers in the Anti-Cancer Council Trials Secretariat.

#### Cancer Management Surveys

- Changes in the investigation and management of primary operable breast cancer in Victoria. Hill D. (on behalf VCOG Breast Cancer Committee) Med J Aust 1994; 161:110–122.

Unproven methods of cancer treatment – Working party appointed to review the Council's strategy to handling promotions of unproven methods of cancer treatment. It was recommended that the Council maintain a non-confrontational stand for handling such promotions. The Centre for Behavioural Research in Cancer agreed to explore methods of discovering the extent to which medical practitioners are involved in unproven therapies.

Privacy – Concern was expressed to the Secretary, NHMRC concerning implementation of measures that limit the use of databases, such as the Electoral roll, for health screening purposes. It has been acknowledged that accessing of data for screening purposes "is an area that needs to be reviewed in the interest of population health", and has been referred to the Australian Health Ethics Committee.

Recent Genetic Developments and Cancer – An Update – The VCOG hosted a seminar on this fast developing area.

Following the Cancer Genetics Developments seminar, the VCOG convened the Genetics Advisory Committee, which was charged with advising the Anti-Cancer Council through the VCOG on genetics in relation to cancer, and in particular, taking account of advice on clinical and scientific data from the VCOG specialist committees. *To provide information to doctors; provide guidance on ethical questions; provide guidance on taking and recording of genetic histories and on associated counselling; partake in community education; define measures to ensure the highest standards for genetic*

*markers used in laboratory testing; promote consensus and collaboration between groups with similar objectives. See "Activities in Cancer Genetics".*

**Urological Cancer Committee** – Established. The membership includes urological surgeons, medical and radiation oncologists and pathologists. See "Activities in Urological Cancer".

**Australian Cancer Network** – The VCOG supports the concept of the ACN, and to ensure good communication between VCOG and ACN, a reciprocal exchange of minutes and agendas has been arranged.

**1995** **Chair of VCOG** – Professor Michael Quinn (Gynaecological Oncologist, Royal Women's Hospital)

**VCOG Executive Committee** – In accordance with the VCOG Constitution, six members were elected for the two-year term of office – 1995 to 1996:

Dr Richard Bell (Medical Oncologist)  
 Dr Guy Toner (Medical Oncologist)  
 Prof Alan Rodger (Radiation Oncologist)  
 Mr John Collins (Surgeon)  
 Dr Ruth Redpath (Palliative Care Physician), and  
 Professor Michael Quinn (Gynaecological Oncologist)

**Executive Secretary** – Professor Emeritus Richard Lovell retired. Dr Robert Burton, Director, Anti-Cancer Council of Victoria, took up the position of Executive Secretary to VCOG.

**Executive Officer** – Mrs Susan Fitzpatrick appointed (prev VCOG Admin Secretary 1983–1995)

**Cancer Trials Data Management Scheme** – The Scheme supported 10 fte data managers appointed to 14 hospitals in metropolitan and peripheral Victoria and 2.5 fte data managers in the Anti-Cancer Council Trials Secretariat in 1994. In addition, 13.5 fte data managers and research nurses were employed by nine institutions to handle clinical trial data. The Seventh Annual Review, covering 1994 trial activities, showed an increase of 21% of patients entered in clinical trials in 1994 (1457) compared with 1993 (1198). The grant of \$120,000 received the Minister for Health for 3 fte data managers achieved its objective, with an increase of 37% in participation in breast cancer trials. The 1995 budget for the Scheme was \$430,917 for the appointment of 11 fte data managers in 14 hospitals.

**Transmission of Cancer by Blood Transfusion** – The VCOG provided assistance to the Red Cross Blood Bank regarding advice for prospective blood donors who have had cancer. It was recommended that, *"with the exception of donors who have only had minor skin cancers, defined as basal cell or squamous cell carcinoma which have been cured, whole blood or the cellular fractions of the blood should not be used from donors who have very had a cancer diagnosed and treated. The cell-free fractions to the blood should be used, but with the proviso that there is an unknown and unquantifiable and probably extremely small risk that a viral or allied agent which may have been involved in the cancer in that donor could be transferred. There are clear dangers where oncogenic viruses are involved, and any prospective donor who has had a lymphoma or leukaemia should not be accepted. For HPV the risk is unknown. Excluding as donors any women who have ever been diagnosed with carcinoma of the cervix, either in situ or invasive would be a safe policy."* It is noted that the risk are probably higher in taking blood from the population where a third of Australians will die of cancer and donors over the age of 40 must contain a proportion of people who have undiagnosed asymptomatic malignancies.

Cancer & Heart Agenda – Program Review and Issues Paper – The VCOG submitted a response to the document produced by Health & Community Services as part of Victoria's Cancer and Heart Offensive. Several key issues were raised: reporting of accurate cancer statistics, best practice guidelines, cancer genetics, familial cancer registers, education in cancer – undergraduate, professional, paramedical and public, research in cancer – basic, clinical, epidemiological, behavioural and early detection, patient and public advocacy, and the importance of a coordinated approach to cancer care.

Payment of Anti-Cancer Drugs – Dr Gray and members of the VCOG expressed their concerns to the State and Commonwealth Departments of Health on the issue of cost-shifting and inequity of payment for anti-cancer drugs. A representation was made to the working party of the Australian Health Ministers Advisory Committee reviewing the issue of cost-shifting between State and Commonwealth. The VCOG is maintaining an active interest in this area.

Tasmanian Cooperative Oncology Group – Following an expression of interest in establishing a cooperative group in Tasmania based on the VCOG model, Professor Quinn and Mrs Fitzpatrick attended a meeting in Launceston to describe the operation and activities of the VCOG. An important link was established with Tasmania that would benefit both oncological communities. VCOG invited representation of the Tasmanian Group to its membership.

**1996** Cancer Trials Management Scheme – The eighth annual review, covering 1995 trial activities, recorded increasing activity with 1500 new patients and 3,500 patients on follow-up. This compared favourably to clinical trial participation in 1989, at the commencement of the scheme, when 646 patients had been entered on cancer trials and 862 recorded on follow-up. The appointment of 11.2 fte data managers in 14 hospitals in 1996 was recommended. In addition, a 0.33 fte grant for the appointment of a 0.5 fte data clerk in the Clinical Trials Office was appointed to supplement the 2.0 fte data managers funded through the Cancer Epidemiology Centre.

The 'Unproven Remedies – Making Choices' booklet was launched on 13 February.

The VCOG participated in the World Conference for Cancer Organisations. The conference focussed on organisation of cancer control activities and the various aspects involved in delivery of these activities, including education, computer information systems and volunteers.

At an extraordinary meeting of the VCOG Executive on 26 June the VCOG developed a Strategic Plan for 1997–2000. Projects of high priority included: participation in randomised controlled trials, provision of hospital based data management, non-familial cancer screening, development of cancer genetics services and treatment surveys. The VCOG's plan was incorporated in the overall Anti-Cancer Council plan.

The VCOG Committee invited representation from the Royal Australasian College of General Practitioners and the Victorian Medical Postgraduate Foundation.

**1997** **Centre for Clinical Research in Cancer** – The VCOG Committee at its April meeting considered and supported the proposal to establish VCOG as part of a unit of the Anti-Cancer Council, changing its status from a sub-committee of the Medical & Scientific Committee. In June 1997, the Anti-Cancer Council's Executive Committee approved the establishment of the **Centre for Clinical Research in Cancer**, incorporating the Victorian Cooperative Oncology Group (VCOG). The Centre for Clinical Research in Cancer (CCRC) is a centre 'without walls', and builds on the achievements of the VCOG, providing a coordinated and effective increased resource for clinical research in Victoria. The CCRC constitutes a secretariat, which provides management and administrative

support for the VCOG and its sub-committees. The daily functions of the Centre are the responsibility of the Executive Officer, in consultation with the VCOG Chair and the CCRC Executive Committee, which is elected by the VCOG membership. The CCRC Executive Committee oversees the activities of the VCOG and prioritises research projects for budgetary purposes. The position of Executive Secretary was dissolved.

CCRC Executive Officer: Mrs Susan Fitzpatrick

In accordance with the VCOG Constitution an invitation was extended to institutions with oncology centres and affiliated organisations to nominate representatives to the VCOG Committee for the quinquennium 1997–2002.

Chair of VCOG – A/Professor Richard Bell (Medical Oncologist, Geelong Hospital)

CCRC-VCOG Executive Committee 1997–1999:

Mr John Collins (Surgical Oncologist)  
Dr Brian McDonald (Palliative Care Physician)  
A/Prof Robert Planner (Gynaecological Oncologist)  
Prof Alan Rodger (Radiation Oncologist)  
Dr Guy Toner (Medical Oncologist)

Cancer Trials Management Scheme – The Scheme had supported 11 fte data managers in 13 hospitals in 1996. The Ninth annual review, covering 1996 trial activities, showed a reduction in the number of new patients (593) and patients on follow up (1935) on clinical trials when compared to the previous 3 years. This was primarily due to a hiatus between closure to accrual and commencement of new trials. Support for 13.2 fte data managers in 13 hospitals was recommended for 1997. Grants totalling \$587,584 were awarded to 13 treatment centres in 1997.

Review of the Cancer Trials Management Scheme – A series of site visits to the 13 hospital oncology centres was conducted between March and November by Prof Burton, Mrs Fitzpatrick and Mrs Reading (Cancer Trials Office). These site visits confirmed that the majority of data management was funded through various sources, including pharmaceutical companies, private practice funds and study group support. The sources of support for data management in 1996 included: CTM Scheme (11 fte), hospital infrastructure (2.4 fte), and other sources (19.9 fte). Additional issues identified, to which attention has been given, included the need to standardise IEC submission forms, to review the data management workload calculation and to develop a clinical trial brochure for cancer patients.

The VCOG was successful in its submissions to the Kathleen Cuninghame Foundation and the Victorian Breast Cancer Research Foundation for data management receiving grants for 1.3 fte and 2.0 fte respectively. These grants effectively balance out the grants (3.0 fte) previously received from the Victorian Department of Human Services. The Kathleen Cuninghame Foundation had been established with a 3-year Federal Government Trustee Deed. The Foundation had up to three million dollars per year to fund breast cancer research.

**Skin Cancer Committee** – Established. The membership of the group is broadly based with representation of dermatologists, plastic surgeons, radiation and medical oncologists involved in the treatment of melanoma and non-melanocytic skin cancer. The committee elected A/Professor John Kelly to the chair and Dr Jill Ainslie, Executive Secretary. See “Activities in Skin Cancer”.

Variable impact of Australian Government funding regulation on prescription of drugs used in cancer treatment – In response to ongoing concerns relating to access to anti-cancer drugs and cost shifting between state and federal funding systems, the VCOG contracted the CBRC to conduct this survey. The report verified the wide extent of cost shifting and inequity of access to anti-cancer drugs. The Minister for Health, Mr Rob

Knowles, acknowledged the report and advised that the 'Victorian Department was working with the Commonwealth Government in an attempt to engender changes to the present system.' The issue was raised at the Australian Health Ministers Advisory Council in November 1997, and the Medical Oncology Group of Australia also released a press statement raising concerns from a national viewpoint. The Medical Journal of Australia had invited a 'Viewpoint' article for publication in a future issue.

Traditional Chinese Medicine – Options for Regulation of Practitioners – The CCRC endorsed the recommendations of a Department of Human Services report for the constitution of a Regulation Board for Traditional Chinese Medicine, the establishment of recognised qualification levels for practitioners and standards of practice. The Department was advised of the Anti-Cancer Council's position, that "it is improper to give drugs to cancer patients in situations where the purity of the compound, exact composition and the dose are unknown" and that the only drugs we would be willing to endorse were those that had been through a thorough and scientifically based testing system plus properly controlled clinical trials in humans.

**1998** Clinical Research Focus – 2000+ – A meeting of the CCRC Management Committee and VCOG Advisory Committee chairs was held on 30 March to review the objectives of the CCRC-VCOG and to focus on future research projects. It was established that the main research focus of CCRC-VCOG was translational research, including clinical trials, particularly phase III, and treatment protocols. The importance of clinico-epidemiological studies, such as treatment surveys, that provided a picture of how patients were managed during a specified time period, and which could be compared to current practice, was recognised. Additionally, the need to review outcome data, such as survival and recurrence, was also important and it was agreed to support these studies in the future. The issue of clinical audit and the possibility of linking to clinical cancer registries was also discussed. Apart from continuing to foster and support participation in clinical trials, many of the projects suggested involved collaborative studies with epidemiological, behavioural and genetic research groups.

Cancer Trials Management Scheme – The Scheme supported 13.2 fte data managers in 13 hospitals in 1997. The data management grants were supplemented by an additional 14.5 fte data manager appointments in 10 hospitals and 13.2 research nurse appointments in 5 of the 13 hospitals. The Tenth annual review, covering 1997 trial activities, recorded 1437 new patients and 2742 patients on follow-up which was a 31% increase of new patients and 8% increase of follow-up patients from 1996. Grants totalling \$752,474 were awarded to 14 treatment centres in 1998.

The Department of Human Services Victoria supported a submission for a Rural Cancer Trial Initiative. This initiative enabled up to 4.0fte data management grants to be allocated to the provincial cancer centres located in Bendigo, Geelong and Wodonga. This new support also enabled redistribution of the data management grants within metropolitan Melbourne. The 1998/99 grants provided for the appointment of 16.2 fte data managers in 14 hospital cancer centres and commenced 1 April 1998.

Psycho-Oncology Committee – Established. Interested individuals reflecting all aspects of psycho-oncology and each cancer treatment discipline and cancer centre are represented. The membership is inclusive and will be reviewed regularly. The committee elected Dr Ray Snyder as Chair and Professor David Kissane as Deputy Chair. See "Activities in Psycho-Oncology".

Variable impact of Australian Government funding regulation on prescription of drugs used in cancer treatment – The survey of private and public hospital pharmacy practices on provision of anti-cancer drugs reported in 1997 had verified the wide extent of cost shifting and inequity of access to anti-cancer drugs. Whilst not completely resolving the issue, the Victorian and Federal Governments signed the Medicare Agreement for

Victoria and agreed to obtain costings from hospitals for access to the PBS for patients at the point of discharge, admitted day patients and outpatients that were not included in the Medicare Agreement. If these policies were implemented there would be a definite improvement to the system and would redress the inequity in access to anti-cancer drugs between public and private patients.

Prescription of Narcotic Analgesics for Cancer Pain – The State Government, following discussions with VCOG representatives, passed legislation in mid-1998 to allow amendments to the Drugs & Poisons Act regarding the prescription of narcotic analgesics for cancer pain.

Unproven Therapies - Di Bella Multi-therapy – This unproven, potentially toxic and expensive therapy for cancer generated a large number of enquiries from the Italian and Greek communities. At the request of VCOG members a statement was forwarded to, and subsequently published in, the Greek and Italian press. The statement was also provided to the Cancer Information & Support Service to assist in handling enquiries. The timing and response to future promotions of unproven/alternative remedies would be dealt with on a case-by-case basis.

Institutional Ethics Committees and Clinical Research – The Australian Cancer Society referred VCOG's concern regarding the issue of multi-centre research and the duplication and jeopardy that arose from submission of proposals to multiple ethics committees in a submission to the NHMRC on the Draft Research Ethics Statement. Whilst the NHMRC Research Ethics Statement provided for expedited review of some research by allowing individual ethics committees to consult and take account of decisions of other committees, the problem of institutions individualising consent forms and plain language statements still existed. These issues and that of standardisation of ethics committee submission forms continued to be investigated.

Medical Oncology Registrars – Overview of the Anti-Cancer Council – This program was held in June 1998, following an approach from the coordinators of the Medical Oncology & Palliative Care Registrars Training Program. The aim of the Overview was to provide a greater awareness of the research, education and patient support functions, structure and funding of the Anti-Cancer Council. The program was well received, and the registrars requested the program, with some refinement, be offered in 1999.

The Clinical Trials Office, established under VCOG in 1977 and administered by the Cancer Epidemiology Centre since 1988, was transferred to the Centre for Clinical Research in Cancer in December 1998. This transfer improves links with the Clinical Trials Office and the VCOG committees, with the potential to increase clinical trials research. It also strengthens the links with the CCRC Cancer Trials Management Scheme.

**1999** VCOG Membership – Representation was extended to the East Melbourne Radiation Oncology Centre (Dr Michael Guiney) and the John Fawkner Hospital (Dr Walter Cosolo).

Cancer Trials Management Scheme – The Eleventh annual review, covering 1998 trial activities, recorded a total of 1,559 new patients and 3,266 patients on follow-up across Victoria, to which 634 new and 1761 follow-up patients can be attributed to the cancer trial management scheme grants.

Grants totalling \$784,617 were awarded to 14 treatment centres in 1999.

Neuro-Oncology Committee – Established. Interested individuals reflecting all aspects of cancers of the brain and central nervous system, with each cancer treatment discipline and treatment centre represented. The membership is inclusive and will be reviewed regularly. The committee elected Dr Mark Rosenthal as Chair and Mr Andrew Danks as Deputy Chair. See "Activities in Neuro-Oncology".

**Head & Neck Cancer Committee** – Established. Interested individuals reflecting all aspects of cancers of the head and neck, with each treatment discipline and treatment centre represented. The membership is inclusive and will be reviewed regularly. The committee elected Prof Andrew Sizeland as Chair and Mr Jack Kennedy and Prof Lester Peters as Joint Deputy Chairs. See “Activities in Head & Neck Cancer”.

Cancer Nurses Society Australia – Melbourne Regional Group – was formally invited as an affiliate member of the VCOG. The former Victorian Oncology Nurses Special Interest Group had been represented on VCOG since 1990, and support was extended for representation of oncology nurses on the VCOG sub-committees.

Anti-Cancer Drugs Access – Negotiations between the Victorian and Federal governments for access to Section 100 anti-cancer drugs for both private and public patients were delayed by the Victorian State elections. However, the new Minister had agreed in principle to proceed with the agreement and it was expected to be in place sometime in 2000.

A proposal to establish a National Cooperative Group Clinical Cancer Research Program was considered. The purpose was to secure infrastructure support for the national coordination of clinical trials. It was noted that the Cancer Council Victoria through the Centre for Clinical Research in Cancer supported central and peripheral clinical trials management to approximately \$800,000 in 1999. Prof John Zalcborg was encouraged in his endeavours with this proposal.

The Clinical Trials Information Pamphlet For People Having Cancer Treatment was distributed to cancer treatment centres. The pamphlet describes clinical trials, lists questions for patients to ask their doctor and provides information to enable patients to make informed decisions on clinical trial participation. It also includes information about patient services supported by the Cancer Council.

A joint poster presentation with interstate colleagues (NSW, Tasmania and WA) was made at the COSA Annual Scientific Meeting in November. The presentation consisted of four posters describing the aims, membership, structure, infrastructure funding and achievements of each state’s cooperative oncology group.

**2000** Chair of VCOG – Professor Alan Rodger (Radiation Oncologist, Alfred Hospital)

CCRC Executive Committee 2000-2001 – Following a call for nominations, the VCOG Committee elected the CCRC Executive Committee as follows:

Professor Richard Bell (Medical Oncologist)  
 Dr David Brumley (Palliative Care Physician)  
 Mr John Collins (Surgeon)  
 Professor Lester Peters (Radiation Oncologist)  
 Mr Robert Rome (Gynaecological Oncologist)  
 Dr Guy Toner (Medical Oncologist)

Cancer Trials Management Scheme –The Twelfth annual review, covering 1999 trial activities, recorded a total of 1367 new patients and 4007 patients on follow-up across Victoria, managed by a total of 41fte data managers and research nurse. It is estimated that 510 new and 1757 follow-up patients can be attributed to the cancer trial management scheme grants. The Scheme awarded data management grants totalling \$725,617 to 15 cancer treatment centres in 2000.

Cancer Management Surveys

- Surgical management of breast cancer in Victoria in 1995. Produced February 2000, VCOG Breast Cancer Committee and Centre for Behavioural Research in Cancer, The Cancer Council Victoria

- Reported management of lung cancer in Victoria in 1993: Comparison with best practice. Richardson GE (on behalf of VCOG Lung Cancer Committee). *Med J Aust* 2000; 172: 321–324.
- Prostate cancer in Victoria in 1993: Patterns of reported management. Frydenberg M (on behalf of VCOG Urological Cancer Committee). *Med J Aust* 2000; 172: 270–274.

A Familial Bowel Cancer Travel grant scheme was established for Victorian researchers. Two half economy return airfares to international meetings will be issued every second year. This grant resulted from profits from the LCPG ICG HNPCC meeting in Melbourne in 1999. Note Gastrointestinal Activities.

The CCRC Secretariat provided administrative support for the 13 VCOG advisory committees and 5 sub-committees. Three new sub-committees were established in 2000 – Palliative Care Clinical Research Group, Familial Bowel Cancer Clinical Advisory Group, Ovarian Cancer Research Group. A total of 65 VCOG committee meetings were coordinated in 2000, involving approximately 3,500 hours of voluntary participation by the 350 members of VCOG. This excluded VCOG members' contribution and support for other Cancer Council programs.

The Clinical Trials Office contributed to the developed of a phase II trial protocol for advanced breast cancer (BR1-99) which opened to accrual in October 2000. The Clinical Trials Office has maintained follow-up of a total of 1171 patients in 2000. Ten percent are monitored 3 monthly, 33% monitored 6 monthly and 57% receive annual follow-up. Ninety-two percent of the 1171 patients on follow-up were entered on breast cancer trials, some having been entered on trial in 1980. Four percent of follow-up patients represent the COSA AO-8971 ovarian cancer trial, and 3.5% represent the VCOG GI 1-97 rectal cancer trial. The Clinical Trials Office has also provided support to the VCOG Palliative Care Clinical Research Group (established 2000) in their discussion and the development of a clinical research protocol of Ketamine for refractory pain, which is expected to be launched in early 2001.

Clinical Lectures – hosted by the VCOG Psycho-Oncology, Genetics, Lung, Gastrointestinal, Head & Neck and Lung Cancer Committees: titled respectively: *“Accuracy of Physicians Prognoses in Cancer Care”* (March); *“Screening for Depression Workshop”* (June); *“Randomised trial to evaluate a communication skills training intervention for oncologists in the UK”* (September); *“Family Cancer Genetic Service in Victoria – Launch”* (March); *“Small Cell Lung Cancer – Management”* (May); *“NHMRC Colorectal Cancer Guidelines”* (November); *“Laryngeal Cancer Management & Outcomes”* (November); *“Mesothelioma – Treatment and Outcomes”* (November)

**2001** NHMRC Health Volunteer awards – VCOG received the Silver award in the category of Victorian Health Promotion Organisation – Metropolitan.

Cancer Trials Management Scheme (CTMS) – The annual review recorded 1371 patients entered on cancer trials and continuing monitoring of 3,708 patients at 14 cancer treatment centres in Victoria in 2000. Approximately 30% of this activity can be directly attributed to CTMS grants.

The Department of Human Services renewed the three-year Rural Cancer Trial Initiative grant of \$195,666 per year. This formed part of the total available budget for the CTMS of \$722,000 (15 fte) for 2001 awarded to 16 treatment centres.

Clinical Trials Office (CTO) – The ANZ BCTG provided a grant of \$55,284 towards data coordination of IBCSG 18 for Victoria through the CCRC CTO. The coordination of IBCSG 10, 17 and 18 for Victoria was maintained. The CTO also coordinated the VCOG BR1-99 advanced breast cancer trial and the VCOG PM1-00 Ketamine for refractory pain trial, which opened in 2001. Follow-up of IBCSG Trials 1-9, 11-15, COSA AO 8971 and VCOG GI 1-97 was maintained.

### Cancer Management Surveys

- The management of testicular cancer in Victoria, 1988-1993. Toner GC (on behalf of VCOG Urological Cancer Committee). Med J Aust 2001; 174:328–331.

Travel Grants – A grant of \$500 was awarded to Dr Peter Poon to attend the 11<sup>th</sup> Annual Palliative Care Conference in Canada.

VCOG Constitution, Terms of Reference and Appointment of Chair – The membership, term of office of the CCRC-VCOG Executive Committee were amended to two years with the Chair nominated from the VCOG-Executive membership: 2xMedical Oncologists, 2xRadiation Oncologists, 2xSurgical Oncologists, 1x Gynaecological Oncologist, 1xPalliative Care Physician, 1xNon-specified Discipline – appointed by the VCOG membership.

VCOG Membership – The committee welcomed Dr Jill Ainslie, Chair of the VCOG Skin Cancer Committee, Dr Ewa Piejko representing the Royal Australian College of General and Dr Rodney Lynch, Barwon Health.

Nursing Representation – The Cancer Nurses Society of Australia (CNSA) was invited to nominate members to the various VCOG Committees. Over the course of 2001, nurse representatives joined the Breast, Gastrointestinal, Head & Neck, Lung, Neuro-Oncology, Skin and Urological Cancer Committees. Nurse representatives were already instated on the membership of the Gynaecological and Psycho-Oncology Committees prior to 2001.

Consumer Representation – In 2001 the Genetics Advisory Committee, Breast & Breast Trials Committees and Ovarian Cancer Research Group included consumer representation.

Teleconferencing – A proposal to provide teleconferencing for rural/regional VCOG members was supported by the Cancer Council in 2001. The facility was well utilised over the course of the year and much appreciated by those members concerned.

Clinical Lectures – The VCOG Gastrointestinal, Lung, Breast, Gynaecological, Breast Cancer Committees respectively hosted the following lectures – *Prevention of Colorectal Cancer* (April); *Guidelines for Management of Lung Cancer* (June); *New Horizons in the treatment of Metastatic Breast Cancer* (August); *Ovarian Cancer Screening* (October); *Breast Cancer Management Guidelines* (October)

**2002** Chair of VCOG – Dr Raymond Snyder (Medical Oncologist, St Vincent’s Hospital)

CCRC-VCOG Executive Committee 2002-2003 – Following a call for nominations, the VCOG Committee elected the CCRC-VCOG Executive Committee as follows:

Dr David Brumley (Palliative Care Physician)  
 Mr Mark Eastman (Surgical Oncologist)  
 Dr Michael Guiney (Radiation Oncologist)  
 Mr Michael Henderson (Surgical Oncologist)  
 Prof Finlay Macrae (Gastroenterologist)  
 Professor Paul Mitchell (Medical Oncologist)  
 Professor Lester Peters (Radiation Oncologist)  
 Mr Robert Rome (Gynaecological Oncologist)

**Victorian Cooperative Oncology Group 1976–2001** – celebrated its **25<sup>th</sup> Anniversary** with a celebratory dinner, held at the Windsor Hotel on Friday 8 March 2002, to acknowledge past and present VCOG Executive Committee members, Committee Chairs, Deputy Chairs and Newsletter Editors for their valuable contribution to the activities of VCOG.

The 2002 Cancer Trials Research Program was launched on Tuesday 23 April. The Cancer Trials Management Scheme grants to 17 cancer treatment centres, totalling \$722,000, were announced and the Clinical Trials Information Booklet and Posters were launched.

The Annual Review of 2001 clinical trial activity recorded 1538 patients enrolled in clinical trials at 16 cancer treatment centres – an 18% increase from 2000, with a further 4348 patients enrolled in previous years continuing to receive clinical monitoring.

This clinical research activity represents approximately 6.5% new patients enrolled in clinical trials in Victoria, compared to the national average of 3%. Using the 1999 Victorian Cancer Incidence figures as a base, the percentage of new cancer patients enrolled in trials for the common cancers in 2001 is estimated as: 3.7% bowel; 11.8% breast; 1.4% prostate; 3.7% lung; 1.4% melanoma; 15.3% lymphoma; 1.1% bladder; 7.3% head & neck; 23% leukaemia; 10.5% cervix; 7.4% ovary.

#### Cancer Management Surveys

- Ovarian cancer: Patterns of care in Victoria during 1993-1995. Grossi M (on behalf of VCOG Gynaecological Cancer Committee). Med J Aust 2002; 177: 11–16.
- Rectal cancer in Victoria in 1994: Patterns of reported management. Farmer KC (on behalf of VCOG Gastrointestinal Cancer Committee). ANZ J Surg 2002; 172: 265–270.
- Survival from colorectal cancer in Victoria 10 year follow-up of the 1987 management survey. McLeish JA (on behalf of VCOG Gastrointestinal Cancer Committee). ANZ J Surg 2002; 72: 352–356.

Psycho-Oncology Research Group – Established – inaugural meeting Thursday 13 June. Prof David Kissane nominated chair.

The VCOG Cancer Genetics Advisory Committee responded to the ALRC-NHMRC Protection of Human Genetic Information Discussion paper 66. The Committee congratulated the ALRC on the production of the discussion paper, and submitted responses to the questions raised and commented on the proposals, as relevant to cancer genetics.

A formal relationship between the DHS Genetics Advisory Committee and the VCOG Cancer Genetics Advisory Committee was established with the VCOG committee providing an annual report highlighting issues of concern and identifying topics requiring ongoing consideration in relation to cancer genetics.

Clinical Lectures – Organised by the VCOG Neuro-Oncology, Lung, Head & Neck, Psycho-Oncology, Lung and Breast Cancer Committees, titled respectively: *“Multi-disciplinary neuro-oncology case discussion”* (2 May), *“New Techniques in Radiotherapy & Surgery for Non-Small Cell Lung Cancer”* (6 June) – *“Update on Management of Head & Neck Melanoma”* (Sept), *“Burnout in Oncology”* (Sept), *“Multi-disciplinary Lung Cancer Clinics”* (Nov) and *“Multi-disciplinary Care in Breast Cancer: Swedish Perspective”* (Dec). These forums were well attended, attracting between 30 and 80 participants.

The VCOG Gynaecological Cancer Committee hosted the Gynaecological Cancer and Pre-Cancer Update, coordinated by the CCRC Secretariat, on 8-9 November. The forum was suitable for general gynaecologists, gynaecologists in training, and family doctors with an interest in women’s health. Continuing Education Program points were awarded by the RANZCOG for attendance at the forum. Over 80 delegates from across Victoria participated each day. Dr Ian Hammond, Gynaecological Oncologist, Perth and Dr Ron Jones, Gynaecological Oncologist, New Zealand, were identified as the Dame Ella MacKnight Guest Speakers, each made two presentations. Their presentations were respectively titled *“Quality of life issues”*, *“The place for laparoscopic surgery”* and *“Precursors of vulval cancer”*, *“Lessons from across the Tasman”*.

The VCOG and its Committees participated in an exercise to review Strengths Weaknesses Opportunities & Threats. VCOG's relevance to TCCV and its constituency was reviewed, and directions and priorities set for 2003 onwards. The need to be more pro-active, and have a greater advocacy role with government to progress issues such as clinical databases, research support, multi-centre ethics approval, and tissue banking was identified. The VCOG Committees have also focussed on their activities and priorities and have instituted some changes, eg introduction of clinical presentations; holding alternate meeting & clinical forums; exploring closer alliances with other groups with similar objectives; increasing clinical research activity and collaborations, etc. Issues currently before VCOG include: research publicity guidelines – scientists/journalists; hospital-based clinical cancer registers; privacy legislation; Cancer Services Review.

**2003** A/Prof Richard Bell was appointed as Senior Clinical Consultant to provide advice to the Director of the Cancer Council Victoria and the VCOG Executive Officer on clinical strategic matters and policy. Prof Bell commenced his appointment on 1 July 2003.

VCOG hosted a Farewell Dinner for Alan Rodger on the 23 April on his departure to the Beatson Cancer Centre, UK, acknowledging his contribution as a member and previous VCOG Chair.

The Cancer Council Victoria website was revamped to include the VCOG membership and committee chairs. This would give a public image to VCOG, and link the contribution of its members to the Cancer Council's activities.

Cancer Trials Management Scheme (CTMS) – The annual review recorded 1,628 new patients and 4591 follow-up patients in cancer trials in 2002. The 2004 grants totalled \$722,000 awarded to 17 hospitals / institutions. The DHS Metropolitan and Regional Health Units renewed funding for the Rural Cancer Trial Initiative for 2003 – \$195,666.

International AZURE breast trial – This trial of adjuvant zoledronic acid to reduce recurrence in advanced breast cancer was supported by the VCOG Breast Trials Subcommittee. The UK Coordinating Centre contracted CCRC CTO to coordinate implementation, coordination and monitoring in 5 Australian states and Thailand.

National TOAD prostate trial – This trial of timing of androgen deprivation in men with a rising PSA was initiated by VCOG Urological Cancer Committee. The CCRC CTO contributed to protocol development, and coordinated central management for Australia and New Zealand.

VCOG Committees incorporated clinical presentations into regular meetings as well as invited oncology trainees and Fellows to encourage involvement in VCOG and build awareness of the Cancer Council.

Clinical Lectures (8) – The VCOG Breast, Gastrointestinal & Urological, Gastrointestinal Trials, Head & Neck, Lung (2 forums), Palliative Medicine and Psycho-Oncology Committees respectively hosted the following lectures – *Sentinel Node Biopsy: The UK ALMANAC Trial & Training Programme* – Prof Robert Mansel (July); *Chemo-prevention of Colon Cancer & Prostate Cancer* – Prof Frank K Meyskens Jnr (December), *Chemo-Prevention of Colorectal Cancer & VICTOR Trial Launch* – Dr Ernest Hawk & A/Prof Margaret Schnitzler (June); *Discussion of a Multicentre Study of Laser vs. Radiotherapy for the Treatment of Early Laryngeal Cancer* (June); *Lung Cancer Research in Victoria: Results of Recent Studies* (June); *Lung Cancer Treatment? Believe it or Not* (December); *Cancer Pain – Recent Advances in Cancer Pain Management* (October); *Sexuality & Intimacy in Cancer* (October).

Clinical Cancer Databases – A working group (Dr Gibbs, Prof Macrae, Prof Mitchell, Prof Graham Giles, Prof David Hill & Dr Snyder) was established to consider the issue of

clinical databases, research and privacy legislation. An application for an NHMRC enabling grant was submitted, but unsuccessful. A pilot program was discussed which was proposed to proceed in 2004 at a variety of hospitals.

Cancer Services Framework for Victoria – VCOG made a joint submission with The Cancer Council to the DHS, stating support for the review and development of a cancer services framework for Victoria. The submission highlighted that cancer management was in a constant state of development, and it was important that the framework developed be flexible and not exceed 5 years. The submission also highlighted workforce issues, particularly in palliative care and medical oncology; increases in and distribution of clinical services; support for multi-disciplinary care; collection and processing of standard clinical data; increased support for clinical trials.

TGA/NHMRC Review of Australian Arrangements for Clinical Trials & Access to Unapproved Therapeutic Drugs. A report had been submitted on behalf of VCOG following a meeting held on 29 July with TGA/NHMRC Review Consultants.

Colorectal Cancer Screening – Position Statement prepared by the VCOG Gastrointestinal Cancer Committee and endorsed by The Cancer Council Victoria. *The Cancer Council Victoria supports the implementation of the national pilot screening program for colorectal cancer. The Cancer Council Victoria can only actively promote screening for any form of cancer if the infrastructure services are in place to properly administer a program and monitor its effectiveness. Uncoordinated screening reaches self-selected screenees and cannot deliver population benefits. Colorectal cancer screening on a population-wide basis cannot be promoted until issues discussed above have been resolved.*

ALRC Inquiry – Gene Patenting & Human Health – The Cancer Council Victoria endorsed The Cancer Council Australia submission, with some additions.

**2004** Chair of VCOG – Dr Raymond Snyder (Medical Oncologist, St Vincent's Hospital)

CCRC-VCOG Executive Committee 2004-2005 – Following a call for nominations, the VCOG Committee elected the CCRC-VCOG Executive Committee as follows:

- A/Prof David Allen (Gynaecological Oncologist)
- Dr David Brumley (Palliative Care Physician)
- Dr Philip Campbell (Haematologist)
- Professor Gillian Duchesne (Radiation Oncologist)
- Mr Mark Eastman (Surgical Oncologist)
- Dr Michael Guiney (Radiation Oncologist)
- Professor Paul Mitchell (Medical Oncologist)
- Mr Stewart Skinner (Surgical Oncologist)

The **VCOG Haemato-Oncology Committee** was established with Prof Jeff Szer as Chair. The inaugural meeting was held on 9 August 2004.

The Victorian Oncology Social Workers Group and the Australian Health Research Data Managers Association (AHRDMA), Victorian Oncology Group were invited to nominate a representative to the VCOG membership, following which Ms Karen Todd and Ms Robin Smith respectively joined the Committee.

Cancer Trials Management Scheme – The annual review recorded 1,273 new patients and 4,870 patients on continuing follow-up in cancer trials in 2003. The CTMS 2004 grants totalled \$725,000 awarded to 18 hospitals / institutions.

Clinical Lectures (9) – The VCOG Cancer Genetics (2), Head & Neck, Lung (2), Neuro-Oncology and Psycho-Oncology Committees respectively hosted the following lectures – *Dealing with Hereditary Cancer in the Real World – Prof John Burn* (January); *The ethics*

*of generating and disclosing genetic information: an empirical study – Dr Nina Hallowell (December), The multidisciplinary management of thyroid cancer (June); Lung Cancer: the great adjuvant therapy debate (June); Non-Small Cell Lung Cancer (December); Optimum management of brain metastases (February); Managing patient anxiety in a cancer consultation (October).* The VCOG Breast and Gynaecological Cancer Committees, with sponsorship from Pierre Fabre Oncology and Cytoc respectively, hosted the following lectures offsite – *Treatment of breast cancer by Dr Vito Lorusso (March); Liquid-based pap smear: A pragmatic approach by Prof Henry Kitchener (April).*

HNPCC Gynaecological Cancer Surveillance Screening Position Statement – This was initiated by the VCOG Hereditary Bowel Cancer Group with input from the VCOG Gynaecological Cancer Committee.

Adoption of synoptic reporting for melanoma – This recommendation to the Royal College of Pathologists of Australia was initiated the VCOG Skin Cancer Committee.

PBS listing of Temozolomide in GBM – An approach to the Pharmaceutical Benefits Advisory Committee was initiated by the VCOG Neuro-Oncology Committee, supported by the Cancer Council Victoria, following a landmark clinical trial showing significant advantage with chemotherapy in the management of glioblastoma multiforme. The PBAC requested that the drug company seek amendment to the authority request for listing on PBS for treatment of GBM.

VMIA Trial Guidelines – Successfully lobbied for amendment to requirement for Medicines Australia Agreement for collaborative group clinical trials.

Guideline Implementation Workshop – The VCOG Gastrointestinal Cancer Committee participated in a workshop to identify issues in implementation of clinical practice guidelines. The outcome would contribute to development of implementation techniques.

Cancer Services Ministerial Taskforce – The VCOG Chair, was invited to membership of the taskforce.

**2005** Cancer Trials Management Scheme – The annual review recorded 1,429 new patients and 5,258 patients on continuing follow-up in cancer trials in 2004. The CTMS 2005 grants totalled \$740,000 awarded to 18 hospitals / institutions.

#### Cancer Management Surveys

- Management of superficial bladder cancer in Victoria: 1990 and 1995. Frydenberg M (on behalf of VCOG Urological Cancer Committee). ANZ J Surg 2005; 75: 270–274.

Cancer Trials Database – Listing of state, national and international collaborative group phase 2 and 3 trials open to patient recruitment in Victoria, was established on The Cancer Council's website and launched in August 2005. It is the first of its kind in Australia.

Victorian Cancer Outcomes Network. The proposed data collection process based on the NCCI minimum dataset was pilot tested. The proposal was limited initially to metropolitan public centres. The pilot results would be provided to the DHS Cancer Services Unit as data information was one of three primary areas of interest. It was acknowledged the database would facilitate the conduct of management surveys, enable the collation of data on individual patients across centres, and the collection and reporting of outcome data by the VCR.

Senate Inquiry into Cancer Treatment and Services in Australia – A joint Cancer Council and VCOG presentation was made to Senate Committee.

PBS listing of cytotoxic agents as adjuvant therapy for stage 1 and 2 NSCLC – An approach to the Pharmaceutical Benefits Advisory Committee was initiated by the VCOG Lung Cancer Committee, supported by the Cancer Council Victoria, for listing of several cytotoxic agents (vinorelbine, paclitaxel, gemcitabine, docetaxel) for NSCLC. This approach was made following recently published clinical trial evidence showing significant advantage in the management of NSCLC with these cytotoxic agents. The PBAC requested that the drug companies seek amendment to the authority request for listing on PBS for these drugs.

Position Statement – TGA listing of Herceptin in early breast cancer – The statement was initiated by the VCOG Breast Trials Sub-committee, supported by The Cancer Council Victoria, following data from the HERA trial providing evidence that women who received adjuvant trastuzumab had an approximately halving of risk of subsequent development of distant metastases. The TGA requested the drug company submit for amendment to the approval listing for this indication.

**2006** VCOG Chair – A/Prof David Allen (Gynaecological Oncologist, Mercy Hospital for Women)

CCRC-VCOG Executive Committee 2006-2007 – Following a call for nominations, the VCOG Committee elected the CCRC-VCOG Executive Committee as follows:

A/Prof David Allen (Gynaecological Oncologist), *Chair*  
 Dr Helen Austin (Palliative Care Physician)  
 Professor Gillian Duchesne (Radiation Oncologist)  
 Dr Vinod Ganju (Medical Oncologist)  
 Dr Michael Jefford (Medical Oncologist)  
 Dr Rodney Lynch (Radiation Oncologist)  
 Miss Meron Pitcher (Surgical Oncologist)  
 Professor Jeff Szer (Haematologist)  
 Professor Ingrid Winship (Clinical Geneticist), *Deputy chair*  
 Mr Gavin Wright (Surgical Oncologist)

Cancer Trials Management Scheme – The annual review recorded 1459 new patients and 5740 patients on continuing following in 2005. The CTMS 2006 grants totalled \$750,000 contributing to the appointment of 15.5fte trial coordinators at 18 participating centres in Victoria.

#### Cancer Management Surveys

- Management of muscle-invasive bladder cancer in Victoria: 1990–1995. Millar J (on behalf VCOG Urological Cancer Committee). ANZ J Surg 2006; 76:113–119.
- Management of glioma in Victoria: 1998-2000 – retrospective cohort study. Rosenthal M. (on behalf VCOG Neuro-Oncology Committee). Med J Aust 2006; 184: 270–273.

VCOG Ketamine trial PM – initiated by the VCOG Palliative Medicine Committee, coordinated by the CCRC CTO – published 2006

Cancer Genetic Risk Information Disclosure – Research project for breast and colon cancer risk disclosure involving VCOG CGAC, CCRC, CBRC, 3 FCCs, – funded by DHS (\$89,000), submitted for ethics approval. FAP Protocol for risk disclosure submitted to DHS for approval.

The VCOG Sarcoma Advisory Committee was established with Prof Peter Choong as Chair. The inaugural meeting was held on 25 October 2006.

**2007** Cancer Trials Management Scheme – The annual review recorded 1659 new patients and 6158 patients on continuing following in 2006. The CTMS 2007 grants totalled

\$750,000 contributing to the appointment of trial coordinators at 18 participating centres in Victoria.

#### Cancer Management Surveys

- The use of chemotherapy in patients with gliomas: patterns of care in Victoria from 1988-2000. Cher L, Rosenthal MA, Drummond K et al. Jnl Clinical Neuroscience 2007
- Brain stem gliomas: patterns of care in Victoria from 1998-2000. Rosenthal MA, Ashley D, Drummond K. Jnl Clinical Neuroscience 2007
- Melanoma - The management of primary cutaneous melanoma in Victoria 1996 and 2000. Kelly John W, et al MJA 2007; Vol 187 No.5: 511-514
- Intramedullary spinal cord tumours: Patterns of care in Victoria from 1998-2000. J Clinical Neuroscience.

Doxetaxel in advanced prostate cancer – The VCOG Urological Cancer Committee initiated a position statement recommending PBS listing of Doxetaxel in advanced prostate cancer. The statement was referred to the Pharmaceutical Benefits Advisory Committee, which subsequently approved PBS listing.

IHC testing in CRC patients < 50 years Position Statement – A position statement was developed by the VCOG Hereditary Bowel Cancer Group on behalf of the Cancer Genetics Advisory Committee and endorsed by the VCOG. It recommended that IHC testing be routinely performed on colorectal cancer tissue surgically removed from patients under 50 years of age. The statement was forwarded to the Royal College Pathologists Australia for endorsement and sent to public and private pathology providers and hospital surgical units.

At the initiation of the VCOG Skin Cancer Committee, a seeding grant of \$10,000 for development of a pilot project for GP workshops on melanoma had been allocated to the Cancer Education Unit to be developed in collaboration with the committee. The success of the pilot melanoma workshops lead to it's incorporation into the CEU's GP workshop program.

Advances in Gynaecological Cancer & Pre-Cancer conference for general gynaecologists and GPs, organised by the VCOG Gynaecological Cancer Committee, with 60 registrants and 16 speakers.

HNPCC Family Information Day initiated by the Hereditary Bowel Cancer Group and hosted by the CCRC, to provide general information on HNPCC and updates on research to family members. This family information format will be expanded for FAP families.

Senate Inquiry into the operation and effectiveness of Patient Assisted Travel Schemes for regional patients – A joint TCCV and VCOG submission was made, specifically highlighting issues of inequity regarding of travel for treatment on clinical trials.

The **VCOG Clinical Research Professionals Group** was established with Mr Peter Midolo as Chair. The inaugural meeting was held on September 2007.