It is now over four years since the Cancer Therapy Centre formally opened its doors to the community in South Western Sydney Area Health Service. In this period, the Centre has grown rapidly in the numbers of patients treated and in the variety of services offered. The Centre has also broadened its scope in research and education activities and can now be considered as a centre of excellence in clinical services, teaching and research not just in New South Wales but across Australia.

In April, 1999 the Centre undertook a comprehensive planning exercise to set direction for its growth in the next few years. The Vision for the Centre is to become an internationally acknowledged leader in cancer control. The Centre has already embarked on mission to achieve in a number of ways. Expert groups of clinicians have been meeting regularly to develop best practice models for the early detection, diagnosis, treatment and palliation for a number of tumour sites. A best practice model for breast cancer has been completed and has been circulated widely across New South Wales for comment. There are groups meeting to develop models for lung, colorectal and prostate cancers.

The Centre has also recognised the vital importance of developing an appropriate information system to support the clinical services, research and education growing rapidly in the Centre. A dedicated group of staff have committed countless hours to developing tender specifications for a centre-wide information system. They have actively collaborated with the Area Health Service and the NSW Department of Health to progress the acquisition of a sophisticated information system. Members of staff are also on a variety of committees, both at the Area level as well as at the Departmental level, working on a number of issues that span cancer registry, data management and GP communication issues using the latest information technology.

We have now established outreach services in all the health sectors in SWSAHS. A particularly important development was the commencement of radiation and medical oncology outreach clinics at Wingecarribee. A proposal to introduce chemotherapy services at Campbelltown Hospital has reached an advanced stage. A dedicated transport service for Macarthur and Wingecarribee residents was also introduced through a special grant from the NSW Department of Health. These initiatives have allowed the Cancer Therapy Centre at Liverpool Hospital to, achieve our goal of providing optimal care to rural based residents.
As the Centre moves towards a milestone of five years in operation, a number of challenges have been identified which will require cooperation and hard work from all the staff involved in providing cancer services within the Area. These challenges include the development of a network structure to manage the provision of services across the Area, equitable allocation of resources between units and between the different stages of the continuum of care within the network, the completion of best practice models for all major tumour sites and the establishment of further radiotherapy and chemotherapy services outside of Liverpool Hospital. Given the goodwill and expertise that exists among the clinicians and staff within the Cancer Therapy Centre and the Area Health Service, we are confident of achieving these goals that will translate our corporate vision into reality.

Martin P Berry
Staff List

Medical Staff

Michael Barton
Martin Berry
Geoff Delaney
Stephen Della-Fiorentina
Allan Fowler
Amanda Goldrick
Eugene Moylan
Andrew Kneebone
Eva Segelov

Clinical Research Fellows

Michael Veness
Shalini Vinod

Registrars

Bassim Al-Bahrani
Gillian Campbell
Tom Shakespeare
David Thomas

Medical Physics/Technical

Lynne Greig
Sam He
Robin Hill
Mario Perez
Geoff Ticehurst
Mark West
Thu Tran

Physics Research Fellow

Louis Jones

Pharmacy

Robert Bayley
Rhea McFarland

Radiation Therapy

Vanessa Adam
Val Antov
Kirrily Banister
Teresa Barker
Mancy Chan
Webert Chen
Colin Crispin
Nicole Cusak
Marcia Fleet
Kate Francis
Matthew Fuller
Melissa Glazier
Jillian Hawes
Leisa Holmes
James Latimer
Sonia Lee
Darien Montgomery
Craig Opie
Roshni Prasad
Nasreen Kaadan
David Sampson
Julie Smith
Megan Tattersall
Winston Tse
Christine Twafik
Vincent Towell
Debra Vincent

Allied Health

Heather Aldis
Gerald Au
Nicola Belcastro
Melanie D’Costa
Gillian Giles
Carly Naylor
Maria Plaza  
Alison Pryor  
Teresa Simpson  
Josephine Tamara  

Nursing - CTC

Julie Allman  
Maria Biancotti  
Denis Burns  
Barbara Commins  
Debra Couldrige  
Bernadette Dovovan  
Lorraine Douglas  
Barbara Gildea  
Anne-Marie Griffin  
Molly Lees  
Megan Luhr-Taylor  
Sinu Seuala-Talagi  
Fiona Tait  
Carla Wilson  

Nursing - Alex Grimson, Ground East

Karen Baker  
Kaye Brown  
Gai Fairnham  
Rhoda Gamildien  
Nicky Hackett  
Pauline Harley  
Anthony Hecimovic  
Alison Hill  
Leanne Hollis  
Dorothy Hosking-Gavin  
Lenore Knapman  
Elisa Knowles  
Sharon Loudoun  
Tania Luxford  
Evelyn Macey  
June McEachern  
Pauline Nowrot  
Socorro Parra  
Georgie Rees  
Mila Roux  
Janice Stone  

Hang Ta  
May Valdez  
Amelia Wariner  

New Graduate Rotating Positions (4)  
Beverly Ryan (Clerical Support)  

Administrative & Clerical Staff

Rose Atkin  
Narelle Barnett  
Holanda Bentacor  
Suzanne Cambell  
Laura Clark  
Barbara Elliott  
Vicki Gill  
John Hallett  
Cheryl Knight  
Cheryl Long  
Denise McDonnell  
Lyn Ounthoulay  
Heather Patchett  
Vivian Shaw  
Matthew Smith  
Lynn Torning  
Gerard Viswasam  
Helene Walsh  

Support Services

Nick Arena  
Joe Attard  
Allan Hutchinson  
Monika Tibbes  

Clinical Trials

Melinda Wright  

Volunteer Services

Pat Diker  
Joy Maloney  
Carol Keogh  
Anna Kusscatella  
Val Spruce
1. GENERAL

1998/99 has been a year of increasing service growth within Medical Oncology/Palliative Care. The academic appointment in Medicine of Dr. Eva Segelov through the University of NSW/SWAHS Clinical School in June, 1999 has resulted in the availability of an additional 0.2 FTE consultant in Medical Oncology. Dr. Segelov’s appointment will also provide experience and skills needed to establish Translational Research in Medical Oncology (drawing on clinical knowledge to enhance basic science and vice versa).

1998/99 has seen the funding of an Advanced Trainee position in Medical Oncology at Liverpool. Dr. Bassim Al-Bahrani, from Oman, undergoing postgraduate training in Medical Oncology, has been an invaluable asset during the past twelve (12) months in this position.

1998/99 marked a year of great change within the Palliative Care Service at Liverpool Hospital with changes not only occurring within human resources but also within service function and statistical data collection. The service was enhanced by the appointment of Ms. Debby Couldridge (RN) bringing a wealth of nursing experience to the Palliative Care team. The service was saddened to see the resignation of Ms. Robyn Halloran (CNC) but wished her well as she embarked on a position in the USA. The CNC position was filled in
November, 1998 by Ms. Megan Luhr-Taylor who also brings to the service many years experience in Palliative Care.

The Medical Oncology Outreach Clinic at Campbelltown Hospital has continued to grow and plans are proceeding to establish chemotherapy treatment clinics both at Campbelltown and Macarthur Private Hospital. Dr. Stephen Della-Fiorentina is currently establishing a private consultative service at Bowral to supplement services currently provided at Bowral by Dr. Anne Sullivan.

2. SERVICE GROWTH

i) Medical Oncology

An increase in new patient referrals in Medical Oncology/Palliative Care to approximately 100 per month over the past twelve (12) months has resulted in a substantial growth in demand for follow-up consultations and treatments in the Oncology Day Centre. Additional funding has been granted for appointment of a CNS to facilitate increased treatment delivery in the Day Centre.

The following graphs provide monthly cumulative data by year as indicated:-

![Graph showing cumulative data for Medical Oncology and Palliative Care consultations](image-url)
MEDICAL ONCOLOGY and PALLIATIVE CARE - Cumulative Comparison of Review Consultations

CANCER THERAPY DAY CENTRE - Cumulative Comparison of Chemotherapy Treatments
ii) Palliative Care

The following graphs reflect monthly cumulative service data by calendar year in Palliative Care as indicated:-

**PALLIATIVE CARE MEDICAL - Cumulative Comparison of Medical New Clients Registered**

**PALLIATIVE CARE NURSING - Cumulative Comparison of New Clients Registered**
3. CLINICAL TRIALS/RESEARCH

The Department of Medical Oncology continues to participate in multi-centre clinical trials whilst planning and continuing several intra-mural research projects. During 1998/99 we were the highest recruiting centre in Australia at closure of two large International clinical trials:-

i) The Panorex Trial (for patients with Dukes' C colon cancer).

ii) The ATAC Study (for patients with post-menopausal breast cancer).

Several studies looking at the diagnosis and impact of cancer in Ethnic communities in South Western Sydney are ongoing in conjunction with the Ethnic Health Service of the SWSAHS.

4. TEACHING/EDUCATION

Dr. Amanda Goldrick has continued to organise the Wednesday morning Oncology Education Seminars/Journal Club over the past twelve (12) months. Medical Oncologists are actively involved in both undergraduate (Years 4/6) and post-graduate medical education by lectures and/or tutorials. Dr. Eugene Moylan chaired a seminar in the Thomas & Rachel Moore Education Building for the Western Area Breast Group on “Ethnicity and Breast Cancer” in June, 1999.

Nurses are also actively involved in Oncology and Palliative Care education through participation in New Graduate Nursing Education programs and inservice education for hospital and community staff. A special orientation package has been developed for all new nursing graduates employed in Grimson Ground East/Cancer Therapy Centre and the CTC is actively involved.
in the training of undergraduate nursing students from Macarthur/Milperra campuses of the University of Western Sydney. Medical and nursing staff continue to actively participate in the quarterly “Dealing With Cancer” patient education program in addition to their daily commitment to providing patients and carers with comprehensive information regarding cancer and its treatment.

5. QUALITY ACTIVITIES

In addition to regular multidisciplinary meetings on patient care, a number of new initiatives have occurred over the past twelve (12) months. These include:-

- commencement of a Cancer Pain Management Committee in conjunction with the Pain Service at Liverpool Hospital.
- review adequacy of palliative care referral information to service providers.
- development of a fully referenced chemotherapy treatment protocol book with a compilation of the original journal articles from which the reference protocols derive.
- redevelopment of Cancer Therapy Palliative Care Profile Forms.
- development of a Palliative Care Service Web page.
- development of a Palliative Care section in the CTC Protocol Book.
- development of a Palliative Care Services pamphlet.
- commencement of a Palliative Care Services manual
- redevelopment of a Palliative Care Nursing Services Discharge Summary.

6. ACKNOWLEDGMENTS

Drs. Moylan, Goldrick and Della-Fiorentina gratefully acknowledge the following major educational sponsorships provided over the past year:-

Clinical Oncology Symposium, Amgen, Sanctuary Cove. EJM, SDF. Sept. 98

European School of Medical Oncology Conference, RPR, Athens. SDF. Nov. 98

Advances In The Management Of Follicular Non-Hodgkin’s Lymphoma, Roche, Port Douglas. AG. Feb. 99

Tumour Activated Chemotherapy, Roche, Hamilton Island. SDF. Apr. 99

American Society Of Clinical Oncology 35th Annual Meeting, RPR, Atlanta. EJM. May 99

Current Perspectives In The Treatment Of Advanced Cancer, RPR, Sydney ANA. SDF, AG, EJM. Jun. 99
The following sponsors of the weekly Oncology Educational Seminar are also gratefully acknowledged:-

AMGEN Australia
AMRAD Pharmaceuticals Pty. Limited
Bristol-Myers Squibb Australia Pty. Ltd
Eli Lilly Australia Pty. Limited
Glaxo Wellcome Australia Limited
Hoescht Marion Roussel
Zeneca Pharmaceuticals Australia Pty. Ltd
Lederle Laboratories
Pharmacia & Upjohn Pty. Limited
Rhone-Poulenc Rorer Australia Pty. Ltd
Novartis Pharmaceuticals Pty. Limited
Schering Plough Pty. Limited
Schering Pty. Limited
Janssen-Cilag Pty. Limited
Nycomed Amersham
Roche Products Pty. Limited
CSL Limited
Pfizer Pty. Limited
Smith Kline Beecham International
Abbott Australasia Pty. Limited
ASTA Medica Australasia Pty. Limited

Funds from these sponsorships has been utilised to provide the following educational opportunities:-

- Seminar on Masculine Grief - Teresa Simpson (Social Worker)
- Cancer Nurses Society, Winter Congress, Adelaide - Sharon Lowdomn (GGE Nurse)
- Three month course at Mt. Sinai Hospital, New York - Alison Pryor (Social Worker)
- Computer Web Page Publishing and Desktop Publishing Sue-Ellen Franklin (Computers Support Officer)
- Clinical Pharmacy Conference, Perth - Lindi Leslie (Pharmacist)
- Breast Cancer Conference - Rosalie Atkins (Breast Nurse)
- Forum On Death, Dying and Bereavement - Teresa Simpson (Social Worker)
Pharmacy
STAFF SPECIALISTS

Martin P Berry, Director
Geoff Delaney, Radiation Oncologist
Allan Fowler, Radiation Oncologist
Andrew Kneebone, Radiation Oncologist
Michael Barton, Radiation Oncologist and Director of CCORE

RADIATION ONCOLOGY RESEARCH FELLOW

Shalini Vinod, June, 1999 to present

RADIATION ONCOLOGY REGISTRARS:

Gill Campbell, January, 1998 – June, 1999
Lyn Austen, January, 1998 to present
Andrew Hui, July 1999 to present
Minjai Lah, July, 1999 to present

GENERAL COMMENTS

Activities in the 5th year of operations have continued to provide a stimulating environment for radiation oncologists. High individual workloads for staff specialist have signalled the need to review time management and work processes to sustain a balanced approach to what can be reasonably
achieved. All staff specialists are actively involved in CTC affairs with a strong commitment to evidence based clinical practice, education, teaching, research and administration. Reports on clinical workload and detailing of academic productivity are given elsewhere in this CTC annual report and in research publications of Liverpool Health Service.

**CHANGES IN STAFF PROFILE**

Michael Barton joined us in February when he took up the position of Director of the Collaboration for Cancer Outcomes, Research and Evaluation (CCORE) and Associate Professor, Division of Medicine at the University of New South Wales. Michael’s appointment and the establishment of CCORE was the culmination of a long held vision to create an oncology-based health services research profile in the Greater West of Sydney. The existence of the Simpson Centre for Health Service Innovation at Liverpool provided the infrastructure that supported implementation of CCORE in a mutually beneficial partnership. In a short timeframe a number of innovative projects have been conceived and developed all of which should soon place CCORE at the forefront of opinion on major issues affecting cancer services.

Our first registrars to present for the final fellowship examination, Gillian Campbell and Tom Shakespeare, were both successful at their first attempt. This outcome attested to the quality of the training program at our centre and the efforts of the staff who contributed to that program, and in particular, to Geoff Delaney who was the principal supervisor.

Both Gillian and Tom were successful in their applications for fellowship positions and have since left our centre.

Bassim Al-Bahrani and Bahram Forouzesh from medical oncology shared a registrar training position and their physician-oriented input was most welcome.

Our new registrars are Lyn Austen, Andrew Hui and Minjai Lah.

Michael Veness was Clinical Research Fellow and during his time here he produced a number of scientific papers in addition to his contribution to clinical service and teaching. He was successful in his application for a staff specialist position at Westmead. The clinical fellow position for 1999 was enhanced by our association with CCORE and was keenly contested with Shalini Vinod being the successful applicant.

**TEACHING/EDUCATION**

The department continues to run a comprehensive program for staff and trainees in collaboration with others within and outside our organisation. Sessions include dedicated tutorials for registrars, radiation and general
oncology rounds, disease site-specific meetings and various workshops. Our staff actively contribute to join training programs with the professional colleges, the NSW Cancer Council, The University of New South Wales, the University of Sydney Faculty of Health Sciences and many other cancer-specific groups.

RESEARCH

The new development for 1999 has been the establishment of CCORE which has provided a dedicated research setting for collaborative research. All radiation oncologists have an opportunity to participate. A visit in June by Professor Tom Keane, Provincial program Leader of Radiation Therapy for British Columbia as guest speaker at the “Driving Health Reform” conference proved to be a stimulating experience and opportunity for exchange of ideas. The theme of his visit was on organisational change and how it had been accomplished at the BC Cancer Agency.

Radiation Oncologists participate in numerous clinical trials, many of which are sponsored by the Trans-Tasman Radiation Oncology Group. Clinical Trials activities are given elsewhere in this report.

PLANS FOR 1999/2000

Over the next year the following objectives will receive priority for our attention:-

- Purchasing and implementing a comprehensive computerised information management system;
- Planning for the acquisition of a fourth linear accelerator and the associated recruitment of new staff and facilities;
- Consolidating our outreach capacity to optimise access for all residents of South Western Sydney;
- Providing the infrastructure and facilitating the establishment of a coordinated network of cancer services throughout South Western Sydney; and
- Refining quality assurance systems and integrating them into all management processes.

Our work is constantly challenging and our environment ever changing, a situation that provides us with the impetus to be innovative in how we care for our patients.
1. INTRODUCTION

The Medical Physics group provides physics support for radiation oncology, as well as radiation safety support throughout Liverpool Health Service. This role includes:

- Management of radiation therapy equipment – advice on purchasing, commissioning, radiation safety, calibration and definition of operational characteristics, quality assurance programs, maintenance, and system management for computer systems.
- Clinical physics/dosimetry - establishment of dosimetric systems for calculation of prescribed dose, modelling of radiation beams for treatment planning, physics aspects of treatment planning, independent checks of treatment plans, tld service for patient dosimetry.
- Teaching – teaching for physics staff, radiation oncology registrars, and therapists as necessary.
- Research and development – in all areas of service.
- Radiation safety – consultation, advice, surveys, and training throughout Liverpool Health Service, including chairing of radiation safety committee.

2. HIGHLIGHTS

Although the staff situation was unsettled for most of the year, with some vacancies unfilled for several months, the year was generally positive with some significant achievements.

Work in the early part of the year concentrated on the new treatment and imaging modalities that were incorporated into the Liverpool service. Clinical commissioning of the new brachytherapy system was completed. Much work was done with radiation therapists to establish a framework for clinical use and quality assurance of the new electronic portal imaging system. Year 2000 planning was an ongoing major project throughout the year. Software upgrades involving significant input were installed on several major equipment items.

Staff

There were several staffing changes during the year. Jonathon Whitaker left in January 1999 to take up a position with DSTO. This position was filled through an internal promotion of Mark West. Lois Jones arrived in November 1998 to fill
the Research Fellow vacancy, and Lynne Greig arrived in February 1999 to fill the Chief Physicist position that had been vacant since mid 1998. Phoung Dao took extended leave without pay for family reasons from March 1999, but the impact of this was minimised due to Thu Tran kindly agreeing to increase her hours.

Staff complement at year end was therefore:-

Physics- Phuong Dao (P/T)
Lynne Greig
Robin Hill
Lois Jones
Mario Perez
Thu Tran (P/T)
Mark West
One vacancy

Biomedical Engineering – Sam He, Geoff Ticehurst

Qualifications & Awards

Congratulations to those staff who received the following qualifications and awards:

Lois Jones: Varian Prize for Best Oral Presentation related to Radiotherapeutic Treatment - EPSM98 Engineering & Physical Sciences in Medicine Conference

Young Investigator Award - International Stereotactic Radiosurgery Society Congress 1999

Thu Tran  BSc (hons) Medical Physics

Robin Hill  ACPSEM Accreditation in Radiotherapy Equipment Commissioning & Quality Assurance

Lynne Greig  GradDipMgt (Tech Mgt)

Participation in external bodies:-

Staff continued to be involved in professional college and other activities:
Basic Sciences of Oncology Lecture Course – Mario Perez & Robin Hill
ACPSEM NSW Branch Executive Committee – Robin Hill
ACPSEM NSW Branch Education Committee – Robin Hill
NSW Hospital & University Radiation Safety Officers Group - Lynne Greig
NSW Health Department Y2000 Radiotherapy Group – Lynne Greig & Robin Hill
3 PLAN FOR YEAR 1999/2000

A series of planning meetings were held in the latter part of the year to review all aspects of the medical physics service. Although it was agreed that many aspects of the service were being handled acceptably well, the following initiatives are planned for next year:-

- review equipment quality assurance programs
- intercompare absolute beam dosimetry with another centre
- implement computerised treatment time calculations
- review megavoltage & orthovoltage data manuals
- develop protocols and policies - guidelines for physics checks of plans, guidelines for planning electron fields, cross-checking of physicist’s work, supervision of inexperienced physicists, physics policy and procedures manual
- responsibility for major areas of physics service assigned to a physics staff member and rotated every six months
- review compliance with radiation safety legislation
- develop a CTC specific radiation safety manual
- promote the establishment of a multidisciplinary radiation therapy quality forum
- encourage external collaborations by inviting speakers to physics research meetings and seminars
- promote external profile through a variety of external interactions
- establish monthly physics seminars, with a mix of educational activities, journal club activities, invited external speakers and internal presenters
- develop training goals and guidelines for new recruits

4 PRESENTATIONS

- Annual ESTRO Meeting. Scotland, 1998
  Keall PJ, di Sopra F, Delaney GP. Orthovoltage X-rays vs Electrons for Superficial Lesion Radiotherapy.
  Jones LC, Hoban P. Radiobiological Optimisation.

- AAPM 98 – Annual Conference of the American Association of Physics in Medicine, San Antonio, Texas August 1998
  Jeraj R, Keall PJ. Monte Carlo Based Inverse Treatment Planning.
  Hill RF, Keall PJ, Beckham WA, Perez MD. Photon Buildup in Orthovoltage X-ray Beams.
  di Sopra F, Keall PJ. Modelling the Phase space and Dose distribution of an Orthovoltage Unit.

Keall PJ, Jeraj R. Monte Carlo vs Convolution/Superposition.

Hoban P, Jones LC. Beam Optimisation Utilising Equivalent Uniform Dose.

- **EPSM98- Annual Conference of Engineering and the Physical Sciences in Medicine and Health, Hobart 1998**

  Jones LC, Hoban P. Beam Optimisation for IMRT in stereotactic radiotherapy: Physical vs Biological.

  Hoban P, Jones LC. A comparison of conformal MLC and arc plans using equivalent uniform dose.

  Hill RF, Perez MD, Beckham WA, West MP, Whitaker JM. Dosimetric characteristics of the Siemens multileaf collimator system.

  Whitaker JM, Perez MD, West MP, Hill RF. Beamview to pips image management system.


- **4th International Stereotactic Radiosurgery Society Congress, Sydney, February 1999**

  Jones LC, Hughes Y, Hoban P. Variation in Prescription Dose based on Effective Uniform Dose.

  Jones LC, Hoban P. Intensity Modulated Beam Optimisation: Physical vs Biological.

  Hoban P, Jones LC, Lynch J. The Effect of Profile data on dose distribution falloff.

  Hoban P, Jones LC. A comparison of conformal MLC and arc plans using equivalent uniform dose.

  Williams M, Jones LC. Stereotactic planning an alternative.
5. PUBLICATIONS


This last year has seen some stabilisation in the radiation therapy department. The department has not expanded Linear Accelerator services during this time. Radiation therapy though has seen the commencement of high dose rate (HDR) brachytherapy and the treatment of total body irradiation as part of the bone marrow transplant protocol for some Haematology patients.

The use of multileaf collimation (MLC) on the third Linear Accelerator has seen an ability to increase the throughput of fields on that machine. The use of MLC has shown no increase in the number of shielding blocks fabricated in the past year compared to the previous twelve months. This provides a substantial benefit for the radiation therapists not having to be exposed to either the fumes from the block cutting or the heavy metals during the fabrication.

There is still over 300 South West Sydney patients leaving the Area for radiation therapy treatment. Nearly 1/3 of these patients are being treated in Central Sydney. 30% of those patients from South West Sydney who receive radiation therapy are treated out of Area with 5.6% going to WSAHS, 9.2% go to CSAHS and 3.7% going to St George. 91% of the patients treated by the department at Liverpool come from SWSAHS, with only 3.2% from WSAHS and 2.2% from CSAHS.

For the most part of the year the department’s waiting list was no longer than the time it takes to plan a patient’s treatment.

1. **STAFFING**

The past year has seen the radiation therapy department take on less first year qualified staff than previous years. This has seen the staffing become
more experienced and therefore more efficient and easier on the Senior staff. It has been very difficult to recruit staff. All radiation therapy departments are experiencing the same problem. For the latter part of each year the department is understaffed because of this problem. The staffing combination has not changed over the past year.

The staff who left during the year have either travelled overseas or gone to other departments for various reasons. Two staff took up positions in New Zealand who are also experiencing staff shortages.

The department welcomed a number of new staff. Professional Development Year staff from the Universities of Sydney, Newcastle and Queensland. For seven months from December to June we welcomed Ann Amos from Canterbury in England. Ann participated in an exchange with Jillian Hawes from this department. We were all sad to see Ann leave and return to England. It was a great experience for all concerned and it is hoped to do further exchanges in the years to come.

It was hoped to commence the 3rd Linear Accelerator full time in the middle of 1999 but inability to recruit staff has made this impossible and so the department continues to operate just 2 ½ Linear Accelerators. It is hoped to have the staff to commence the full service in January 2000.

2. STATISTICAL DATA.

The radiation therapy department operates daily; Monday to Friday from 8.00 am to 5.00 pm. Each machine has a planned service day once per month. This is usually a Friday and the machine does not treat patients on that day. This programmed preventative maintenance program has meant that the down time for each Linear accelerator has been kept to a minimum. Total machine down time for the year not including the preventative maintenance days were 26 hours for M1, 42 ½ hours for M2 and 8 ½ hours for M3 or just over 1% of operational time.

Planning time for most patients has continued to remain at approximately 2 weeks. This period of time encompasses all the planning activities needed to plan a patient. This may include mould room, simulator and CT scan appointments as well as the direct planning at the treatment planning computer. The department continues to treat a wide variety of cases that provide a challenge to the radiation therapy staff in many ways.

<table>
<thead>
<tr>
<th>MONTH</th>
<th>ATTENDANCES</th>
<th>FIELDS</th>
<th>COURSES COMMENCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>1584</td>
<td>4436</td>
<td>61</td>
</tr>
<tr>
<td>August</td>
<td>1353</td>
<td>3632</td>
<td>77</td>
</tr>
</tbody>
</table>
These figures continue to show that the radiation therapy department is maintaining a constant number of fields and attendances per course of radiation therapy. The same average number of fields is treated for each attendance. These figures are 2.68 fields per attendance, 97/98 was 2.58 and 96/97 was 2.6. There were an average of 19.3 attendances per course of radiation therapy compared to 20.6 in 97/98 and 20.2 in 96/97. The average number of fields treated per course of treatment was 51.9 compared to 53.2 in 97/98 and 52.5 in 96/97.

When the figures for Liverpool are compared to other departments in NSW they compare favourably. The figures used here are from the Department of Health, Radiotherapy Management Information System 1998.

<table>
<thead>
<tr>
<th></th>
<th>ATTENDANCES</th>
<th>FIELDS</th>
<th>COURSES</th>
<th>NO. OF MACHINES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liverpool</td>
<td>17711</td>
<td>45726</td>
<td>980</td>
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<td>Dept. A</td>
<td>14538</td>
<td>36462</td>
<td>765</td>
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<tr>
<td>Dept. B</td>
<td>20941</td>
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<td>1192</td>
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<td>Dept. C</td>
<td>19864</td>
<td>48567</td>
<td>1132</td>
<td>3</td>
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<tr>
<td>Dept. D</td>
<td>16642</td>
<td>46176</td>
<td>1008</td>
<td>2</td>
</tr>
</tbody>
</table>

These figures demonstrate the following figures for comparison with Liverpool:

Av. fields per treatment – 2.5, 2.65, 2.44, 2.77 (Liverpool 2.58)
Av. treatments per course – 19, 17.6, 17.4, 16.5 (Liverpool 18)
Av. fields per course – 47.7, 46.7, 42.9, 45.8 (Liverpool 46.7)
These figures indicate that 68% of the patients who receive radiation therapy treatment have a CT scan for computer planning. The average attendance to simulator for treatment courses commenced is approximately 1.07.

The average number of slices taken on the CT scanner per patient is 17.4 and the average number of simulation films taken per patient is 1.5.

During the 97/98 year the radiation therapy staff have cut and fabricated 1868 alloy shielding blocks. Mounted 1046 personalised patient shielding trays.

649 patients had computer planning carried out on them. 33% of these patients had more than one plan created for them on the treatment planning computer.

The radiation therapy staff took 3561 port films and 729 electronic portal images (EPI). These films and EPIs were then processed and viewed by the radiation therapists and the radiation oncologists. This averaged 4 port films for each patient treated on the Linear Accelerators.

102 immobilisation casts were fabricated with patients attending the department for the taking of the impression and the final fitting of the kablite cast.

3. TEACHING/EDUCATION.

The radiation therapists have continued with their self education as well as providing teaching to other health professionals.

Radiation therapy students have attended the department for clinical experience from both the University of Sydney and the University of Newcastle during the year. Nursing undergraduates from the University of Western Sydney have spent time in the radiation therapy department when assigned to the CTC. Nursing staff from the hospital’s New Graduates program also spend time in the department learning about radiation therapy.

Radiation therapy staff have participated in numerous nursing education programs both in the hospital and the community. There has been an increase in the number of inservices for nursing staff since the introduction of the High Dose Rate (HDR) brachytherapy unit. These have mainly been to the staff in theatre. Staff again participated in the Orthopaedic Nursing course.

Various members of the Radiation therapy staff participate in the orientation program for new staff. This program operates over a one week period. The department runs a clinical program for the Professional Development Year staff in which most staff participate. This program works through the treatment protocols of the department with the newly qualified staff.
The radiation therapy staff are regular attendees to the radiation oncology program on Monday lunchtime as well as the Cancer Therapy Centre journal club meetings on Wednesday mornings. The radiation therapy inservice program covers a wide range of topics and is held monthly. Topics vary from palliative care to speech pathology to back care and education on internal departmental policies.

In respect to patient education the video made with audio visual by the staff has been completed and hope to be in use soon for patients to view in the planning waiting room. Weekly information sessions have been held for patients. Attendance by patients to these sessions is very spasmodic. Evaluations and changes have been implemented over the past year to try and improve the attendance at the sessions.

Staff continue to attend course run by the Area Staff Resource Centre. Many of these courses are related to improving the radiation therapist’s computer skills. Many of these learnt skills are then put into action in the department with the likes of presentations and databases.

Vincent Towell and Darien Montgomerie have both attend refresher courses for CPR trainer and in 1998 ran the CPR course for the whole Cancer Therapy Centre.

Colin Crispin attended a one day course at the University of Sydney on Quality Assurance of the film processor.

The NSW Radiation Therapy Education program held on Saturdays has again been well supported by the staff of the Liverpool Cancer Therapy Centre. Julie Swain organised a very successful all day Seminar on Breast Cancer. A number of staff have attended conferences, workshops and seminars, locally, nationally and internationally.

Marcia Fleet attended the ESTRO meeting in Edinburgh. While overseas Marcia took the opportunity to visit two radiation therapy departments in Canada to look at staffing issues and a few departments in England to look at role expansion of radiation therapists. She presented a technical paper at the conference in Edinburgh on her research project.

Nicole Cusack and Craig Opie attended the ASRT/ASTRO conference in Phoenix. They also attend the Lantis Users meeting and the Electronic Portal Imaging Device conference, ‘EPID98’ held immediately after ASRT/ASTRO.

Marcia Fleet attended The University of Sydney, College of Health Sciences, Inaugural Research Conference held at the Fairmont Resort in October. She presented a mini poster, which was the format of the conference titled
“Qualitative analysis of radiotherapy graphic treatment plans”. This is a work in progress.

Julie Swain, Debra Vincent, Vanessa Adam and Leisa Holmes all attended the 8th Annual Meeting and Workshop of the Australasian Brachytherapy Group held in Launceston in November. Julie presented a case study at this conference.

Joanne Veneran and Melanie Offner attended the NZIMRT Radiation Therapy Workshop in Wellington in August. They presented a proffered paper at the technical program.

Thirteen staff attended the 17th Radiation Therapy Symposium for the Australian Institute of Radiography held in Melbourne in March. Most staff made presentations either as technical papers or posters.

Debra Vincent successfully completed her Biological Statistical subject through the University and Marcia Fleet has continued with her Masters by research through the University of Sydney.

4. RESEARCH

The radiation therapists have actively continued to involve themselves in research where possible. The Radiation Therapy Research Committee continues to meet under the chairmanship of the Research Physicist.

James Latimer has completed his work with the breast ring and is currently writing the work up for publication.

Vincent continues to work on his randomised trial with help from statisticians to gain numbers required for the study to have power.

Marcia Fleet has continued with her Masters work by sending questionnaires out to radiation therapy staff in other Sydney departments. She is about to run interviews with radiation therapists about the manner in which they plan a patient’s treatment.

It is hoped that other radiation therapists will have the opportunity during the coming year to commence some research projects.

The department this year employed 2 Honours students. The students job share a position and carried out there experimentation for their research projects at the Liverpool department.

5. GENERAL COMMENTS
The Radiation Therapy department has continued to deliver quality care to patients. The staff continues to give the patient, their family and carers full attention and care in a cheerful and professional manner providing a caring and friendly environment. They take great pride in the delivery of an affective and efficient service through delivering technically accurate treatment.

The patient information session has continued throughout the year with mixed success. These sessions are held weekly and the radiation therapists are all rostered to deliver this service. Those patients who do attend the session find it most useful. A review will take place as to the best way to provide this information to the patients. A video that was produced by staff and the Liverpool Hospital Audiovisual department has been completed this year and will help provide patients with information.

Melissa Glazier has continued on OHS&R committees at the CTC, Divisional and hospital level. Kirrily Banister has joined her on the divisional committee as the CTC representative. Other staff from radiation therapy has represented the department on various committees within the CTC and the wider environment.

6. PRESENTATIONS AT CONFERENCES

Marcia Fleet

ESTRO

Marcia Fleet, Jenny Cox
Treatment Plans, the same or different?

The University of Sydney, College of Health Sciences, Inaugural Research Conference.

M Fleet, J Cox, A Davison
Qualitative analysis of radiotherapy graphic treatment plans.

17th Radiation Therapy Symposium for the Australian Institute of Radiography.

Fleet Marcia.

Is the radiation therapist’s role changing?

Debra Vincent.

17th Radiation Therapy Symposium for the Australian Institute of Radiography.

Vincent Debra
The uses of dose volume histograms in conformal radiotherapy planning

Julie Swain

8th Annual Meeting and Workshop of the Australasian Brachytherapy Group

Julie Swain
A case study – Buccal Mucosa

Nicole Cusack

17th Radiation Therapy Symposium for the Australian Institute of Radiography.
Cusack Nicole, Vincent Debra
A prone face rest for cranio - spinal irradiation. (poster)

Craig Opie

17th Radiation Therapy Symposium for the Australian Institute of Radiography.
Opie Craig.
Advanced critical structure dose reporting.

1. Belinda Margetts

17th Radiation Therapy Symposium for the Australian Institute of Radiography.
Margetts Belinda
Development of a patient and family resource centre. (poster)

2. Christine Tawfik

17th Radiation Therapy Symposium for the Australian Institute of Radiography.
Tawfik Christine
Radiotherapy and the treatment of keloids. (poster)

Darien Montgomerie

17th Radiation Therapy Symposium for the Australian Institute of Radiography.
Montgomerie Darien
A quantitative analysis of the dose to the heart in modern breast tangential techniques.

James Latimer

17th Radiation Therapy Symposium for the Australian Institute of Radiography.
Latimer James
Tangential irradiation : the expandable micro-shell. (poster)

Kate Francis

17th Radiation Therapy Symposium for the Australian Institute of Radiography.
Francis Kate, Veness Michael.
The use of non-dedicated positron emission tomography scans in the radiotherapy treatment planning of lung cancer: a case study.

Roshni Prasad
17th Radiation Therapy Symposium for the Australian Institute of Radiography. 
Prasad Roshni, Au Gerald
An information and relaxation program for cancer patients starting radiation therapy. (poster)

Melanie Offner & Joanne Veneran

NZIMRT Radiation Therapy Workshop
Melanie Offner and Joanne Veneran
The Development of the Patient and Family Resource Centre, Liverpool Cancer Therapy Centre.

7. CONCLUSION

This past year has again seen the radiation therapy staff face new challenges and master them. The efficiency and productivity of the department has further increased. Patients are being treated on the High Dose Rate Brachytherapy unit and patients have received Total Body Irradiation which commenced in the past year.

A more experienced staff this year has allowed much documentation to be achieved and projects begun. Staffing remains a major concern, not just for the department here at Liverpool but also for the whole State. It is hoped that the department will be fully staffed for 3 Linear Accelerators by the beginning of 2000. It is envisaged that staff will have time to follow projects and research in the coming year.

The coming year will involve the finalisation of contingencies for the potential Y2K problems, planning for the 4th Linear Accelerator, the commencement of the roll out of a Centre wide Clinical Data Management System as well as building on the existing service.
The past twelve months has brought many changes to the profile and structure of Nursing within Cancer Services.

Barbara Commins, the Nurse Unit Manager, resigned in August 1998, to take up a Senior Nurse Manager position at the Mount Druitt/Blacktown Hospital. During her time as the NUM of the CTC, Barbara was very instrumental in coordinating the establishment of the Patient Resource Centre and providing leadership for the nursing staff of Cancer Services as a whole. Barbara was highly respected by both colleagues and peers for her calm, efficient approach to work as well as her willingness to help at any time.

Vicki Buglass, left to peruse her career within the Ambulatory Care Services at Campbelltown Hospital. It is anticipated that Vicki will be a vital resource person as Cambelltown develops an outpatient chemotherapy service in the near future.

We also saw the return and later the departure of Gwen Long. Gwen, has been a valued member of the staff, contributing much to the education of staff and clients particularly in respect of radiotherapy. Gwen latest move has been to the private sector. She has commenced work at Macarthur Private Hospital at Campbelltown, with the ultimate goal of assisting in the establishment of management of oncology patients within the private hospital sector in the Macarthur area. 1999 also the departure of Lorraine Douglas. Lorraine has decided to broaden her clinical experience and has moved to the Ambulatory Care Unit within Liverpool, where her expertise will be of great benefit.

On the addition side of things, we have been fortunate to enlist the services of two very experience registered nurses, Moira Young and Anja Deruyter. Moira has joined us from the renal unit at Liverpool, whilst Anja was preceptor for nursing students from the University of Western Sydney and a CNS in Orthopedics at Campbelltown Hospital.

Although their experience in the field of Oncology is relatively new, they both bring a wealth of clinical and educational experience with them.

In February 1999, Leanne Mills the Nursing Director of the Division of Medicine submitted a proposal to Dr. Colin MacArthur, the General Manager of Liverpool Health Service for the restructuring of the current nursing management structure within Cancer Services. The planned restructure entailed the regrading of the Nursing Unit Manager position to a Nurse Manager Level 3. The creation of this position and restructuring of the nursing
management structure was to reflect the current medical structure within Cancer Services and to ensure the efficient and appropriate development of Cancer Services within SWSAHS.

Consequently in March 1999, two initiatives were undertaken to validate and support this restructuring. Ms. Julie Allman was appointed as the Acting Senior Nurse Manager of Cancer Services, and an independent review of Cancer Nursing Services was undertaken by Ms Philippa Cahi, Nursing and Patient Services Manager of the Division of Cancer Services St. George Hospital and Ms Jenny O’Baugh Clinical Nurse Consultant Haematology Oncology. The purpose of the review was to assess and review the current nursing structure and management practices and to make recommendations on ways to improve management and the coordination of clinical practice.

The outcome of the review was very positive with all members of staff articulated the desire to improve both clinical and managerial practice. As at June 1999, a draft action plan has been formulated to address the recommendation outlined by the reviewers and the regrading of the Nursing Unit Manager position to a Senior Nurse Manager Level 3. Has been endorsed by the General Manager LHS. It is anticipated that a permanent appoint to the position will be made by October 1999. This position will assist with the further amalgamation of departments within Cancer Services and in improving the continuity of care for clients’ and their families.

Due to the appointment of the Nursing Unit Manager of AGGE to another nursing management position, the Clinical Nurse Consultant Haematology/Oncology Ms Anne-Marie Griffin has been the Acting Nurse Unit Manager of the department since late last year. Consequently, due to fact that no suitable applicants were available to fill the position on a secondment basis the services has effectively been without a CNC in this area since August 1998. It is envisaged that once the Senior Nurse Manager is appointed, the process to appoint a permanent Nurse Unit Manager for the inpatient department will be undertaken with a subsequent flow on to the Clinical Nurse Consultant position.

Following the enhancement for the third linear accelerator CTC nursing establishment gained one extra registered nurse position. Thus bringing the establishment number to Sixteen (16).

The current nursing profile consists of:-

- Senior Nurse Manager Level 3 - Julie Allman
- Clinical Nurse Consultant Haematology/Oncology - (Vacant)
- Clinical Nurse Consultant Clinical Trials - Denise Burns
- Clinical Nurse Specialists - Molly Lees, Maria Biancotti, Barbara Gildea, Fiona Tait
Despite movements in nursing staff and the inability to fill vacancies, the care and services provided by the nursing staff in CTC have continued to be delivered at the same high standard.

**STATISTICAL DATA**

The following graph indicates the number of chemotherapy treatments performed per month from July 1998 to end June 1999. This information has been divided into three categories:-

- Short treatments
- Medium treatment
- Long treatments

An average number of 450 treatments were performed per month, with approximately 5,384 treatments being performed over the past twelve months. Of significant importance is the marked increase in both medium and long treatments over the 1998/99 period in comparison to the previous year’s data. The flow of patients’ through the Day Centre has been between 30-40 per day, with approximately 5,400 clients’ receiving chemotherapy treatments. Over the past twelve months more non-chemotherapy treatments have been performed in the Ambulatory Care Unit, therefore the 1998/99 statistical data is more accurately reflective of chemotherapy treatments performed.

Barbara Gildea has continued in her role as the sole member of nursing staff in CTC who is proficient in inserting PICC lines. Sinuu Seuala-Talagi and Leanne Hollis are currently undertaking education and instruction in this area.
It is anticipated that by the end of 1999 three members of nursing staff will have attained proficiency in this skill. The following graph depicts activity in relation to PICC line insertion for the 1998/99 period.

For the purpose of graphical display, other activities such as lumbar punctures, bone marrow aspirations, ascitic/pleural taps PICC line flushes, infusaid changes and/or dressings have been grouped under the heading “other procedures”.

**TEACHING AND EDUCATION**

Molly Lees, Moira Young and Carla Wilson have continued their involvement with patient education by coordinating and conducting the “Look Good – Feel Better” program throughout the past year. The program is held approximately every six weeks with an average participation of twenty (20) ladies.

Regular patient/carer education sessions are also conducted by the nursing personnel where such topics as, “What is simulation?”, “What to expect with skin changes whilst undergoing radiation treatment” and advice on mouth
care are discussed. This education is conducted on an individual and/or group level.

Four times a year Molly Lees and Barbara Gildea are involved in patient education sessions in respect of the role and function of the Cancer Therapy Centre, chemotherapy and radiation therapy. These sessions are designed to allow the clients and their families to gain a basic understanding of the centre as a whole and the treatment clients may receive. Clients and their careers are encouraged to participate in open discussion throughout these sessions. Average participation is between twenty – twenty five (20-25) individuals. Participant feedback indicates that such sessions are well received.

Nursing personnel are also actively participate the orientation and education of the new graduate nursing students, who spend a rotational period of six to eight weeks within the centre, undergraduate nursing students from the University of Western Sydney and students undertaking the Radiation Therapy Course. An inservice program has also been established in conjunction with AGGE with staff from both AGGE and CTC participating.

A Division of Medicine has recently established a Nursing Policy and Procedure Committee to assist in the formulation and endorsement of nursing polices relating to those specialties within the division. Maria Biancotti is the elected representative of CTC nursing staff on this committee. Maria is also actively involved in the newly formed Nursing Practice Forum for Cancer Services. The aim of this forum is to establish a mechanism whereby clinical practice in respect of Haematology and Oncology nursing, is continually reviewed and evaluated by the nursing personnel of Cancer Service. The forum is also endeavoring to develop a nursing specific Haematology and Oncology policy and procedure manual.

FURTHER EDUCATION UNDERTAKEN

During the past year a number of nursing staff have undertaken various further education courses:-

- **Barbara Gildea** is currently participating in the Oncology Course conducted by the NSW College of Nursing.
- **Carla Wilson** attended and successfully completed the Advanced Course for Enrolled Nurses and a Palliative Care course for Enrolled Nurses.
- **Bernadette Donovan** attended an education sessions given by the NSW Nurses Association into Occupational Health and Safety and Legal Issues. Bernadette also attended a session involving Current Professional Issues for Enrolled Nurses conducted by SWSAHS.
- **Moira Young and Anja Deruyter** both completed the venepuncture and cannulaton course at LHS. Both Moira and Anja are currently undertaking
the Chemotherapy Administration and Accreditation training /education modules.

- Staff also attended the Driving Health Reform Conference “Putting it in to Practice” presented by the Simpson Centre.

In relation to general education, staff also attend many in-house education sessions conducted throughout Cancer Services and LHS as a whole:-

- inservices conducted by AGGE,
- the CTC Journal Club
- Education sessions conducted by the Education Support Unit of LHS, which cover a wide range of topics from Diabetes management to Infection Control and introductory EQuIP principles.

QUALITY ASSURANCE

Quality activities are underway in consulting clinics, radiation oncology and the Day Centre. Workplace hazard inspections are carried out monthly in all areas, as well as daily auditing of emergency and resuscitation equipment. A monthly audit is also conducted in respect of SD4 and S8 drugs.

FUTURE GOALS

- Develop the role of the Senior Nurse Manager, Cancer Services
- To review the role of the Nurse in respect of Radiation Oncology
- Encourage and support the multiskilling of all nursing personnel in Cancer Services
- To create a ethos of team spirit and cooperation across inpatient and outpatient areas in Cancer Services
- To continue to increase educational opportunities for all nursing personnel
- To develop a model for nursing workloads in respect of Chemotherapy administration and thereby establish benchmarks.
During 1998, Kathryn Gibson transferred from the position of Nurse Unit Manager of GGE to become Nurse Unit Manager of a new Medical ward within the hospital. Anne-Marie Griffin has been acting as Nurse Unit Manager of GGE since this time.

Currently the Unit has 20 beds, with an additional 4 short stay beds open from Monday – Friday. As the demand for beds continues to increase, four extra beds have been opened on the ward during the winter period from July – September 1999.

There is a case-mix of Haematology, Medical Oncology and radiation Oncology. There are 14 Specialist Consultants with access to the beds. Radiation Therapy, Chemotherapy Administration, Peripheral Stem Cell Collection and Autologous Transplants are performed in the Unit.

EDUCATION

May Valdez completed the NSW College of Nursing Oncology Certificate in 1998 and Tania Luxford is undertaking the same course in 1999. Gai Fairnham is currently enrolled in Chemotherapy Nursing Practice Certificate at the NSW College of Nursing.

Leanne Hollis has completed training to become the second trained apharesis nurse.

Karen Baker has been upgraded to Clinical Nurse Specialist, giving the ward three CNS’s.

Tony Hecimovic and Megan Luhr-Taylor are organising a seminar on Haematology for nurses to be held in September.

CONFERENCES

Sharon Loudoun and Dorothy Hosking-Gavin attended the Cancer Nurses Society Winter Congress in Adelaide in August.
ONGOING PROJECTS

Lounge Room Fund Raising

Karen Baker has co-ordinated several fund raising events throughout the year to raise money for furniture and equipment for a patient lounge area. The events have been arranged throughout the year:

- Easter raffle
- Christmas raffle
- Mother’s Day raffle
- Movie premiere
- Family portraits
- Sock Fund Raiser
- Sunscreen fund raiser

Currently the fund has $7,770. The money is being raised to furnish a patient lounge area.

Karen has also arranged for Panasonic to donate a stereo.

Ward renovations

A working party has been established to put together a proposal for ward renovations. The group includes Anne-Marie Griffin, Eugene Moylan, David Rosenfeld, Lenore Knapman and Jan Stone. In consultation with the ward staff and doctors, a plan is being designed for the ward. This includes a separate lounge area for patients and visitors. It is hoped that this area will also be used for support groups conducted with the social workers.
Staff in 1998/99

- Social Work - Alison Pryor, Heather Aldis, Teresa Simpson
- Speech Pathology - Nicola Belcastro, Gillian Giles
- Occupational Therapy - Melanie D’Costa
- Dietetics - Maria Plaza, Carlie Naylor
- Physiotherapy - Josephine Tamara
- Psychology - Gerald Au

INDIVIDUAL SERVICE REPORTS

PHYSIOTHERAPY

Overview of Past Year’s Activities

Physiotherapy services for the Cancer Therapy Centre over the past 12 months have been concentrating on the continuity of care and maximising quality of lives for oncology patients. The development of post mastectomy/lymphoedema physiotherapy services for inpatients and outpatients as well as in the community has been a major focus.

Referrals from the Cancer Therapy Centre, doctors from South Western area, and other health professionals have been regular and challenging. The continuation of the new referrals central intake line for Liverpool Lymphoedema Service has been effective. This intake officer is based at the
Rainbow Cottage and will continue to operate at this location.

Physiotherapy services include:-

- Lymphoedema inpatient and outpatient management.
- Exercise prescription for post mastectomy inpatients and organise outpatient follow-up.
- Respiratory assessment and treatment for oncology patients.
- Pain relief management and oncology rehabilitation.
- Management of musculoskeletal condition for oncology patients.
- Home visit to oncology patients who are unable to attend Physiotherapy Department.

**Statistical Data**

The activity level from July 1998 to June 1999 for the Oncology Physiotherapist:-

<table>
<thead>
<tr>
<th>Total No. of Occasions of Service</th>
<th>Outpatients</th>
<th>Inpatients</th>
<th>New Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>348</td>
<td>808</td>
<td>94</td>
<td>236</td>
</tr>
</tbody>
</table>

**Teaching/ Education**

- Attended Biersdorf Lymphoedema Course at North Ryde for 6 days.
- Presented Lymphoedema Prevention and Management talk to Breast Cancer Support Group at Liverpool Hospital.
- Attended Biersdorf garment measurement course at North Ryde for 2 days.
- Lymphoedema inservice presented to Physiotherapy staff members.
- Attended Great Western Lymphoedema garment exhibition at Westmead Hospital.
- Educated Physiotherapy Students regarding lymphoedema.

**Research**

The effect of early introduction of shoulder active range of movement exercises on post-mastectomy patients. This to check whether the reduction of outpatient follow-up can be achieved.

**Goals For 1999/2000**

- Continue promoting Liverpool Lymphoedema Service and monitoring the demand of Physiotherapy services over the next 12 months.
- Continuation in the involvement with Head and Neck patient
management

Prepared by
Josephine Tamarra  Physiotherapist


CLINICAL PSYCHOLOGY

Overview of Activities:-

- The objectives of the services continued to be:-
  - Assisting cancer patients and their families to adapt to the process of their diseases and treatments.
  - Assessing and treating psychological problems pre-existing or secondary to cancer diagnosis or treatment.

- The services provided to the various departments continued to be consolidated, with increasing activities in group programmes for patients and their families, and in staff support:-

- Group programmes included:-
  - Co-organizing the “Dealing With Cancer” patient education programmes and achieving higher and more stable turn-out rates.
  - Co-conducting the weekly “Radiation Therapy Information Session” for patients and their families starting radiation therapy to enhance their coping and adjustment to the treatment procedures and possible side effects.

- Staff support included:-
  - Conducting a survey on staff job-related stress as commissioned by the CTC’s Occupational Health and Safety committee, which provided a backdrop for the staff and management to discuss the issue of job stress and measures for addressing the issue.
  - In-service education for administrative and clerical staff on burn-out, debriefing and stress management.

- Representing the Allied Health group on the CTC Quality Assurance Committee.

Staffing:-

- The staffing and establishment remained unchanged: one full-time Clinical Psychologist.
Statistics:-

<table>
<thead>
<tr>
<th>Total No. of Occasions of Service</th>
<th>Outpatients</th>
<th>Inpatients</th>
<th>New Referrals</th>
<th>No. of Group Sessions</th>
<th>Total No. in Group Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>348</td>
<td>297</td>
<td>51</td>
<td>131</td>
<td>56</td>
<td>408</td>
</tr>
</tbody>
</table>

Research:-

- Survey on CTC Staff Job-Related Stress 1998.

Talks:-

- “Burn-out and debriefing” and “Relaxation as part of stress management” for CTC’s administrative and clerical staff in Feb. and Mar. 99.
- “Clinical Psychology in Oncology and Palliative Care – A Personal Perspective” at the “Palliative Care Forum”, Calvary Hospital and St. George Hospital Cancer Care Centre in April 99.
- “Clinical Psychology in Oncology” to psychologists of the Fairfield Community Mental Health Team in June 99.

Other Professional Activities:-

- Supervision of an intern psychologist working in the SWSAHS.
- Bi-monthly meetings with clinicians and researches in oncology in Sydney.
- Regular consultation, peer review with related Clinical Psychologists.

Conference and Continued Education:-

- “Client-therapist relationship – A cognitive therapy viewpoint” in Aug. 98.
- 25th Annual Scientific Meeting of the Clinical Oncological Society of Australia in Nov 98.
- Meditation course for health care professionals from Apr. to May 99
- “Psychological debriefing: Controversy and challenge” in May 99
Goals for 1999/2000:-

- Continue to strengthen the services for all the departments of the Centre.
- Developing services for facilitating early identification of patients at risk of developing adjustment problems and psychological problems, and the related intervention for such patients.
- Computer database for patients referred for psychological consultations.
- Researches on psycho-sexual adjustment of targeted cancer patient groups.

SOCIAL WORK

Overview of Activities:-

The primary aim of the social work service is to provide high quality psychosocial support through discharge planning, counselling and group programs to cancer patients their families. The social work service has a blanket service to all patients in the oncology ward, with a significant number of out-patient seen in 1998/9.

Some of the new activities this year includes:-

- commencement of a Prostate Cancer Group,
- submission to NHMRC psycho-social guidelines in breast cancer
- Linking oncology and palliative care social workers in SWSAHS, meetings to resolve specific issues or undertake projects.
- Representing oncology social workers in a variety of planning and policy forums:-
  - organising the cancer :we care conference (ACS)
  - social work representative on organising committee of 1998 national COSA and COSA board
  - networking with oncology social workers in the international AOSW (Association Of Oncology Social Workers)

- Liaison with hospital volunteer coordinator to introduce 3 survivor patient/carers as volunteers in CTC assisting in the patient resource centre, aromatherapy sessions, and prostate group. Working with the CTC volunteers on significant cancer days such as Daffodil Day / Biggest Morning Tea.
Statistical Data:-

<table>
<thead>
<tr>
<th></th>
<th>New Referrals</th>
<th>Individual service</th>
<th>Group or Family service</th>
<th>Group or Family Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatients</td>
<td>443</td>
<td>846</td>
<td>489</td>
<td>1162</td>
</tr>
<tr>
<td>Inpatients</td>
<td>1123</td>
<td>2682</td>
<td>1612</td>
<td>4147</td>
</tr>
<tr>
<td>Total</td>
<td>1566</td>
<td>3328</td>
<td>2012</td>
<td>5309</td>
</tr>
</tbody>
</table>

Staffing:-

There are three full time social workers allocated to cancer services at Liverpool Hospital. (2 FTE are funded through CTC and 1 FTE from the social work department.) The majority the social work service time is given to clinical activities with administration functions within CTC and other social workers in the Division of Medicine. In the past 12 months the oncology social workers have had two final placement students (from UWS and USYD) assisting with clinical work on placement for 4 months each.

Education

Presentations:-

Paper on Patient Resource Centre COSA 1998
In-service education sessions to oncology ward, radiation oncology

Attending:-

Men and grief workshop at Uni of Sydney
Cancer: We Care Conference
Living with Cancer : Cancer Group Education. Facilitators training - NSWCC

Goals For 1999/2000:-

- Complete proposals for new groups or forum sessions for;
-  
  ◆ Primary brain tumour patients / carers’ possibly in conjunction with Westmead Hospital
  ◆ Haematology patients /carers

- Improve resources for teenagers and young adults on the ward.
- Heather & Teresa attending the student supervision course at UNSW with the view of taking social work students in 2000.
- Alison attending international social work study program at Mount Sinai Hospital, New York. Nov ‘99 – Jan 2000
- Focus on education in specialist counselling skills
DIETETICS

General

The Dietitian at CTC continues her involvement with the nutritional care and education for patients, family and / or carers. Referrals are generated from the various Departments and from members of the CTC team, as well as self referral from patients requesting Dietetic intervention. Patients experiencing eating difficulties, weight loss, drug induced side effects and other symptoms related to the ongoing therapy, seek advice to improve their dietary intake.

There is an increasing trend in the number of patients requesting information, education and advice on a healthy diet and lifestyle on completion of treatment.

Staffing

Funded Dietitian positions for CTC remains at 0.5 FTE. For some years the Dietetics Department has allocated 1 FTE to CTC. Due to the increasing demand for services the Dietetics Department has redirected staffing resources to provide additional services to cancer patients admitted to hospital wards other than GGE (Oncology ward). The Dietetics Department also maintains professional cover for Annual Leave and ADOs.

Due to the increased patient referrals to the Head and Neck Clinic, once more the staffing levels had been increased by the Dietetic Department to the CTC, providing a Dietitian for Head and Neck Clinics. This is equivalent to approximately 0.3 FTE for this financial year.

CTC needs to give urgent consideration to funding for Dietetic services with a view to increasing funding for these services. The introduction of Brachytherapy and the third Linear Accelerator have impacted significantly on the demand for dietetic services and will continue to do so.

Activities

The services provided include:

- Nutrition and diet consultation for patients, inpatients, relatives/carers.
- Home Nutrition Services for patients requiring enteral feeding and feeding pumps.
- Maintaining ongoing care for patients requiring Nutritional Supplements, monitoring their progress until they can reach a normal energy intake.
- Participation in group education for patients:-
  - Dealing with Cancer
  - Cancer Support Group
- Diet and Breast Cancer
- Diet and Prostate Cancer
- Diet and Colorectal Cancer

- Liaison between CTC Day Clinic and Food Service Department
- Providing home visits for patients who are unable to visit the centre when they are on PEG or enteral feeding
- Involvement with the Head and Neck clinic review.
- Development of policies and procedures for the Oncology Dietetic Service
- Maintaining and promoting team work with other disciplines at CTC and Hospital ward.
- Developed the Dietetic site on the Cancer Services, SWSAHS web page

Statistics

**MEDICAL ONCOLOGY / HAEMATOLOGY / RADIO-ONCOLOGY**

<table>
<thead>
<tr>
<th>OUTPATIENTS</th>
<th>INPATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Referral</td>
<td>Followup Visit</td>
</tr>
<tr>
<td>425</td>
<td>595</td>
</tr>
</tbody>
</table>

**HEAD & NECK SERVICES**

<table>
<thead>
<tr>
<th>OUTPATIENTS</th>
<th>INPATIENTS</th>
</tr>
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<tbody>
<tr>
<td>New Referral</td>
<td>Followup Visit</td>
</tr>
<tr>
<td>37</td>
<td>197</td>
</tr>
</tbody>
</table>

Total Occasions of Service: 2323
Outpatients: 1254
Inpatients: 1069

Teaching/Education

- Supervision of the practical placements of student dietitians from Sydney, Newcastle and Wollongong University
- Collaborating with Student Nurses’ practical placements from the University of Western Sydney in the area of Nutrition and Diet Therapy
- Collaboration with student radiation therapists from Cumberland College
- Active participation in the Dietitian Association of Australia Oncology/HIV Special Interest Group.
• Attending DAA sponsored conferences in Nutrition and Oncology
• Inservice education for staff on Nutrition and Dietetics
• Participation in continuing education and Journal Club: Dietetic Department, CTC

Goals for 1999 - 2000

• Increase of staffing level, and regrading of the position to enhance the specialisation of the Dietitian in the area of Oncology, with the activities in the Centre the staffing should be increased to 2 FTE positions. The Dietetic Department has already directed extra resources to Cancer Services to the levels of 1.5 FTE, inpatient dietetic care needs to be improved by allocating extra staffing levels to this area.
• With increased staffing level, more Quality Improving Projects and research may be possible. With an ever-growing demand for direct patient services these areas are easily neglected.
• To complete policies and procedures for the Oncology Dietitian.

SPEECH PATHOLOGY

Overview of Past Activities, including staff movements:-

The Speech Pathology Department is funded to provide 0.5 FTE to the Cancer Therapy Centre in 1998. Enhancement funding to Surgery and Oncology has enabled the Speech Pathology to be funded for 1 FTE to Oncology/Head and Neck position. Additional support from within the Speech Pathologist Department has been being required to help meet demand.

At present two speech pathologists are dividing this position into inpatient and outpatient caseloads.

In, 1998 the Speech Pathology Department continued to focus on consolidating its service to more effectively meet the short and long term needs of clients with cancer and to establish appropriate infrastructure for future research.

Activities:-

• Assessment and management of the communication and/ eating drinking skills of clients with cancer. For Head and Neck CTC patients this is done in a joint speech pathology/ dietitian weekly clinic.
• Run therapy and support groups for clients who have had laryngectomy.
• Prescription and training of clients in the use of alternate communication systems including voice prostheses and artificial larynx.
• Education of clients with cancer and their carers.
• Attendance at Head and Neck Clinic
• Attendance at Head and Neck Business meetings and allied health meetings
• Development of patient information sheets and Internet addresses for Head and Neck patients.
• Involved with paramedic re-accreditation program: laryngectomee emergency procedures.

Statistical Data re: Activity levels for clinical Services:-

As indicated in the table below a total of 146 new clients with cancer were referred for Speech pathology assessment and management (70 inpatients and 76 outpatients). This represents a similar total rate of referral as in 1997/1998.

Whilst inpatient referrals are slightly down from 1997/1998 clients, especially head and neck clients are on average receiving more individual occasions of service. This reflects the time consuming and long term nature of intervention required for head and neck clients.

Head and Neck outpatients continue to make up to 98% of outpatient load. It is interesting to see the increase in clients seen in Laryngectomee support, therapy groups, 100 in 1998/1999 compared to 51 in 1997/1998. Once again highlighting the client need for long term intervention and support.

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<tbody>
<tr>
<td></td>
<td>Inpatients</td>
<td>Outpatients</td>
<td>Inpatients</td>
<td>Outpatients</td>
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<tr>
<td>New Referrals</td>
<td>81</td>
<td>(6.75 per month)</td>
<td>70</td>
<td>(5.83 per month)</td>
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<tr>
<td></td>
<td>61</td>
<td>(5.08 per month)</td>
<td>76</td>
<td>(6.33 per month)</td>
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<tr>
<td>Individual</td>
<td>590</td>
<td>(49.1 per month)</td>
<td>443</td>
<td>(36.9 per month)</td>
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<td>Occasions of Service</td>
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<td>439</td>
<td>(36.5)</td>
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<tr>
<td>Service</td>
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<td></td>
<td>400</td>
<td>(33.3 per month)</td>
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<td>14</td>
<td>15</td>
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<tr>
<td>Group Occasions of</td>
<td></td>
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<tr>
<td>Service</td>
<td></td>
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<tr>
<td>Clients seen in</td>
<td>51</td>
<td>100</td>
<td></td>
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<tr>
<td>groups</td>
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</table>

Teaching and Education

Education provided to others:-

• involvement in head and neck team education
• Provision of inservices to CTC medical staff, radiation staff and nursing staff from CTC, GE and 5E.
• Provision of inservices to speech pathology department on tracheostomy and laryngectomy
• Provision of inservices to Paramedics within SWSAHS on emergency procedures for laryngectomee’s as part of their re-accreditation program
• Provision of inservice to General Practioner’s as part of Head and Neck Forum.

Education of Speech Pathologists:-

• Orientation and accreditation of a new speech pathologist within CTC and oncology
• Attendance by CTC Speech pathologist at the Jo Estill Voice training workshop in October 1998.
• Attendance at bimonthly voice interest group
• Attendance at voice interest group workshop day in August 1998
• Ongoing professional development based on Competency based standards for Head and Neck and oncology, including self study, regular reading of current journal articles, consultation with other staff and case discussions.

Goals for next 12 months:-

• Continue to develop the profile of Speech pathology within the Cancer Therapy Centre
• Continue to increase the access of clients with non-head and neck cancer to Speech pathology
• Evaluate the joint Speech Pathology/ Dietitian CTC clinic for Head and Neck patients and the minimum data assessment and treatment sheets being used in this clinic.
• Continue with the development and evaluation of information sheets for clients with cancer
• Expand provision of in-services to paramedics from local area re accreditation to State wide re accreditation programs. Involvement in evening seminars for ambulance personnel within SWSAHS.
Current Staffing

Ms Denise Burns (Clinical Nurse Consultant – Clinical Trials)
Ms Melinda Wright (Part-Time Research Officer)

Overview of 1998 / 1999

As in previous years our department has continued to record an increase in the:-

- Number of trials/studies conducted by the departments of Haematology, Medical Oncology and Radiation Therapy
- Diversity of trials/studies conducted within our department
- Complexity of trial design, data management and monitoring
- Number of combined modality trials/studies
- Number of patients screened/enrolled for participation in trials/studies
- Number of patients in “follow-up phase” of trials/studies

“Memorable Moments” During the 1998 /1999 period:-

Our site was Australia’s highest recruitment site for the Panorex Trial. 29 patients from Liverpool Hospital were enrolled in this trial.

Our site was also Australia’s highest recruitment site for the ATAC Trial. 31 patients from Liverpool Hospital were enrolled in this trial.

Building commenced on the new extension for the Clinical Trials / Data Management department.

The ANZ Breast Cancer Trials Group Annual Scientific Meeting was held in Darwin in July 1998. Dr Geoff Delaney, Dr Stephen Della-Fiorentina and Ms Denise Burns represented the CTC at the conference.

Approval was granted for a Temporary Full-Time Research Officer position for the Clinical Trials Department.
<table>
<thead>
<tr>
<th>TRIAL</th>
<th>PRINCIPAL INVESTIGATOR</th>
<th>ETHICS APPROVED</th>
<th>TRIAL STATUS</th>
<th>PATIENTS ENROLLED</th>
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<tr>
<td>A randomised phase III clinical trial comparing surgery alone with concurrent preoperative chemotherapy and radiation followed by surgery for localised resectable carcinoma of the oesophagus (Protocol IG9401)</td>
<td>Dr G. Delaney</td>
<td>29.10.97</td>
<td>Open to recruitment</td>
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<td>A phase II trial of preoperative radiotherapy with protracted infusion 5-FU for resectable adenocarcinoma of the rectum (TROG 98.01)</td>
<td>Dr A. Kneebone</td>
<td>23.03-98</td>
<td>Closed to recruitment Patients in follow-up</td>
<td>11</td>
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<tr>
<td>A prospective assessment of the effect of radiation therapy on acute toxicity and quality of life in breast conservation therapy</td>
<td>Dr G. Delaney</td>
<td>25.09.98</td>
<td>Open to recruitment</td>
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<tr>
<td>Intravenous Methotrexate and cranial irradiation for primary central nervous system lymphoma (PCNSL)</td>
<td>Dr M. Berry</td>
<td>21.06.96</td>
<td>Closed to recruitment Patient in follow-up</td>
<td>1</td>
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<tr>
<td>A randomised phase II study of two different strategies for chemoradiotherapy of advanced squamous cell carcinoma of the head and neck (TROG 98.02)</td>
<td>Dr A. Fowler Dr A. Goldrick</td>
<td>18.01.99</td>
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<td>Study Title</td>
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<td>Status</td>
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<td>Synchronous chemo-radiation for TCC bladder</td>
<td>Dr. G. Delaney</td>
<td>10.02.97</td>
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<td>Patients in follow-up</td>
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<tr>
<td>A prospective randomised trial of single fraction versus fractionated radiotherapy for neuropathic pain due to bone metastases (TROG 96.05)</td>
<td>Dr. G. Delaney</td>
<td>04.11.96</td>
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<td>Standard radio-chemotherapy for oesophagus (TROG 96.02)</td>
<td>Dr. G. Delaney</td>
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<td>Merkel Cell – A phase II study of synchronous Carboplatin / Etoposide and radiation in merkel cell carcinoma of the skin</td>
<td>Dr. G. Delaney</td>
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<td>ATLAS – Adjuvant Tamoxifen Longer Against Shorter</td>
<td>Dr. E. Moylan</td>
<td>26.05.97</td>
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<td>Benefact Study</td>
<td>Dr. D. Rosenfeld, Dr. E. Moylan, Dr. A. Goldrick, Dr. S. Della-Florentina</td>
<td>27.10.97</td>
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<td>Germ Cell Registry</td>
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<td>ANZ 9311 Comparison of high dose chemotherapy plus Filgrastim with standard dose chemotherapy in patients with advanced breast cancer</td>
<td>Dr. E. Moylan</td>
<td>24.08.95</td>
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<td>Patients in follow-up</td>
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<tr>
<td>IBCSG Study IX– Adjuvant therapy for postmenopausal patients with node negative breast cancer</td>
<td>Dr. A. Goldrick</td>
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<tr>
<td>Study</td>
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<td>IBCSG 11/93</td>
<td>Adjuvant therapy for premenopausal patients with node positive breast cancer who are suitable for endocrine therapy alone</td>
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<td>Dr A. Goldrick</td>
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<td>Early chemotherapy for asymptomatic metastatic colorectal cancer</td>
<td>Dr E. Moylan</td>
<td>11.04.96.</td>
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<td>Panorex for surgically resected stage III (Dukes’ C) adenocarcinoma of the colon</td>
<td>Dr E. Moylan</td>
<td>26.02.96.</td>
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<td></td>
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<tr>
<td>DCIS ANZ 9002 – The management of screen detected ductal carcinoma in situ (DCIS) of the breast</td>
<td>Dr F. J. Bonar</td>
<td>17.08.96</td>
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<tr>
<td>ECF Gastric – A phase II feasibility study of preoperative and postoperative chemotherapy using Epirubicin, Cisplatin and protracted venous infusion Fluorouracil (ECF) in patients with advanced but operable gastric cancer</td>
<td>Dr E. Moylan</td>
<td>25.07.97.</td>
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<td>Randomised phase III trial for good prognosis germ cell tumours comparing two different regimens of Cisplatin, Etoposide and Bleomycin</td>
<td>Dr E. Moylan</td>
<td>06.10.95.</td>
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<td>Support Networks: A prospective analysis of support networks and service needs of patients with metastatic cancer</td>
<td>Ms C. Smith</td>
<td>29.10.97.</td>
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<tr>
<td><strong>ATAC – Adjuvant trial in postmenopausal breast cancer. Adjuvant Tamoxifen Alone or in Combination (ANZ 9801)</strong></td>
<td>Dr S. Della-Fiorentina</td>
<td>23.02.98</td>
<td>Closed to recruitment</td>
<td>Patients in follow-up</td>
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<tr>
<td><strong>NSABP C-06</strong> A clinical trial comparing oral Uracil/Florur (UFT) plus Leucovorin (LV) with 5-FU plus LV in the treatment of patients with stages 11 and 111 carcinoma of the colon</td>
<td>Dr E. Moylan</td>
<td>23.03.98</td>
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<tr>
<td><strong>An open label, controlled, randomised, parallel group phase III study in unresectable pancreatic carcinoma to assess the effects of a combined intravenous and oral dose regimen of GLA added to existing treatment (either best supportive care or chemotherapy)</strong></td>
<td>Dr E. Moylan</td>
<td>08.07.98</td>
<td>Closed to recruitment</td>
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<tr>
<td><strong>Capecitabine Expanded Access Program (M66100)</strong> Treatment guideline of Xeloda (Capecitabine) in patients who have failed or are resistant to previous treatment with Paclitaxel (Taxol) or Docetaxel for locally advanced and/or metastatic breast cancer**</td>
<td>Dr S. Della-Fiorentina</td>
<td>24.12.98</td>
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<tr>
<td>Study Description</td>
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<td>Start Date</td>
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<td>Notes</td>
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<td>Multicentre international study of Oxaliplatin/5-FU/Leucovorin in the adjuvant treatment of colon cancer (Protocol No 3313)</td>
<td>De S. Della-Fiorentina</td>
<td>05.07.99.</td>
<td>Awaiting completion of regulatory documentation</td>
<td>N/A</td>
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<td>Randomised double-blind trial in postmenopausal women with primary breast cancer who have received adjuvant Tamoxifen for 2-3 years, comparing subsequent adjuvant Exemestane treatment with further Tamoxifen (IBCSG 16-98, BIG 2-97)</td>
<td>Dr S. Della-Fiorentina</td>
<td>07.06.99.</td>
<td>Awaiting completion of regulatory documentation</td>
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<td>A pilot study to evaluate the feasibility of utilising F-18FDG and coincidence detection gamma camera in inoperable lung cancer</td>
<td>Dr M. Veness</td>
<td>09.03.98.</td>
<td>Open to recruitment</td>
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<td>Autologous stem cell transplantation followed by Interferon in poor prognosis NHL patients</td>
<td>Dr J. Gallo</td>
<td>14.12.95.</td>
<td>Open to recruitment</td>
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<td>Early high dose therapy in autologous bone marrow transplant as part of the planned initial therapy for poor risk intermediate grade NHL</td>
<td>Dr J. Gallo</td>
<td>19.07.96.</td>
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<td>Status</td>
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<td>Pilot study of Mitozantrone/Ara-C in elderly patients with high grade Myelodysplastic Syndrome</td>
<td>Dr. J. Gallo</td>
<td>1995.00</td>
<td>Closed to recruitment</td>
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<tr>
<td>LALA –94 A multicentre trial of induction and post-remission therapy of adult acute lymphoblastic leukaemia</td>
<td>Dr. M. Harvey</td>
<td>1995.00</td>
<td>Open to recruitment</td>
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<tr>
<td>M7 – AML A randomised phase III trial to evaluate the effect of high-dose versus conventional Cytarabine in consolidation therapy following intensive induction chemotherapy supported by Lenograstim for adult acute myeloid leukaemia</td>
<td>Dr. M. Harvey</td>
<td>1996.02.26</td>
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<td>14</td>
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<td>2CDA/VAC Alternating 2CDA/Vincristine, Adriamycin, Cyclophosphamid e (VAC) in high risk de novo low grade NHL</td>
<td>Dr. D. Rosenfeld</td>
<td>1997.11.24</td>
<td>Closed to recruitment</td>
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<tr>
<td>Mabthera Treatment guidelines of once weekly times four dosing of Mabthera in patients with relapsed or chemoresistant indolent NHL</td>
<td>Dr. D. Rosenfeld</td>
<td>1998.07.10</td>
<td>Closed to recruitment</td>
<td>3</td>
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</tbody>
</table>
APML 3
A phase II trial in patients with acute promyelocytic leukaemia to evaluate the effects of All-Trans Retinoic Acid combined with intensive Idarubicin during induction and consolidation
Dr D. Rosenfeld 03.06.98. Open to recruitment 1

Mabthera/CHOP
Chimeric anti-CD20 monoclonal antibody (Mabthera) in remission induction and maintenance treatment of relapsed follicular NHL: a phase III randomised clinical trial (EORTC20981)
Dr D. Rosenfeld 10.05.99. Awaiting completion of regulatory documentation N/A

An ANZLG/TROG Prospective study of limited chemotherapy and involved field radiotherapy for patients with clinical stage 1-11 Hodgkin’s disease ANZLG Study HD3
Dr J. Gallo 05.07.99. Open to recruitment 1

**Proposed Clinical Trials for 1999-2000**

- Oral Dolasetron and oral Dexamethasone as premedication for anthracycline containing chemotherapy regimens.
- Open label multicentre, multinational randomised phase II study of Trastuzumab (Herceptin) given with Docetaxel (Taxotere) versus Docetaxel as single agent in patients with metastatic breast cancer (MBC) with Her2neu overexpression, treated as first line chemotherapy.
- A prospective single arm non-randomised study of concurrent radiation and chemotherapy for the organ conserving treatment of early anal canal cancer (TROG 99.02).
A phase II study to assess the effect of intermittent androgen blockade in the treatment of advanced prostate cancer.

A prospective randomised clinical trial of Misoprostol for radiation mucositis.

A post-marketing safety surveillance study to assess the safety of Thrombotrol-VF in patients with congenital Antithrombin III deficiency.

A phase II study examining the efficacy of short fractionation radiotherapy for the palliation of liver metastases (TROG 98.04).

An intergroup phase III trial to evaluate the activity of Docetaxel, given either sequentially or in combination with Doxorubicin, followed by CMF, in comparison to Doxorubicin alone or in combination with Cyclophosphamide, followed by CMF, in the adjuvant treatment of node positive breast cancer (IBCSG 20-98, BIG 2-98).

Multicentre, randomised open-label study to evaluate the safety and efficacy of immunotherapy with subcutaneous Maxamine (Histamine Dihydrochloride) plus Proleukin (Interleukin-2) versus no treatment (standard of care) in subjects with acute myeloid leukaemia in first or subsequent complete remission.

A multicentre phase IV randomised trial of Amifostine cytoprotection in patients undergoing autologous peripheral blood stem cell transplantation for multiple myeloma using single agent high dose Melphalan followed by Interferon-Alpha.
1. Front Office

Staffing

There has been a number of staffing changes within the front office during the financial year. Leanne Cooke joined the front office team in October 1998 as a replacement for Lyn Ounthoulay, who joined the Data Management team earlier in the year. Ms Cheryl Long accepted a secondment for six months to Campbelltown Community Health Service early in 1999 and her position was replaced for the six-month period by Lisa Miller, who came from another Department within the Division of Medicine.

Helene Walsh continued in her position as Senior Clerk. Matthew Smith expanded his responsibility for medical oncology billing. In addition to on-line billing, which commenced in the previous year, Matthew took on the task of coding all medical oncology consultations and chemotherapy treatments. This released the medical oncologists from coding Medicare item numbers and improved the efficiency and timeliness of billing. Rose Atkins, in addition to her duties on the front reception, undertook training in medical oncology billing. Vicki Gill took on the task of radiation billing from Hollanda Bentancor, who together with Laura Clark undertook medical records duties.

Education

An in-service education program was introduced early in 1999 for all clerical staff. The in-service included talks from heads of departments within Cancer Therapy Centre as well as sessions on debriefing, Myer Briggs and Stress and Relaxation. A number of staff also attended courses that were organised by Area Staff Development Unit, including courses on Microsoft application programs such as Word, Excel and Access.

New Billing Procedure

The Centre introduced electronic billing in March 1999. Prior to this change, patients were given invoices that had to be lodged at their local Medicare offices for processing. Electronic billing enables all invoices to be sent directly from the Centre to the Health Insurance Commission and payments from the Commission are paid electronically into the South Western Sydney Area Health Service bank account. This has greatly decreased the level of debtors and the time taken for invoices to be processed and the cheques received in the mail.
2. **Data Management and Computer Support**

**Staffing**

The vacancy created by the resignation of Corina Grech in June 1998 was finally filled internally by Lyn Ounthoulay in December 1998. During this period, John Hallett, Data Manager, and Denise McDonnell, continued to keep the data management section functioning without major problems.

As the work in the Data Management section has increased, Leanne Cooke, who is a qualified coder, has assisted John Hallett to code Disease Profiles. It is hoped that a more permanent arrangement may be possible for Leanne to provide coding assistance due to the increasing number of new patients presenting to the CTC and the process of also registering Haematology patients presenting to the CTC.

The newly created position of Computers and Communications Support Officer was advertised and Sue-Ellen Franklin became the first occupant to this position in July 1999. This position has been important in getting most of the staff of the Cancer Therapy Centre connected to the organisation’s electronic network and in providing education and support for these staff in their use of computers and software. During the year, a program for upgrading of personal computers across the Centre was undertaken.

**Continued Education**

Denise McDonnell completed the Certificate III in Information Technology conducted by Liverpool TAFE in June 1999. Denise is now enrolled into the Certificate IV course in Network Support conducted by Macquarie Fields TAFE.

John Hallett completed a Certificate in C++ and Object-Oriented Programming conducted by the University of Sydney during the first half of 1999.

**New Data Management /Research Work Area**

The new Data Management/Research Work Area was nearing completion as at June 30, 1999. All Data Management staff, and the two Research Officers from Clinical Trials, will be located in this new Area when work is expected to be completed around August. The current Data Manager’s office will be available to the Volunteers and the Clinical Trial monitors.

**Projects**

The CTC database was evaluated and additional fields added to the Patient Registration screen of the database to allow for the collection of financial details in conjunction with the introduction of new billing procedures. A new
procedure was introduced whereby all Haematology patients presenting to the CTC are being registered onto the CTC database. Additional fields were also added to the Disease screen to incorporate additional data items collected by the NSW Central Cancer Registry.

New databases were developed during the year. A new database was developed specifically for Palliative Care, to enable the collection of Palliative Care-specific clinical data and for statistical purposes. A new database was also developed for Clinical Trials, to enable the collection of specific clinical trial information and information relating to patients screened and registered for clinical trials.

A Data and Information Management Working Party was developed in May, 1999. The Working Party comprises all Data Management staff, Gerard Viswasam (Business Manager) and Dr. Allan Fowler (Staff Specialist, Radiation Oncology) (clinicians representative and Chairperson). The primary aims of the Working Party is to evaluate and review the forms used in data collection, the process of data collection, and to assess the current increasing workload and staffing levels in Data Management.

The Data Manager is also involved in many other projects, including the development of a permanent bookings system, the CTC Information Technology Working Party, the CTC Clinical Data Management Steering Committee, the CTC Clinical Data Management Working Party, and the SWSAHS Patient Administration System and Services Working Party.

3. Secretaries and Transcriptionists

Staffing

Cheryl Knight and Narelle Barnett continued their invaluable role, Cheryl as the Senior Secretary to the Director for the Centre and the Business Manager and Narelle as the Senior Secretary to the Director of Medical Oncology. Lyn Torning also played a leading role as the secretary to two staff specialists, one medical and the other radiation oncologist.

Devika Varnakulasingham accepted a secondment opportunity in October 1998 with Community Paediatrics for six months. During this period, Tammy Attard worked in Devika’s position. In May 1999, Devika accepted the position in Community Paediatrics on a permanent basis and Vivian Shaw commenced work as Secretary to Drs Geoff Delaney and Allan Fowler in July 1999.

The staffing in transcription has changed many times over, the only constant being Heather Patchett. Heather has taken on a leading role in organising the transcription workload over the year, in developing a training manual for Winscribe and in orientating the new permanent and temporary
transcriptionists with the CTC “system”. Heather was recognised for her dedication and hard work by being nominated as the “Most Valued Employee” at the Centre for March 1999.

Barbara Elliott accepted a secondment opportunity with the Department of Clinical Genetics for 12 months. During this period, Debra Adam and Julie Macarthy have worked in this temporary position. Dina Kakkatas resigned in October 1998 to take up a position as Senior Billing Clerk in the South Western Area Pathology Service (SWAPS). Suzanne Campbell replaced Dina in April ’99. With Suzanne joining the Centre, the transcription service has kept pace with the increasing volume of work generated by the Staff Specialists as the Centre itself has grown.

4. **Business Manager**

The Business Manager position was filled permanently in October 1998 with the appointment of Gerard Viswasam. Gerard took over from Paul Anderson, who had been seconded from the Brain Injury Unit, from October 1997.

The Business Manager has been involved in a number of projects during the financial year. The development of a Business Plan for the CTC for 1999/2000, a longer term Strategic Plan and the establishment of a structure and process to implement the plans. The development of tender specifications for a centre-wide information system has been the other significant project that the Business Manager has facilitated. The continuing growth of the Cancer Therapy Centre has also posed a number of challenges, both within the Centre as increased patient numbers put pressure on staff workloads, and outside the Centre as outreach services are established in the other sectors in SWSAHS.

5. **Transport**

The Cancer Therapy Centre has a six seater bus to provide a very limited transport service to its patients, particularly those unable to access other forms of transport. Allan Hutchinson has been the driver of this service for a number of years and continues to provide a caring and dedicated service to the patients who are able to access this service. During the financial year, the Centre was able to obtain funding from the Department of Health to lease a second bus and employ a driver to extend the service to the Macarthur and Wingecaribee sectors. Joe Attard joined the Centre as the driver of this second bus.

6. **Wig Library**

Victoria Nasso and her team of volunteers have continued to provide a greatly valued service to the Cancer Therapy Centre patients. Victoria has
been energetic and hardworking, raising funds, organising purchases and providing patient services each Tuesday morning. The Cancer Therapy Centre greatly values the service provided by Victoria and her team.

7. **Busby Auxiliary for Liverpool Hospital**

The Busby Auxiliary has been associated with Liverpool Hospital for many years and fundraising for Cancer has been one of their primary objectives. Therefore it was no surprise that they came to the rescue of the Cancer Therapy Centre when it required funding for providing a dedicated space for its expanding research and data management activities. In addition, the Busby Auxiliary, and particularly their President Nola Dean, sought from the Cancer Therapy Centre a list of equipment needed by their patients and funded the purchase of a crushed ice-making machine for the chemotherapy patients in the Day Centre and two syringe drivers to be used by palliative care patients. The Cancer Therapy Centre is grateful to Nola Dean and her enthusiastic team for generously supporting the services provided to cancer patients.

8. **Volunteers and Fundraising**

The Cancer Therapy Centre continues to be extremely fortunate in having dedicated volunteers assisting patients who come to the Centre for their treatment. They perform a range of tasks that ensure that patients are comfortable while waiting for treatment and are also cared for during and after treatment. They are also actively involved in fundraising. They assisted in running the annual Cancer Council “Biggest Morning Tea” and Daffodil Day and both these events succeeded in collecting more funds than the previous year.

The Cancer Therapy Centre, on behalf of all its patients and staff, acknowledge the very valuable work performed and extend their sincere appreciation to all the volunteers and friends who have selflessly given of their time and caring.

9. **Social Club**

The Social Club has been very ably led by Dr Andrew Kneebone who took over the Chair from Dr Geoff Delaney this year. Under Dr Kneebone’s enthusiastic direction, the Social Club Committee has met a number of times and organised several functions. The Christmas lunch last December and Christmas in July were major social events for the staff in the Centre. In addition, on the first Friday of the month, barbecue and drinks have been organised for staff at the Centre. This has become popular and the meat/chook raffle is an eagerly contested event. An Easter raffle and a Chocolate Drive have provided that much needed funds to pay for the Friday evening function.