Annual Report
2008 - 2009
Tommy Watson
‘Artilanja’ 2009
Courtesy Agathon Galleries

Tommy Watson is a senior Pitjatjantjara elder and Law Man who is a pioneer of contemporary indigenous abstraction. Tommy’s works are powerful statements of title to land and informed by his Dreaming, a celebration of country and his relation to it. His work is represented in the Musee du Quai Branly in Paris and in all major art museums in Australia. He holds the indigenous art auction record for a living artist at $240,000. Since 2005 he has exhibited exclusively with Agathon Galleries in Sydney and Melbourne website: www.agathon.com.au
They never thought they'd feel this way
They knew naught about it
They were so young and at the bit
They looked not far away……..

'Twas only when they got older
They came to understand
When they were younger and bolder
They held their health off hand

They are now getting on and find
There's more to life than bubbles
For when they find they've got Cancer
They've more than bubbles on their mind……..

Dwell upon not too long, trouble...
Together we're finding the answer
Now look here, don't get morbid
Chat with blokes who've absorbed it

For if you do I'm sure
You'll be so much better off
So! Chin up, perk up, don't scoff
And, as I said that time before
If you find you've prostate cancer
Help us all work to find the answer!

"Yesterday's history,
Tomorrow's a mystery,
Today is a gift
And therefore the present"!
Anon
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I wrote my first foreword as director of the Liverpool Cancer Therapy Centre for our inaugural 1995/96 annual report. This will be my 13th and last as director, so I have taken the opportunity to peruse previous editions as a measure of our collective achievements.

As the new treatment facility commenced operations in 1995 I first mentioned that "community accountability and accessibility will continue to be a major consideration in the centre's activities". The ritual of the annual report and annual meeting has been a touchstone for keeping faith with that accountability.

I also described the Liverpool Cancer Therapy Centre as 'spacious' for the first and last time as by April 1996 there had been a steady growth in patient referrals and we were successful in our bid for a third linear accelerator. The oncology pharmacy and wig library were established and the social committee convened. It was somewhere in this time that the 'space committee' made its debut with an objective that requests for new space within the existing facility be allocated equitably. 1997 saw the opening of the Liverpool Hospital stage 1 clinical services building and the Thomas and Rachel Moore Education Centre. In 1998 the third linac was operational and planning for an information management system had commenced. Our staff has always been active on the State and National stage driving innovations in cancer care and our expertise has been lent to many committees. Two important initiatives that have shaped cancer service delivery throughout NSW were the NSW Optimising Cancer Care Policy and Model and the Radiotherapy Information Management System.

In 1999 the highly successful Collaboration of Cancer Outcomes Research and Evaluation (CCORE) was established by the radiation oncologists specialising in the emergent field of health services research. I was appointed Area director of the SWS Cancer Service in 2000 to implement an Area wide approach to cancer control. The SWS Cancer Service provided support for the Directors of Area Cancers Services Forum that gave rise to the business case for the concept that became the NSW Cancer Institute. Over the ensuing two years progress was made in leaps and bounds in implementing service developments in our Area. Tumour site specific programs and multi disciplinary care teams were established. The first Area Clinical Cancer Registry and Care Coordination service in NSW was implemented. Liverpool became the testing site for the first radiotherapy information management system (RIMS) and is still a leader in the field.

The Clinical Service Framework, the first service standard for cancer in NSW was developed and based on service issues identified by the SWS Cancer Service. In 2003, after years of planning and advocacy from our centre, the Macarthur Cancer Therapy opened its doors. 2004 saw Liverpool Cancer Therapy Centre honoured as the site for launching the first NSW Cancer Plan and the SWS Cancer Service was praised for its leadership and innovation by the Premier, Minister of Health and Cancer and the Chief Cancer Officer. 2005 marked the 10 year anniversary of the Liverpool Cancer Therapy Centre and amalgamation of the South Western Sydney and Central Sydney Area Health Services. The SWS Cancer Services was combined and service development responsibility assumed by the new Directors located in Central Sydney.
As I take my leave on sabbatical I want to make a heartfelt tribute of thanks and appreciation to all who have shared this journey with me, patients and their families, colleagues and our community. As with each foreword for the past 13 years, I shall predictably end with similar words “that much has been achieved and there is still so much to do”.

Liverpool and Macarthur have demonstrated a great capacity for service innovation; I know that this will continue and I wish you all success.

Associate Professor Martin Berry  
Director, Liverpool Cancer Therapy Centre  
Professor, UNSW
2009 saw further increase in activity at the Macarthur Cancer Therapy Centre and the opening of new clinical services. Growth in activity continues, particularly in medical oncology at Campbelltown and Bowral, and palliative care at Campbelltown and Camden, and increased radiotherapy usage on the two Macarthur machines.

The Macarthur and Southern Highlands Cancer Service remains the third busiest cancer unit in Sydney South West Area Health Service.

I am proud to report that the 2008 NSW Cancer Institute Patient Satisfaction Survey confirmed the excellent results seen in the 2007 report, with above average scores in all measurements, with areas of excellence in treating patients with dignity and respect, co-ordination of care and waiting times. New areas of identified excellence included management of radiation side-effects and dealing with confidential patient information. This recognition of sustained excellence by our patient is a reflection of the work of our staff and volunteers.

Lower levels of satisfaction across NSW include information on anxiety, fears, relationships and counselling. We hope to see improvements in these aspects at Macarthur with the commencement of a Clinical Psychology service in March 2009 and of a McGrath Foundation Breast Care Nurse in July 2009. The continuation of the innovative Oncology Nurse Assessment Unit has allowed patients to avoid presentations to emergency department and allow staff best trained in managing cancer problems to treat them and reduce time waiting for a hospital bed. Broader education of medical and nursing staff within the hospital and emergency departments continues. Training attachments for nursing, radiation therapy and allied health students has continued.

An on-line programme for scientific teaching of cancer principles commenced for Year 3 University of Western Sydney School of Medicine. 2010 will see Macarthur lead a 4-week clinical attachment in Oncology and Palliative Care also involving Blacktown, Bathurst and Lismore.

The “24 Hour Fight Against Cancer, Macarthur” was held again in October, raising $206,000, with equipment for the management of prostate and breast cancer, a palliative care information DVD and diversional therapy services commencing. A dedicated area for our complementary therapy unit built by the local TAFE will soon be open.

The Southern Highlands Cancer Centre was successful with a NSW Cancer Institute grant to fund a clinical trials nurse and commence a clinical trials unit. The centre has been recognised as a site for the ANZ Breast Cancer Trials Group to increase the ability of women of the Wollondilly and Wingecarribee areas to participate in trials of breast cancer prevention and treatment.
Our volunteers are indispensible and their dedication is greatly appreciated by patients, families and staff. The generosity of our donors is recognised on our honour board. A special thanks to our valued employees recognised by their managers for exemplary work and especially to our palliative care service who have been significantly understaffed this year who provide an outstanding service to our patients in hospitals and their homes.

I would like to thank all of the staff whose commitment, energy and drive for quality, safety and excellence in cancer care make the Macarthur and Southern Highlands Cancer Centres deliver our goal of delivering the best possible care to the patients, their carers and families of Macarthur, Wollondilly and Wingecarribee.

Associate Professor Stephen Della-Fiorentina
Director, Macarthur Cancer Therapy Centre
The unit faced another challenging year of clinical working, training and research. The number of new patients and follow up visits continue to rise in response to demand of the local population.

The team has been involved in the diagnosis, management and psychosocial support of women with gynaecological malignancies. Ovarian, endometrial and cervical cancers are the commonest gynaecological cancers we managed. We also involved in the care of patients with other genital tract malignancies such as vaginal, vulval and gestational trophoblastic disease. The unit provides a consultative service to patients with familial cancer syndrome and facilitates the delivery of prophylactic surgery.

The unit has weekly multi-disciplinary team meetings to discuss the management of patients. The pathology of patients who are newly diagnosed, received recent surgery or developed recurrent disease are discussed. The management plan is established and the on-going psycho-social follow up is carried out. A teleconference morbidity and mortality meeting is carried out between the west and the east zone regularly to discuss the management of interesting cases. With the growing number of patients with complex health problems who presents with gynaecological cancer, this poses an ongoing challenge to the team in the future to come. Ongoing psychological support is paramount to ensure the patient recovers from the emotional impact of the diagnosis and treatment.

The patient support group has been meeting monthly, facilitated by experts to empower patients to help and support each other during this difficult time. The number of attendance to this meeting continues to grow. The social worker also assists them to access the community service and financial assistance available from the government. Clinical training and research is strongly encouraged within the unit. With the retirement of Professor Houghton, the unit is actively looking for a suitable replacement to cope with the workload over the last two years.

A concert was held in Camden in April, which raised fund for the gynaecological oncology service contributed to the purchase of a colposcope. With the help of patients and local community, it was a successful day.

Gynaecological Oncology service has become part of Area Cancer Service with office now located in the Liverpool Cancer Therapy Centre. This allows opportunity for future development and research.

The unit looks forward to another busy year within the constraint of limited resources available to the area. The Director, Dr Felix Chan received nomination as Australia of the Year Award 2009 for his contribution and dedication to his current position and towards community work.
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<th>Name</th>
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<td>A/ Prof Shalini Vinod</td>
<td>Radiation Oncologist</td>
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<td>Dr Allan Fowler</td>
<td>Radiation Oncologist</td>
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<td>Rosemary Craft</td>
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<td>Dr Louise Elliott</td>
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<td>Dr Felix Chan</td>
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<td>Dr Jacqueline Kerfoot</td>
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<td>Deborah McCauley</td>
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“An investment in knowledge always pays the best interest!”

(Benjamin Franklin)
2008 – 2009 has been a year of change for Haematology. We have gone from 3.6 Haematologists to 6.4 in that time. Dr Silvia Ling joined us in September 2008, Nick Viiala in January 2009 and Lye Lin Ho joined us in February 2009.

This has taken a lot of pressure off the existing Staff Specialists in terms of new referrals however we have already reached the point again of having to curtail acceptance of outside referrals. This still leaves us with one fewer Haematologist than we had four years ago.

The Laboratory likewise has been going through significant growth during that time with no addition in staff. Overall workload for films, marrows, flow etc. has increased by around 15% over the same period last year.

Nonetheless, there are a number of projects in hand. We are appointing a Research Scientist to the Laboratory. We are also negotiating further with the Cancer Therapy Centre with regard to increasing involvement in Clinical Trials and the Research Centre.

Over the next few months there will be a number of Haematologists on study leave, they have been deferring these types of leave for some time while we had reduced Staff Specialists. We have been given permission to advertise a locum position for six months and await the advertisement being placed. We have been discussing this now for a couple of months.

We have been carrying a 0.6 vacancy in Apheresis for a long time and have had no luck advertising or filling this position. Also we have received a grant of a “Transplant Coordinator” position by the Transplant Group but we have not been given permission to fill this in over six months. We are losing our CNC and will have difficulty replacing her.

Also it has been encouraging to see the new building going up and the new Haematology Ward will be a 30 bed Ward on the top floor of that building with 16 single rooms, the whole Ward will have lamina flow epifiltration and when the allogeneic transplant unit starts this Ward will be solely haematology.

The Clinics have ramped up to full capacity also using the Registrars however, the capacity to continue to expand this way is very limited.
**Staff**

Lindsay Dunlop  
Haematologist  
Senior Staff Specialist  
MBBS, FRACP, FRCPA

John Giannoutsos  
Locum Staff  
Haematologist  
MBChB, FC.Path FRCPA  
(left Jan 09)

Anne-Marie Watson  
Haematologist  
Senior Staff Specialist  
MBBS, FRACP, FRCPA

Penelope Motum  
Haematologist  
Senior Staff Specialist  
MBBS, PhD, FRACP, FRCPA

Dr Lye Lin Ho

Dr Silvia Ling

Dr Nicholas Viiala
The annual report this financial year for Liverpool Medical Oncology is very limited due to the absence of a dedicated person in the role of Director of the Department. The department has, once again, undergone several changes in 2008/2009 but continues to provide a strong consultative and treatment service at Bankstown and Liverpool. Dr Patricia Kho resigned her position as Acting Director of Medical Oncology in January 2009 to undertake some research. Dr Bahram Forouzesh completed his locum appointment to take on a full-time appointment in Wagga and Dr Michelle Harrison went on maternity leave at the same time. January saw Dr Mahmood Alam commence as a full-time staff specialist and in April Dr Weng Ng commenced as a staff specialist, working 0.4 FTE in the clinic and 0.6 FTE in CCORE undertaking research. Dr Mamta Bagia joined the group in May as a locum staff specialist working 0.2 FTE. The current departmental staffing position is 2.5 FTE as Dr Goldrick has reduced her hours to 0.9 until the end of 2009. We have four Advanced Trainees (Drs Baerin Houghton, Dr Po Yee Yip, Dr Lina Pugliano and Dr Anthony Linton), with all four positions accredited by the RACP for 12 months of core training in Medical Oncology. We continue to supervise a Basic Physician Trainee in the care of Medical Oncology inpatients at Liverpool (usually 8-12 inpatients and 6-8 consultations per week) as well as a JMO position (in conjunction with the Radiation Oncologists). The Basic Physician Trainee provides acute medical support to nursing staff in the Cancer Day Centre.
Staff

Locum Staff Specialist
Dr Mamta Bagia

Medical Oncology Registrars 2008
Dr Sayed Ali
Dr Shom Goel
Dr Victoria Bray
Dr Sandra Harvey

Medical Oncology Registrars 2009
Dr Lina Pugliano
Dr Po Yee Yip
Dr Baerin Houghton
Dr Anthony Linton

“Time is not measured by the years that you live...

...but by the deeds and joy that you give....”

ANON
The Department of Medical Oncology, Macarthur Cancer Therapy Centre, continues to increase its activities over the year. This year saw our sixth year of operation with growth in activity continuing at 15%. Due to this increase in activity and staff leave we have been joined by Dr Prunella Blinman, Dr Belinda Kiely, Dr Georgina Long and Dr Melissa Moore as locum staff specialists. Inpatient care has continued to increase with 6-8 inpatients managed in the unit. At Campbelltown the department saw 520 new patients, 3337 follow-ups and 3603 chemotherapy occasions of service.

2.6 medical oncologists provide the service, Associate Professor Stephen Della-Fiorentina, Dr Diana Adams and Dr Lorraine Chantrill. We are part of the Sydney South West Medical Oncology advanced training network and we have had four advanced trainees rotating through Macarthur from the Liverpool-Macarthur network. A 0.5 FTE basic trainee in medical oncology cares for the ward inpatients; a rotation through the St Vincent's, Campbelltown and Wagga basic trainee network. A weekly teaching ward round has commenced for the junior medical staff at the hospital, in addition to weekly education and monthly morbidity and mortality meetings. Dr Adams is the co-ordinator of the education programme within Sydney South West Cancer Services.

The Southern Highlands Cancer Centre in Bowral continues to grow rapidly with 231 new patients and 1291 follow-up patients seen and 1023 chemotherapy occasions of service delivered. The partnership with Ramsay Health continues such that patients seen by the medical oncologist are able to receive chemotherapy locally irrespective of their private health insurance. A palliative care trainee attended the unit in 2009.

The University of Western Sydney Medical School is now in its third year of operation with the oncologists providing clinical teaching to the year 1 and year 2 cohorts. 2009 saw Year 3 undertake online scientific education based on the Ideal Cancer Curriculum. 2010 will see the first clinical placements of students within the cancer therapy centre, co-ordinated with oncology units in Blacktown, Lismore and Bathurst.

The Macarthur unit continues to innovate and lead the way in the electronic cancer record, receiving approval for paperless chemotherapy prescribing from NSW Health. The centre successfully completed the New South Wales Cancer Institute Innovation grant to create an Ambulatory Emergency Department nurse within the cancer therapy centre. There were significant improvement to time to assessment and reduced reliance on the emergency department, and improvement in patient satisfaction.

New clinical trials commenced in breast, lung, colorectal and prostate cancer. We successfully recruited to a research nurse position and Dr Chantrill leads the Sydney South West Cancer Research group.

The dedication and integration of the medical, nursing, allied health and pharmacy staff in education, quality, service planning has allowed us to continue to improve the safety and quality of care to patients.
CLINICAL DEPARTMENTS
PALLIATIVE CARE

Introduction
The Liverpool Hospital Palliative Care Service is part of the SSWAHS Area Palliative Care Service. Currently this service provides an area-wide model of care with the Liverpool Hospital Service being part of the Western Zone Service.

It is a consultative service providing inpatient consultations, outpatient clinics and community consultations. The medical staff provide on call service to all hospitals, community and Braeside and Camden Palliative Care units.

Staffing
There is funding for 2.2 FTE staff Specialists Dr Rebecca Strutt 0.8, Dr Louise Elliott 0.4, Dr Jackie Kerfoot 0.1 (Dr Jennifer Wiltshire 0.8 on LSL returning Feb’ 2010). Staff Specialists now employed by SSWAHS (transferred from Hope Health Care 12/2008). There are 3 FTE Nursing positions Colleen Carter CNC, Naomi Ellis, Jodie Peronchik 1 FTE Secretary Arlene Roache. There is 1 BPT + 1 Advanced Trainee networked through Sydney Institute of Palliative Medicine. Social Work and psychology services are available through Liverpool CTC.

Based on an Area-wide model of care, we are part of Western Zone Palliative Care Service, providing a consultative service within Liverpool Hospital and limited community service as well as medical outpatient clinics. The Liverpool Hospital Palliative Care Service has five trained volunteers who regularly come into the hospital to provide extra support to patients and their families. We provide an on call service for all hospitals within Western Zone. We currently provide a limited medical consultative service to Bankstown Hospital.

The Area Palliative Care supports the need for Head of Department Palliative Medicine at Liverpool Hospital and is awaiting confirmation of this position.
Volunteers

We have a team of 5 active volunteers who provide a visiting/support service to palliative care patients throughout the hospital who are known to palliative care service. They are dedicated and passionate about their role. Two of our volunteers are actively involved as consumer representatives in the End of life Care Pathway project and one volunteer participates in the writing of the bereavement cards to families known to the service. Volunteers visit the hospital from Wednesday through to Friday.

Liverpool Hospital Palliative Care Volunteers are:
- Maureen Grimshaw
- Peter Teng
- Barbara Neville
- Christine Jones
- Janet Perry
- Diana Popovic-Brankovic

End of Life Care Pathway (EOLCP)

End of Life Care Co-ordinator position currently being processed on Ezi suite and we hope to appoint by the end of the year.

EOLCP continues on wards GE, 1E, 2W, 3W, 5E & ACU. Hope to roll out onto MAU when Co-ordinator is appointed. The EOLCP has been awarded:
- 1st Prize in Category 2C in the SSWAHS Area Quality Awards Competition presented on 26/8/09
- Winner of the “Palliative Care NSW Innovation in Palliative Care Practice Award for EOLCP” presented on 28/5/09
- EOLCP Project is a finalist in the NSW Health Awards to be announced on 30/10/09 to be held at the Australian Technology Park, Eveleigh.

Activity

There has been an increase in the number of medical consults from 2492 07/08 to 5525 08/09 which is putting an enormous strain on the service and requires a workforce review. There is a limited medical service to the community.
Community patients are largely looked after by CHNs in consultation with GPs and PC community nurses. The increase in referrals may in part be due to extensive education which has been offered to other teams. The referrals are all clinically appropriate. The increase also reflects the growing awareness of the needs and demand for palliative care for non-cancer patients. The number of cancer referrals has increased from 67.7% in 07/08 to 76.8% in 08/09 but a 10% decrease in non-cancer from 32.4% in 07/08 to 23.2% in 08/09 of total referrals.

“You make a living by what you get……
You make a life by what you give…!”

Winston Churchill
Research

Braeside Hospital is one of six clinical sites for the Palliative Care Clinical Studies Collaborative research body (PaCCSC). The following research projects are being performed by PaCCSC:

- A randomised, double-blind placebo controlled study of subcutaneous ketamine in the management of cancer pain - Prof Janet Hardy et al

- Randomised control trial of megestrol acetate, dexamethasone and placebo in the management of anorexia in patients with cancer - A/Prof Paul Glare et al

- A randomised double blind placebo controlled trial of infusional subcutaneous octreotide in the management of malignant bowel obstruction in people with advanced cancer - Prof D Currow et al

- Randomised control trial of oral risperidone, oral haloperidol, and oral placebo with rescue subcutaneous midazolam in the management of delirium in palliative care inpatients - Dr Meera Agar* et al

- Prospective study of Medical Emergency Team calls to define issues of end of life decision-making, symptoms and transition in goals of care. Study at Liverpool Hospital - Dr Meera Aga* et al

Competitive grants/scholarships (research)

- Prospective study of Medical Emergency Team calls to define issues of end of life decision-making, symptoms and transition in goals of care - M Agar* (CIA), Hillman K, Elliott L*, Chen, J and Harlum J.* NHMRC – 2009-$48 700

- Palliative Extended and Care at Home Packages evaluation project M Agar* (CI), J Harlum and J Wiltshire – Commonwealth Dept of Health and Ageing – 2008 - $153 997, 2009 - $131 886.96

- Sydney South West (Western Zone) Palliative Care Service Clinical Trials Unit - Agar, M (CIA); Walker A; Harlum J; Kuwahata L; Strutt R; Correy E; Wiltshire J and Elliott L – Cancer Institute NSW – 2009 - $88 548.00 – 2010 $84 900

“Life is a journey
....that is homeward bound!!!”

Anon
The Macarthur Palliative Care Service is part of the SSWAHS Area Palliative Care Service, with clinicians providing consultative care to outpatients of the Macarthur Cancer Therapy Centre (MCTC), inpatients of Campbelltown, Camden and Bowral Hospitals, a domiciliary service to the Macarthur and Wingecarribee regions, as well as coordinating care in the 10 bed inpatient Palliative Care Unit at Camden.

The medical service is funded for 2.0 FTE, but is currently staffed to 1.4 FTE by Dr Lynne Kuwahata and Dr Amanda Walker (Area Medical Director) with two Advanced Trainees positions, (one based at Camden and one based at the MCTC) although for the first half of 2009 we have only had a 0.5 FTE registrar.

The consultative nursing service is provided by the Community Palliative Care Nurses at Rosemeadow, with Kathleen Schofield (CNC) and Wingecarribee, with Jane Mahoney (CNC) and Mira Glavan (CNS). Mandy Sykes, our Macarthur CNS has recently been promoted to NUM at Rosemeadow, and we thank her for her hard work, and wish her well for the future. Jacinta Humphries provides social work services to inpatients, outpatients and community patients of the Macarthur region.

Palliative Care volunteers provide support to patients and families in their homes and in the Camden Palliative Care Unit.

The team is excited about plans for a new Palliative Care CNC position based in the MCTC to assist in care of the patients in Camden and Campbelltown Hospitals, which has been recruited to, and our new CNC will start at the end of September.

Staffing limitations have led to a reduction in outpatient medical clinics since the departure of Dr Kristen Turner in October 2007. We are also providing cover to Bankstown Hospital to cover a vacant position.
The last 12 months has been another busy time for Radiation Oncology at Liverpool and Campbelltown Hospitals. The service has continued to expand particularly with our increasing involvement in the oncology service at Bankstown Hospital. We have also maintained our service at Liverpool, Campbelltown and Bowral. We have faced significant challenges but with the hard work and goodwill of the staff across both centres we have managed to overcome these issues.

One of the significant challenges faced, but also one of the significant achievements, of the last year was the installation and commissioning of the new linear accelerator in the Liverpool Department. The installation of a new treatment machine is always disruptive to a department. During this time the staff needed to treat the same number of patients while the treatment capacity was reduced by one third. This was done with a minimum of inconvenience to the patients and without producing a significant waiting time for treatment. The commissioning of the machine however has been a positive addition to our treatment facilities as this machine now allows us to perform treatment techniques which were not available to us previously.

The planning and preparation stage of the development of our Intensity Modulated Radiation Therapy Programme (IMRT) culminated in our programme becoming clinical. A large amount of time and effort has been invested in getting this programme up and running by the IMRT committee. This treatment technique will allow us to treat certain tumours with higher doses to the actual tumour volume but reduce dose to surrounding critical structures. Over the last few months the number of IMRT treatments has gradually increased and we plan on continuing to expand the service in the future.

**Staffing**

Earlier this year we welcomed on board Dr Mark Sidhom. Mark had previously been a registrar with us and following that completed a research fellowship year. We are very pleased to have him working as part of our team.

Dr Andrew Fong has accepted a Research Fellow position with our department for 2009. Andrew has also been awarded his Fellowship of the Royal Australian and New Zealand College of Radiologists and is using this year to further his clinical experience as well as to complete research projects in breast cancer and cancer information technology.

**Education**

Our education and training program for radiation oncology registrars has continued to be very successful. Earlier in the year our two junior registrars, Dr Chelsie O’Connor and Dr Trang Pham, successfully completed their Part 1 fellowship exams. Two of our senior registrars have also been successful in completing their Part 2 fellowship exams, also at their first attempt. Dr Kavita Morarji has now...
completed her training and will be eligible to be awarded the Fellowship of the Royal Australian and New Zealand College of Radiologists. Dr Miriam Boxer will receive her fellowship after completing a few more months of clinical work.

Our department has joined the Southern New South Wales Radiation Oncology Training Network. This has meant that we share the responsibility of training the radiation oncology registrars with the other hospitals within the group and gives the trainees the opportunity to rotate to some of the other hospitals. This will hopefully improve the experience for all the trainees within the group.

Congratulations go to several staff members who completed Masters degrees with Mr Vinod Nelson completing his Masters in Medical Physics; Mr Tony Young being awarded a Masters of Science – Research; Mr Karl Jobburn completing his Master of Nursing, majoring in Advanced clinical practice; and Ms Jenella Cottle completing a Masters of Social Work in Counselling. I would also like to congratulate Mr Aitang Xing who has completed his training and examinations to become an accredited physicist.

There were also several academic promotions with Associate Professor Geoff Delaney being appointed to Professor; Dr Shalini Vinod being appointed Clinical Associate Professor; Dr Karen Wong to Conjoint Lecturer and Dr Andrew Fong to Conjoint Associate Lecturer – all at the University of New South Wales.

Research

This year, research has continued to be a big focus for our department, as is witnessed by the large number of original presentations and posters at national and international meetings. Several staff members also achieved publications in peer-reviewed journals. The most delightful aspect of a significant majority of the research is the collaborations that have been established across work groups and medical disciplines. For example, there has been a significant increase in co-operative research between radiation oncology, radiation therapy and medical physics and also the significant collaborative research being conducted between radiation oncology and nuclear medicine. These relationships will continue to grow.

No doubt the biggest boost to our commitment to research came with the awarding of federal funding to Liverpool Hospital for the building of a research facility and the installation and development of a dedicated research bunker. The research bunker will be completed over the next 3 years. It will house new technologies to enhance radiotherapy delivery and although it will be located near the clinical bunkers, it will be fully operational without any negative impact on patient treatment flow. This facility will allow us to expand our research programme. This is the second such research facility in the world.

It is an exciting time to be part of such a vibrant energetic department. A lot has been achieved in the past twelve months. With the commitment and dedication of our staff, I am very confident that this department will continue to achieve a high standard of care for all our patients. We will continue to look at ways of improving the management of all the patients who are referred for our advice and care. Again we will be faced with significant challenges over the next year, especially with the rebuilding of Liverpool hospital. However, I have every confidence that we will face all challenges with a united front and a desire to seek the best solution.
A/Prof Shalini Vinod
MBBS, MD, FRANZCR
Radiation Oncologist
Deputy Director of Radiation Oncology

Dr Denise Lonergan
MBBS, BS, FRANZCR
Radiation Oncologist
Director of Radiation Oncology

A/Prof Martin Berry
MBBS, FRANZCR; FRCPC
Radiation Oncologist
Director of Liverpool Cancer Services

Dr Dion Forstner
MBBS, FRANZCR
Radiation Oncologist

Dr George Papadatos
MBBS, BS, FRANZCR
Radiation Oncologist

Dr Eng Siew Koh
MBBS, BS, FRANZCR
Radiation Oncologist

Dr Karen Wong
MBBS, (Hons)
FRANZCR Radiation Oncologist

Dr Allan Fowler
MBBS, FRANZCR
Radiation Oncologist

Dr Mark Sidhom
MBBS, LLB, FRANZCR
Staff Specialist

Professor Michael Barton OAM
MBBS, FRANZCR,
Director, CCORE

Dr Denise Lonergan
MBBS, BS, FRANZCR
Radiation Oncologist
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Dr Karen Wong
MBBS, (Hons)
FRANZCR Radiation Oncologist

Dr Allan Fowler
MBBS, FRANZCR
Radiation Oncologist

Dr Mark Sidhom
MBBS, LLB, FRANZCR
Staff Specialist
# Radiation Oncology Registrars

<table>
<thead>
<tr>
<th>Registrars</th>
<th>Honorary Registrar</th>
<th>Clinical Fellow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annie Lee</td>
<td>Fiona Hegi-Johnson</td>
<td>Andrew Fong</td>
</tr>
<tr>
<td>Mei Ling Yap</td>
<td>Trang Pham</td>
<td></td>
</tr>
<tr>
<td>Sharlyn Kang</td>
<td>Chelsie O’Connor</td>
<td></td>
</tr>
<tr>
<td>Shawkat Shisqur</td>
<td>Miriam Boxer</td>
<td></td>
</tr>
<tr>
<td>Sandy Ho</td>
<td>Swetha Sridharan</td>
<td></td>
</tr>
<tr>
<td>Mimi Tieu</td>
<td>Frederick Ho</td>
<td></td>
</tr>
<tr>
<td>Leily Gholamrezei</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Left – Right: Kavita Morarji, Mei Ling Yap, Madhavi Goonetilleke,\nLeily Gholamrezei (on screen), Miriam Boxer, Annie Lee, Mimi Tieu**

“Whatever you are............
.........be a good one!!”
Abraham Lincoln
This year has again been a varied and busy one for Radiation Therapy (RT). Radiation Therapy staff continue the past patterns of maternity leave. We have maintained our staffing levels at nearly full capacity. There have been a lot of comings & goings, with some RT’s going off on maternity leave and others returning either full or part time. Several RT’s have stepped up into higher grade duties to cover the maternity absences and have performed these roles very professionally.

Six Professional Development Year (PDY) staff completed their training with us in March 2009 and we welcomed four new graduates who are currently undertaking their PDY with us at Liverpool and Macarthur in 08/09. This year LCTC & MCTC, together with the Sydney Cancer Centre at RPAH have arranged for all PDY staff to rotate through all three centres. This is to assist in the learning of the PDY’s so that they can experience working on different linear accelerators and planning systems and gain an appreciation of differing radiation therapy techniques which are in use across all three centres. Also this year, two RT staff have been successful in attaining personal regrades to Level 3 RT positions – congratulations go to Kate Caldwell and Isabella Franji.

The two Research, Development & Imaging roles established almost 2 years ago have enabled all RT staff to have access to rostered Research & Development time in order to assist with the multi-disciplinary projects and research being undertaken within the departments. All of this hard work has been rewarded with the acceptance of seven presentations at the 2009 Combined Scientific Meeting of The Royal Australian and New Zealand College of Radiologists (RANZCR), (including the Faculty of Radiation Oncology (FRO)), The Australian Institute of Radiography (AIR) and the Australasian College of Physical Scientists & Engineers in Medicine (ACPSEM), to be held in Brisbane later this year. There are also a number of RT staff undertaking post-graduate study, such as Masters Degrees in subjects across the Management, Business and Clinical fields.

RT staff have continued to expand their technical knowledge by attending many conferences and courses during 2007/2008, both within Australia and overseas.

The new M1 Elekta linac commenced patient treatment in November 2008. All staff that have worked on this machine have enjoyed the learning curve that it has entailed.

IMRT treatment commenced in August 2008 and in the last year 30 patients (predominantly Head and Neck), have been treated using this specialised modality. Radiation Therapy staff continue to be trained in the planning and treatment delivery of this technique.

Close links continue to be developed between the RT groups at Liverpool / Macarthur and RPAH with the combined RT management group meeting regularly. This group is collaborating to establish consistency of RT Position Descriptions as well as with treatment & planning protocols.

The RT group is looking forward to 2010 and is eager to participate in all the exciting new developments proposed for the centre over the next 12 months and beyond, both the physical changes to the infrastructure and the advancements in technology and treatment techniques that new equipment will allow us to utilise, greatly benefiting our patients.
### Staff

**Seniors**
- Kylie Dundas  
- Matthew Fuller  
- Odette King  
- James Latimer  
- Annie Lau  
- Som Ratanavong  
- Christine Tawfik  
- Renee Voysey  
- Andrew Wallis  

**Research & Development RTs**
- Vicky Batumalai  
- Shivani Kumar  
- Melanie Rennie  
- David Sampson  

**Radiation Therapists**
- Kathy Andrew  
- Ewa Arena  
- Carly Ballard  
- Skye Blakeney  
- Kate Caldwell  
- Peter Chen  
- Giselle Condos  
- Christina David  
- IsabellaFranji  
- Marjorie Fugoso  
- Janelle Hardie  
- Leisa Holmes  
- Rylie Humble  
- Ewa Juresic  
- Josip Juresic  
- Sarah Keats  
- Thien Le  
- Vanessa Leong  
- Ashika Maharaj  
- James McKay  
- Cara McKibbin  
- Carol Nguyen  
- Hung Nguyen  
- Cesar Ochoa  
- Lucy Ohanessian  
- Daniella Parrot  
- Penny Phan  
- Judy Plante  
- Aisha Rasool  
- Sandhya Rojukhirdu  
- Joshua Sams  
- Adrianna Scotti  
- Shayne Smith  
- Reyna Stirton  
- Huong Tran  
- Steven Tran  
- Jessica Turley  
- Tess Vuong  
- Sandie Watt  
- Eunice Wong  
- J im Yakobi  
- Joann Yap  
- Adam Zammit  

---

Daniel Moretti  
Deputy Director Liverpool  
BAppSc MRT (Radiation Therapy)

Joanne Veneran  
Head of Planning  
BAppSc MRT (Radiation Therapy)

Kirrily Cloak  
Head of Treatment  
BAppSc MR (Radiation Therapy)

Nicole Cusack  
Deputy Director Macarthur  
BAppSc MRT (Radiation Therapy)  
Master of Health Mgt
The last year has again been busy for the medical physics group.

A key achievement of the group was its contribution to the development and clinical implementation of Intensity modulated radiation therapy (IMRT). Since its introduction there has been a gradual increase in its availability. Due to the heavy time commitment required for planning and patient specific QA the physics group are looking at ways to optimise the QA to achieve faster throughput.

After the commissioning of the new Elekta linear accelerator at Liverpool CTC it was released for clinical use late in 2008, and the group has been involved in further development of its clinical capabilities, including cone beam imaging and IMRT delivery.

A number of staff have achieved professional milestones. Aitang Xing & Shrikant Deshpande both achieved ACPSEM Accreditation, and Vinod Nelson and Philip Vial completed their Masters and Doctorate, respectively.

Commissioning of the new Philips treatment planning system has commenced and there was an upgrade of the existing CMS planning system. The group has been very active in reviewing and updating the quality assurance programme to adapt it to the changing technology in the department as well as making its performance more efficient.

There has been a refocus on training of our physics registrars with a move towards direct association of a supervisor/mentor with a registrar, rather than one co-ordinator overseeing all registrars. This has contributed to better accountability of both parties. The tutorials were also revised to aim for better learning outcomes.

Medical Physics research has continued to grow in 2009. We currently have 2 research physicists in the group, a growing number of clinical physicists involved in projects and 6 research students associated with the department. The links with the University of Wollongong and the University of Sydney have continued to develop, with a number of joint projects underway.

Our main areas of research this year have included, Electronic Portal Imaging Detector (EPID) dosimetry and investigations into imaging in radiotherapy when considering radiobiological effects. The EPID dosimetry work is being undertaken in collaboration with Dr Peter Greer and others at the Mater hospital in Newcastle and the University of Sydney. The goal of this project is to allow time effective dose verification for treatment plans and potentially for real-time in-vivo dosimetry applications in the future. Improved methods for utilising the existing EPI devices, and novel EPID designs with improved potential for dose verification are being investigated. The imaging work is focused on understanding the impact to individual patients, considering the effect of variation in image contours, risk of secondary cancer due to verification images and possible changes in fractionation as assessed by radiobiological modelling. The radiobiological and imaging work is being undertaken in collaboration with both the University of Wollongong and the University of Sydney. The Medical physics group has also been involved in a number of other collaborative projects within the radiotherapy department considering the use of PET imaging in radiotherapy and assessing contour variations between clinicians.
2009 has been a significant year for Medical Physics research. After many enthusiastic discussions and grant submissions, the Ingham Health Research Institute has been successful in gaining an infrastructure grant which includes funding for a research linear accelerator and bunker. This will provide the opportunity for many research studies not feasible in the clinical setting and will help to develop our Medical Physics research group. We are currently investigating the possible options for our research linear accelerator and are looking forward to the research opportunities this will provide.

STAFF

Dr Lois Holloway

Keri Owen

Aitang Xiang

Sankar Arumugam

Satya Rajapaske

Virendra Patel

Phil Vial
The Collaboration for Cancer Outcomes, Research and Evaluation unit (CCORE), is situated at Liverpool Hospital. CCORE is a research unit that aims to improve cancer outcomes through the implementation of best practice measures into routine clinical practice. Affiliated with the Cancer Therapy Centre, Liverpool Hospital, and the UNSW South Western Sydney Clinical School, CCORE consists of 17 staff members including 15 researchers, and is headed by Professor Michael Barton OAM, Professor of Radiation Oncology, Faculty of Medicine, UNSW. Research staff members include radiation oncologists, a medical oncologist, epidemiologist, data and project managers and medical physicist.

Throughout 2008/2009 CCORE was involved in a wide range of activities;

**Current and future projects:**

**The distance learning course in the applied sciences of oncology:** The distance learning material which covers 8 major topics with 80 modules is now available worldwide via the International Atomic Agency either via CD or downloaded from [http://www.iaea.org/NewsCenter/News/2008/as0.html](http://www.iaea.org/NewsCenter/News/2008/as0.html). It has been downloaded over 1200 times in the last year. CCORE continues to be involved with the ongoing development of this project.

**Radiotherapy data linkage in NSW and ACT**

The aim of the study is to establish and analyse a NSW/ACT database that will link electronic radiation oncology records from each Radiation Oncology department in NSW and ACT with data in NSW and ACT Cancer Registries. This linkage will provide data on cancer types, their degree of spread, the use and non-use of radiotherapy and survival.

This study will examine the shortfall between optimal and actual radiotherapy treatment rates in greater detail. It will assess demographic, patient and tumour related factors contributing to the shortfalls in radiotherapy delivery in NSW and ACT during Jan-2004 to Dec-2005 and provides valuable information about the particular areas where the greatest shortfalls exist so that they may be targeted to improve rates of evidence-based radiotherapy delivery.

In addition, analysis of demographic data will provide insight into what particular patient groups receive, and do not receive, radiotherapy. We will be able to monitor patterns of radiotherapy care in greater detail for many cancers such as dose, treatment duration, and time between diagnosis and treatment. Analysis of the database will also allow examination of palliative radiotherapy, particularly the re-treatment rates for patients requiring more than one radiotherapy course, the durations of palliative treatment and periods between palliative treatments - data that has not previously been available.

**Medicare Benefit Scheme (MBS) Revenues for radiation oncology services in NSW 2004-2007:** The study has been completed and the final report has been submitted to the Cancer Institute NSW.
Modelling multiple radiotherapy treatment episodes for benchmarking and service planning: Using data from Liverpool/Campbelltown Cancer Therapy Centres in collaboration with domestic and international sites, this project examines the patterns of retreatment for those patients diagnosed with a new primary tumour and treated with radiotherapy during a specified time period. The study will provide information about the number, distribution and time course of radiotherapy retreatment events. We will generate a model to predict the demand for retreatment by radiotherapy and test the model on data from other Australian and international treatment centres.

Optimal Chemotherapy utilisation in cancer: In this project we have calculated an estimate of ideal or optimal chemotherapy utilisation for all cancer based on the incidence of each type of cancer, the evidence-based indications for chemotherapy in the treatment of that cancer, and the proportion of cancer patients eligible for the indication for chemotherapy. This model of chemotherapy utilisation can be easily adapted to take into account any future changes in cancer incidence, stage at presentation or in the indications for chemotherapy. The optimal chemotherapy utilisation rate can serve as a benchmark against which actual rates of chemotherapy utilisation can be compared to ensure the best quality of cancer care, to assist in the planning of chemotherapy services and to identify the issues which result in under-utilisation of chemotherapy. This project has been funded by the Cancer Institute NSW and a preliminary report submitted in August 2008.

Radiotherapy and Chemotherapy Utilisation in Lung Cancer: Building on our work in modelling optimum radiotherapy and chemotherapy utilisation, this project will assess the extent to which there is discordance in optimum and actual utilisation of therapies in patients managed in a large multidisciplinary lung cancer clinic, and the reasons underlying any such discrepancy.

Review of National Cancer Control Activity in Australia: The study was undertaken in partnership with the Sydney Health Projects Group and the Cancer Council Australia has been completed and the final report has been submitted to The Cancer Council Australia.

Bone metastasis ‘Quality of Life’ project: Internationally we are collaborating with groups in Canada to develop the bone metastases ‘Quality of Life’ Scale for the EORTC. The project is now completed and the bone metastases module BM 22 has been approved by EORTC so that it can be used in clinical trials/studies together with either Pal15 or C30 module.

Touchscreen ‘Quality of Life’ project: CCORE has made a substantial contribution to the implementation of the Touchscreen-based ‘Quality of Life’ assessment project for all patients attending the Cancer Therapy Centre, Liverpool Hospital. Currently we are collaborating with the Psycho-oncology Co-operative Research Group (PoCoG) School of Psychology, University of Sydney in a project to develop an economic evaluation model for use in cancer clinical trials. It has formed the basis of a UNSW Independent Learning Project supervised by Jesmin Shafiq and Dion Forstner with this data presented at Australian & New Zealand Head & Neck Society by Dr Dion Forstner.

“Those who say it can’t be done shouldn’t interrupt those of us who are already doing it!”

(A n o n )
Radiotherapy risk profile (A radiotherapy safety technical manual developed by the WHO World Alliance for Patient Safety): With Professor Barton as the Chair, CCORE contributed in the development of a Radiotherapy Safety Team within the World Alliance for Patient Safety of the World Health Organisation which published the WHO Technical manual ‘Radiotherapy Risk Profile’. This publication included the collation and synthesis of evidence on radiation accidents and existing safety measures in place through review of published literature and unpublished data sources.

Cancer Survivorship Studies: An ongoing collaboration between the neuro-oncology teams in cancer services, neurosurgery, and brain injury researchers from Liverpool and Royal North Shore Hospitals has resulted in research addressing the cognitive and behavioural sequelae of adult patients with primary brain tumours. This has included prevalence studies, investigated screening tools, and tested pilot interventions.

A Patterns of Care study across Australia and New Zealand is addressing Long-Term Follow-Up of Hodgkin Lymphoma Survivors. Other studies include modelling estimates of secondary cancer risk after breast radiotherapy.

Treatment utilisation for screen-detected breast cancer: In a collaborative project with BreastScreen, Victoria, CCORE has developed optimal utilisation models for breast surgery, radiotherapy, chemotherapy and hormone therapy using the data from Breast-screen Victoria as a sample population.

Overview of Cancer Treatment Services in Western Australia: CCORE was successful in conducting this study. The aim of the study was to review existing levels and quality of cancer services in public and private facilities; identify key issues for consumers and providers; examine projections for future demand; and identify gaps in service provision. Professor Michael Barton completed a document “Overview of cancer treatment services in Western Australia” at the request of the Cancer Council WA. This document was officially launched during September 2008 and has helped accelerate the development of regional cancer centres in WA.

Feasibility study for services in Seychelles: Professor Michael Barton travelled to The Seychelles during November at the invitation of The International Atomic Energy Agency (IAEA), and the Program for Action for Cancer Therapy (PACT), Vienna, to advise in relation to the feasibility of establishing radiotherapy services in the Seychelles and for the preparation of recommendations to the Government of The Seychelles.

“In your golden chain of friendship,
..consider us a link!”
Assessing future training needs in Tanzania: Professor Michael Barton travelled to Tanzania at the invitation of The International Atomic Energy Agency (IAEA) as an expert for the mission to assess future training capacity.

Professor Michael Barton was invited to attend the Joint ARFB/DMRP Consultants’ Meeting at the invitation of The International Atomic Energy Agency (IAEA) in Vienna, Austria. The purpose of this meeting was to develop a strategy to design a web site for the Division of Human Health (NAHU) i.e. the Medical Physics and Radiation Oncology/Biology Parts of the NAHU Website.

Professor Michael Barton was invited to attend the International Conference on Advances in Radiation Oncology (ICARO), Vienna, 27-29 April, 2009 at the invitation of the International Atomic Energy Agency, Vienna. The main objective of the conference was to define the current role and potential of clinical, technological and molecular/biological innovations for incorporation into routine practice in radiation oncology. Panel Member Round Table discussion: Training, Education and Staffing: Focus on Low and medium Income Countries.

Provision of epidemiological and statistical advice on research projects done by the clinician researchers at the Cancer Therapy Centre: We are providing statistical assistance and advice to junior researchers at the CTC for their publications on various clinical topics.

Radiotherapy Training Network: We have established a training network for radiation oncology registrars under the leadership of Dr Denise Lonergan. After the initial appointment of the director and ESO positions the network set about securing key contacts within the HR departments of all network hospitals. There were no standardised HR processes between hospitals for rotations so these contacts became invaluable. The recruitment of registrars for the network occurred in October 2007. We encountered some barriers with videoconferencing facilities across the 5 sites due to a lack of available network facilities at some sites. The logistics of planning the teaching program were difficult due to the large number of tutorials needed (approximately 40 weeks). The registrars were pleased with the first rotations they undertook in October 2008. However, there was some concern that they were not given enough notice prior to moving departments. As this was the first Network rotation, it was anticipated that this situation may occur.

The schedule for the 2009 rotations, in May and October, has already been distributed. This has ensured ample preparation time for the registrars.

Survey of undergraduate cancer education in Australia: This is a follow-up survey (initially done in 2001) of undergraduate cancer education in Australia facilitated by the Cancer Council Australia.

Radiation Oncology Interdisciplinary Seminar: Liverpool CTC and CCORE again hosted an Interdisciplinary Seminar in Radiation Oncology. This is the 10th such seminar and they are now held annually. The title of this year’s seminar was “An integrated approach to the management of lower gastrointestinal cancer”. We were again fortunate to have industry support and to be able to invite speakers from interstate. Over 100 delegates attended the conference from as far a field as New Zealand and Tasmania and interstate.
STAFF

Professor Michael Barton Professor Radiation Oncology Faculty of Medicine UNSW
Research Director Ccore
Gabriel S Gabriel Epidemiologist, Project Manager (UNSW)
Ms Patricia Gruver Research Assistant (UNSW)
Ms Zhixin Liu Research Assistant/ Biostatistician (UNSW)

Professor Geoff Delaney Director Radiation Oncology
Dr Eng-Siew Koh Radiation Oncologist Dr Karen Wong Radiation Oncologist

Dr Dion Forstner Radiation Oncologist Dr Weng Ng Medical Oncologist Dr Shalini Vinod Radiation Oncologist

Dr Mark Sidhom Radiation Oncologist Dr Denise Lonergan Radiation Oncologist Mr Phil Vial Medical Physicist

Dr Andrew Fong Clinical Research Fellow Radiation Oncology Dr Jesmin (Rokeya) Shafiq Project Manager Dr Susannah Jacob Project Manager

Ms Kate Tynan Project Manager Ms Robyn Hittmann Administration (UNSW) Mrs Caryn Knight Administration (CCORE)

Standing (Left to right) Dr Gabriel Gabriel, Dr Weng Ng, Dr Susannah Jacob, Ms Robyn Hittmann, Dr Shalini Vinod, Mrs Caryn Knight, Prof Geoff Delaney, Prof Michael Barton
Sitting (Left to right) Dr Andrew Fong, Dr Denise Lonergan, Dr Eng-Siew Koh, Ms Kate Tynan, Ms Patricia Gruver
It has been a productive year for the Clinical Trials Unit and has seen the unit expand to include Clinical Trial Nursing staff.

Key achievements include:

- Lead site for 9 trials.
- Received approval for the activation of 14 trials.
- Continuing to provide acceptable recruitment patient numbers to clinical trials and meeting recruitment targets.
- Incorporation of the role of Clinical Trial Nurse into the unit.

The CTC Clinical Trials Unit is aiming to continue to grow as a unit and will be looking at increasing the activation of clinical trials, including participation in studies for rare cancer types. Trial participation for patients and staff will also be focal point for the year ahead.

Staff

<table>
<thead>
<tr>
<th>Research Chairperson</th>
<th>Research Manager</th>
</tr>
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<tbody>
<tr>
<td>Dr Lorraine Chantrill</td>
<td>Vu Nguyen</td>
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<tr>
<th>Research Officers</th>
<th>Clinical Nurses</th>
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</thead>
<tbody>
<tr>
<td>Jennifer Cho Cho Aung</td>
<td>Danielle Martens</td>
</tr>
<tr>
<td>Joseph Gancia</td>
<td>Gail Dwyer</td>
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<tr>
<td>Suyen Moncada</td>
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<tr>
<td>Anne Whatman</td>
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</table>

A smile is worth a thousand words- what a donation from the Clinical Trials team!!!
# List of Trials Open for Recruitment at Liverpool Cancer Therapy Centre as of 17 August 2009

## Breast

### Adjuvant

<table>
<thead>
<tr>
<th>#</th>
<th>Trial</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ALTTO</td>
<td>A randomised, multi-centre, open-label, phase III study of adjuvant lapatinib, trastuzumab, their sequence and their combination in patients with HER2/ErbB2 positive primary breast cancer</td>
</tr>
<tr>
<td>2</td>
<td>CATS – BNP</td>
<td>Prediction of cardiotoxicity using serum N-terminal pro-B-type natriuretic peptide in breast cancer patients receiving adjuvant trastuzumab</td>
</tr>
<tr>
<td>3</td>
<td>IBIS II - DCIS</td>
<td>An international multi-centre study of Tamoxifen vs Anastrozole in postmenopausal women with hormone sensitive Ductal Carcinoma in Situ (DCIS)</td>
</tr>
<tr>
<td>4</td>
<td>SOFT</td>
<td>A phase III trial evaluating the role of ovarian function suppression and the role of exemestane as adjuvant therapies for pre-menopausal women with endocrine responsive breast cancer</td>
</tr>
<tr>
<td>5</td>
<td>STARS</td>
<td>A randomised comparison of Anastrozole commenced before and continued during radiotherapy for breast cancer versus anti-oestrogen therapy delayed until after radiotherapy.</td>
</tr>
<tr>
<td>6</td>
<td>TROG 07.01 DCIS</td>
<td>A randomised phase III study of radiation doses and fractionation schedules in non-low risk ductal carcinoma in situ (DCIS) of the breast.</td>
</tr>
</tbody>
</table>

## Metastatic

<table>
<thead>
<tr>
<th>#</th>
<th>Trial</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>COMPLETE</td>
<td>A randomised, open-label, phase III study of taxane based chemotherapy with Lapatinib or Trastuzumab as first-line therapy for women with HER2/neu Positive Metastatic Breast Cancer</td>
</tr>
</tbody>
</table>

## Other

<table>
<thead>
<tr>
<th>#</th>
<th>Trial</th>
<th>Description</th>
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<tbody>
<tr>
<td>8</td>
<td>Bones Exercise</td>
<td>Prevention of osteoporosis as a consequence of hormone treatment in postmenopausal women treated for breast cancer</td>
</tr>
<tr>
<td>9</td>
<td>IBIS II - Prevention</td>
<td>An international, multi-centre study of anastrozole vs placebo in postmenopausal women at increased risk of breast cancer.</td>
</tr>
</tbody>
</table>

## Bone

<table>
<thead>
<tr>
<th>#</th>
<th>Trial</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SC20 Bone Mets</td>
<td>A phase III international randomised trial of single versus multiple fractions for re-irradiation of painful bone metastasis.</td>
</tr>
</tbody>
</table>

## Cervical

<table>
<thead>
<tr>
<th>#</th>
<th>Trial</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>TROG 04.02 Cervical</td>
<td>Prospective study to determine the relationship between survival and FIGO stage, tumour volume and corpus invasion in cervical cancer.</td>
</tr>
</tbody>
</table>

## Colorectal

<table>
<thead>
<tr>
<th>#</th>
<th>Trial</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MK0646 Colorectal</td>
<td>A Phase II/III Study of MK-0646 Treatment in Combination with Cetuximab and Irinotecan for Patients with Metastatic Colorectal Cancer</td>
</tr>
</tbody>
</table>
### Head & Neck

<table>
<thead>
<tr>
<th>Study</th>
<th>Type</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>POST</td>
<td>Adjuvant</td>
<td>Post-operative concurrent chemo-radiotherapy versus post-operative radiotherapy in high risk cutaneous squamous cell carcinoma of the head and neck.</td>
</tr>
</tbody>
</table>

### Leukaemia

<table>
<thead>
<tr>
<th>Study</th>
<th>Type</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>APML4</td>
<td>Advanced</td>
<td>A phase II trial in patients with previously untreated acute promyelocytic leukemia to evaluate the efforts of 1) adding arsenic trioxide to all trans retinoic acid &amp; idarubicin for remission induction and 2) adding arsenic trioxide to all trans retinoic acid as consolidation.</td>
</tr>
</tbody>
</table>

### Liver

<table>
<thead>
<tr>
<th>Study</th>
<th>Type</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunitinib</td>
<td>Advanced</td>
<td>A multinational, randomised, open-label, phase 3 study of Sunitinib Malate versus Sorafenib in patients with advanced hepatocellular carcinoma</td>
</tr>
</tbody>
</table>

### Lung

#### Adjuvant

<table>
<thead>
<tr>
<th>Study</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiant</td>
<td>A multicentre, randomised, double-blind, placebo controlled, phase 3 study of single agent Tarceva® (erlotinib) following complete tumour resection with or without adjuvant chemotherapy in patients with stage IB-IIIA Non Small Cell Lung Carcinoma who hav</td>
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#### Advanced 1st line

<table>
<thead>
<tr>
<th>Study</th>
<th>Details</th>
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<tbody>
<tr>
<td>BR29</td>
<td>A double blind randomised trial of cediranib versus placebo in patients receiving paclitaxel /carboplatin chemotherapy for the treatment of advanced or metastatic non-small cell lung cancer.</td>
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#### Advanced 2nd line

<table>
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<tr>
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<tbody>
<tr>
<td>BIBF1120</td>
<td>Multicentre, randomised, double-blind, phase III trial to investigate the efficacy and safety of oral BIBF1120 plus standard pemetrexed therapy compared to placebo plus standard pemetrexed therapy in patients with stage IIIB/IV or recurrent NSCLC after failing first line chemotherapy</td>
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### Oesophagus

<table>
<thead>
<tr>
<th>Study</th>
<th>Type</th>
<th>Details</th>
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<tbody>
<tr>
<td>TROG 03.01</td>
<td>Advanced</td>
<td>A randomised phase III study in advanced oesophageal cancer to compare quality of life and palliation of dysphagia in patients treated with radiotherapy versus chemo-radiotherapy</td>
</tr>
</tbody>
</table>

### Prostate

#### Adjuvant

<table>
<thead>
<tr>
<th>Study</th>
<th>Details</th>
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<tbody>
<tr>
<td>TOAD</td>
<td>A collaborative phase III trial: the timing of intervention with androgen deprivation in prostate cancer patients with rising PSA</td>
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### Miscellaneous

<p>| | | |</p>
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<tbody>
<tr>
<td>1</td>
<td>APOCC</td>
<td>Patterns of Cancer Care for Aboriginal People in NSW</td>
</tr>
<tr>
<td>2</td>
<td>Receiving End</td>
<td>On the receiving end: Patient perceptions of the side effects of cancer chemotherapy in 2008</td>
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### List of Trials Open for Recruitment at Macarthur Cancer Therapy Centre – Campbelltown

as of 17 August 2009

#### Breast

<p>| | | |</p>
<table>
<thead>
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<tbody>
<tr>
<td><strong>Adjuvant</strong></td>
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</tr>
<tr>
<td>1</td>
<td>ALTTO</td>
<td>A randomised, multi-centre, open-label, phase III study of adjuvant lapatinib, trastuzumab, their sequence and their combination in patients with HER2/ErbB2 positive primary breast cancer</td>
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<tr>
<td>2</td>
<td>CATS – BNP</td>
<td>Prediction of cardiotoxicity using serum N-terminal pro-B-type natriuretic peptide in breast cancer patients receiving adjuvant trastuzumab</td>
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<tr>
<td>3</td>
<td>IBIS II - DCIS</td>
<td>An international multi-centre study of Tamoxifen vs Anastrozole in postmenopausal women with hormone sensitive Ductal Carcinoma in Situ (DCIS)</td>
</tr>
<tr>
<td>4</td>
<td>SOFT</td>
<td>A phase III trial evaluating the role of ovarian function suppression and the role of exemestane as adjuvant therapies for pre-menopausal women with endocrine responsive breast cancer</td>
</tr>
<tr>
<td>5</td>
<td>STARS</td>
<td>A randomised comparison of Anastrozole commenced before and continued during radiotherapy for breast cancer versus anti-oestrogen therapy delayed until after radiotherapy.</td>
</tr>
<tr>
<td>6</td>
<td>TROG 07.01 DCIS</td>
<td>A randomised phase III study of radiation doses and fractionation schedules in non-low risk ductal carcinoma in situ (DCIS) of the breast.</td>
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#### Metastatic

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<table>
<thead>
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</thead>
<tbody>
<tr>
<td>7</td>
<td>COMPLETE</td>
<td>A randomised, open-label, phase III study of taxane based chemotherapy with Lapatinib or Trastuzumab as first-line therapy for women with HER2/neu Positive Metastatic Breast Cancer</td>
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#### Other

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<tbody>
<tr>
<td>8</td>
<td>IBIS II - Prevention</td>
<td>An international, multi-centre study of anastrozole vs placebo in postmenopausal women at increased risk of breast cancer.</td>
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</table>

#### Bone

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<tbody>
<tr>
<td>1</td>
<td>SC20 Bone Mets</td>
<td>A phase III international randomised trial of single versus multiple fractions for re-irradiation of painful bone metastasis.</td>
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#### Colorectal

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<tbody>
<tr>
<td>1</td>
<td>MK0646 Colorectal</td>
<td>A Phase II/III Study of MK-0646 Treatment in Combination with Cetuximab and Irinotecan for Patients with Metastatic Colorectal Cancer</td>
</tr>
<tr>
<td>Liver</td>
<td>Advanced</td>
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</tr>
<tr>
<td>1 Sunitinib</td>
<td>A multinational, randomised, open-label, phase 3 study of Sunitinib Malate versus Sorafenib in patients with advanced hepatocellular carcinoma</td>
<td>Med Onc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lung</th>
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<tbody>
<tr>
<td>2 BIBF1120</td>
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<tr>
<td>3 S103</td>
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</table>
RESEARCH
SSWAHS CLINICAL CANCER REGISTRY

Clinical Cancer Registry – what is it?

The ClinCR program registers all patients diagnosed or treated within the SSWAHS to identify the types of cancers that are presenting, at what stage people with cancer are being referred to cancer specialists, and what treatment modalities are being offered. The Registry currently holds 11,240 Completed cases (diagnosed between July 2005 and Dec 2007).

Patient Residence – where do they come from?

By analysing the postcodes of patient addresses at the time of diagnosis, it can be demonstrated that 30% of patients treated in SSWAHS lived outside the Area Health Service at the time of diagnosis.

Age and Gender – am I at risk?

Age and gender are important risk factors for cancer. The pictorial graph shows the number and percentage of cases presented at SSWAHS (by gender) for each tumour group.

The average age (at diagnosis) is 64.

Average Age of Diagnosis by Tumour Group
## STAFF

<table>
<thead>
<tr>
<th>SSWAHS Program Manager</th>
<th>Cancer Information Managers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandra Avery</td>
<td>Angela Bertheisen</td>
</tr>
<tr>
<td></td>
<td>Colorectal Cancer Data</td>
</tr>
<tr>
<td></td>
<td>Kirsten Duggan</td>
</tr>
<tr>
<td></td>
<td>Lung, Central Nervous System and Miscellaneous</td>
</tr>
<tr>
<td></td>
<td>Sandra Farrugia</td>
</tr>
<tr>
<td></td>
<td>Genito-Urinary</td>
</tr>
<tr>
<td><strong>Information Program Support</strong></td>
<td><strong>Information Program Support</strong></td>
</tr>
<tr>
<td>Isobelle Anscombe</td>
<td>Christine MacDonald</td>
</tr>
<tr>
<td></td>
<td>Breast and Gynaecological</td>
</tr>
<tr>
<td></td>
<td>Joyiti Prakash</td>
</tr>
<tr>
<td></td>
<td>Haematopoietic, Melanoma, Head and Neck</td>
</tr>
<tr>
<td></td>
<td>Mahbuba Sharmin</td>
</tr>
<tr>
<td></td>
<td>Upper Gastro Intestinal Tract and Colorectal</td>
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</table>

Cancer Registry Team
CLINICAL SERVICES – ADMINISTRATIVE SUPPORT

The past year has been a time of change within the administration support teams at Liverpool and Macarthur Cancer Therapy Centres. Staffing levels have fluctuated due to resignations, secondments and staff on extended leave. Staff were able to demonstrate their talents through multi-skilling while ensuring all positions within administration support services were covered to continue to provide a quality service to our customers. The teams were involved in the ongoing changes from paper records to EMR with scanning of all incoming patient correspondence for electronic signature.

The Macarthur and Liverpool Cancer Therapy Centres have implemented a new Electronic Billing System which no longer requires our radiation oncology patients to visit Medicare to lodge invoices. This system will significantly improve our revenue for radiation oncology while maintaining the current billing practice for all other services and clinics.

Both Centres have also been active in implementing a Voice Recognition system (Dragon) which speeds up written communication to patients medical providers. Our secretarial staff provided assistance when needed due to the significant increase in correspondence output in this last financial year with in excess of 11,000 letters being transcribed and electronically signed by our medical staff. Our new Website is up and running and we are attending to a variety of enquiries from the general public.

Congratulations must go to all our Administration Support Staff for their dedication and professional approach to their work, particularly in a time with limited resources.

Staff

Liverpool Administrative Support

- Information Manager: Phan Sayaloune
- IT Support: Adam Stanzione
- Transcription: Heather Patchett, Karen Singh
- Secretarial Support: Leanne Aarts, Narelle Barnett, Zelja Jankovic, Arlene Roach, Deborah Young, Melissa Cameron, Sharyn Aarts
- Clinical Administration: Rosalie Atkin, Holanda Bentancor, Ashti Bibani, Maree Cain, Naomi Holm, Kristy Jemison, Dorella Lutzen, Kriston Nicholls, Dean Ralph, Ida Ravindraraj, Brigida Sbezzi, Franca Serafin, Joanne Yeo, Helen Rawson

Macarthur Administrative Support

- IT Support: Janice Warner
- Transcription: Delma Bird, Suzanne McIntyre
- Secretarial Support: Tina Coppard, Colleen Reynolds, Ann See, Jodie Wilson
- Clinical Administration: Janet Byrne, Rosalyn Frederic, Nicole Marchbank, Michelle Moors, Julie O’Brien, Leanne Radovic, Annette Ryan
This report shows a 9 year comparison of budget, expenditure, staff and activity for Liverpool and Macarthur cancer services. There has been a 7% growth in staff over the last 3 years, attributable to the change in service structure and the cancer institute funded grants.

The table below shows a more detailed distribution of activity compared to the staffing numbers.
The Allied Health at Liverpool Cancer Therapy Centre comprises Social Workers, Dietitian, Speech Pathologist, Occupational Therapists, Physiotherapists, and Clinical Psychologists. They work together with other Cancer Therapy staff to provide quality services to inpatients and outpatients, and their families and carers. A summary of their work and achievements throughout the past year is outlined below:

Planning

Allied health representatives attend various service committees with a view to strengthening its working relationship with the rest of the cancer centre and contributing to relevant planning/decision making processes:
- Combined Liverpool-Macarthur CTC Management Committee Meetings
- LCTC Executive Committee Meetings
- Radiation and Medical Oncology Executive Meetings
- Education Committee Meetings
- Radiation Oncology Planning Day
- Area Cancer Services Council Meetings

LCTC Allied Health maintains regular liaison within its disciplines and with LCTC management on related issues:
- Regular allied health staff meetings
- Annual meeting with LCTC management representatives – Visual Management Meeting
- Each discipline has met with LCTC management representatives to discuss issues relevant to their respective services
- Joint meetings with MCTC Allied Health Staff

Patient Focus

Allied health representatives participate in various internal and external meetings regarding patient care/services:
- Cancer Institute NSW NSWOG meetings (such as Head & Neck, Neuro-oncology)
- MDT’s within LCTC
- State Social Work Oncology Group
- Social Work representation in the Liverpool Hospital End of Life Care Pathway Working Committee

Cross-discipline initiatives within Allied Health to provide patient-focused care:
- Combined Speech Pathology/Dietetics Head and Neck Clinic – The clinic continues after evaluation of services and patient outcomes in the management of swallowing and nutrition problems for patients with Head and Neck cancer
- Establishment of a combined allied health and nursing pre-treatment clinic for high risk Head & Neck cancer patients – In the planning phase
- Liverpool Lymphoedema Service – Combining all its mostly part-time Physiotherapists and Occupational Therapists, the service is now in the position to offer increased treatment time and co-management of patients

Other initiatives:
- Social Work, Clinical Psychology, Care Coordination, and nursing have received Cancer Council grant to hold two art therapy sessions for breast and gynae-oncology patients which were favourably received by participants
Social Work, together with the Neuro-Oncology Team and the Brain Injury Rehabilitation Unit at Liverpool Hospital, has successfully completed with funding from CINSW a series of pilot projects on services for patients with primary brain tumour:

- Information Fact Sheets on Cognitive and Behavioural Sequelae of Primary Brain Tumour
- Behavioural Consultancy intervention to remediate cognitive and behavioural sequelae in a patient with primary brain tumour
- Family Education Workshop to educate carers/patients on the management of cognitive and behavioural sequelae after primary brain tumour
- A one-day workshop on the management of cognitive and behavioural sequelae after primary brain tumour for allied health and nursing staff from neurosurgery departments and cancer services across NSW

Liverpool Lymphoedema Service:

- Has revised their referral pathways and has attempted to establish improved communication and pathways to other Lymphoedema Services
- Is working on the development of patient education brochures that are in-line with current professional standards
- Has made submissions for funding for equipment in early detection of Lymphoedema (i.e. the Impedi-med) which would be a great tool in management of patient care. The outcome of the submission is still pending

Oncology Physiotherapy Service is currently working on the development of patient education brochures on the role of physiotherapy and the importance of exercise whilst receiving inpatient treatment

With the addition of the Level 1-2 rotating Physiotherapist, non-lymphoedema patients referred are reviewed promptly. This includes the assessment and treatment of various musculoskeletal and neurological problems associated with cancer and its treatments, and outpatient mobility assessment and aid prescription

Social Work and Clinical Psychology have developed a referral pathway for psycho-oncology services and a patient brochure on psycho-oncology services

Involved in the production of LCTC DVD for patients

**Professional standards**

Allied health staff continues to attend relevant training, workshops, or conferences, both in-house and externally, to enhance service quality and standards, for instance:

- Dietician – Attended COSA Conference Nov 08, Workshop on the Radiotherapy and Nutrition Guidelines, Seminar on Nutrition, Physical Activity and Lifestyle Factors and Cancer Risk, as well as regular attendance at Oncology Interest Groups for Dietitians in NSW and Area Specialty Group for Oncology for Dietitians in SSWAHS

---

“Minds are like parachutes... They only function when open!....”

(Thomas Dewar)
Quality improvement initiatives

- Lymphoedema Service is planning to work on competencies of staff. It also conducts monthly in-services on lymphoedema related topics. Service delivery issues and quality improvement projects are also discussed bi-monthly.
- Dietetics is collecting clinical indicators for Head & Neck patients undergoing radiotherapy +/- chemotherapy between Macarthur, Liverpool, and RPA.

Organisational Development

Staffing issues:
- All Oncology and Haematology Social Workers have been successfully regraded to Senior Clinical specialty levels (Levels 3-5) under the new Allied Health Award.
- Decrease in Social Work staffing levels due to leave, vacancies, and related cover.
- Liverpool Physiotherapy has enhanced its service with a Level 1-2 rotating physiotherapist to cover the oncology ward and Lymphoedema outpatient service, and a Level 3 physiotherapist who supervises the junior staff and provides some outpatient Lymphoedema service.
- Speech Pathology currently has a vacancy in the Level 1-2 Head & Neck rotation, and the position is being covered by the Senior Speech Pathologist.

Current and future Projects include:

Service redevelopment:
- Over the last two years, Liverpool Physiotherapy and Occupational Therapy have combined their Lymphoedema Service into one so as to enhance services to patients, share resources, and conduct joint quality improvement projects.

Population Focus

Allied Health regularly conducts, or co-conducts with other disciplines, various patient education and support group programmes, or involved in providing relevant education to participants during such programmes:
- Living with Breast Cancer
- Gynaecology Support Group
- Brain Tumour Support Group
- Stem Cell Education Programme
- Laryngectomy Support Group
- Social Work was part of the Cancer Institute NSW Working Committee in organising a one-day State brain tumour symposium in November 2008.

Academic Focus

- A combined Dietetics/Speech Pathology Head and Neck research project was completed with involvement from University of Wollongong dietetics students –“Evaluation of the services provided in the Dietetic/Speech Pathology Joint Clinic for Head and Neck Cancer Patients, at the Liverpool Cancer Therapy Centre, including a Retrospective Analysis of patient outcomes up to 18 months post radiotherapy”. The project has also been submitted to the NSW Health Awards.
- The Dietician, Speech Pathologist and Social Worker co-submitted a poster and abstract to the COSA conference in Nov 08 – “Establishment of a...
combined nursing and allied health pre-treatment clinic for high risk Head & Neck cancer patients

- Speech Pathology co-presented with Drs Clark and McGuinness a lecture to Liverpool Hospital on “Laryngectomy – a surgical perspective and post-operative care”
- Various disciplines have taken student placements to maintain an academic link between teaching and clinical practice
- Social Work co-presented, posters and orally, the following papers/projects at COSA as well as conferences in Japan and Canada, with two of the presentations awarded prizes –
  - “The Impact of Cognitive and Behavioural Sequelae in Patients with Primary Brain Tumours on Family Members”
  - “A Survey of the Information Needs for People with Head and Neck Cancer and Their Relatives Resident in the South West of Sydney: Preliminary Results”
  - “The Prevalence of Behavioural Sequelae in Patients with Primary Brain Tumour and the Development of Information Resources”
  - “Patient Functional Status is Strongest Correlate of Challenging Behaviour after Brain Tumour”
  - “ Managing Challenging Behaviours after Brain Cancer: A Resource for Patients, Carers and Health Providers”
  - “Multi-Tiered Intervention Study for Patients, Carers and Health Providers to Address Challenging Behaviours after Brain Tumour”
  - “The Prevalence of Cognitive and Behavioural Sequelae of Adults with a Brain Tumour”

**Future Plans**

- Continue with the service initiatives and quality improvement initiatives by various disciplines outlined above
- Lymphoedema service is planning for the development of a Lymphoedema awareness group to target increased education and compliance amongst patients attending our clinic

**Staff**

<table>
<thead>
<tr>
<th>Occupational Therapy</th>
<th>Physiotherapy</th>
<th>Social Work</th>
<th>Clinical Psychology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monica Vasquez</td>
<td>Theresa Yong</td>
<td>Simone Hallett</td>
<td>Astrid Przezdziecki</td>
</tr>
<tr>
<td>Sarah-Grace Paguinto</td>
<td>Evangeline Nikas</td>
<td>Kim Brauer</td>
<td>Mariad O’Gorman</td>
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<td>Luisa Stewart</td>
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<td></td>
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<td>Simone</td>
<td>Gerald Au</td>
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<tr>
<td>Dietetics</td>
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<td>Terasa Gardner</td>
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<td>Katherine Pronk</td>
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<td></td>
<td>Debra McAuley</td>
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</table>

The Allied Health Team - up close and personal!!!
Allied Health at Macarthur Cancer Therapy Centre has grown over the past year with the introduction of new disciplines to the team. Allied Health consists of Clinical Psychologists, Dietitians, Diversional Therapy, Occupational Therapists, Social Workers, and Speech Pathologists. These allied health clinicians work within the Macarthur and Palliative Care Units to provide services to both inpatients and outpatients, their families and carers. They work together with other Cancer Therapy staff to meet the range of patient needs and continually strive to provide a quality service.

**Staff**

Staffing in Allied Health at MCTC has grown over the past year and has included:

<table>
<thead>
<tr>
<th>Social Work</th>
<th>Dietetics</th>
<th>Occupational Therapy &amp; Lymphoedema</th>
<th>Clinical Psychology</th>
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<tbody>
<tr>
<td>Jenella Cottle</td>
<td>Rebecca Phillips</td>
<td>Katie Faddy</td>
<td>Carlie Jordan</td>
</tr>
<tr>
<td>Jacinta Humphries</td>
<td>Kit Lai</td>
<td>Rebecca Tyson</td>
<td>Deepa Chauan</td>
</tr>
<tr>
<td>Gloria Yu</td>
<td>Hayley Patterson</td>
<td>Catherine</td>
<td>Mariad O’Gorman</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Speech Pathology</th>
<th>Diversional Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armalie Muller</td>
<td>Rebecca Day</td>
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<tr>
<td>Katherine Symeou</td>
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</tbody>
</table>

A summary of Allied Health’s work and achievements throughout the past year is outlined below.

**Planning**

- Allied Health Representatives attended:
  - Combined CTC executive Committee Planning Day
  - Radiation Oncology Planning Day
  - MCTC executive meetings
  - SWOG (SW Oncology Group) at Cancer Council (Social Work)
  - SW in Palliative Care Group (MCTC/Palliative Care Social Work)
- Allied Health attended:
  - Regular site and combined Allied Health meetings
  - Relevant case conferences and MDT meetings
  - Relevant community support groups to provide education and support
- Liaison between sites and departments to improve efficiency of patient management and service provision in:
  - Regular case conference psycho-social meeting attended by Social Work, Clinical Psychology and Diversional Therapy.

**Patient Focus**

- Continued continuity of care with Occupational Therapy and Speech
Pathology providing inpatient care to patients previously known to their outpatient service

- Clinical Indicators collected in:
  - Diversional Therapy:
    - Achievement of patient improvement with regards to intervention and leisure practices.
  - Clinical Psychology:
    - Provision of continuity of care by Clinical Psychology to inpatients admitted to general medical ward with continued outpatient service.
  - Occupational Therapy:
    - Commenced use of AUSToms for any patients requiring a home visit lasting greater than 60mins in either Palliative Care or MCTC.
    - Lymphoedema clinical indicators looked at improving wait list times and reviewing data received from review visits.
  - Dietetics:
    - Commenced collected head and neck (H&N) CI for frequency of contact and percentage weight loss.
  - Speech Therapy
    - Vocal quality and use following voice therapy.
    - Laryngectomee Outcome Measures

- Provision of in servicing by a range of Allied Health staff to fellow CTC staff and community services including:
  - By Allied Health to Medical Oncology regarding scope of practice
  - Speech Pathology to nursing staff regarding communication and swallowing management with Laryngectomees.
  - Speech Pathology updated and implemented area wide patient handouts for voice, communication, swallowing and Laryngectomee care for use post surgery and during / post radiation/chemo therapy
  - The role of occupational therapy in CTC and palliative care
  - Occupational therapy to CTC in the area of lymphoedema
  - The role of diversional therapy in CTC and palliative care
  - Social Work presented “Breaking Bad News” in April 2009 to Junior Medical Officers

**Professional Standards**

- Establishment of MCTC Diversional Therapy Policies and Procedures.
- Establishment of and attendance at Clinical Networks/Specialty Groups. These allow networking between sites, sharing of resources, development/comparison of clinical indicators and discussion regarding practice guidelines
- Speech Pathology chaired and attended SSWAHS Speech Pathology Clinical Network
- Speech Pathology attended regular Senior H&N Speech Pathology Peer Supervision meetings
- Completion of SSWAHS voice competencies for staff training and skill development by speech pathologists
- Occupational therapy attended bimonthly area wide Clinical Network Group for Oncology/Palliative Care and Lymphoedema
- Completion of clinical competencies for occupational therapists in CTC and palliative care
- Policies and procedures for occupational therapist working in palliative care and CTC updated
- Introduction of diversional therapy to CTC and palliative care
- New diversional therapy policies written
Regular supervision with experienced clinical psychologists working with oncology setting
Regular attendance at Psychology in Oncology Meetings held bimonthly
Consultation with SSWAHS Area Director of Psychology regarding development of clinical psychology service
Attendance at specialty workshops specific to psychological care within oncology, as well as attendance at workshops developing therapeutic skills aimed to enhance treatment outcomes.

Organisational Development

- Establishment of MCTC Diversional Therapy referral, initial assessment and home visit forms to improve intake and information records
- Establishment of a Diversional Therapy program that covers both MCTC and Palliative Care Unit
- Establishment of new MCTC occupational therapy initial assessment and home visit forms to improve intake and information records
- Establishment of new lymphoedema referral and initial assessment forms to improve intake and information records
- Establishment of temporary full-time Clinical Psychology service at MCTC
- Development of clinical psychology assessment for new referrals
- Facilitating liaison between social work and clinical psychology at MCTC through regular psycho-social meetings and Facilitating development of a ‘Psycho-social’ service in consultation with social work.
- Facilitating in collaboration with the Director of MCTC establishment of Consultation Liaison Psychiatry coverage for MCTC outpatients.

Population Focus

- Provision of education to various patient groups including:
  - Information on leisure practices and community links to MCTC Diversional Therapy patients
  - Occupational therapy education given to Camden Breast Cancer Survivors group
  - Macarthur Young Adult Cancer Support (YACS) groups continued until December 2008 and currently is on hold due to short staffing
  - Social Work involved with Complementary therapies of Reiki, Art therapy, Meditation and Muscle therapy
  - Social Work received funding for Children Grief Workbooks from Camden Breast Cancer Support Group
  - Social Work received donation of ‘Journey of Two Hearts’ and ‘Over the Rainbow’ books for cancer patients and their family
- Ongoing provision of patient and carer groups including:
  - Diversional Therapy Group for patients
  - Lymphoedema prevention education group
  - New written lymphoedema education booklets produced and given to patients
- Provision of continuity of care by occupational therapy to inpatients admitted to general medical ward with continued outpatient service.
- Developing further links in community including organising meetings with Community Mental Health to provide information on clinical psychology service at MCTC.

Academic Focus

- Continued involvement in all relevant education programs and inservices
- Supervision of students in all disciplines within MCTC
- Speech Pathology attended:
o Dr Blom H&N Course
  o Intermediate-Advanced training in Modified Barium Swallows, with Dr Catriona Steele

- Dietetics are working on:
  o Can an electronic oncology management system be utilised to obtain meaningful service data for an outpatient Dietitian oncology service?

- Occupational Therapy are completing a:
  o Joint qualitative research between occupational therapy and UWS into women with lymphoedema occupations post breast cancer.

- Clinical Psychology involved in:
  o relevant education groups and in-services. Clinical Psychology attending Bi-monthly Psychologists in Oncology meetings.

- Social Work involved in:
  o “Clinical Psychology and Social Work Service Integration at Macarthur Cancer Therapy Centre MCTC” by Clinical Psychology and Social Work
  o ‘Specialist Communication Skills Component of Area ABC of Palliative Care Workshop’ in 2009 (3 times per year)

**Future Plans**

- Ongoing liaison between centres and AH staff to improve patient access, standards of care, service provision and management of waiting times
- Continued development of relevant competencies in specialist areas (eg. H&N and Laryngectomee management, lymphoedema)
- Ongoing liaison between centres and AH staff to improve patient access, standards of care, service provision and management of waiting times.
- Ongoing research with UWS
- Development of therapeutic groups offered to MCTC outpatients by Clinical Psychology department.

*MAGIC HAPPENS!!!!!*
There have been several staffing changes over the past year. Justine Kemsley, Nurse Unit Manager (NUM), is currently on Maternity Leave. Lenore Knapman is the Acting NUM during Justine’s leave. Tania Luxford commenced in November 2008 as the Lung Care Coordinator. Sharon Linden has returned from Maternity Leave. Gai Fairnham is currently the Acting Breast Care Coordinator whilst Anne-Marie Griffin is on secondment to the Cancer Institute. Joanne Bartley and Diana Ngo have become full-time Registered Nurses within LCTC after completing their New Graduate Nurse Program.

Betty Silaphet gained her Clinical Nurse Specialist status.

Several secondments have concluded over the past 12 months Aura Serrano Acting NUM, Betty Silaphet Acting Clinical Nurse Educator and Lenore Knapman Acting Colorectal Care Coordinator. We appreciate all of their hard work during their secondments.

Danielle Martens has joined the Liverpool Clinical Trials department.

A Vascular Access Device training program has been commenced by CTC and GGE nurses to nursing staff within the Emergency Department and 2 wards of Liverpool Hospital. This will enable staff from these areas to provide essential care to cancer patients. Portacath Care Clinics have been implemented twice weekly and a PICC insertion timetable has been commenced. All 3 of these strategies have had a significant impact on reducing the Radiation Bay nurses workload.

Within the last 12 months a Treatment coordinator role has been commenced in the Chemotherapy Day Centre as a trial to improve the workflow and communication between the patients, nurses, pharmacists and medical staff. The Radiation Bay continues to have 3 designated nurses specialising in dressings, skin care and other radiation toxicities.

New Policies and Procedures have been implemented. We have continued to evaluate our Monthly audits. Our Education program continues with inservices attended by nursing staff up to 4 times per week.

All permanent nurses of LCTC were able to attend the 2008 Clinical Oncology Scientific Meeting held in Sydney for at least one day.

The Cancer Council held a Workshop called Resilience in the Workplace. 3 nurses were able to attend this weekend workshop.
<table>
<thead>
<tr>
<th>STAFF</th>
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## Cancer Therapy Centre

<table>
<thead>
<tr>
<th>Nurse Unit Manager</th>
<th>Clinical Nurse Specialist</th>
<th>Registered Nurses</th>
<th>Care Co-ordinators</th>
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</thead>
<tbody>
<tr>
<td>Justine Kemsley</td>
<td>Betty Slaphet</td>
<td>Rhonda Eke</td>
<td>Breast</td>
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<tr>
<td>Acting Lenore</td>
<td>Enrolled Nurses</td>
<td>Monica Fowler</td>
<td>Anne-Marie</td>
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<tr>
<td>Knapman</td>
<td>Amanda Baldwin</td>
<td>Vinodini Onawale</td>
<td>Griffin</td>
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<td></td>
<td>Carol Doherty</td>
<td>Aura Serrano</td>
<td>Gai Fairnham</td>
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<td></td>
<td>Yvette Furney</td>
<td>Amy Wholohan</td>
<td>Lung</td>
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<td></td>
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<td>Tanya Tesauro</td>
<td>Tania Luxford</td>
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<td>Joanne Bartley</td>
<td>Haematology</td>
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<td></td>
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<td>Diana Ngo</td>
<td>Alicia Cianfiore</td>
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<td>Head &amp; Neck</td>
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<td></td>
<td>Luci Dall’Armi</td>
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<td>Colorectal</td>
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<td></td>
<td></td>
<td></td>
<td>Sharon Linden</td>
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## Crimson Ground East

<table>
<thead>
<tr>
<th>Nursing Unit Manager</th>
<th>Registered Nurses</th>
<th>Undergraduates</th>
<th>Clinical Nurse Specialists</th>
<th>Enrolled Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donna Boman</td>
<td></td>
<td>Zena Najm</td>
<td>Karen Baker</td>
<td>Melissa Keough</td>
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<td></td>
<td></td>
<td>Richard Young</td>
<td>Sally Carey</td>
<td>Nardy Lucero</td>
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<td>Asep</td>
<td>Gai Fairnham</td>
<td>Sladjana Starcevic</td>
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<td>Badrujamaludin</td>
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<td>Aimee Torres</td>
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<td>Margaret Wilkes</td>
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## Ward Clerk

<table>
<thead>
<tr>
<th>Clinical Nurse Educator</th>
<th>Ward Clerk</th>
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<tbody>
<tr>
<td>June McEachern</td>
<td>Beverley Ryan</td>
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<tr>
<td>May Valdez</td>
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48
The past year has been a time of further change and development within our nursing team. Our staffing levels have fluctuated periodically due to staff transfers and resignations.

**Achievements:**

Macarthur Cancer Therapy Centre (MCTC) nursing staff continue to play a major role in providing ongoing support and input into the further development, implementation and evaluation of ‘MultiAccess’ (our upgraded electronic information system). An electronic system for receiving and making patient treatment bookings has been implemented and eliminates the need for paper request forms. The ‘MultiAccess’ education package that has been developed and implemented for MCTC nursing staff has been reviewed and updated.

- The Acute Ambulatory Nursing Assessment Unit was opened in MCTC in March 2008. The Assessment Unit operates from 0830 to 1700 Monday to Friday and provides assessment and management of toxicities and complications for patients receiving chemotherapy and/or radiation therapy. The implementation of the Assessment Unit and establishment of the Assessment Nurse role has resulted in reduced waiting times from patient presentation to review by the Assessment Nurse and Medical Officer, decreased time from patient presentation to commencement of treatment and less patients requiring presentation and admission to the Emergency Department.

- The Young Adult Cancer Support Group (YACS) has been implemented as a combined nursing/social work initiative. The purpose of the group is for young adults with cancer who have either completed or are receiving treatment to be able to meet and discuss/share concerns that are relevant to this group of clients.

- A Vascular Access Device training program has been implemented within Emergency Department and various ward areas of Campbelltown Hospital. This has facilitated Emergency Department and ward staff being trained and credentialed in the management of Vascular Access Devices, therefore providing the best quality care to cancer patients who have such devices. Designated ‘Superusers’ within these ward areas are now training and credentialing nominated staff members within their specific areas.

- A number of new policies and procedures have been developed and implemented.

- Monthly quality audits are completed, documented and evaluated by the MCTC nursing staff.

- Twice weekly nursing in-services have been conducted with presentations from the medical, nursing, allied health, community and pharmaceutical companies.

- Annual chemotherapy re-credentialing continues, this quality activity ensures that the nursing staff who administer cytotoxic agents are aware of and are practising current up to date best practice. There is documented evidence of competency.
A number of MCTC Nursing Key Performance Indicators have been developed and implemented.

Karl Jobburn our Clinical Nurse Educator has completed his Master of Nursing.

2 MCTC RN’s attended the 2008 Clinical Oncology Scientific Meeting.

1 MCTC Registered Nurse attended the Resilience in the Workplace Workshop – conducted by the Cancer Council.

MCTC is allocated 2 Transitional Registered Nurses per year and a number of students from various university faculties who are undertaking their degree in nursing.

<table>
<thead>
<tr>
<th><strong>Staff</strong></th>
<th><strong>Registered Nurses</strong></th>
<th><strong>Transitional Registered Nurses</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nursing Unit Manager</strong></td>
<td>Denise Burns</td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Nurse Educator</strong></td>
<td>Karl Jobburn</td>
<td>Anna Simmons</td>
</tr>
<tr>
<td></td>
<td>Yamileth Aguilar</td>
<td>Jhoanne Plan</td>
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<tr>
<td></td>
<td>Kelly Bourke</td>
<td>Bronwyn Neil</td>
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<tr>
<td></td>
<td>Elspeth Carson</td>
<td>Meghan Sandoz</td>
</tr>
<tr>
<td></td>
<td>Linda Craig (part-time)</td>
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<tr>
<td></td>
<td>Bernadette de Souza</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gail Dwyer (part-time)</td>
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<tr>
<td></td>
<td>Jennifer Mitchell (part-time)</td>
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<td></td>
<td>Michelle O’Mochain</td>
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<td></td>
<td>Chong Noi Peacock</td>
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<td>Jhoanne Plan (part-time)</td>
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<td></td>
<td>Suzanne Rochfort</td>
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</table>
Staffing levels have remained the same this year with 2.0 FTE Pharmacists (Rebecca Grundy and Vy-Vy Tran) and a 1.0 FTE Pharmacy Assistant (David House).

Liverpool Cancer Therapy Pharmacy has been very busy this year servicing both Medical Oncology and Haematology Departments.

We continue to provide the same quality service which includes:

- Provision of a Clinical Pharmacy service to Medical/Radiation Oncology and Haematology inpatients and outpatients
- Provision of information to Medical and Nursing staff
- Established patient education service
- Chemotherapy production service
- Involvement with the Cancer Therapy Research Committee and Clinical Trials
- Involvement with compassionate use programmes
- Participation in multidisciplinary team meetings

We recently presented the results of our patient education survey at the 2009 International Society of Oncology Pharmacy Practitioners (ISOPP) Annual Australasian Symposium, showing our dedication to service improvement.
No major changes to staffing in the MCTC Pharmacy this year, other than a new casual staff member Michele Joyce who has been covering the 0.2 FTE Technician vacancy. Pirkko Boyd, Brett Ly and Debra Vandine continue in their roles.

This year we have continued to see growth in the number of chemotherapy treatments being ordered and administered due to the additional medical oncology clinics and increase in the number of Medical Oncologists who see patients here at MCTC.

We have seen improvements in communication and documentation by utilising some of the features of the Multi Access program such as Quality Checklists. This allows for greater communication between the Oncologists, nurses and pharmacists regarding cancellations and delays of chemotherapy treatments and minimizes the number of emails which need to be sent. Some policies have been discussed and updated which have allowed staff to have firm guidelines to follow for eg the new magnesium policy and the updated blood parameter policy. Some chemotherapy administration protocols have been revised for eg Herceptin and Mabthera (rapid infusion has decreased patient’s treatment time and nursing time).

The CAMS quality project is still in progress. Data has been collected on patient’s usage of complementary medicines for 12 months and this will be reported on late 2009 or early 2010.

We continue to participate in the multi-disciplinary meetings such as the weekly clinical meeting, the monthly Morbidity and Mortality meetings, clinical trials research committee meeting and executive meetings. This year has seen a further increase in clinical trials participation and pharmacy involvement in their implementation. For eg the OSI Radiant study, SOFT/TEXT study, IBIS 11, ALLTO study, COMPLETE study and MK0646 Colorectal study.

Our pharmacists have endeavoured to keep up to date with new developments in cancer treatment by attending continuing education courses and information sessions. Brett is currently attending the BSOC Basic Sciences in Oncology course run by the NSW Cancer Institute. Pirkko will be attending this year’s ISOPP (International Society of Oncology Pharmacy Practitioners) meeting in August 2009.

STAFF

Brett Ly
Debra Vandine
Patient education and support groups are continually evaluated and programmes developed each year. Response rates from these groups direct the frequency and content for delivery of further patient support groups and education sessions. Liverpool produced a patient orientation DVD to inform patients of what to expect of the service. It can also be found on the Cancer Services Website.

For the past three months the Cancer Council Patient Information Centre has been open for business. The Cancer Council NSW and the Liverpool Cancer Therapy Centre (LCTC) identified an opportunity to work collaboratively to enhance the effective provision of cancer information. An information Centre, staffed by Cancer Council volunteers from the Liverpool community may provide an opportunity for visitors to access cancer websites, or allow an opportunity for family members to call Helpline.

There are a multitude of in-services and training for cancer services staff that are co-ordinated by the education committee members. A weekly education bulletin is sent to all staff listing all programmes scheduled for the week. Some of the open programmes include:

- Multi-disciplinary team discussions for Breast, Lung, Genito-Urinary, Gynaecology Oncology, Head & Neck, Upper Gastrointestinal

- Radiation Oncology Interesting Cases/Audit Meeting

- Regular Inservice sessions:
  - Tuesday and Thursday Nursing education programmes
  - Radiation Oncology Registrar Tutorials weekly for part 1 and 2 candidates
  - Medical Physics Research Meeting
  - Nurses Palliative Care Education
  - Radiation Therapy In-Service Program

- Wednesday morning education/journal club meetings which showcase research, QA, updates on clinical advances, changes in procedure (see below for some examples). These are managed using a combined public calendar and advertised weekly for information. The calendar is located under clinical services for the SSWAHS, and presentations from all the sessions are available on the public folders.
# JOURNAL CLUB

<table>
<thead>
<tr>
<th>Speaker</th>
<th>Organisation</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof Madeleine King, PhD</td>
<td>Cancer Australia Chair in Cancer Quality of Life/University of Sydney</td>
<td>Assessing Quality of Life in Cancer – Why bother?</td>
</tr>
<tr>
<td>Dr Andrew Wong</td>
<td>Clinical Research Fellow, CCORE</td>
<td>A dosimetric comparison of IMRT Techniques and standard wedged tangents for whole The Cancer Institute’s International Sabbatical Grant – Princess Margaret Hospital, Toronto</td>
</tr>
<tr>
<td>Renee Voysey</td>
<td>Radiation Therapist Educator, Liverpool Hospital</td>
<td></td>
</tr>
<tr>
<td>Dr Weng Ng</td>
<td>Medical Oncologist, Liverpool Hospital</td>
<td>Optimal Chemotherapy Utilisation Rate in Best Quality Cancer Care</td>
</tr>
<tr>
<td>Katherine Pronk &amp; Candice Baxter</td>
<td>Allied Health, Liverpool Hospital</td>
<td>The Dietetic/Speech Pathology Joint Clinic for An evaluation and future directions</td>
</tr>
<tr>
<td>Heather Shepherd BA</td>
<td>Centre for Medical Psychology &amp; Evidence based decision making (CemPed)</td>
<td>Shared Decision Making Survey Update</td>
</tr>
<tr>
<td>Various</td>
<td>Research Showcase</td>
<td>5 minute presentations giving an overview of current research being undertaken</td>
</tr>
<tr>
<td>Professor Geoff Delaney</td>
<td>Director of Radiation Oncology</td>
<td>Highlights from the St Gallen Breast Cancer Symposium – follow up of cancer, post-mastectomy radiotherapy, Tamoxifen</td>
</tr>
<tr>
<td>Dr Peter Greer</td>
<td>Medical Physics Specialist, Calvary Mater Newcastle Hospital &amp; University of Newcastle</td>
<td>MRI for prostate radiotherapy:delineation and dose planning and EPID research</td>
</tr>
<tr>
<td>Professor John Kearsley</td>
<td>Director of Cancer Services, St George Hospital</td>
<td>An Introduction to Healing for Medical Students: An Overview”</td>
</tr>
<tr>
<td>Dr Rebecca Strutt</td>
<td>Palliative Care Specialist, Liverpool Hospital</td>
<td>Results of end of Life Care Project Phase II</td>
</tr>
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</table>

“The harder I work ....the luckier I get!!”

Anon
The Information Management Committee implements the Cancer Services Information Management and Technology plan. There is an ever increasing need for IT services as the Cancer Service grows.

A major component of IT activities is the maintenance and development of the Electronic Medical Record (EMR), known as Multi-Access. This system has undergone expansion and improvement during the year and is due for a major upgrade in 2010. Extensive preparatory work is being undertaken ahead of the upgrade. Multi-Access allows for paperless record keeping, treatment prescription and delivery. Updated records are instantly viewable by staff across the entire area. A major achievement during 2009 was the integration of Haematology services into Multi-Access.

Another significant focus of activity was the electronic billing project. After much development and testing this has now gone live and is expected to simplify the billing process for patients and staff.

A new and comprehensive Cancer Services website has also been implemented. This site is user-friendly and contains detailed general cancer information and services available at Cancer Therapy.

Some staff are now using computerised voice recognition software to generate dictated letters and this has resulted in faster communication back to referring doctors and general practitioners.

Adam Stanzione has moved on after many successful years as the Liverpool Cancer Therapy Centre IT analyst. The new analyst is David Warner. Thanh Tran has been appointed to a new role as Oncology System Support Analyst to work in conjunction with the senior Oncology Information System Manager, Nasreen Kaadan.

2010 presents more challenges with the EMR upgrade and continuing need to upgrade the hardware and software infrastructure necessary to support clinical services.

IMT Committee: Alison Pryor, Nasreen Kaadan, Dr Allan Fowler, Janice Warner, Adam Stanzione, Sandra Avery, Pham Sayaloune and Lynette Cassapi. Absent: Gary Goozee.
The Quality Committee only met on a few occasions due to the busy schedule all staff were under. Instead, the Quality Committee formed a working committee for the Numerical Profile that was held in November 2008 and now working towards Equip for 2010. One comment from Numerical Profile was noted:

“Special mention to Cancer Therapy / Oncology Pharmacy which have devised and implemented a comprehensive induction program for new staff when it was identified that no existing training satisfied the requirements of the department.”

Regular audits and activity reports are collected and reported through the Quality Committee. Key Performance Indicators for Radiation Oncology and Administration continue to be developed and expanded to provide meaningful and useful activity measures, and Medical Oncology and Palliative Care now have consistent KPIs that are reported to Area Cancer Services, as well as community indicators that were agreed through the Transition Committee, to be used for benchmarking in 2009/2010.

One activity that was an improvement for Liverpool was the transcription. Due to reduced staffing levels, the secretarial staff typed their clinicians correspondence which brought the mail out of correspondence to 24 hours from being dictated.

**QUALITY PROJECTS**

- Ongoing improvements to the electronic patient record include form letters, electronic internal referrals, electronic billing and treatment summaries and review of medical oncology and chemotherapy scheduling.
- Voice recognition software has been purchased. It is expected that this will be rolled out across the service to reduce transcription turnaround.
- Palliative Care End Of Life Project is a finalist in the NSW health to be announced on the 30th October 2010. It won 1st prize in SSWAHS Area Quality Awards category 2C, winner of the Palliative Care NSW Innovation In Palliative Care Practice Award for EOLCP.

“Children will soon forget your presents…. …but they will always remember your presence…!”  (Dobson)
MULTI-DISCIPLINARY CARE

BREAST CANCER - Gai Farnham Clinical Nurse Educator

During the 12 month period 1 July 2008 to 30 June 2009 there have been 562 new breast cancer patients at our centre.

The weekly MDT meeting is video-linked to Macarthur for each meeting. There is regular, weekly attendance from Radiation Oncology, Medical Oncology, Surgery, Pathology, Radiology, Genetics, Clinical Trials, Social Work and the Breast Cancer Care Coordinator.

Patients continue to be recruited to numerous clinical trials currently in progress for breast patients, covering the areas of medication, surgery, radiotherapy and lifestyle. The bi-annual “Living with Breast Cancer” support group continues to be a success with many of these ladies going on to join one of the local patient run support groups in the area. The success of this program is thanks to the team effort of a number of dedicated allied health professionals in Cancer Services.

Anne-Marie Griffin, who has held the Breast Cancer Care Coordinator position for the past six years is currently on secondment to the NSW Cancer Institute. In her place is Gai Fairnham, the current Clinical Nurse Educator from the Oncology/Haematology ward.

The provision of care coordination service to Breast Cancer patients within the Western Zone has been assisted by the employment of McGrath Breast Cancer Nurse Jenny Kyle to the Macarthur Cancer Therapy Centre.

COLORECTAL CANCER
Dr Karen Wong, Staff Specialist, Radiation Oncology

The Western Zone Colorectal Multi-Disciplinary Team (MDT) meets fortnightly at Liverpool Hospital. There have been a number of changes to our team in the last year. In Radiation Oncology, Dr Andrew Kneebone left to take up a position at Royal North Shore Hospital in July last year and I joined the team in August. In Medical Oncology, Dr Patricia Kho left in December to take up a position at Sydney Adventist Hospital, and Dr Weng Ng and Dr Mahmood Alam joined our service. In Surgery, Prof Cyril Wong retired earlier this year. Mrs Sharon Linden returned from maternity leave to resume her position as the colorectal care co-ordinator when we farewelled Ms Lenore Knapman who took on the role of Acting NUM at Liverpool Cancer Therapy Centre. Ms Georgina Fenton has joined our service to provide genetic counselling services for high risk colorectal cancer patients and families.

The South Western Sydney Colorectal Tumour Group Database, established in 1997, has now over 3000 patients registered. High quality research from this database has been undertaken and has resulted in multiple publications in the last 18 months. Molecular research related to the database is currently underway looking at biomarkers of prognosis and response to therapy in colorectal cancers.

We continue to participate in colorectal cancer educational programmes such as the Sydney South West Area Health Service-Western Zone Annual Stomal Therapy Nursing Workshop. In July this year, a number of our team members also participated in the 10th Interdisciplinary Radiation Oncology Seminar, “Integrated Approach to the Management of Lower GI Cancer”, at Liverpool Hospital.
The Head and Neck (H&N) Tumour group meets fortnightly for multidisciplinary team (MDT) case discussions. Membership of this team includes representation from surgery (H&N, ENT and reconstruction), radiation oncology, medical oncology, palliative care, radiology, nuclear medicine, pathology, oral medicine and pathology, social work, dietetics and speech pathology. The Cancer nurse coordinator convenes these meetings with administrative support from the recently appointed MDT Admin support officer. A H&N clinic is conducted weekly by this same group of health professionals as well as rotating surgical fellows from the UK and Canada. There were 143 new patients seen in clinic in 2008. The benefits of this team approach are twofold in that patients receive optimal information and treatment, and the staff gain knowledge from each other’s expertise. Professional development of the group is also enhanced by a monthly journal club meeting.

The group is active in research. A study was recently completed exploring “Patterns of Information Needs and Affective Distress for people with H&N cancer and their family members.” Results are being actively disseminated. Group members are involved in various other collaborative projects.

Supportive care for patients is a primary concern. A combined Nursing and Allied Health Pre-treatment clinic is being developed to capture and assess high-risk patients with potentially complex needs prior to treatment. A working party is developing policies and procedures for patients with a Laryngectomy.

The Lung Cancer Multidisciplinary Team continues to meet fortnightly with a videoconferenced meeting between Liverpool and Macarthur Cancer Therapy Centres. This meeting is attended by all disciplines. The group has written protocols for management and follow-up of lung cancer patients. Data are collected on all patients presented, a treatment decision recorded and GP’s notified of the management plan.
Our Lung Cancer Coordinator meets all patients with newly diagnosed lung cancer at the two centres to provide information, support and help patients navigate their care through the treatment process. Members of the group are active in the Australasian Lung Cancer Trials Group and in the NSW Lung Oncology Group.

The group is active in research. Patients undergoing radiotherapy and chemotherapy are offered participation in ongoing clinical trials. The data recorded at the multidisciplinary meeting has provided the basis for research projects and conference presentations. Three such presentations were selected for poster discussion at the 13th World Conference on Lung Cancer, San Francisco, 2009. An abstract was also accepted for oral presentation at the 56th Society of Nuclear Medicine annual meeting held in Toronto, June 2009. There is close collaboration between the nuclear medicine department and radiation oncology department with regard to the use of FDG-PET in radiotherapy planning. This has also been the subject of research by registrars.

**NEURO ONCOLOGY Dr Eng-Siew Koh, Neuro Oncology Tumour Stream Leader**

The Neuro-Oncology Multi-Disciplinary Team (MDT) in SSWAHS (Western Zone) continues to meet fortnightly with a focus on all cases of malignant and benign brain tumour cases. The MDT receives representation from all disciplines as listed below.

A clinical database has demonstrated a steady volume of neuro-oncology cases and has especially highlighted the number of benign tumour cases being managed.

The past 12 months has seen the completion of a highly successful project entitled “Addressing the Cognitive and Behavioural Sequelae of the Adults with Brain Tumour: Trialling a Behavioural Consultancy Model”, supported by a Grant from the Cancer Institute NSW. This has represented a very successful collaboration between co-investigators Dr Grahame Simpson (Research Fellow, Brain Injury Rehabilitation Unit), Dr Diane Whiting (Clinical Psychologist), Kylie Wright (Neurosurgical Nursing at Liverpool and Rochelle Firth at Royal North Shore Hospitals), Teresa Simpson (Oncology Social Work) and Kathryn Younan (Project Officer). The project has been the recipient of two national awards and has been the first to systematically document the prevalence of behavioural impairment in primary brain tumour patients. Other project outcomes have included running both carer and Health Professional workshops addressing management strategies, and the development and dissemination of 16 Fact Sheets on Cognitive and Behavioural Sequelae. A current follow-on project actively recruiting is a screening study using tools to detect these impairments in a brain tumour population.

Both professionals and consumer groups have flagged the urgent need for care coordination as a key area of service provision given the complexity of treatment pathways and patient needs. Recruitment to the role of Neuro-oncology Care Coordinator funded from a Cancer Institute NSW Health Innovations Grant, is however yet to be confirmed.

The Brain Tumour Support Group, coordinated by Kylie Wright and Teresa Simpson has celebrated its sixth year anniversary, and continues to hold successful monthly sessions with a diverse program with relevant themes for both patients and carers.

Members of the MDT continue to be active participants in Neuro-Oncology NSWOG as well as Cooperative Trials Group for Neuro-oncology (COGNO). Liverpool is also a participating site for the Australian Genomics and Clinical Outcomes of Glioma (AGOG), a national brain tumour network funded by a 5-year Strategic Research Partnership Grant from the Cancer Council NSW. AGOG will establish a research
resource with specific focus on clinical care patterns, functional genomics and the genetic epidemiology of glioma. Liverpool Hospital is also a participating site for the NCIC-EORTC-TROG multi-site phase III trial in Low Grade Glioma.

**Neuro-Oncology Multidisciplinary Team members**

**Neuro-surgeons**
A/Prof Mark Sheridan  
A/Prof James van Gelder  
Dr Balsam Darwish  
Dr Simon Mckechnie  
Dr Renata Abraasko

**Pathology**
Dr Alar Enno  

**Radiology**
Dr Ramesh Cuganesan

**Medical Oncology**
Dr Eng-Siew Koh  
Prof Michael Barton  
Dr George Papadatos

**Neuro-surgical Trainees**
Dr Matthias Jaeger  
Dr Catherine Cartwright  
Dr Michael Yang  
Dr Joanne Lee  
Dr Renata Bazina

**Palliative Care**
Dr Rebecca Strutt  
Dr Jennifer Wiltshire

**Radiation Oncology**
Dr Mahnood Alam

**Pathology**
Dr Alar Enno  

**Medical Oncology**
Dr Eng-Siew Koh  
Prof Michael Barton  
Dr George Papadatos

**Pathology**
Dr Ramesh Cuganesan

**Medical Oncology**
Dr Eng-Siew Koh  
Prof Michael Barton  
Dr George Papadatos

**Neurosurgical Nursing**
Ms Kylie M Wright

**Palliative Care**
Dr Rebecca Strutt  
Dr Jennifer Wiltshire

**Neurosurgical Nursing**
Ms Kylie M Wright

**Other Allied Health**
Ms Candice Baxter  
Mr Gerald Au

**UROLOGY ONCOLOGY PROGRAM SWS**

The Urology Oncology Program South West Sydney covers prostate, bladder, renal and testicular cancers and has a dedicated multidisciplinary group working to improve patient outcomes. The team leader is Dr Lawrie Hayden.

**Genito-Urinary team members**

**UROLOGISTS**
Dr Paul Gassner  
Dr Lawrie Hayden  
Dr Nestor Lalak  
Dr James Wong  
Dr Kayvan Haghghi

**RADIATION ONCOLOGISTS**
Associate Professor Martin Berry  
Dr Karen Wong  
Dr Mark Sidhom

**CLINICAL PSYCHOLOGIST**
Astrid Przedziecki

**DATA MANAGER**
Sandra Farrugia

**MEDICAL ONCOLOGISTS**
Dr Di Adams  
Dr Michelle Harrison  
Dr Mahmood Alam

**PROJECT MANAGER**
Kate Tynan

**Some achievements this year were:**

- **Team changes:** We welcome back Dr Di Adams and congratulate her on the arrival of her third child a daughter. Congratulation also to Dr Michelle Harrison who also has a girl and is currently on maternity leave. Kate Tynan will be leaving the group after many years and Jo-Anne Yeo will take over the role of MDT secretary.

- **Multidisciplinary meeting:** The fortnightly multidisciplinary meeting continues to function well and is attended by specialists, trainees and students. Prostate
cancer still dominates the case presentations and these numbers are predicted to continue growing. In 2010 we hope to improve data capture at the meeting.

- **Clinical Cancer Registry.** Sandra Farrugia our data manager for the Clinical Cancer Registry that collects treatment and outcome data, has completed 18 months of data collection up to 2006. This initiative is funded by the Cancer Institute NSW. This is a very high quality data set that shows how patients treated in the SSW. It also has the capacity in the future to show differences between hospitals and Area Health Services.

- **Radiotherapy prostate cancer outcome data.** The Liverpool radiation oncologists have been collecting data for the evaluation of our prostate cancer radiotherapy service. We have just completed 7 years of data on patients who were treated between 1999-2006. This group of patients were treated with higher doses of radiation than previous years to improve on local cancer control and survival. Liverpool and Westmead have combined data and have more than 1000 patients. The results will be presented at the November 2009 RANZCR meeting.

- **Telephone follow-up.** Prostate cancer has an 88% 5 year survival rate so keeping up with patients post treatment has become a major task for the service. Telephone followup consults are increasingly popular, saving patients a trip and the associated waiting time to visit the centre.

- **The NSW Oncology Group.** The clinicians associated with the GU group are also active on a State level in many capacities. Associate Professor Martin Berry is the Deputy Chair of the NSW Oncology Group for Genito Urinary Cancers. Recently this was combined with the Greater Metropolitan Taskforce urology group as many memberships overlap.

- **The Urology Oncology Program:** Associate Professor Martin Berry is the Deputy Chair of the Urology Oncology Program NSW and principal instigator in establishing the organisation. He has a long standing interest in professional education. The Urology Oncology Program now in its fourth year, is a multidisciplinary education forum. It is well supported by the medical industry. Sharon Behan (0.5 FTE) is the project manager and she organises 4 – 5 meetings a year. In 2010 the UOP and USANZ will co-sponsor the Urology Masterclasses, a two day intensive forum.

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**GENITO-URINARY RADIOTHERAPY INTEREST GROUP-Dr Karen Wong**

Staff Specialist, Radiation Oncologist:

The Genito-Urinary Radiotherapy Interest Group continues to meet fortnightly with representation from Radiation Oncology, Radiation Therapy, Medical Physics and Psychology.

**Our Interest Group core members are**

<table>
<thead>
<tr>
<th>RADIATION ONCOLOGISTS</th>
<th>RADIATION THERAPISTS</th>
<th>PSYCHOLOGIST</th>
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<tbody>
<tr>
<td>A/Prof Martin Berry</td>
<td>Lynette Cassapi</td>
<td>Astrid Przedziecki</td>
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<tr>
<td>Dr Mark Sidhom</td>
<td>Nicole Cusack</td>
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<td>Dr Karen Wong</td>
<td>Kirrily Cloak</td>
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<td>Renee Voysey</td>
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<td>Matthew Fuller</td>
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<td>James McKay</td>
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<td></td>
<td>Ewa Juresic</td>
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<tr>
<td>MEDICAL PHYSICISTS</td>
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<tr>
<td>Gary Goozee</td>
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<td>Armita George</td>
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<td>PROJECT MANAGER</td>
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<td></td>
<td></td>
<td>Katherine Tynan</td>
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<td>SECRETARY</td>
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<td></td>
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<td>Melissa Cameron</td>
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</table>

We continue to strive to improve our service and provide optimal care to our patients. One of the many achievements this year has been the introduction of intensity-modulated radiation therapy (IMRT) to selected prostate cancer patients and we look forward to expanding this service. Our group has participated actively in
research and is in the process of obtaining accreditation to participate in two large multi-centre randomised controlled trials: the RAVES study and the PROFIT study. The RAVES — Radiotherapy Adjuvant Versus Early Salvage study is a Trans-Tasman Radiation Oncology Group (TROG) study in Australia and New Zealand comparing adjuvant radiotherapy with early salvage radiotherapy in patients with positive margins or extraprostatic disease following radical prostatectomy. The PROFIT — Prostate Fractionated Irradiation Trial is an Ontario Clinical Oncology Group/TROG randomised study comparing a shorter radiation fractionation schedule with standard fractionation schedule for the treatment of localised prostate cancer. As a result of strong collaboration amongst the team members, other endeavours in the past year include implementation of contouring by radiation therapists, updating of our current prostate cancer patient information booklets, and development of a standard prostate cancer contouring nomenclature protocol. We are also in the process of modifying our current prostate cancer database with the aims to better collect long-term toxicity data after radiotherapy and to incorporate radiotherapy data into the database.

We have also commenced a weekly Genito-Urinary Planning Meeting which is attended by radiation oncologists, radiation oncology registrars, radiation therapists and medical physicists. Management plans of new cases are discussed, radiotherapy plans reviewed and issues related to radiotherapy planning are raised and addressed in the meeting. We have all found this meeting valuable particularly for quality assurance and education.
Teresa Simpson – Senior Oncology Social Worker

Liverpool Cancer Therapy Centre Volunteers Service

The volunteers of the Liverpool Cancer Therapy Centre (LCTC) continued to make an important contribution in providing support services to patients, family members and staff during the year of 2009. Each volunteer has their own unique experiences and abilities that they use for the benefit of the LCTC. This is what makes them such a fantastic team.

Vicki loves human interaction, and uses her gregariousness to good account, bringing support to patients and their families with her conviviality. Carol provides lots of help and assistance to the LCTC administrative staff with the filing, drawing upon her excellent organisational skills. Elizabeth is our top expert at selling goods for various fund raising causes and with Kim Brauer (social worker) coordinating, Elizabeth organised a raffle and raised $890 for the GGE family room. Joy’s gift for interior design has ensured LCTC is ready to embrace the Christmas spirit the last 12 years, her other talent is sign writing which is always useful in promoting fundraising events. Dutch’s tireless effort at filling up and tidying up the tea room has ensured staff are never short of a “cuppa”. Barbara is our green ambassador, ensuring that all the LCTC plants remain alive, green and healthy. Our other volunteers Apii, and Val have continued to play an important role as part of the team.

Their excellent homebaked biscuits and cakes have attracted huge crowds at the Biggest Morning Teas which continue to run successfully every year in May. We wish them our thanks and gratitude for generously making time and talents available to help at the LCTC.

VOLUNTEERS - Liverpool

Vicky McCarthy  Carol Keogh  Barbara Wright

Dutch Day  Joy Maloney  Elizabeth Lowe
**Volunteers Macarthur Cancer Services**

Beatrice Attwell  
Elvira Bertolissio  
Kathleen Foreshaw  
Keith Glover  
Dorothy Kwasniak  
Lyn Smith  
Noeline Wright

**Macarthur Volunteers:**  
Beatrice Attwell, Dorothy Kwasniak, Kathleen Foreshaw

**Reiki Therapists**

Sophie Cram  
Angie Falls  
Trudie Herne  
Jenny Kelly  
Nicole Psaroudis  
Kerrie Wearing

**Wig Library**

The Wig Library is a service that helps to retain patient self-esteem and relies on donations to maintain the service. This is one of the most appreciated services provided to chemotherapy patients who lose their hair as a result of their treatment. They are available to shave heads, keep the patients informed of what will happen and give advice. The volunteers see around 500 patients a year, matching them to wigs and ensuring there is a variety of quality wigs available.

**Wig Library volunteers**

Robyn Cavan  
Fiona Gould  
Roberta Turnbull

“We can’t do it without a little extra..”  
(Cancer Services Staff)
Look Good, Feel Better

Look Good...Feel Better is a free national community service program dedicated to teaching cancer patients - through hands on experience - techniques to help restore their appearance and self image during chemotherapy and radiation treatment.

The program was founded and developed by the Australian cosmetic industry in May 1990 (through its former industry association, the Cosmetic Toiletry and Fragrance Association Australia Inc) and is administered through the registered charitable organisation, the Cancer Patients Foundation Ltd.

The Look Good ...Feel Better workshops are brought to the patients by the Cosmetic industry of Australia and they conduct six workshops annually at our Cancer Centres.

The beauty industry represented now by its national association, ACCORD Australasia Limited, utilizes the resources of its members to provide:

- Patient education through group workshop sessions
- Complimentary make up kits for each patient participating in the group workshops
- Free program materials such as videos, patient brochures, and self-help booklets.

Look Good...Feel Better relies on the support of the cosmetic industry to provide the makeup, materials and financial support for the program. It is important to note that Look Good...Feel Better is product neutral and non-commercial. Volunteers and program participants do not promote any cosmetic product line or manufacturer. Look Good...Feel Better workshops are held in 150 comprehensive cancer centres, hospitals, Australian Cancer Society regional offices and other community settings.

All volunteers for Look Good...Feel Better are trained and certified prior to their participation in the workshops. Currently over 1500 volunteers assist the program. Look Good...Feel Better workshops are expected to assist over 7,500 patients this year. Over 63,000 women have been through the program since its inception. “Most of all I loved thinking that despite cancer, with or without makeup, I am still beautiful and still me, there is more to cancer than the treatment. Keep up the good work;” says workshop attendee Shanti.

The program is available in every state and in over 150 workshop locations. The cosmetic industry donates over 95,000 units of cosmetic products valued at around two million dollars to Look Good...Feel Better every year. Look Good...Feel Better also conducts a special version of the women’s program for teenagers and men. Look Good...Feel Better is available in 22 countries: Argentina, Australia, Belgium, Canada, Denmark, France, Germany, Ireland, Israel, Italy, New Zealand, Norway, Poland, Portugal, Portugal, Singapore, South Africa, Sweden, Switzerland, The Netherlands, UK and USA.

To learn more about Look Good...Feel Better contact: FREECALL HELPLINE 1800 650 960 or visit our website www.lgfb.org.au

Volunteers from within Cosmetic and Hairdressing Industry

<table>
<thead>
<tr>
<th>NSW &amp; ACT Manager</th>
<th>Joanne Meehan</th>
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<tr>
<td>Liverpool Facilitator</td>
<td>Lyn Georgeson</td>
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<tr>
<th></th>
<th>Sandie Foreman</th>
<th>Helen Lawrence</th>
<th>Susan Saad</th>
<th>Katie Cholak</th>
<th>Lyn Evans</th>
<th>Sharon Moore</th>
<th>Norah Raslan</th>
<th>Karen Giufre</th>
<th>Merrilyn Usher</th>
<th>Carmen Versace</th>
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DONATIONS 2008-09
Cancer Services would like to thank…

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<tr>
<th>Oncology Education Trust Fund</th>
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<td>Lyn Camp</td>
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<td>Mr R Johns</td>
<td>Raymond Youlter</td>
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<td><strong>Oncology Wig Library Trust Fund</strong></td>
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<td>Rotary Club of Liverpool West Inc</td>
<td>Beasts Basketball Club</td>
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<td>Anonymous</td>
<td>Rosemeadow Public School</td>
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<td>Anonymous</td>
<td>Camden Mens’ Bowling Club</td>
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<td>Ambarvale High School</td>
<td>Camden Womens’ Bowling Club</td>
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<td>Camden Country Quilters Guild</td>
<td>Camden Fishos Sports Club</td>
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<td>Franklins - Campbelltown Mall</td>
<td>Pamela Hindes</td>
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<tr>
<td>Anonymous</td>
<td>Maria Reynolds</td>
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<tr>
<td>Camden Survivors of Breast Cancer</td>
<td>Ms K Smith &amp; Ms L Chivers</td>
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<tr>
<td>Lorraine Watson</td>
<td>Franklins – Campbelltown Mall</td>
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<td><strong>Gynaecology Patient Trust Fund</strong></td>
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<td>Kylie &amp; Muir Beck</td>
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<td>TK &amp; VL Pham</td>
<td>Pamela Hindes</td>
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<td>V &amp; S Jovevski</td>
<td>Scott Laugesen</td>
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<td>Ms Judy Johnston</td>
<td>Anonymous</td>
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<tr>
<td>Marilyn Weekes</td>
<td>Anonymous</td>
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<td>M Clarke</td>
<td>Wollondilly Council</td>
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<td>Teresa Simpson</td>
<td>Beatrice Atwell</td>
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<tr>
<td>Christopher Hand</td>
<td>Angelina Currao</td>
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<td>RJ &amp; BJ Plotto</td>
<td>Robert &amp; Judith Sinclair</td>
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<td>Cabra-Vale Ex-Active Serviceman’s Club</td>
<td>Belinda Kiely</td>
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<td>T Wildman</td>
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<tr>
<td>All City Recyclers</td>
<td>Ms Wendy Ellis</td>
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<tr>
<td>Brain Tumour Australia Inc</td>
<td>Anonymous</td>
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<tr>
<td>Italian Catholic Federation</td>
<td>Ms Robinson</td>
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<tr>
<td>Hazel McRitchie</td>
<td>Mr John Read</td>
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<tr>
<td>Barbara Gough</td>
<td>Cherie Watson</td>
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<tr>
<td>Rhonda Plumb</td>
<td>Mr Phil Southern</td>
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<td>Lisette Palmer</td>
<td>Anonymous</td>
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<td>Robert Dawson</td>
<td>Mr Phil Southern</td>
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<tr>
<td>Gavin Faunce &amp; Marie Ashton</td>
<td>Anonymous</td>
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<tr>
<td>Mark Mead</td>
<td><strong>Physics Training Education and Research</strong></td>
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<tr>
<td>Frances Warner</td>
<td>Elekta (24hr Fight Against Cancer)</td>
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<tr>
<td>Mr &amp; Mrs De Bruin</td>
<td>24hr Fight Committee</td>
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<tr>
<td>Gerald Walsh</td>
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<tr>
<td>Judy Allen</td>
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<td>Toni Haugh</td>
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<td>Gary Hughes</td>
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</table>

Receiving donation from the Italian Catholic Community

Receiving donation from The Inner Wheel Club (Liverpool, Greenway)
ACHIEVEMENTS

Book Chapter


Conference Proceedings


Morarji K.


Jacob S, Hovey E, Ng W, Vinod SK, Delaney GP, and Barton M.


Dall’Armi L, Forstner D, Simpson G, Simpson T, and Kwa B.

Cottle J and Humphries J.

Cottle J and Jobburn K.

Arnold A, Delaney GP, Cassapi L, and Barton M.

Designing randomised control trials of the management of delirium in palliative care inpatients. What are the challenges and way forward? European Association for palliative care research forum. 2008. Tondheim.


Yap ML, Vinod SK, Ho-Shon I, and Fowler A, Lin M, Gabriel G, Holloway LC.

Morarji K, Fowler A, Vinod SK and Ho-Shon I.

Lin P, Vinod SK, Lin M, Ho-Shon I, and Seu S.

Fuller M, Tattersall M, Fowler A, Vinod SK, and Koh ES.

Duggan Kand Shamim M.

Duggan Kand Shamim M.

Koh, E-S, Simpson GK, Whiting D, Wright KM, Simpson T, Firth R, and Younan K

Simpson T, Wright KM, Whiting D, Simpson GK, Koh, E-S Firth R and Younan K.

Whiting D, Simpson GK, Koh E-S, Simpson T, Wright K, Firth R and Younan K.
Multi-Tiered Intervention Study for Patients, Carers and Health Providers to Address Challenging Behaviours After Brain Tumour. 3rd Quadrennial Meeting of the World Federation of Neuro Oncology 2009, Pacifico-Yokohama, Japan. Poster presentation.

FDG-PET directed radiotherapy dose escalation in non-small cell lung cancer. ANZ Society of Nuclear Medicine ASM March 2009, Sydney, Australia. Poster presentation

Simpson GK, Koh E-S, Simpson T, Wright KM, Firth R, Whiting D, Younan K.
The Prevalence of Behavioural Sequelae in Patients Diagnosed with Brain Tumours and the Development of Information Resources. World Federation Neurosurgical Nursing Toronto 2009. Poster presentation

Changes in anticholinergic load from regular prescribed medications in palliative care as death approaches. 11th European Association for Palliative Care congress. Vienna May 2009.

Currow, D, Agar M, Smith J and Abernethy A.
Does palliative home oxygen improve dyspnoea. A consecutive cohort study. 11th European Association for Palliative Care congress, Vienna May 2009.

Descriptive study of decision making by palliative care, aged care, aged care psychiatry, and oncology nurses caring for confused patients in the inpatient setting. 11th European Association for Palliative Care congress, Vienna May 2009.

Currow, D, Agar, M, Plummer, J, and Abernethy, A.
Grants

Improving Quality of Life at the end of life: A randomized controlled trial of a doctor/nurse/patient intervention. National Health and Medical Research Council (NHMRC) $660,800. 2008.


Agar M, Hillman K, Elliot L, Chen J, and Harlum J. Prospective study of Medical Emergency Team calls to define issues of end of life decision making, symptoms and transition in goals of care. National Health and Medical Research Council (NHMRC) $48,700. 2008. Palliative Care research programme.


Agar M, Sydney South West (Western Zone) Palliative Care Service Clinical Trials Unit. $173,448. 2008. Living through Art. Greater Western Sydney Region Cancer Control Grant Program 2008 – 2009 $2341.00. 2008. Funding for program for women with metastatic gynaecological or breast cancers


Journals


**Agar M**, Lawlor P. Delirium in cancer patients - a focus on treatment induced psychopathology. *Current Opinion in Oncology* 2008;20:360-6.


Kao S, **Shafiq J**, Vardy J, **Adams D**. Use of chemotherapy at end of life in oncology patients. *Annals of Oncology* 2009;Online.


Chow E, Hird A, Velikova G, Johnson C, Dewolf L, Bezjak, Wu J; **Shafiq J**; Sezer O; Kardamakis D; Linden YV; Ma B; Castro M; Arnalot PF; Ahmedzai S; Clemons M; Hoskins P; Yee A; Brundage M; Bottomley A. The European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire for patients with bone metastases: The EORTC QLQ-BM22. *European Journal of Cancer* 2009;45:1146-52.


**Letters**

Formby F.

**In Press**

Vinod SK.


Sidhom M, Kneebone A, Lehman M, Wiltshire K, Millar JL, Mukherjee RK, Shakespeare T, and Tai KH.


Evans A, Zorbas H, Keaney M, Sidhom M, Goodwin H, and O'Brien J.

Ng W, Jacob S, Delaney GP, and Barton M.


Currow D, Agar M, Smith J and Abernethy A.
Does palliative home oxygen improve dyspnoea? *Palliative Medicine*. Accepted Feb 2009
Invited Lecture

Sampson D.
Contrast use in CT for radiotherapy planning seminar. 2008. Queensland University of Technology

Della-Fiorentina S.

Delaney GP.

Delaney GP.

Delaney GP.

Barton M.
Radiotherapy in low and middle income countries. 2008. Princess Margaret Hospital.

Barton MB.
Australia and New Zealand Joint Scientific Meeting MOGA/FRO/NZSO. 2008. Leadership in Oncology or Quick Tips on how to Change the World: ‘Can you teach old universities new tricks?’

Vinod SK and Ho-Shon I.

Patel V.

Barton M.
Round table discussion: Training, Education and Staffing: Focus on low and medium income countries. 2009. Vienna - Invited panel member, IAEA ICARO.

Barton M.

Allen B and Patel V.

Agar, M.
Management of Delirium in the patient with cancer pain. 16th International conference of the Indian Association of Palliative Care, “Freedom from pain” All India Institute of Medical Sciences, New Delhi, February 2009.
Reports

**Shafiq J and Barton M.**

**Barton M, Degerfalt J, Harden RM, and Quintana Y.**
Recommendations to the IAEA on developing online learning programs for clinical topics in radiation oncology designed for use in low and middle income countries. 2008.

**Barton M, Gabriel G, and Shafiq J.**
Overview of cancer treatment services in Western Australia. 2008.

**Barton M and Gabriel G.**

---

Academic Achievements

**Young T.**

**Young T.**

**Jobburn K**
Masters of Nursing. 2008. Sydney, University of Technology.
Major: Advanced clinical practice,
Sub Major: Cancer nursing

**Heron B.**
Graduate Diploma in Palliative Care. 2008. South Australia, Flinders University.

**Delaney GP.**
Academic promotion to Professor. 2008.

**Cottle J.**

**Wong K.**

**Vinod SK.**
Academic promotion to Associate Professor. 2009.

**Fong A.**
Conjoint Associate Lecturer Appointment. 2009. University of New South Wales.
### VALUED EMPLOYEES of the MONTH

<table>
<thead>
<tr>
<th>Month</th>
<th>Name</th>
<th>Department</th>
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<tbody>
<tr>
<td>July 2008</td>
<td>Jim Yakobi</td>
<td>Radiation Therapy</td>
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<tr>
<td>August 2008</td>
<td>Naomi Ellis</td>
<td>Palliative Care Nurse</td>
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<td>September 2008</td>
<td>Dr Mark Sidhom</td>
<td>Radiation Oncologist</td>
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<td>October 2008</td>
<td>Dr Weng Ng</td>
<td>Medical Oncologist</td>
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<td>November 2008</td>
<td>Yvette Furney</td>
<td>Nursing</td>
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<td>December 2008</td>
<td>Joe Attard</td>
<td>Transport</td>
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<td>January 2009</td>
<td>Heather Patchett</td>
<td>Transcription</td>
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<tr>
<td>February 2009</td>
<td>Kristy Jemison</td>
<td>Clinical Administration</td>
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<tr>
<td>March 2009</td>
<td>Kirrily Cloak</td>
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<td>April 2009</td>
<td>Aura Serrano</td>
<td>Nursing</td>
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<td>May 2009</td>
<td>Franca Serafin</td>
<td>Clinical Administration</td>
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<tr>
<td>June 2009</td>
<td>Carol Doherty</td>
<td>Nursing</td>
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### Macarthur Valued Employee of the Month

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<tr>
<td>February 2009</td>
<td>Kirrily Cloak</td>
<td>Radiation Therapy</td>
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<tr>
<td>March 2009</td>
<td>Debra Vandine</td>
<td>Pharmacy</td>
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<td>April 2009</td>
<td>Chong Noi Peacock</td>
<td>Nursing</td>
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<tr>
<td>May 2009</td>
<td>Robert King</td>
<td>Transport</td>
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<tr>
<td>June 2009</td>
<td>Kate Caldwell</td>
<td>Radiation Therapy</td>
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