Our purpose

Provide timely, high quality, comprehensive and compassionate care to people within the Local Health District who are affected by cancer and to those referred to our facilities and services for specialist care.

"I was amazed at how comprehensive it was. My case was taken up with interest. After diagnosis, the bedside manner was encouraging. Gave me confidence to carry on."
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Achievements
I congratulate Professor Geoff Delaney and his team on their many achievements from pioneering innovative projects to providing patient centred care to some of the most unwell patients. The work the team does makes a big difference to our patients, their families and carers, and I thank each member of the team for their compassion and continued dedication.

The South Western Sydney Local Health District (SWSLHD) Cancer Service has achieved another successful year in delivering the very best care to our patients.

Ms Amanda Larkin

Chief Executive

The SWSLHD Cancer Services Strategic Plan 2018-2023 was launched at the 2017 Cancer Services Annual General Meeting. This plan places the District at the centre of world-class clinical cancer care, delivering high quality services and innovative research into the future.

Cancer is one of the most significant health issues facing our community – impacting on individuals, families and the overall economy – with effects lasting long after treatment concludes. The plan aims to focus on prevention, improving outcomes and improving the quality of life for our patients and their carers.

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Ms Amanda Larkin

Chief Executive
I was pleased to see Cancer Services volunteers and staff actively involved in the South Western Sydney Local Health District Health & Arts Strategic Plan 2018-2023 launch. This plan is aimed at transforming the care of people with illness and disability through creativity and imagination, and Cancer Services has embraced this ethos through programs such as the Bravery Unmasked exhibition, the Casula Powerhouse Art loan program, and the Palliative Care Reflected Legacy programs.

The District’s 7th Patient Safety Seminar and Quality Awards included many of the finalists from Cancer Services. It was fantastic to see Cancer Services winning two categories as well as being awarded the overall SWSLHD Board Acknowledgement for patient centred and innovative care, with their PROMPT-Care project.

As a health service, we have a responsibility to ensure that our community understands and is empowered to achieve good health and wellbeing. We do this through encouraging the community to lead healthy lifestyles, by promoting nutrition, physical activity, immunisation, responsible alcohol consumption and discouraging the use of tobacco and other drugs. Many of the Cancer Wellness Programs focus on the whole of health approach to patient care, and with a $2 million grant from the Australian Cancer Research Foundation, it will now be possible to develop more clinical based evidence to support tailored health care.

I would also like to thank the many patients and carers, consumers, health professionals and service delivery partners who have so thoughtfully and generously contributed to the delivery of supportive care services and programs, as it makes such a difference to how patients experience our service.

Finally, I would like to acknowledge the transformation that Cancer Services will see in the coming years, with the NSW Government investing $740 million to the Liverpool Hospital Precinct and $632 million to the redevelopment of Campbelltown Hospital. As part of these redevelopments there will be new cancer care facilities which will see more patients receiving safe and high quality care closer to home. It is truly an exciting time for our Cancer Services as we will see cutting edge and modern facilities available for our local community in the near future.
2018 felt like a busy year, and when I look at the activity, that feeling is validated. With a 20% increase in overall activity, we have proven again that with innovative design, we can deliver safe, quality, state of the art treatments, interventions and care – within our allocated resources. The Ministry of Health has recognised this significant growth in service demand by providing significant capital funding for the redevelopment of both Liverpool and Campbelltown Hospitals, with building at both sites expected from 2019. It is truly exciting to be part of redevelopment and enhancement of the service. Being involved in the design means that we (both staff and patients) can incorporate our own thoughts into the design so that the service delivers in the best way possible for efficient and patient-centred care.

Underpinning our exceptional care, is a plethora of research and quality activity, which I urge you to review in this report.

SWSLHD Cancer Services launched our latest strategic plan this year, which sets our clinical services directions over the next 5 years. This was an ambitious plan, but one that I am confident we can achieve with the appropriate
advocacy and innovation that I have seen within our service. In support of this plan, we work with our Chief Executive and General Managers to prioritise the most appropriate service growth and development – this has been demonstrated by the recent announcement by the NSW Premier, for $740 million dollars towards the Liverpool redevelopment, which prioritises a state of the art, new comprehensive cancer centre at Liverpool, as well as last year’s announcement for expansion funding for Campbelltown Hospital – supporting the growth needs of our community. With so many improved treatments, we are seeing growing numbers of survivors, or people living well beyond their cancer episode, and are focussing on survivorship issues and long term quality of life outcomes. The Australian Cancer Research Foundation invested $2 million in research grant funding in our innovative design for a Cancer Survivorship Research Centre, which we will incorporate in our daily service provision and our research programs.

Patient and staff experience is paramount in achieving the best results for each person who enters our service. The Bureau of Health Information surveyed cancer patients across NSW, and we are delighted to see that Macarthur Cancer Therapy Centre performed the best in the state, according to patient survey. In addition to this survey, the feedback program ‘my experience matters’ was implemented across the district, to get real time feedback throughout the day. The PROMPT-Care study is collecting long term data from 400 patients, to monitor their ongoing supportive care needs, and will be introducing this type of data collection from patients into daily practice. Several quality projects have received some positive results at Liverpool; an external observational study of our clinical practice co-ordinated by our ‘essentials of care’ group, received high praise for the bedside manner and patient interactions. Liverpool implemented the first self check-in stations that eliminate reception queues, and capture patient feedback in the clinic areas so that we are able to review and act on issues as they arise.
We couldn’t do everything we do, without the generosity of our community - the 24-hour Fight Against Cancer formed 12 years ago, and in 2017, the $317,000 raised brought their total campaign contribution to a staggering $4 million dollars! Also gratefully acknowledged, is Ms. Thi Thon Le, who donated $30,000, given by guests as cash instead of flowers at her husband’s funeral - we thank Father Paul Van Chu for recommending us as the beneficiary. Dry July also gave a healthy boost to our fundraising efforts in 2017, $24,000 raised enabled continuation of affordable wellness and supportive care programs for our patients across our Liverpool and Macarthur facilities. A bequest of $750,000 donated to Liverpool hospital will see $250,000 of this money dedicated to translational cancer research. And one of our Radiation Therapists, Phuc (Hung) Nguyen, and two friends held a show called “GIFT FOR LIFE 2” at the Marconi Club in 2017, raising $105,220 for Liverpool cancer services.

Some of our senior clinicians were invited to China to promote academic exchange and research cooperation in integrative oncology. The First Affiliated Hospital of Guangzhou University of Chinese Medicine, in Guangzhou hosted the 16th Annual National Conference on New Progress in Integrative Cancer Treatment (and the 4th Academic Annual Meeting of the World Federation of Chinese medicine (WFCM)). The congress is sponsored by Cancer Palliative Care Research Committee of WFCM, China Ethnomedicine Association for Cancer Treatment, and Cancer Research Committee of Guangdong Provincial Association of Chinese Medicine. Some of the traditional Chinese medicine methods have commenced under trial conditions at Liverpool, and we continue to explore this ancient form of medicine.

Our research groups go from strength-to-strength with some amazing awards and publications as illustrated throughout this report. We had 223 clinical trials open within cancer services in the past year and over 500 patients enrolled directly into our research programmes. Another major achievement this year was the official opening of the new Phase I Clinical Trials Research Centre at Liverpool Hospital. Plans are already afoot to expand this space to trials beyond cancer within the new Liverpool Hospital redevelopment.
Cancer survivorship is a priority research area for SWSLHD, because we know that 68% of patients have at least a 5 year survival, which equates to 3.6% of Australians being survivors of cancer. To build capacity for growth of our multi-disciplinary research collaborative to undertake world-leading research to inform the delivery of complex cancer survivorship and care, we proposed the construction of a purpose built research facility. We were delighted to receive $2million from the Australian Cancer Research Foundation to invest in this initiative.

SWSLHD Cancer Services launched an ambitious 5 year strategic plan at the Annual General Meeting on 24 November 2017. The implementation of 165 action items has commenced, with 3 goals in mind: to reduce the incidence of cancer, to increase the survival of people with cancer, and to improve the quality of life of people with cancer.

The NSW Premier announced $740million for the Liverpool hospital redevelopment, which will include the prioritisation of the build of the Liverpool Comprehensive Cancer Centre. Planning has commenced to bring this large project to life, with construction expected to begin next year.
A delegation revisited the relationship with China this year, attending 2 cancer hospitals to renew the collaborative research opportunities between the countries. This builds on a Chinese medicine workshop held in November. A generous donation of $30,000 was welcomed by the Liverpool Wellness Centre this year. Donated by Mrs Thi Thon Le - whose husband sadly passed away in April. A long-standing member of the Church of Our Lady of Mount Carmel at Mount Pritchard, she asked funeral guests to donate funds instead of flowers, and approached Vietnamese community chaplain Father Paul Van Chu for advice about a good way to use the funds.

For the 2nd year in a row, Macarthur Cancer Centre was rated the best in NSW. The Bureau for Health Information released the 2016 Outpatient cancer clinic patient survey, which recognised them as the best in NSW. 24 hour fight, one of Macarthur’s biggest annual charity events raised $317,000 last year at their walkathon, bringing their total to more than $4million since the charity’s inception 12 years ago.
One of our Radiation Therapists, Phuc (Hung) Nguyen, and two friends held a show called “GIFT FOR LIFE 2” at the Marconi Club. There were approximately a hundred performers involved in the show, and they raised $105,220.00 for Liverpool cancer services.

Liverpool Hospital received an unexpected bequest. Acting on his behalf John Marsden Solicitors gave $750,000 to the hospital, $250,000 was allocated to “Translational Cancer Research”.

Liverpool Cancer Services installed self check-in stations this year, as a pilot to ease the flow for unwell patients in clinic, we are delighted to see the enthusiasm with which these have been received. Also captured is the patient experience, allowing us to receive feedback, and act immediately on any issues raised.

The Phase 1 clinical trials unit opened in December 2017, creating valuable research space to trial new drugs in a controlled environment.
### Facility Reports

#### Bankstown

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<td>Nurse co-ordination occasions</td>
<td>2,344</td>
</tr>
<tr>
<td>Allied Health Activities</td>
<td>614</td>
</tr>
</tbody>
</table>
Liverpool

117,211

Medical Occasions of service incorporating clinic visits, and treatments.

The Liverpool rapid assessment unit managed 1885 unique patient issues, including phone assistance.

- 8,496 Nurse co-ordination occasions
- 702 wellness appointments and
- 5,019 allied health occasions
- 20,696 Occupied bed days
- $35.1m Expenditure
- 306.99 FTE staff

Macarthur & Bowral

2,820

Issues were managed in the assessment unit, taking the burden off emergency departments and expediting initiation of patient care and admission to an inpatient bed.

- 50,242 occasions of service.
- 4,119 Nurse co-ordination occasions
- 266 wellness appointments and
- 2,207 allied health occasions
- 2,822 Occupied bed days
- $11.5m Expenditure
- 88.7 Staff
Bankstown Cancer Therapy Centre

Bankstown-Lidcombe hospital cancer centre (BCTC) provides compassionate, personal and multidisciplinary evidence based care and 2017-18 financial year was another busy year of delivering excellent cancer management and support services to patients in our area.

I would like to thank all our staff especially our dedicated nursing staff who have enabled us to provide assessment, education and delivered coordinated compassionate care to patients with no waiting list.

Dr Ray Asghari
DIRECTOR OF BANKSTOWN CANCER THERAPY CENTRE

- 8,663 Medical Consultations
- 3,676 Occupied bed days
- 614 Allied Health Referrals
- 3,610 Outpatient treatments
- 2,344 Care Coordination Referrals
We saw 7088 patient attendances in the outpatient department, and also delivered in excess of 3600 treatments at chemotherapy suite, an increase of approximately 4% and 3% respectively compared to the last financial year.

I am pleased to report that we have had significant enhancement in our haematology services including a second staff specialist, and currently we are in the process of recruiting a new full-time pharmacist, an advanced trainee, haematology CNC, RN and allied health to cope with increased demand arising from treating patients with haematological diseases closer to home.

In the chemotherapy suite, we are commencing the usage of chemotherapy carts with notebooks to perform all the required assessments for chemotherapy administration and other treatments delivered in real time and in a mobile fashion with the goal of a fully paperless chemotherapy suite later this year. We also have purchased a scalp cooling machine to alleviate hair loss caused by chemotherapy especially for breast cancer patients.

BCTC now has a full-time McGrath breast cancer care coordinator and also LHD care coordinator for prostate cancer currently on a fortnightly basis. We have also employed our second part-time clinical psychologist to provide psychosocial support and management of psychological distress associated with a diagnosis of cancer.

In collaboration with departments of respiratory, radiology, and nuclear medicine, BCTC has increased the frequency of Lung cancer Multidisciplinary meetings to every fortnight providing our patients with the most multidisciplinary recommendations on a more timely and collaborative manner.

BCTC is planning to enhance our palliative care services at both cancer centre/hospital and across community to offer palliative care for patients who are seriously ill. We are also aiming to expand our haematology services, obtain accreditation for second advanced trainee in medical oncology, and care coordination for prostate and metastatic breast cancer.

Our biggest challenges for next year include physical space in the outpatient area and chemotherapy suite, the need to expand and refurbish reception area, space and funding for cancer survivorship programs and the need for an increased workforce required to cope with demand that we anticipate due to increased occasions of services.
Liverpool Cancer Therapy Centre

The Liverpool Cancer Therapy Centre is a mosaic of individuals collaborating as a team to meet the challenges involved in creating a dynamic and world class cancer service.

It is a privilege to work alongside so many devoted health care workers and support staff within the Liverpool Cancer Therapy Centre and more broadly within Liverpool Hospital and the South Western Sydney Local Health District (SWSLHD).

There have been a number of highlights that warrant special mention over the past year.

Dr Eugene Moylan
DIRECTOR OF LIVERPOOL CANCER THERAPY CENTRE

59,689 Medical Consultations
inpt/outpatient Radiation Oncology, Medical Oncology, Haematology, Palliative Care, Gynaecologic Oncology, Genetics, Dermatology.

54,432 Treatment attendances including chemotherapy, radiotherapy, nursing procedures, apheresis, stem cell transplants, gynae procedures, phototherapy.

8496 Care Coordination Referrals

20,696 Occupied bed days

1,639 Chemo assessment unit activities
Grants and Awards

In late 2017 Prof Geoff Delaney and colleagues were successful in obtaining an Australian Cancer Research Foundation (ACRF) grant of $2 million towards the Oncology Alliance for the Science of Integrated Survivorship (OASIS) project. The OASIS Centre is planned to become a major force in survivorship research in Australia and internationally, achieving broad coverage in “translational medicine” linking biomedical and clinical sciences with cancer survivor health. The plan is to build a dedicated research facility within the next phase of Liverpool Hospital which will integrate our survivorship research programme into our everyday clinical environment. This survivorship project aims to address the physical, psychological and emotional needs of patients beyond the conventional course of cancer treatment through engagement of nutritionists, exercise physiologists, psychologists and complementary therapy practitioners.

In September 2017 the Prostate Cancer Foundation advised that our application was successful in establishing a Prostate Cancer Specialist Nursing Service across Liverpool, Campbelltown, Bankstown and Fairfield Hospitals. Like our sponsored McGrath Breast Cancer Specialist Nursing Service, this service will aim to address the specific needs of men diagnosed with and undergoing treatment for prostate cancer.

At the SWSLHD 7th Patient Safety Seminar & Quality Awards it was fantastic that so many of the finalists in the award nominations were from the Cancer Stream. Congratulations to the following winners: Professors Afaf Girgis, Geoff Delaney & the PROMPT-Care team in the category for Translational Research “PROMPT-Care: eHealth Supporting patient centred care” and Ms Arlene Roach for the “Music Program in Palliative Care Ward CB4C” in the category for Enhancing the Patients’ Experience through Arts and Health. Additionally, PROMPT-Care won the overall SWSLHD Board Acknowledgement for patient centred and innovative care.

New Radiotherapy Machine

In October 2017 the new “M7” linear accelerator was commissioned and I would like to recognise and thank those who contributed to the project. The project spanned the best part of a year considering vendor selection, approvals and order placement, with work on site commencing March 2017 and carrying on with installation through May and June and Commissioning from July to October. A special thanks is due to the Linac Selection Committee, the SWSLHD Capital Works Team, the Elekta engineers, Information and Technology & Oncology Information System teams, Radiation Therapy staff, Medical Physics, as well as the rest of the team who contributed to rostered commissioning measurements and providing clinical coverage for those working on the Linac. So congratulations to all the team on a successfully concluded project that will enable state of the art treatment to be delivered to our patients receiving radiotherapy.
Patient Care

In July 2017 The Essentials of Care group coordinated and undertook an ‘Observations of Practice’ in the Liverpool Cancer Therapy Centre, whereby they engaged Radiation Therapists and other clinicians across Liverpool Hospital to observe their models of care to ascertain possible improvements in their service. The following comments were made by Ms Judica Roux, the Essentials of Care Program Coordinator. “I would like to provide you with feedback on the exceptional job I was fortunate to have been witness to during our observation as an external customer to your service. From clerical staff at the front desk, to the nurses, radiation therapists and doctors, we the external observers, were met with a smile and gracious patience as we moved through the department, machines and stations. This same care was also evident and afforded to the patient’s and families undertaking treatment. Questions were answered thoughtfully and diligently and time was created to ensure understanding was met. I observed the absolute care the centre and radiation therapists have taken to create an environment that feels safe and peaceful to found a calming atmosphere which is a rarity and contrast to the busyness of the centre and the hospital. I would like to acknowledge the wonderful work the radiation therapists do and that the centre provides.”

There have also been many written and verbal compliments regarding care provided across the different departments within the cancer service. Over the past year the Cancer and Haematology Clinic area has been a pilot site for the “My Experience Matters” survey. This survey uses electronic tablets to give patients and their carers the opportunity to provide real-time feedback about their experience. Encouragingly, this has provided positive feedback across all seven dimensions of patient care assessed by the survey. Addressing individual patient / carer comments will allow us to “fine tune” aspects of service delivery that can be improved in the future.

Accreditation

In March 2018 Liverpool Hospital was granted re-accreditation by the Australian Council on Healthcare Standards (ACHS). The ACHS surveyors spent a significant amount of time reviewing different aspects of our cancer service and were full of compliments for the entire team. I would like to thank all those involved in the preparation phase for accreditation that allowed us to “shine” on the day of the formal assessment. It is clear that there is a team cohesiveness that aids in the delivery of care for our local and regional community. We continue to perform well against the regular ACHS “Clinical Indicators” across different service categories.

Collaboration in Integrative Oncology

In November, 2017 we hosted a workshop with members of the National Institute of Complementary Medicine (NICM) in the Thomas and Rachel Moore Education Centre. This workshop engaged with practitioners of Traditional Chinese Medicine (TCM) from China and other interested parties across metropolitan Sydney. This is part of a proposed step-wise approach to integrating TCM with the proposed OASIS initiative. We plan to increase our collaboration with WSU and NICM who have considerable expertise in traditional Chinese medicine clinical training and research, and strong international links with Integrative Oncology and Chinese medicine institutions and academics.

Phase 1 clinical trials unit opened on 7th December 2017. The Phase I Clinical Trials Unit, based in the ground floor of Liverpool Hospital’s Don Everett
building was formally opened. Phase I trials are the first clinical studies of a new drug, sometimes called “first-in-human” studies. The aim of these trials is to get the first information about a new drug or a combination of drugs. Since even basic information about a new drug is often unknown, these studies are designed for specific purposes, and are small in size (typically 5-35 patients). Phase I studies can be considered a bridge between the laboratory and the clinic (so called “translational research”), as preclinical data can be used to inform the clinical trial design, and samples taken from patients can be taken back to the laboratory for further investigations and experiments. They also offer treatments for patients that would not be available outside the research setting and keep us at the forefront of cancer research. The unit provides four treatment rooms and will have the ability to provide medication to eight patients at a time.

**Patient self check-in stations**

Over the past year we have been working to establish a new clinic and treatment area “check-in system” to enhance the patient experience. This involves patient self-registration and check-in, which is particularly helpful for our “frequent flyers” and frees up clerical time to address more complex customer service issues. Encouragingly, following the launch on 10th May 2018, there has been great feedback regarding the system. We anticipate rolling out the full functionality of the system over the next 12 months.

The senior medical staff has been piloting a voice recognition dictation system with e-Health over the past 6 months that will enable rapid written communication with referring doctors and general practitioners to enhance quality patient care. This project has been able to transform transfer of information that often took several weeks down to several days.

**Staff**

After many years at the helm of Radiation Oncology, Dr Dion Forstner bid us farewell in February 2018. Dion had served with distinction in many different roles within Radiation Oncology over his many years of service and his presence will be greatly missed. Dr Viet Do was appointed to the position of Radiation Oncology Department Head on 14 May 2018 and we anticipate ongoing strong departmental performance under his leadership.

**Future Projects**

The NSW Budget on 19th June 2018 announced a $740 million boost to Liverpool Hospital. This enhancement contains substantial funding for the development of a comprehensive cancer centre.

Current priorities to meet the demand for ongoing service delivery include the provision of weekend and extended hours of service and a redesign of an area within the Cancer Therapy Centre (CTC) to facilitate re-location of the Apheresis Service from the Clinical Services Building to the CTC.

It is anticipated that we will roll out the voice recognition dictation system to all medical staff within the next 12 months and further reduce the time for document sharing to referring doctors and general practitioners through means of secure electronic data transfer.
Macarthur Cancer Therapy Centre

Campbelltown Hospital

The Bureau of Health Information report released in May 2018, “How Do Outpatient Cancer Clinics Rate”, based on direct feedback from our patients rated the Macarthur Cancer Therapy Centre [MCTC] as the best in NSW for the third year running with the most number of measurements, nineteen, better than the state average and no measurement scoring below the NSW average. 98% of respondents said they would speak highly of our service to family and friends. This sustained excellence is a testament to the work ethic and customer service of the staff at our centre; how they are focused on people, working together as a team to help our patients, their families and carers during stressful and challenging times. To retain this position of best in NSW is the highlight of 2018.

A/Prof Stephen Della-Fiorentina
DIRECTOR OF MACARTHUR CANCER THERAPY CENTRE

- 18,396 Medical staff specialist consultations
- 2,822 Occupied bed days
- 2,207 Allied Health Occasions of service
- 24,949 Treatment attendances including chemotherapy and radiotherapy
A 9% growth in activity has been seen this year however without additional space we now have to adjust our model of care to provide after-hours services for clinics, radiation therapy and chemotherapy to manage this growth. The department will receive growth funding in the $632 million Stage 2 redevelopment of the hospital to meet the cancer care needs for the increase in population and cancer incidence in the community. Unfortunately we will be at the end of this development with no increase in physical space until 2021-22.

Plans are advanced to see commencement of chemotherapy at MCTC for malignant Haematology conditions, a long overdue enhancement and I would like to acknowledge the leadership of Dr Michael Harvey for his work in this project. We are hopeful that this will commence later in 2018.

The centre is a leader within the hospital and the LHD in Safety and Quality particularly in the areas of radiation safety, patient identification and procedure matching. It is the best performing unit in the hospital with hand hygiene results and medication safety. We have met all requirements in meeting the National Standards during the periodic audit in May 2018 and over 90% staff have received the flu vaccination to protect our patients from infection in winter. Our time from dictation to typing of patient letters continues to meet Ministry benchmark of 10 days.

The Wellness Programmes in the centre have grown and the Active Survivor Programme prescribes a formal exercise programme as a treatment for patients with all stages of cancer. We have embedded this programme and were pleased to see the Clinical Oncology Society of Australia ask that this be a standard of care for patients receiving chemotherapy. We have submitted this programme for a SWSLHD Quality Award. During this year, we also launched the Cancer Council Enrich Survivorship Programme which has recruited well throughout the year.

One of our Western Sydney University Honours students, Hannah Corbett completed her thesis on unmet needs of patients with cancer who have teenage children and how to discuss their fears and concerns. The results of this work were useful in the commencement of a unique position of a Social Worker funded by CANTEEN for the specific purpose of helping the children of our patients. With the planned increase in paediatric cancer services at Campbelltown with the redevelopment we are likely to see more survivors of paediatric and adolescent cancers.

The 24Hr Fight Against Cancer Macarthur has now raised over $4 million providing services and equipment not available at other centres. Our scalp cooling programme is well received by patients and was featured in the Sydney Morning Herald Good Weekend in Dec 2017. We are grateful for the support of Dry July and all of our donors who support our wig library, patient care and education trust funds.
The innovative MCTC Junior Medical Officer position has expanded its scope to include radiation oncology services; they provide phone calls after hospital admission to avoid readmissions. The inpatient unit continues to provide quality and efficient care. The proportion of admissions with a length of stay better than peer hospital has improved from 5% in 2014, 30% in 2015, 52% in 2016 and 60% in 2017. The medical oncology admitting team is one of 4 units that gains bed days in Campbelltown. Inpatient surveys showing positive results for clinical handover, communication and informing patients and relatives of treatment plans and addressing any of their concerns.

The centre hosted a successful Annual General Meeting at Menangle Park in Nov 2017 and I am grateful for the organizing committee for creating an engaging programme.

Key Performance Indicators
Over 1800 new oncology and Haematology patients were seen in 2017-18 and 6200 occasions of service in the chemotherapy unit. Over 300 patients were managed in the Assessment Unit taking the burden off emergency departments and expediting initiation of patient care and admission to an inpatient bed.

The time to dictation to referring doctors is under the Ministry benchmark of 10 days and 85% of referrals are seen within 2 weeks.

Future Projects/ Expansion of Services
Campbelltown Hospital has been allocated $632 million for enhanced adult and paediatric health services at Campbelltown Hospital and Oran Park. Cancer Services is part of that enhancement but regrettably there will be minimal extra physical space created. At time of writing final architectural plans are awaited but our Functional Design Brief in the Clinical Services Plan will see a third linear accelerator, 25 chemotherapy chairs and 14 clinic rooms. Cancer treatment for children will reside in the new paediatric units, but MCTC will see a growth in survivors of childhood cancers requiring specialist follow-up. Haematology services will commence in late 2018, clinics in gynaecology oncology have commenced this year and we are hopeful that additional palliative care and new services in melanoma and dermatology services will follow. The Cancer Plan led by Prof Delaney provides the vision of the services to be provided at MCTC.

Thank You
Our staff are our most important and valuable asset with over 30 individuals receiving a nomination from our patients to be considered as a Valued Employee. Their dedication to personalised patient care; commitment to quality improvement and patient safety; innovation and teamwork; research and education clearly demonstrate continued excellence for our communities of Macarthur, Wollondilly and Wingecarribee. I am very proud that this culture of helpfulness and caring was reflected in the Bureau of Health Information Patient Satisfaction survey.
The Southern Highlands Cancer Centre provides consultative services for Medical Oncology, Radiation Oncology and Haematology, recording 4,798 occasions of service.

The Southern Highlands Cancer Centre in Bowral provides consultative services for medical and radiation oncology patients and provides chemotherapy for insured and non-insured patients through a private/public partnership between Ramsay Health Care and SWSLHD. The service continues to have strong links with the community GP’s, surgeons and physicians, palliative care services and the public hospital to provide care to the population from Picton to Goulburn.

Jo Pearson was conferred with her Oncology Nurse Practitioner Masters’ Degree from the University of Queensland, a first within the Local Health District. She has commenced clinics in 2018 to provide additional clinical support.

This year has seen the service expand to include haematology consultations and chemotherapy for non-insured local haematology patients as part of a private/public partnership between Ramsay Health Care and SWSLHD following the successful pioneering work of the Medical Oncology service.

A Cancer Leadership Committee advocates for enhanced services and local charities such as Can Assist, Rare Cancers Australia and the Southern Highlands Cancer Trust Fund, which provide funds and equipment for patients and their carers.

The Clinical Trial Unit continues to recruit to the early breast cancer trial, the PALLAS study, coordinated by the ANZ Breast Cancer Trials Group. Over 20 patients have been recruited, one of the largest recruiting sites in NSW with patients coming from Canberra to participate in the study. The partnership with the Ramsay Gallipoli Research Foundation has seen the Southern Highlands Cancer Centre receive offers to participate in future trials of kidney and lung cancers.

Key Performance Indicators

The Southern Highlands Cancer Centre in Bowral saw 2398 medical oncology consultations; 257 radiation oncology consultations; and over 1404 chemotherapy occasions of service. This reflects a sustained increase over previous years, with more patients able to access treatment locally, independent of health insurance. Haematology consultations have also commenced, saving 739 patients a trip to a faraway hospital for access to health care.

Future Projects/Expansion of Services

The Centre will see an increase in the Nurse Practitioner Clinic and Haematology Service and will increase the portfolio of clinical trials available to the community. Student teaching and registrar training in a rural general setting continues.
<table>
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<tr>
<td>Medical Oncology clinic visits</td>
<td>29,355</td>
</tr>
<tr>
<td>Chemotherapy &amp; nursing treatment activity</td>
<td>37,924</td>
</tr>
<tr>
<td>Inpatient bed days</td>
<td>9,960</td>
</tr>
<tr>
<td>Palliative care clinic consultations</td>
<td>1,106</td>
</tr>
<tr>
<td>Radiation oncology consultations and treatment reviews</td>
<td>17,044</td>
</tr>
<tr>
<td>Radiotherapy treatment events</td>
<td>35,011</td>
</tr>
<tr>
<td>Haematology clinic visits, Chemo treatments, Apheresis treatment and Stem cell transplants</td>
<td>25,167</td>
</tr>
</tbody>
</table>
The Gynaecological oncology unit has continued to evolve to meet the demand of the local population.

A new consultant, a Clinical Nurse Coordinator, a dedicated Gynaecological Oncology registrar and SRMO was appointed in January 2018 as part of the Gynaecological Oncology Enhancement project. This has enabled the unit to increase the research output and there have been several presentations at local as well as international conferences by all the members of the team.
Gynaecological Oncology has also been actively involved in the Complex Pelvic MDT with the colorectal surgeons and urologists. This has enabled us to improve the surgical treatment for advanced and recurrent cancers.

As the area expands, new projects have been planned to address the needs of the patients.

### Outpatient Clinics

7 outpatient clinics are run per week. There has been an increase of 233 patients, mostly due to the expanded colposcopy clinic but also in response to the new consultant. The new benign referrals included risk reducing surgery, patients on tamoxifen, premalignant lesions and complex general gynaecology. 349 outpatient procedures have been performed.

<table>
<thead>
<tr>
<th>New Patient visits</th>
<th>Follow up visits</th>
<th>Total number visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>575</td>
<td>2368</td>
<td>2943</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New Oncology</th>
<th>New benign</th>
<th>Colposcopy</th>
</tr>
</thead>
<tbody>
<tr>
<td>185</td>
<td>146</td>
<td>246</td>
</tr>
</tbody>
</table>

### Surgery

Of the 244 major procedures, 114 (47%) was laparoscopic, 64 (27%) laparotomies, 50 (20%) robotic cases and 16 (6%) others. There were 35 medical admissions. ERAS (Enhanced recovery after surgery) have been implemented and has led to a reduction in LOS.

<table>
<thead>
<tr>
<th>Major procedures</th>
<th>Minor procedures</th>
<th>Total number of procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>244 (60%)</td>
<td>159 (40%)</td>
<td>403</td>
</tr>
</tbody>
</table>

### MDT

458 patients were discussed at 42 MDT’s over the last year with an average of 11 patients per MDT. These included new referrals with imaging and pathology, post-operative results and recurrences. With such emphasis in early detection, a pathway was developed with our general practitioners, to raise awareness of the fastest way into a multi-disciplinary team for review.
Cancer Genetics

The role of Cancer Genetics is to identify and communicate the risk of an inherited cancer predisposition for families.

Identifying individuals who may be at an increased risk of developing cancer enables them to actively pursue vital screening and risk-reducing strategies.

This financial year has seen the SWSLHD develop its own Cancer Genetics Department in January 2018, with Dr Annabel Goodwin remaining as the Head of Department in an honorary capacity. Dr Goodwin continues to support the service through weekly reviews and conducts clinic consults with patients via Telehealth. We have also welcomed to the team a new Genetic Counsellor (Devika Sathe) and a Cancer Genetics Fellow (Dr Emilia Ip). As
awareness of cancer genetics in the community and demand for the service remains high, we are actively seeking expansion of the team.

The Department of Cancer Genetics has continued to contribute to the growth and development of the field. We have been involved in mentoring and training students in Genetic Counselling, attending multidisciplinary meetings, and monthly region-wide family cancer council meetings.

Dr Goodwin contributes to the development and implementation of national guidelines for genetic testing and risk management for families with a cancer predisposition by participating in EVIQ meetings. We also remain a part of the Inherited Cancer Connect (ICCon), a national research collaboration.

Cancer Genetics remains committed to providing quality care to our patients and their families. In the 2017/2018 financial year, the department received 441 referrals for patients to be assessed, an increase of 34.5 percent from last financial year (328 referrals). There were also 298 clinical consults, which included consultations conducted by Telehealth.

Many families are assessed by telephone by the Genetic Counsellors to determine if genetic testing is advised for the family prior to a clinic appointment. In many cases, the patient’s personal and family history is assessed, and risk management advice was provided without a clinic appointment being required. This year, an additional 126 patients were assessed over the phone.

As genetic testing technology becomes more efficient and new genes continue to be discovered, we have moved into offering patients multi-gene panel testing as is relevant to their diagnosis and family histories. Genetic testing was arranged for a range of rare predispositions including but not limited to; Lynch syndrome, Breast/Ovarian cancer syndromes, Familial Adenomatous Polyposis, Li-Fraumeni syndrome, von Hippel-Lindau syndrome, and Birt-Hogg-Dube syndrome. We continue to support our mutation positive patients and their families by making risk management recommendations and facilitating contact with appropriate specialists. We also link interested patients with ongoing research, particularly in screening trials.

We have seen success in mainstreaming BRCA1 and BRCA2 genetic testing through key medical oncologists for patients newly diagnosed with ovarian cancer who fulfil criteria. The medical oncologists facilitate genetic testing and refer to cancer genetics only those patients in whom a pathogenic or unclassified variant was identified, or those who have strong family histories. The process of mainstream testing has resulted in patient satisfaction and a more efficient pathway for referrals to Cancer Genetics.

Personalised medicine is on the horizon, with several trials in NSW recruiting women with either breast cancer or ovarian cancer with BRCA1 or BRCA2 mutations to assess the benefit of PARP inhibitors. These trials encompass both adjuvant and metastatic settings. We continue to notify treating teams of relevant trials for known mutation carriers, and several women from SWSLHD have participated in these trials.

Cancer Genetics remains committed to providing quality care to our patients and their families.
Haematology SWSLHD continues to develop its service, through the enhancement of services at Bankstown Hospital with planned commencement of chemotherapy for haematology patients in the second half of 2018.

We have additional appointments of Dr Vinay Vanguru (Haematologist 0.4 Campbelltown/Liverpool Hospital) & Dr Renee Eslick (Haematologist 0.7 FTE Bankstown/Liverpool Hospital) as well as an extra advanced trainee on a ward team in line with a “three tier” with advanced trainee, basic physician trainee (BPT) and RMO.

Chemotherapy delivery commenced at Bowral Hospital via a public-private partnership with Southern Highlands Private Hospital.

A specialised clinic was developed for pregnancy, thrombosis/haemostasis, myeloma, haemoglobinopathies; and departmental procedures for consensus treatment approaches for the common diseases have also been developed, along with implementation of a subcutaneous immunoglobulin program (Dr Minh Hua & Karl Jobburn, CNC). This year has also seen a strengthening of the haematology clinical trials unit, with employment of a fourth clinical trials coordinator under Ingham institute.

Liverpool, Campbelltown, Bankstown and Bowral
Outpatient Services
38.5 clinic sessions per week are conducted across SWSLHD with a total of 22,015 clinic visits during 2017/18:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Sessions per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liverpool Hospital</td>
<td>33 sessions per week</td>
</tr>
<tr>
<td>Bankstown Hospital</td>
<td>3 sessions per week</td>
</tr>
<tr>
<td>Campbelltown Hospital</td>
<td>2 sessions per week</td>
</tr>
<tr>
<td>Bowral Hospital</td>
<td>3 sessions per month</td>
</tr>
</tbody>
</table>

Inpatient Service
There are 26 funded beds at Liverpool Hospital Monday to Friday reducing to 22 on weekends. No inpatient haematology service is available at any of the other hospitals of SWSLHD. Although inpatient bed usage appears to have stabilized between 2014 and 2017, pressure on inpatient beds is significant and commonly above the funded base. The successful development of the Ambulatory Haematology Unit has allowed more patients to be treated out of hospital than possible previously.

Transplant Program
The transplant team consists of Anne-Marie Watson (Director), Lindsay Dunlop and Adam Bryant. The allogeneic stem cell transplant program is supported by an enhancement of $1.9 million p.a. in recurrent funding from NSW Health since 2011. Consideration is being given to expanding the program to include haploidentical stem cell transplantation to increase donor availability, since with small families, the availability of matched siblings has become challenging. Unrelated donor transplantation is still referred out of the LHD to Westmead, RPAH or St Vincent’s Hospital.

Outpatient Services
38.5 clinic sessions per week are conducted across SWSLHD with a total of 22,015 clinic visits during 2017/18:

<table>
<thead>
<tr>
<th>Year</th>
<th>New patients</th>
<th>Follow up patients</th>
<th>Total</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-18</td>
<td>3,152</td>
<td>17,809</td>
<td>22,015</td>
<td>14.0%</td>
</tr>
<tr>
<td>2016</td>
<td>2,259</td>
<td>17,036</td>
<td>19,295</td>
<td>11.1%</td>
</tr>
<tr>
<td>2015</td>
<td>1,646</td>
<td>15,701</td>
<td>17,367</td>
<td>20.2%</td>
</tr>
<tr>
<td>2014</td>
<td>1,519</td>
<td>12,922</td>
<td>14,441</td>
<td>19%</td>
</tr>
<tr>
<td>2013</td>
<td>1,298</td>
<td>10,812</td>
<td>12,110</td>
<td>-</td>
</tr>
</tbody>
</table>

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Clinical Trials
We have been pleased with the progress we have made in the clinical trials area under the capable leadership of Pinky Patel (Clinical Trials Manager). There are currently 14 studies open to recruitment. The model has been of self-funding via industry sponsored trials, requiring - 4:1 sponsored to cooperative group and investigator initiated studies. We have appointed a fourth clinical trials coordinator during 2018.

Advanced Training
We are fully recruited to eight advanced trainee positions, covering both the laboratory and clinical services. The quality of applicants has been high. Of note, three out of our current 8 trainees were Liverpool Basic Physician Trainees and three of our Haematologists were previously Liverpool Advanced Trainees. In 2018, an advanced trainee was appointed at Bankstown Hospital to assist with the development of the service. In 2019, this trainee will participate in a rotation with Liverpool Hospital.

Future Projects/Expansion of Services
• Haematology services are currently heavily centralised with all inpatients and majority of clinics at Liverpool Hospital. This is placing increasing pressure on the Cancer Therapy Centre and inpatient beds at Liverpool Hospital. We hope to alleviate this by a number of strategies:
  » A business case has been submitted by Cancer Services to implement extended hours service (ideally 7 days per week). Over the last three months, we are regularly admitting patients for what we would normally regard as outpatient regimens.
  » An enhancement has been received to allow the delivery of chemotherapy at Bankstown Hospital, and we aim to complete recruitment and commence chemotherapy in the second half of 2018.
  » We hope to achieve an enhancement of service at Campbelltown Hospital to allow the delivery of chemotherapy for haematology patients in 2019.
• Currently autologous and allogeneic matched sibling stem cell transplantation are performed at Liverpool Hospital. We would plan to expand the service to include haploidentical allogeneic stem cell transplantation, which would mean that most patients would have a suitable family donor and would not need to travel outside SWSLHD for this well established treatment modality.
• The development of the department as an academic unit is an important long term goal.

This year has also seen a strengthening of the haematology clinical trials unit...
Dermatology

SWSLHD is growing and is projected to have a significant increase in population over the next few years.

Liverpool Dermatology is diligently endeavouring to meet the demands of the increasing population while still being poorly serviced by Dermatologists in private practice with only 5.2% of NSW’s dermatology workforce servicing the area. Service to outer Sydney, per population, is inadequately served compared to rural/regional NSW, with only 1.1FTE of fractional staff specialists.

Liverpool Dermatology continues to strive for excellence in the delivery of specialised services and continues to provide liaison services to the six (6) hospitals within the Local Health District namely Liverpool, Bankstown-Lidcombe, Fairfield, Campbelltown, Camden, Bowral and District Hospitals.

We are the largest dermatology training site in NSW and starting 2018 our Department was accredited with four full time dermatology trainees (two STP funded). We also have the largest patch testing clinic in the Sydney Metropolitan and outer Sydney regions seeing patients for an extensive series of patch testing, there are currently 71 patients waiting for initial patch testing. We have the largest number of patients under treatment for Psoriasis and Hidradenitis Suppurativa with biologics, in NSW, and despite a significant staffing deficit the department has continued to function efficiently while maintaining patient care.

MDT meetings – participation and attendance:
• Skin (monthly)
• Combined Rheumatology/Immunology/Dermatology (quarterly)
• Monthly Meeting (specialised dermatology cases)

Future Projects/Expansion of Services
• Continue advocacy for dermatology to be escalated to an area health service with corresponding increase in staffing to meet the demands of the area
• Increase in staff specialists to cater for increasing referrals and to reduce the patient wait list
• More support to peripheral hospitals within the district
• Collaboration with GP network on Health Pathways
• Redesigning the website
• Continued commitment to teaching and training of dermatology registrars, other trainees in the hospital, education of the GPs and the community at large

Dr Monisha Gupta
DIRECTOR OF DERMATOLOGY
The LHD Palliative Care Service continues to strive to deliver the strategies within the Advance Care Planning, End of Life and Palliative Care Strategic Plan 2016 – 2021. There have been several key achievements this year, including:

- Enhancement of positions that has included a CNS2 position in Bowral Hospital full time and a part time position in community health
- Commitment by NSW Health to provide the PEACH program for a further 2 years. This program enables patients to fulfill their wish to die at home when in last week/s of life by providing additional services that partner with usual SWSLHD Community health/palliative care service
- The development of renal supportive care service which now includes a new staff specialist position

Janeane Harlum
AREA PALLIATIVE CARE MANAGER & SERVICE DEVELOPMENT

1,106 Outpatient clinic attendances
12,200 Community visits (Medical/nursing)
16,824 Inpatient visits (Medical/nursing)
• The commencement of volunteer visiting service to Bowral Hospital and planning for a service at Fairfield Hospital

• Leading and/or partnering in several key projects including developing a pathway to Oral health services, breathlessness pathway, GP medication management, review of consultation services to RACF.

• Several staff hold positions with key industry partners/boards including Dr Desi Seccombe, member of Palliative Care Training committee, Royal Australian College of Physicians; Ms Therese Smeal, Palliative Care NSW current President; Dr Jennifer Wiltshire, Sydney Institute Palliative Medicine executive committee; Prof Meera Agar, President ANZSPM Council; Ms Janeane Harlum, ACI Palliative Care Executive Palliative Care and current member of NSW Health Palliative Care and EOL Framework steering committee

• Delivery of 17 NSW Health funded positions for SWSLHD “On the Job Training placements.” This included 13 nurses and 4 allied health who each undertook a 5 day placement, to enhance their skills in palliative care and end of life care. All placements included a day in the community setting.

• Research directions are strengthening with the development of a SWS Palliative Care research plan, increasing partnerships with universities and academics, increase in clinical trials participation and conference presentations, particularly nursing

• Several staff are undertaking further study and Kerrie Noonan, psychologist Liverpool palliative care service, has submitted her PhD for marking. Staff are to be congratulated on their commitment to further their studies
Bankstown Service

- During 2017, there were 4175 occasions of service completed by the team which is a 15% increase from the previous year.
- The outpatient clinic continues to remain busy with 129 patients seen in 2017.
- From a staffing perspective, the team continues to grow. Dr Rajesh Aggarwal is current Head of Department in palliative care, Jodie Peronchik is the palliative care CNC and Tina Gangemi the palliative care secretary. The team has welcomed Daniela Vasquez, who is the new palliative care CNS2 and are in the process of actively recruiting for an EOLC coordinator. The team has also been successful in securing funding in the next financial year for further enhancements in both medical and allied health staffing.
- Working committees have been established for both End of Life care and Advance Care Planning to help educate and implement the CEC End of Life Toolkit, Care of the Dying observation chart (CODOC) and encourage the increased uptake of the new Advance Care Directive document and Ambulance Care plans.
- A bimonthly renal supportive care clinic has been established at Bankstown Hospital.
- The next 12 months will be exciting as the team expands and we look forward to increasing the number of outpatient clinics, developing an outreach service with community, & having a greater presence at MDTs.

Liverpool Service

Our Inpatient Service (Ward 4c) is a 20 bed ward with a dedicated Allied Health Team, made up of a Clinical Psychologist and Diversional Therapist, who runs the arts in health projects. The ward takes a multidisciplinary, holistic care approach that interfaces with community and Palliative care staff - a ward without walls.

The hospital Consultative Service provides advice to other treating teams. Some integrated care models are in place such as the renal supportive care, Adolescent and Young Adult (AYA), MND

12 Specialist Clinics are held weekly in the Cancer Therapy Centre clinic rooms, and includes an AYA clinic, renal supportive care clinic off site and monthly MND clinic coordinated by respiratory physicians.

A Community medical early discharge and hospital avoidance Service provides staff specialists to attend home visits to patients throughout the whole district, support the Community Palliative Care Nursing Service, attend community MDT meetings, provide phone advice, liaise with hospitals to expedite/assist with admissions and closely follow up discharges. They also provide GP education and liaison, and work closely with the SWS Primary Health Network. There was an increase to 3 clinics per month in 2017, but there is still a 3 month waiting list and no resources for expansion at the moment. There is potential need for this service at other hospitals (Campbelltown/Bankstown) and a greater home visit service; reliant upon dedicated staff specialist funding. The group has commenced a research project into the symptom load and quality of life of Chronic Kidney Disease patients.

An after hours and On-Call Service is shared across the LHD Palliative Care staff specialists, providing an on call service to all LHD facilities and community.

Our amazing volunteer service provides non-clinical support and practical assistance to patients in hospital as well as at home. Led by a Volunteer coordinator, projects include music therapy, the ‘Jolly trolley’, carers support, BBQs, fundraising, End of Life support.

A dedicated End of Life Care nurse coordinates ongoing education, clinical support and consultancy, supporting ward champions to encourage developing a “Care Plan for the Dying Patient”.

Activities undertaken by the team this year include;
- Research: Collaborations with PaCCSC, Ingham Centre.
- Ongoing Clinical Trials recruitment at Liverpool
- Teaching: Medical Students UNSW/WSU, JMO, BPT, AT, End-of-Life Care education, GP, Nursing Education, UNSW Phase 2 & 3 Medical Students
- Part of Sydney Institute of Palliative Medicine, organised annual Symposium
• Staff Specialist providing Education around EOLCP to the hospital
• Lead site for EOLP across LHD.
• Attendance at Cancer MDTs
• Liverpool and Fairfield GP lectures
• LHD ABC of Palliative Care course nursing
• New Graduate Nursing education 2017
• Area Palliative Care Volunteer education 2017
• Nursing university students UOW 2017
• Graduate diploma for enrolled nurses education nursing 2017

Staffing

• **Staff Specialists** (5.4 FTE)-Jennifer Wiltshire (HOD), Thang Huynh, Rebecca Strutt, Eve Tan, Louise Elliott, Desi Seccombe, Amanda Fernando, Meera Agar, Lourdes Tilde (CMO)

• **Registrars / JMOs Consult AT x1**, Consult BPT x1, Inpatient AT x1, Inpatient JMO x2 (including JETS)

• **Nursing** (CNC x1 FTE, RN x2 FTE, CNS x1 FTE)- Consult service, Charmaine O’Connor, Lesly Regalado, Naomi Ellis, Achamma Roy, Noemir Gonzalez. Welcomed Sonakshi (Rani) Prasad to CNS2 role while Noemir Gonzalez on secondment.

• **Administrative staff** (1.5 FTE)

• **Ward Staff** - NUM (Vinita Singh), CNE x 0.6 FTE (Tomisa Calleja), Social Work, Physio, OT, Clinical Psychology, Diversional Therapy, Dietician, Speech Path

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**Challenges of 2017**

Reflected Legacy/Arts Health Project won the SWS Quality award in the category of Enhancing patient experience through the Arts.

Vinita Singh was a finalist for “The Department of the Year Award”, and was also nominated for “Staff of the Year Award”.

Liverpool Hospital Palliative Care is committed to advancing Palliative Care within the broader hospital and community, attended 18 MDT’s (cancer and non-cancer), maintains links to emergency through the Time is Precious “TIP” project. Outcomes include: 40 patients presenting to ED identified in first 30 days as dying or suitable for escalation via ED palliative pathway. A collaboration with the Lung group led to early referral to Palliative Care resulting in 90% of newly diagnosed Stage 4 NSCLC referred within 8 weeks of diagnosis. The group won a Health Round Table Innovations award.
Recent ACHS EQuIP National feedback:

Palliative and End-of-Life Care in SWS LHD is mature, following many years of development, and the surveyors have elevated the rating for 12.12.1 to ‘Met with Merit’. Evaluation of access and effectiveness of End-of-Life Care is excellent, driven by very active senior staff and accessible in all departments. Participation in the Palliative Care National Standards sees Liverpool doing extremely well. Benchmarking nationally occurs through the Palliative Care Outcomes Collaborative.

The surveyors agreed that all requirements of the ‘Satisfactorily Met’ (SM) rating were met, that the activity is widespread throughout the organisation, has proven to be sustainable, has become core business, is reflective of strategic direction and has repeatedly been evaluated. The criterion 12.12.1 has therefore been elevated to ‘Met with Merit’ (MM) rating.

**Campbelltown Service**

The service welcomed A/CNC Pauline (Willie) Wilson while Colleen Carter is on secondment to NSW Ambulance Service in the inaugural position of Coordinator Palliative and End of Life Care. Carol Hicks continues to provide leadership for the CEC End of Life Toolkit.

Drs Kristen Turner & Dr Victor Sze & Registrar continue to provide consultation, an outpatient clinic & contribute to teaching and Grand Rounds. Dr Amanda Walker was welcomed back to the service as a locum staff specialist until end 2017.

Staff have provided learning opportunities for staff undertaking On The Job Training placements and orientation of new Palliative Care staff from other sites.

Due to staffing issues and need for growth of resources, the service, particularly medical, has been unable to meet growing demands of referrals, provide adequate outpatient services and community visits across Macarthur and Wingecarribee. The HOD & team recognize this limitation and are constantly advocating for and reassessing priorities to deliver the best possible care they can.

**Camden Palliative Care Unit**

Camden palliative care unit has been recognized in 2017/18 for their outstanding results against benchmarks utilizing Palliative Care Outcomes Collaboration (PCOC). The team are to be congratulated. Staffing includes Dr Lynne Kuwahata, Dr Jackie Kerfoot, Registrars in the unit & community, JMO& nursing led by NUM Meghan Debono & Willie Wilson, who provides nursing consultation and education.

Camden has participated in taking nursing and allied health staff as part of the Palliative Care on the Job Training Programme and provided participants with excellent learning opportunities.

GP education for Macarthur and Wingecarribee has included Dr Lynne Kuwahata and Dr Jackie Kerfoot presenting on pain management, end of life care along with Kathy Schofield CNC, Mira Glavan CNC and Therese Smeal Area CNC.

Successful memorial services for families have been led by staff and volunteer service.

The unit is proud of the environment that they strive to provide for patients and their carers, by staff and volunteers going that extra mile to celebrate special events, decorating the unit, regular BBQs, music and arts programme.

**Bowral Hospital**

Chloe Ross commenced in the CNS2 role in 2017 and has been progressively conducting education sessions for nursing staff. During National Palliative Care week, the hospital held several activities including a foyer display and discussions with general public. The highlight of the week was an evening event at a local bookshop with Prof
Ken Hillman as guest speaker, talking about planning ahead and End of life decisions.

The volunteer programme has extended into the hospital and 2 volunteers will be regularly visiting patients.

**Braeside Palliative Care Unit**

Braeside farewelled their NUM Felicity Burns, who has taken up a management position in palliative care in Northern Sydney. Linh Bell is the A/NUM, having worked in palliative care for 5 years most recently as the CNE. The CNE role is currently held by Rose Estrada who has many years’ experience in community palliative care. Head of dept is Dr Fiona Stafford-Bell. Unit is supported by JMO & 1AT position that provides services to Hammondville RACF.

Dr Oddom Demontiero, a geriatrician, joined the team temporarily in February 2018, when Dr Amy Chow went on maternity leave, and expected to return in January 2019. Both, the Geriatric and palliative care departments have benefited from the experience. Braeside hospital is grateful for the contribution made to their palliative care service by Dr Demontiero.

The palliative care service welcomed Dr Lisa Potter on 18th June. Lisa is a new palliative medicine staff specialist who has worked in SWSLHD previously.

There have been changes to the social work department. Nola Morris retired in December 2017 after 21 years in the service. Jenny Downes has moved into Braeside’s rehabilitation service. Both are thanked for their contribution. Kyra Hazelman has joined the team full time and Rochelle Leonide is 0.5FTE.

Braeside continues its role in education for all health disciplines. They had medical students from UNSW as well as nursing, physiotherapy and occupational therapy students from various institutions. Braeside has been involved in the NSW Government initiative On The Job training to increase exposure/learning to palliative care for clinicians with nursing and allied health staff from across SWSLHD. They have also been involved in JMO education at Fairfield Hospital.

**Community Specialist Palliative Care**

The services farewelled 2 CNCs, Donna Berry from Bankstown CHC and Ann Perry from Prairiewood CHC. Currently, Prairiewood CHC has welcomed A/CNC Jennifer Fisher. Recruitment is underway for the positions. Bowral CHC has been enhanced with a CNS 2 position, 3 days per week. Mira Glavan Bowral CNC is undertaking her Nurse Practitioner study.

The PEACH program continues to demonstrate quality outcomes for patients and their carers.

The CNCs continue to lead research projects, education of primary health nurses and reviewing clinical policies and have participated in taking staff for On the Job Training Program.
Palliative Care.

A significant achievement has been the implementation of the NSW Health policy for verification of death at home by nurses. Education and training has been provided for palliative care nurses and after hours NUMs.

Fairfield Hospital

Pippa Richards CNS2 continues to be integral to the provision of quality palliative care in Fairfield Hospital with 691 occasions of service in 2017. She has been educating nursing and medical staff with the roll out of the CEC’s Last Days of Life Toolkit as well as symptom management and safe use of hydromorphone. Braeside medical staff continue to provide clinical services and JMO education. Nursing and medical colleagues from SWS Palliative care service were thanked for their assistance during staffing shortages in Braeside. Medical Occasions of service continue to grow:

- 2016 - 143
- 2017 - 172
- 2018 - 181

Fairfield accreditation this year highlighted positively the “wonderful work being undertaken to improve end of life care within the hospital”.

I would like to acknowledge and thank all of the palliative care staff across the LHD who strive to provide excellent services for patients/families and continue to advocate for and promote improvements for service delivery, care and resources.

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Future Projects/Expansion of Services

- Future directions and highest priorities for the service remain Macarthur/Wingecarribee due to demand and growth and the immediate need for medical enhancement to provide accessible and timely consultation in hospitals, development of outpatient clinics and community medical services.
- The community model of care will be reviewed through a working party that will be led by DON community.
- Working with Area Director Allied Health to prioritize referral pathways & access to Allied Health services.
- The service will continue to deliver strategies within the ACPEOL&PC strategic plan & the SWS Cancer Plan.

“...wonderful work being undertaken to improve end of life care within the hospital.”
The end of June marks a special time and presents an opportunity to reflect on the last 12 months.

I would like to take this opportunity to congratulate the entire department on another successful year with outstanding achievements across our tripartite team of radiation oncologists (RO), radiation therapists (RT) and medical physicists (MP). These success stories speak volumes of the strong teamwork, and I am grateful to be a part of this highly achieving team.

In February, we bid farewell to A/Professor Dion Forstner. Dion had worked at Liverpool and Macarthur Cancer Therapy Centres for 15 years and was Director of Radiation Oncology for more than 8 years. Dion’s time at SWSLHD has been characterised by strong leadership and mentorship, as well as compassionate care for patients and staff members alike.

While it is essential to focus on building our strengths and addressing short-term challenges, it is just as important that we keep future-focused in terms of research opportunities and investing in new technologies that will sustain radiation oncology in the longer term.
Research within the entire department of radiation oncology, incorporating both the clinical department and the Ingham-based-research groups, has continued to grow both in publication output and successful grant funding.

Governance restructures of radiation oncology into three clinical clusters has helped foster a multidisciplinary approach to provide excellent patient care, produce outstanding research and new technology, including the release of Deformable Image Registration in the adaptive program.

The Radiation Oncology clinical trials team continue to develop a robust and growing portfolio encompassing 28 clinical trials (11 investigator-initiated and 17 collaborative studies). The 1st patient has been recruited to pancreas SBRT research protocol, and the Prostate cancer’s Prometheus trial recruitment – Liverpool/Macarthur was the highest recruiting centre in the multicentre “virtual HDR” SBRT trial. Prometheus abstract accepted at ANZUP, submission to other national and international scientific meetings.

**Awards**

Staff in SWSLHD Radiation Oncology won several major grants this year worth more than $4m, and the multitude of awards for best conference presentations is a testament to the quality of the work that is being produced from this department in a peer to peer setting. Several scholarships and student prizes were also achieved, details of the departments achievements are reported in the back section of this report.

**Clinical Team's Achievements**

The radiation oncology department was restructured into three clinical clusters: Above the Clavicle (ACT), Thorax and Abdominal Pelvis in 2016-2017. The main aim of the governance restructure was to align RO, RT and MP into similar anatomical sites to improve quality of care and to enhance subspecialisation. The progress of these three teams thus far have been fantastic and summarised below.

**Above the Clavicle (ACT) Group**

Significant progress made with the ACT’s expansion of skin and melanoma service with increasing referrals, the opening of multiple trials including Biopsy ME (MCC), Combi RT (Melanoma) and ROAM (Atypical meningioma) multi-institutional studies. Glioma trials include phase 2 GBM trial VERTU phase 3 Checkmate 498/548 Nivolumab trials, NUTMEG (short-course chemo-RT in GBM+/_ Nivolumab).
Successful brain tumour grant funding including: FET-PET in glioma.

The ACT team has also been involved in the EviQ SRS brain metastases guideline development and NSW Cancer Council clinical pathway development for melanoma.

Thorax Group

The Thorax group has been steadily improving the efficiency and quality of thorax radiotherapy including lung and breast. Highlights and achievements over the last 12 months include:
- The replacement of CIVCO breast board with MRI compatible Sabella breast board.
- The implementation of MIM for organs at risk delineation by radiation therapists in breast cancer radiotherapy.
- Volumetric modulated arc therapy (VMAT) for nodal breast patients.
- The lung division of the Thorax group successfully held the Lung Planning Day to discuss plans for the next 2 years.
- Updated and combined comprehensive protocol for lung cancer volume delineation for conventional RT and SABR, now collocated with RT lung planning protocol.
- A structured process for weekly lung audit meetings with documentation in MOSAIQ.

Current initiatives of the Thorax group include:
- Development of an automated planning process for routine breast simultaneous integrated boost.
- Investigating the use of volumetric modulated arc therapy (VMAT) for lung patients. VMAT will allow more complex and rapid treatments to be delivered as standard.
- Investigating the use of intrafraction CBCT imaging for lung SABR patients.
- Investigating the use of daily low dose CBCT imaging for breast patients.
- Development of DIBH training video to improve patient compliance.

Current research activities of the Thorax group include:
- Ongoing studies are evaluating the utility of MRI in lung cancer radiotherapy in anticipation of the MRI linac.
- Cardiac MRI and echocardiography in the detection of cardiotoxicity in breast and intra-thoracic cancer patients.
- The thorax group continues to be involved in national and international clinical trials and is leading the way with multiple local investigator-initiated research projects.

In 2017, there were 10,723 occasions of outpatient services, with 2231 new patients and 8492 follow up clinic attendances across LCTC, MCTC, BCC and Bowral. The number of new patients has increased by 3.6% compared to last year.

Annual treatment attendance (i.e. the sum of all daily treatment each year) rose -3.2% compared to last year, and 10.2% compared to 2013.
Abdominal Pelvis Group

The Abdominal Pelvis group has combined efficiently to produce excellent researches and provide world-class multidisciplinary care to our patients receiving radiotherapy treatment below the diaphragm. Achievements over the last 12 months include:

- Successful treatment of patient using Breath-Hold Device for liver SBRT.
- Oral presentation at ESTRO for research on 4D MRI imaging in planning for upper GI cancer treatment.
- Implementation of contour and plan review between LCTC and MCTC.
- Publication of the study on assessment of set up position for MRI scanning for rectal cancer radiotherapy treatment planning.
- Publication of the study protocol on multi-parametric MRI for therapeutic response prediction in rectal cancer, and presentation of preliminary results at ESTRO 37 and ISMRM 2018.
- Implementation of contour and plan review between LCTC and MCTC.
- Current study on bladder filling variability in rectal cancer patients treated with VMAT.
- Appointment of a 3rd gynae-oncology surgeon (Dr Murad Al-Aker) and Dr Viet Do (radiation oncologist).
- Imminent implementation of VMAT for intact cervix cancer radiotherapy, resulting in improved normal tissue sparing.
- Further experience gained in the use of image-guided interstitial brachytherapy.
- Recruited and treated patients on the SPARK trial of SBRT monotherapy for prostate cancer.
- SeedTracker, software to identify and track fiducial seeds in the prostate during radiotherapy treatment, has been further enhanced to improve accuracy and streamline patient position correction when movement is detected.
- Incorporation of PSMA PET as standard staging for high-risk prostate cancer patients at diagnosis.
- Assessment of new traffic light bladder filling technique for prostate cancer patients having daily radiotherapy.
- Development of combined urology/radiation oncology public new patient prostate cancer clinic for joint assessment and consultation and assessment of the utility of the clinic is being investigated in the PREPARE study.

Future Projects

- A retrospective study on anal cancer management in collaboration with Medical Oncology, Nuclear Medicine and Anatomical Pathology.
- Possible participation in EMBRACE 2 study and PORTEC-4a studies.
- Data mining of our cervix cancer patient cohort to identify patients who may benefit from early salvage hysterectomy following chemoRT.
- Retrospective analysis of our vulval cancer patient cohort to see if outcomes in the SWSLHD comparable/equivalent are (stage for stage) with national outcomes.
- Investigate MR-alone radiotherapy planning for gynaecological cancers.
- Gaining expertise in the use of free-hand interstitial needle brachytherapy for gynaecological cancers.
- The GU group will aim to significantly enhance the suite of clinical trials open, notably expanding the availability of trials for patients with prostate, kidney and bladder cancer. New trials which are planned to open in 2019 are NINJA, SUPER I, FASTRACK II, PCR-MIB trial, and HIPSTER.
- Auto planning for whole pelvis treatment.
- Dynamic couch development to operate in tandem with SeedTracker to allow automatic couch shifts to counter prostate movement during SBRT.
Physics Activities

NEW EQUIPMENT/TECHNIQUES

- M7 Elekta Agility linac commissioned.
- MIM role expanded for various planning protocols, including Atlas-based contouring.
- “Auto-planning” module of TPS released for select prostate cancer cases.
- VMAT delivery for breast cancer.
- Upgrades various information systems, including: Pinnacle TPS to v16, RadCalc & orthovoltage console.
- Ongoing in-house development of software tools for data analysis, patient-specific quality assurance, and research.
- Consultation with planners for Campbelltown & Liverpool Cancer Therapy Centre redevelopments.
- Commissioning of treatment aids, including abdominal compression devices, electron composite shields to comfortably reduce backscatter, etc.

STAFF CHANGES AND ACHIEVEMENTS

- Phil Vial in role of A/Deputy Director at LCTC Medical Physics for the period during Virendra Patel’s extended long service leave.
- Successful completion of training for two physics registrars, Daniel Truant & Bradley Beeksma, who have found permanent positions elsewhere.
- Recruitment of Joshua Hiatt and Iliana Peters to vacant physics registrar positions.
- Richard Short leaving MCTC after 7 years.
- Shrikant Deshpande completes his PhD.
- Software developer Philip Chlap has joined Ingham and is assisting the Cancer Service with custom code developments as well as training staff to improve development skills.

Future and ongoing development projects

- FFF treatment option (under development).
- Intra-fraction imaging (under development).
- Commissioning of MOSFET detectors to replace TLD for in-vivo dosimetry.
- Deformable Image Registration (under development).
- Macarthur CTC redevelopment.
- Liverpool CTC redevelopment.
- MIM adaptive recontouring.
- DataWeb platform for in-house developed software tools, e.g. patient data search, QCL Tracking.
Imaging Group Activities

ACHIEVEMENTS

• Recent update of the departmental imaging policy.
• Introduction of the traffic light system for CBCT assessment in GU and H&N patients.
• XVI projection data storage imaging share.
• Imminent release of breast CBCT.
• Development of retrospective CBCT auditing for quality control.
• Utilisation of Motionview (fluoroscopy) for respiratory motion management in Liver SABR.
• MRI couch comparison.
• Data management – Image and plan storage.

Future Direction

• The introduction/implementation of Intrafractional imaging.
• ADAPT study (investigator Ricky O’Brien) development of customised 4DCBCT acquisition for lung cancer patients (currently in ethics).

Research Activities

The number of research students, particularly PhD students that have been attracted to work in our department has also increased. International recognition of our work has been demonstrated with invited presentations at the European Society for Therapeutic Radiation Oncology (ESTRO) annual meeting and the MR in RT meeting, AAPM annual meeting and other national presentations. Members of our group coordinated workshops and the ASMIRT annual scientific meeting on research and MRI in radiation therapy.

In research project success, this year has seen further development on the MRI-linac program with dosimetry and imaging investigations working towards the initiation of a clinical trial. The first Australian ‘distributed’ outcome model has also been developed. This approach enables data to remain at local institutions, addressing ethics, privacy and technical challenges, but using machine learning techniques develops outcome models across centres. The summer research scholarship program for radiation therapy students continued with one student, Jarrod Hallinan winning ASMIRT NSW Branch best student presentation prize.

The annual radiation oncology research showcase held in June 2018 highlighted some of the exciting research projects undertaken. This year, we saw a diverse mix of projects;

• comparing evidence-based recommendations for radiotherapy use against routine practice in breast cancer,
• a decision support system model trained using distributed learning over a multicentre cohort,
• estimating the population-based survival benefit of first course chemotherapy for cancer,
• how variations in contouring can affect treatment eligibility for lung Stereotactic Ablative Body Radiotherapy (SABR),
• the decision support needs of men with localised prostate cancer choosing between robotic prostatectomy and radiotherapy treatment.

A/Prof Lois Holloway

CHAIR RADIATION ONCOLOGY RESEARCH EXECUTIVE

• staff perception of the effects of automation in radiotherapy planning,
• centralised contouring review for trial specific atlas creation to reduce the most significant uncertainty in radiotherapy and the reproducibility of MRI simulation scans for pelvic radiotherapy planning.
Other areas of growth and focus within our research program have included the following:

- There has been a focus within Radiation Oncology to have all clinical staff, research collaborators and research students trained in best practice for conducting human research. This has been undertaken through the Good Clinical Practice Program (GCP) which has been facilitated by staff within the Radiation Oncology Clinical trials.

- There has also been an increase in the number of clinical staff actively participating in research projects. Actively encouraging and facilitating this will continue to be a focus in the coming 12 months.

- The number of paid research and research support positions has increased with the addition of a full-time research administrative support role.

In 2018-2019, we are looking forward to further development on the MRI-linac program including the initiation of a clinical trial, expansion of both the clinical sites and centres involved in the distributed learning network as well as continuing to provide research training opportunities across the department and supporting clinical practice development through appropriate research investigations.

**Clinical Trials**

The number of clinical trials is significantly increased compared to previous years. Screening processes have been refined, and now all new patients seen in the Radiation Oncology clinic are screened for clinical trial eligibility. The Radiation Oncology clinical trials team presented their work with oral presentations at the TROG ASM, CINSW Innovations in Cancer Treatment and Care Conference and Elekta User meeting. The future direction is to continue to actively seek participation in international collaborative trials.

The number of clinical trials is significantly increased compared to previous years.
Medical Oncology – Liverpool

The department of Medical Oncology continues to strive to provide an excellent service. It is predominantly an outpatient-based specialty, and the increasing local population provides an ever-increasing demand for consultation and chemotherapy.

The department offers inpatient care, teaching, research, and support for many other specialties, most obviously in the form of multidisciplinary team meetings for each major cancer type.

Dr Weng Ng
DIRECTOR OF MEDICAL ONCOLOGY
LIVERPOOL

2,269 Hospital Admissions avoided through the chemotherapy assessment unit

21,962 Medical Oncology chemotherapy treatments and nursing procedures provided in the Liverpool Cancer Therapy centre

11,605 Medical Consultations (including follow up and inpatient consultations)
We are staffed by 10 medical oncologists, 1 clinical research fellow, 4 advanced trainees (1 STP funded until 2020) and 3 JMOs (2 BPTs and 1 RMO).

- Prof Paul de Souza is the Professor of Medical Oncology at WSU and as the Director of CONCERT (Centre for Oncology Education and Research Translation), was a recipient of $6.5 million dollars for a NSW Cancer Institute funded Translational Cancer Research grant. Subspecialist in brain, sarcoma and genitourinary cancers.
- Dr Eugene Moylan is the Director of Liverpool Cancer Therapy Centre. Subspecialist in breast cancer.
- Assoc Prof Weng Ng is the RACP Chair of the Advanced Training Committee in Medical Oncology and the Director of Medical Oncology. Subspecialist in colorectal and upper GI cancers.
- Dr Wei Chua is the Director of Clinical Trials (Liverpool Cancer Therapy Centre). Subspecialist in colorectal and genitourinary cancers.
- Dr Victoria Bray is the Lead Supervisor in Advanced Training (Medical Oncology). Subspecialist in lung, head and neck, upper GI cancers.
- Dr Bavanthi Balakrishnar is the Lead Supervisor for Basic Physician Training (Medical Oncology). Subspecialist in melanoma, breast and genitourinary cancers.
- Dr Kelly Mok is the Coordinator of Ageing and Ending medical student teaching. Subspecialist in breast cancer.
- Dr Michelle Harrison is appointed at Liverpool Hospital and Lifehouse at RPA. Subspecialist in gynaecological and breast cancers.
- Dr Adam Cooper is the Phase 1 trials specialist. Subspecialist in brain tumours and sarcomas.
- Dr Afiah Roohullah is the Phase 1 trials specialist and Network Director of Advanced Training SWSLHD. Subspecialist in hepatomas and GI cancers.

Clinical and Quality Improvement
Successful quality improvement with ‘insafe-hands’ inpatient rounds (Dr Moylan) – reduced relative stay index (Health Round Table) from 110% to 94%. The chemotherapy assessment unit dealt with 2269 attendances.

Research and Education
- Enrolled 60 patients in clinical trials and screened 135 patients (18 trials)
- Over 50 publications and conference presentations
- Total of over $11 million dollars in research grant recipients
Service Growth

The number and complexity of chemotherapy treatments reached maximum capacity this year. Despite the constant high workload pressure - under the leadership of NUM Danielle Peterman, the nursing staff were recognised on international nurses day as the department with the best workplace culture.
Research and Education

The Ingham Institute houses laboratory facilities, a clinical skills laboratory, and office space for health service researchers and clinical trials coordinators and research nurses. Our clinical trials unit is now fully staffed with four trials coordinators and a manager. We participated in 29 clinical trials in 2016, with an increase in research activity and patient recruitment (N=108) for clinical trials. Phase I clinical trials unit have been running over the past 5 years.

The medical oncology department continues to run a laboratory in the new Ingham Institute building, and our plans are to increase our basic and translational science capabilities. The CONCERT Executive Research group was awarded over $6.5 million dollars by the Cancer Institute NSW to further develop the Translational Cancer Research Unit in SWSLHD. Directed by Prof De Souza, Drs Afiah Roohullah and Adam Cooper will be completing their PhD in Phase 1 compounds in 2018/2019. Dr Pei Ding has commenced her PhD study in ‘Biomarkers in lung cancer’.

All our staff are involved in medical student teaching (WSU and UNSW), JMO teaching, and registrar teaching. Members of staff are also examiners in the FRACP examinations each year.

Challenges and Future Plans

- Additional resources are required to meet the increasing demand of chemotherapy services and to support the outpatient oncology assessment unit (crucial in preventing hospital admissions and to reduce ED presentations). We are working with the hospital facility manager to extend treatment hours, which will increase the capacity to deliver treatment.

- Increasing number of clinical trials (including Phase 1 studies) need access to oncology patients in SWSLHD, and our trials groups are looking at how to prioritise the trials.

- Development of business cases to meet the service needs for melanoma and sarcoma are in progress.
Medical Oncology – Macarthur

The Bureau of Health Information report released in May 2018, *How Do Outpatient Cancer Clinics Rate*, based on direct feedback from our patients rated the Macarthur Cancer Therapy Centre as the best in NSW for the third year running with the most number of measurements better than the state average and no measurement scoring below the NSW average.

In addition the Medical Oncology Department met every requirement of the National Standards in the 2018 Hospital Periodic Review, a reflection of the robust safety culture in place and the adherence to policies by our staff.

10,771 Medical Consultations (including follow up and inpatient consultations)

2,820 Hospital Admissions avoided through the chemotherapy assessment unit

10,955 Medical Oncology chemotherapy treatments and nursing procedures provided in the Macarthur Cancer Therapy centre
Our policy of protocol based chemotherapy prescribing and the triple checking process from doctors, oncology pharmacists and nurses has produced a safe environment for delivery of chemotherapy. This work, led by Nasreen Kaadan, has been recognized with a grant from the Cancer Institute NSW and presentation at ISQUA 2017, the peak quality organization in the world. Regular reports of any variation to prescribing is identified and reported at monthly morbidity and mortality meetings.

The Department has 3 Advanced Training Medical Oncology registrars; exit interview feedback remains excellent; a reflection of the quality in supervision, teaching, quality and safety provided by our oncologists, nursing and pharmacy teams. The role of the junior medical officer within the centre has expanded to include radiation oncology and provides follow up care to any patient recently admitted to each unit.

The Medical Oncologists continue to be strongly involved with the Western Sydney University Medical School. We lecture to medical students throughout their University years, co-ordinate the 9-week clinical placement of Year 4 students within the Macarthur Cancer Centre and have Year 5 pre-intern ward attachments. Dr Kiely and Dr Tognela supervise honours projects. Dr Tognela coordinates the undergraduate teaching programme. Publications, presentations and invitations to lecture have increased.

Dr Adams leads local exercise physiologists in the Active Survivor exercise programme for patients with cancer at any stage in their diagnosis, with over 150 participants. This work has been submitted for a SWSLHD Quality Award. In addition, Dr Adams has been instrumental in delivering and promoting the Cancer Council Enrich Survivorship Program which was initiated in 2018. Dr Kiely was recognized as a national leader in Women’s Health in Elle magazine. Dr Tognela leads the clinical trials unit with improvements in recruitment, data quality and financial reporting. Dr Yip leads the quality and safety committee of the hospital and supervises the morbidity and mortality meetings.

Our adverse events are minimal, our hand hygiene results are the best in the hospital and adherence to allergy recording is the best in the Local Health District. Dr Roohullah supervises the network advanced training programme and has commenced a PhD in colorectal cancer research. Dr Roncolato has returned from maternity leave this year and has helped bring national cooperative clinical trials in genitourinary and gynaecological cancer to the centre and is a leader in the Young Oncologist Group of Australia [YOGA]. Dr Lim leads the Local Health District Medical Oncology Research Committee and has produced a portfolio of research proposals for trainees and students to work on. A/Prof Della-Fiorentina leads the Whole of Hospital Unit in improving safe and timely access to care for all patients in the hospital. We have been greatly aided in the high quality clinical service provided by Dr Peeysei Kok and Dr Howard Chan to cover maternity and annual leave within the department this year.
Key Performance Indicators
The service saw a 9% increase in new patients from the previous year, generating 10,771 clinic visits and 10,955 chemotherapy occasions of service and over 500 patients admitted to the Oncology Ward. 8 fractional staff provide the service with 2 advanced trainees, 1 Fellow and a physician trainee and intern to cover the ward.

Regular audits are performed to ensure National Standards are met with over 99% of patients having their medication allergies recorded, our hand hygiene standards are well above benchmark (>95%). Pharmacy have reduced chemotherapy wastage and inpatient length of stay continues to improve with 60% of diagnoses related groups having a length of stay better than the state average and the service is one of only 4 units that does not lose bed days for acute inpatient admissions at Campbelltown.

Future Projects/Expansion of Services
The department will receive growth funding in the $632M Stage 2 redevelopment of the hospital to meet the cancer care needs for the increase in population and cancer incidence in the community. Unfortunately we will be at the end of this development with no increase in physical space until 2021-22 so we will need to extend operational hours to meet our current demand. The planned building of a paediatric precinct will see an increasing number of adolescents and childhood survivors of cancer being cared by our service. There will be further growth in activity in clinical trial recruitment and we look forward to embedding the exercise research programme for patients undergoing chemotherapy now that the Clinical Oncology Society of Australia guidelines advise this as a standard of care. Our ongoing commitment to quality, safety, education and research will continue.

The Department is grateful to be able to work with a highly skilled nursing, pharmacy, administrative support and allied health workforce who have provided excellence in coordination of care, patient education, urgent care and follow up assessments after treatment. This teamwork and integration was recognized in the Bureau of Health Information Patient Satisfaction survey.

“The Medical Oncologists continue to be strongly involved with the Western Sydney University Medical School.”
Clinical Cancer Registry

• In the past 12 months, the SWS and SLHD Clinical Cancer Registry has successfully:
  » Loaded 2016 and 2017 SWSLHD, and 2014 to 2016 SLHD Radiotherapy data into the NSW Cancer Registry via the EROD extract.
  » Provided significant development and testing support for the Medical Oncology OMIS Extract.
  » Developed and implemented a set of Quality Assurance reports in NSW Cancer Registry
  » Provided research data and support for numerous local projects.
  » Commenced manual data collection for 2014 diagnosed cases across both LHDs.

• The Clinical Cancer Registry Team coordinated and presented research projects in collaboration with SWSLHD clinicians:
  » “Post-Mastectomy Radiotherapy in Women who have T1-2N1 Breast Cancer in South Western Sydney Local Health District”, which was presented at the 2017 COSA conference in Sydney.
A larger scale project: “Investigating the Culturally and Linguistically Diverse (CALD) Cancer Population in South Western Sydney Local Health District (SWSLHD): Impact of CALD Status on Cancer Diagnosis, Patterns of Care and Patient Survival”, aims to describe and identify trends and associations with the SWSLHD CALD population, in respect to diagnosis and treatment patterns and overall survival.

- The end of this year’s report brings to a close the combined registry service across SWSLHD and SLHD which has been in place since the implementation of the Clinical Cancer Registries in 2006. The team look forward to providing SWS Cancer Services with a dedicated local service.
- The Bone Marrow Transplant Registry has prospectively registered all new autologous and allogenic transplant patients at Liverpool Hospital. Follow-up data is routinely maintained back to 2010 transplanted patients.

**Oncology Information Systems, Desktop services and Data management**

- Cancer Services Reporting team have migrated to the new Business Intelligence as of October 2017.
- Mosaiq was expanded to Southern Highlands Cancer Centre and was officially in use as of January 2018.
- Self-Check-in stations were implemented in Liverpool Cancer Therapy Centre patient waiting areas in May 2018 to streamline patient arrivals.
- All of Cancer Services’ Citrix servers were transitioned to the Xenapp 6.5 environment in June 2018.
- Cancer Services oncology
Information system was successfully upgraded to Mosaiq 2.64 June 2018.

• Enhanced MDT documentation capabilities have been developed to improve efficiency and allow for better data collection and reporting.

• Upgrade of the Video Conferencing Unit at Macarthur Cancer Therapy Centre

• Server migration of all staff to new Mosaiq citrix servers built to support the ever growing Cancer Services.

• New PCs rolled out across Liverpool & Macarthur Cancer Therapy Centre

• Recruitment of the Oncology System Administrator, MDT Information Manager and Computer Analyst role.

• Began work on a solution with eHealth to electronically export correspondence letters to GPs.

Future Projects/Expansion of Services

• Electronic loading of 2014-2018 systemic therapy data from Mosaiq into the NSW Cancer Registry, reducing manual data collection for the Clinical Cancer Registry staff.

• Collaborative research project investigating patterns of diagnosis, treatment and survival in the SWS CALD population is underway.

• Mosaiq reporting environment to be structured so that it enables near real-time monitoring of activity in Cancer Services and provide a self-service reporting platform.

• Integration between SWS Mosaiq and CONCERT’s tumour banking database, LABMATRIX.

• Integration of Mosaiq with HealtheNet to electronically share patient letters and treatment summaries to a web-based platform accessible by all NSW Health care providers and GPs involved in patient’s cancer management.

• Oncology patient chart summary to export from Mosaiq into Powerchart

• Roll out of Prompt-Care and Signature pads to business as usual.

• Cancer Services will work the NSW Cancer Institute to develop across the state monitoring of chemotherapy variation reporting capabilities.

• Electronic recording of drug delivery workflows to be rolled-out at Bankstown Cancer Centre.

• Roll out the MDT documentation improvements for the remaining Mosaiq MDTs, followed by the PowerChart MDTs

• Procurement and implementation of the Mosaiq® Data Director archiving system to improve DB backup.

• Development of electronic communications between Cancer Services and GPs.

• Electronic billing process to be rolled out to Southern Highlands Cancer Centre

• Development of the Nursing Practitioner role in Mosaiq for Southern Highlands Cancer Centre.
Patient Centred Care

Testimonials

Yes already starting to assist with recovery.

968 Visits to wellness programs

1,197 Patients discussed at Multidisciplinary Team Meetings

It gives me my energy back which helps me fulfil my family obligations and responsibilities.
Thinking how I can improve my balance more. Pain at the back of the neck now feeling more relaxed.

“I appreciate the Wellness Centre very much.”

Excellent. In my view it should be continued after 10 weeks. It is good and helps me relax and give my limbs flexibility.

Very glad to come today, I feel already less pain. Relaxing, more energy, less depressed.
Four simple words that mean so much.

They made up the slogan for 2018 World Cancer Day, focusing on how everyone – as a collective or as individuals – can do their part to reduce the global burden of cancer. As a new recruit to the SWSLHD Cancer Services Team, it is evident that this philosophy and way of working permeates the service and truly makes a difference to so many.

Within OUR service, team members from many disciplines unite with a common purpose to provide quality care, set goals, make decisions and share resources and responsibilities. It is this real collaboration that you should all be proud of.

We can, I can

The 2017-2018 year has provided challenges in meeting the demand for services but the quality of care and patient experience have remained central to all we do. The Transforming Your Experience (TYE) program was introduced in 2017 and is SWSLHD’s 5 year road map to positively transform how our patients, consumers, staff and communities experience our organisation and services. TYE has been embraced by Cancer Services and momentum is building across the district. Following the strategy will provide us with clear direction for working together to deliver safe and quality health services and build the health of our communities – now and into the future.
Safety and Quality

Safety and Quality is actively planned and monitored through Cancer Services, both at individual department and facility level and from an overarching District perspective. Key quality activities for the 2017-2018 year have included:

• Working towards standardisation of evidence-based policies, procedures and guidelines.
• Commencing the development of a Cancer Services Safety and Quality Dashboard, which will provide ease of access to accurate data to inform our practice and strategic planning.
• Completion of NSW MOH Chemotherapy audit, where SWSLHD completed the review of 150 cases as part of the NSW Ministry of Health review of Off Protocol Chemotherapy prescribing. All cases were determined to be appropriately managed according to the expert panel. No cases were referred to the State review committee for further investigation. As a result of the work in reviewing internal prescribing practices, new reports are distributed to key stakeholders. A new SWSLHD policy is in development to ensure governance of chemotherapy prescribing practices.

Cancer Care Coordination

There is an acknowledgment that ‘Effective care coordination is an essential element of person centred care and critical to ensuring optimal cancer outcomes and delivery of high quality and efficient cancer services’ (COSA 2015).

In SWSLHD, the provision of coordinated care is interdisciplinary, so although there are designated Cancer Care Coordinators who specialise in this role, all staff work together to ensure that patients receive the right care at the right time and place and are supported through their cancer experience.

The SWSLHD Cancer Care Coordinator team work together to provide specialised navigation and coordination of care, patient and carer information and education and psychosocial support to improve the patient experience.

Funding support for Cancer Care Coordination services

In March 2018, SWSLHD employed our first Prostate Cancer Specialist Nurse (PCSN) funded by the Prostate Cancer Foundation of Australia. Prostate Cancer is the highest incidence Cancer type in SWSLHD. The PCSN provides support for men with Prostate Cancer and their families and works with existing health teams to provide quality care. In the community, the PCSN is working to increase awareness of Prostate Cancer and to facilitate support groups for men with Prostate Cancer.

Future goals

The Cancer Care Coordination service is currently working to review and evaluate the current model of care in order to plan for the resource needs for the future and ensure that all patients receive patient-centred, timely and easy access to coordinated care.
Integrated Wellness Programs

Complementary integrative therapies play an integral part in the patient’s treatment plan.

Wellness programs provide supportive therapies for patients who are on treatment. Such programs as massage, acupuncture and meditation can help patients though their treatment regime.

The Wellness programs are now well established at both Liverpool and Macarthur, with 3,704 attendances at Wellness programs across SWSLHD in 2017/2018. We were delighted to be the beneficiary of 2017 Dry July fundraising and donation from 24hr fight against cancer Macarthur, to support these programs. Some of the feedback from patients receiving massage and acupuncture is highlighted in this report.

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<th>Wellness Activity 2017/18</th>
<th>LCTC</th>
<th>MCTC</th>
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<td><strong>3611</strong></td>
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With the service growing each year, we are always reviewing the programs to provide the best possible outcomes for our patients. Evaluating data and patient feedback has identified the need for an intimacy program/clinic to be introduced as part of the wellness model. Plans are in place to introduce an intimacy program/clinic as part of the wellness activity.

**Art and Crafts**
Art and craft is a great way to share your cancer story through art therapy. Exploring creativity with watercolour classes has been supported by Laurel, our art teacher. Laurel has contributed to cancer services for the last seven years.

**Support Groups**
The Brain Tumour and Head & Neck Tumour education and support groups employ a patient-centred approach, focussing on empowerment through education topics designed to increase knowledge of cancer and build self efficacy to achieve favourable quality of life.

**Bravery Unmasked Program**
Now in its second year, Bravery Unmasked provides a series of art workshops for both cancer patients and the local community with an opportunity to demonstrate their creative skills in aid of cancer support. This year saw over 50 Radiotherapy masks transformed into works of art. The exhibition was held at the Casula Powerhouse, Marsden Gallery from 24th August – 18th September 2017.

**Garden Terrace and Gardening Classes**
With the support from ‘Community greening’ program provided by the Royal Sydney Botanical Gardens (RSBG). The generosity of RSBG has allowed us to grow vegetables and to supply free plants to radiotherapy patients on completion of treatment. We also have regular gardening talks for cancer patients. Phil (RSBG) provides horticultural workshops to our patients on all things to do with a healthy garden.

**Wig Services**
Always a valued resource, our volunteers who fit and style new wigs, purchased with donations throughout the year, provide a happy face, and confidence to those who use this precious gift.

**Consumer Engagement Strategy**
The focus of 2017, has been to seek consumer input into emergent issues that canvass a broad range of people who have used our facilities. Some of the avenues include:

- The BHI/CINSW patient survey, conducted every 2 years, helps to benchmark patient satisfaction across NSW.
- ‘My Experience Matters’ is an instant patient feedback tool. It is monitored by our Centre Managers throughout the day, and issues raised are responded to quickly.
- Volunteers administer ad-hoc surveys to people using our service, if there are specific issues we would like to address.
- SWSLHD has an established consumer participation network that Cancer Services can seek opinions from regarding general health and facility related queries.
- The CINSW consumer group is a broad reaching consumer
participation resource that spans the whole of NSW, where issues are raised that affect all of NSW.

• Cancer Services has formed a ‘Transforming Your Experience’ (TYE) group, focussing on the most important issues affecting patients in our service, and have already met to prioritise some changes to the processes of our departments.

Over the next 12 months, as we start to work through our strategic cancer plan, consultation with patients on decisions relating to service delivery will need to be more responsive locally, and our aim is to improve patient care through a series of consultative focus groups and workshops in the latter half of this year as a more direct way to collect and act upon patient feedback at a local level. We would like to thank the members of the SWSLHD Consumer Committee for their contribution to the improvement initiatives of the service.

Leanne O’Grady
Maureen O’Sullivan
Hans Ede
Joan Lewis
Janet Waddell
Elaine Crockett
Laurel Peel
Melissa Mackay

Sandra Avery (Chair)
Melissa Carmagnola (Minutes)
Maree Cain
Lynda Johnston
Gregory Webb
Eugene Moylan
Kylie Smith
Janet Harrison

Comments from patients who have attended the John Richard Kuhlmann Wellness Centre.

“It gives me my energy back which helps me fulfil my family obligations and responsibilities.”

“Very glad to come today, I feel already less pain.”

“relaxing, more energy, less depressed”

“Excellent. In my view it should be continued after 10 weeks. It is good and helps me relax and give my limbs flexibility.”

“Thinking how I can improve my balance more. Pain at the back of the neck now feeling more relaxed.”

“Yes already starting to assist with recovery.”

“I appreciate the Wellness Centre very much.”

“I know nothing about my Head & Neck tumour, but now i have learned so much of my cancer since coming to the H&N support group.”
Community Partnerships

McGrath Foundation

SWSLHD Cancer Services are very grateful for the continued support of the McGrath Foundation who provides funding for Breast Cancer Nurses across the LHD. In 2018, McGrath have provided further funding to enable the establishment of a Metastatic Breast Cancer Nurse to provide further care to patients with breast cancer. This was their 120th nurse placement in their 10 years of operation, what an exceptional organisation.

Cancer Council NSW

From July 2017 – June 2018 five new volunteers were trained to provide resources and information to patients and their families at the Cancer Council Information Service at Liverpool Hospital. This service is provided in partnership with Liverpool Cancer Therapy Centre and offers an opportunity for cancer patients, carers, their friends and family to be provided with a range of information on specific cancer types, treatments and side effects, and support services available through Cancer Council.
During 2017-2018 Cancer Council Information Service volunteers assisted over 3,300 visitors to the service at Liverpool Hospital. Assistance provided by the volunteers ranged from provision of refreshments to patients while they were waiting for appointments or during chemotherapy treatment, to providing information about the emotional, practical and financial support services available through Cancer Council.

**ENRICHing Survivorship (ENRICH program)**

The ENRICHING Survivorship Program is an 8 week program provided by the Cancer Council and delivered by the hospital allied health staff. This program is a peer support nutrition and exercise program, helping to restore physical and emotional wellbeing after cancer treatment. The ENRICHING Survivorship program is currently available at both LCTC and MCTC with programs schedule for BCTC in early 2019. To date 84 patients/carers have participated in 5 ENRICH programs.

Current measurement of outcomes suggests the program has a positive impact on nutrition and exercise, and ultimately the overall health and wellbeing of cancer survivors and their support networks.

**Active Survivor**

The Active Survivors program has been available at MCTC for several years now with outstanding results. Active Survivors is a 37 week personalised treatment and coaching program targeting exercise therapy to improve survivorship outcomes for all cancer patients, at any stage of their cancer treatment. The Active survivor program is also available for patients from across the district. 72 new patients commenced the program in 2017. 116 patients have engaged in some level of care this year. This includes the 72 new patients and patients that have come in for periodic review or supervised exercise therapy that were originally referred last year.

**Look Good Feel Better**

Look Good Feel Better is a free national community service program run by the Cancer Patients Foundation, dedicated to teaching cancer patients how to manage the appearance-related side-effects caused by cancer treatment. In a practical workshop environment, demonstrations covering skin care, make-up and head wear leave participants empowered and ready to face their cancer diagnosis with confidence. In 2017, 22 programs were held in SWSLHD, with 124 participants.

Registration is essential via www.lgfb.org.au or 1800 650 960.

**CanRevive**

CanRevive Inc. is a public benevolent institution, established in 1995 at Haymarket Sydney, by two cancer survivors and one carer to support Chinese speaking people through their cancer journey. Its aim is to help to minimize the impact of cancer on patients and their families by providing information and emotional support to cater for their cultural and linguistic needs.
CanRevive has a strong collaboration with South Western Sydney Local Health District, over the last year CanRevive have provided many programs for Chinese speaking people, such as:

- **Hospital Visits.** Total of 29 visits with 84 patients/carers, provided with relevant information. With over 66 hours of contact hours spent with patients and carers.
- **Phone Support.** Was provided to 20 Chinese speaking clients
- **Living with cancer Program.** 8 Participants over 4 weeks. Topics included:
  1. Understanding Cancer & its treatment
  2. Coping with side effects of Chemotherapy & Radiotherapy
  3. Diet and Cancer combined with Health Exercise
  4. How can cancer patients and carers access community resources
- **New Patient / Carers Support Group.**
- **Public Information Session.** In partnership with the NSW Indo-China Chinese Association, a bowel cancer focused public information session was held on 7th December 2017 in Canley Vale, intending to increase the awareness of the local Chinese speaking community on the prevention and screening of Bowel Cancer.
- **Bowel Cancer Awareness & Resource Expo.** 70 people attended (18.5% Mandarin, 81.5% Cantonese), a bowel cancer awareness & resource expo on 5th May 2018 at Fairfield RSL club. Participants had access to a variety of services at the expo including, a colorectal specialist, physiotherapist and an accredited dietitian. Along with information from a range of community organizations including South Western Sydney Primary Health Network, Multicultural Health Communication Services, Jodi Lee Foundation, Australian Nursing Home Foundation, Cancer Council NSW and Cancer Institute.

**NICM – Beijing University of Chinese Medicine Forum**

In November 2017 The NICM Healthy Lives after Cancer Group, in collaboration with colleagues from Beijing University of Chinese Medicine and the South Western Sydney Local Health District, held a workshop to explore and articulate research and clinical priorities for integrative oncology in Australia.

The workshop and focused discussion seeks to tackle key questions:

1. What can Integrative Oncology offer Australian patients?
2. Can we prepare evidence based patient clinical pathways and related decision making tools?
3. What should be our research priorities?
4. How do we prioritise research and/or service collaborators?
5. How do we fund research and/or services?
We acknowledge our volunteers, staff and donors and our achievements at an Annual General Meeting each year.

89 Volunteers contributed to our service in 2017/18

84 Chinese speaking patients were supported by CanRevive this year

46 Palliative care volunteers provided 2,832 hours of service
Our Volunteers

In March 2018, a morning tea was hosted, to thank our appreciated volunteers.

Liverpool Volunteers
Betty Bell
Carol Keogh
Janine Hannaford
Joy Maloney
Judy Poulton

Bankstown Volunteers
Claudia Hardie
Leonie Pacitti

Macarthur Volunteers
Noelene Wright
Rel (Arelin) Hodgson
Toni Stoddart
Lorraine Pirie
Grant O’Donnell

Wellness Centre & Program Volunteers
Dianne Perry
Janet Waddell
Monica Davila
Phil Pettitt
Laurel Peel

Cancer Council Volunteers
Anita Matic
Fernando Tinoco
Gary Castaldo
Joan Lewis
Kamal Hadid
Lorraine Mahoney
Pronita Karki
Robyn McNamara
Sandra Livingstone
Shanti Premji
Sumitra Gurjar

Look Good Feel Better Volunteers
Bridget Ryan
Di Amey
Jan Taylor
Judy Breen
Judy Freney
Kim Cawthorne
Lyn Georgeson
Peta Cairnduff
Sandra Pinkerton
Sarah Dagher

CanRevive Volunteers
Jian Ai (Janice) Ying
Jenny Chau
Ann Ngo

Wig Library & Wig Service Volunteers – Liverpool and Macarthur
Fiona Gould
Robyn Cavan
Acknowledgements

SWSLHD Palliative Care Volunteer Service

The 2017 Quality Award was won in recognition of the Volunteer Music Program in the Palliative Care Ward CB4C, Liverpool Hospital in the category of Enhancing Patient Experience through Arts and Health. Musicians, volunteer their time to play and sing on a regular basis.

Jenni Sawell, accomplished music therapist and palliative care volunteer, recently played her harp and presented to an excited group of health care professionals and visionaries at the South Western Sydney Local Health District Arts Strategic Plan 2018-2023 launch. The Plan is aimed at transforming the care of people with illness.
and disability through creativity and imagination. Whilst playing the harp, Jenni explained how her music works and demonstrated how the harp delivers soft, lifting and gentle tunes. She plays as she walks through the palliative care ward in Liverpool Hospital, often settling beside a patient and staying a little longer.

The music program has now been extended to the Palliative Care Unit in Camden Hospital with the launch of the Reverie Harp during 2018 National Palliative Care Week. The introduction of the harp supports the health district’s Arts Strategic Plan 2018-2023. The Reverie Harp has a soothing sound, is beautiful to look at, light in weight and is designed so that anyone can play it.

The purchase was funded through the fundraising initiatives conducted by the volunteers. An added string to their bow, the beautiful melodies from the harp bring comfort and joy to the patients.

The palliative care volunteer program was extended to provide additional support for palliative care patients in Bowral and District Hospital. It was officially launched on June 27, 2018 and volunteers Junette Candusso and Christine Prestwidge were warmly welcomed by an excited team as they commenced in their new hospital roles. A total of $7800 raised through donations and fundraising will support the many patient related activities that the volunteers conduct across the Local Health District.

The NSW Government invested $330,000 in 2017-18 in the state-wide Palliative Care Volunteer Support Services Program which provides support, advice, education and governance to the volunteer manager networks. Volunteer Managers have a very significant role in coordinating and supporting volunteers involved in palliative care and providing support for the service as a whole. The time given by volunteers is free however
significant resources are required to provide effective and adequate support to volunteers.

I had the privilege of attending the inaugural Palliative Care Volunteer Managers Conference held in May this year in Berry, providing the opportunity to network, equip and educate Volunteer Managers to enhance their valuable contribution to palliative care and end of life care.

Some palliative care volunteers at Camden Hospital were trained to conduct surveys on behalf of the My Experience Matters project. The aim of which is to collect valuable information from patients and carers on their experience whilst in hospital.

A special vote of thanks to our perpetual donors from the community who acknowledge the work of the palliative care volunteers and in turn give back in cash or in kind to support their roles. Harry and Frances Warner, Bunnings Narellan, Thornton Brother Roses, Rita Cordina, Madge Miranda, Giác Huê Buddhist Temple, A & L Florist.

The tables on the right indicate data collected from July 2012 – June 2018 and indicate a steady growth and consistency in the donation of time given by our volunteers.

**Future Projects/ Expansion of Services**

- Continued Collaboration with Western Sydney University and their students from the School of Humanities and Communication Arts to provide music in the palliative ward/unit at Liverpool and Camden Hospitals and in the community.

- 2019-2020 recruitment drive for hospital and community volunteers with a focus on CaLD volunteers.

- Extending the volunteer program to support palliative care patients in Fairfield Hospital.
Our Supporters

Palliative Care – Donors for the Volunteer Program
- A & L Florist, Bossley Park
- Camden Country Quilters Association
- Giác Huê Temple, Cabramatta
- Harry & Frances Warner
- Ingleburn Library Knitting Group Ladies
- Mr Fothergills Seeds & Bulbs
- Narellan Warehouse, Bunnings Group
- Madge Miranda
- Thornton Brother Roses, Thirlmere

Bankstown Cancer Therapy Centre
- Claudia Hardie
- Sarah Hong in memory of Tuyet Mai Huynh
- George Morrison in memory of Patricia Margaret Morrison

Our Supporters

$601,733
Donations received

$27,347,270
Research grants received

124
Individual and organisational donors
Macarthur Cancer Therapy Centre

24hr fight raised $317,000 this year, bringing their total fundraising effort to $4m over the life of the organisation, a big thank you goes out to all those who participate in this wonderful cause.

24hr Fight Against Cancer
Apex Accounting Co P/L
Azhar Al-Noori
Bargo Anzac Ladies
Bargo Women’s Bowling Club
Belinda Vitale
Camden Lakeside Country Club
Camden Legacy Widow’s Club
Camden Women’s Bowling Club
Campbelltown City Bowling Club
Campbelltown Patchwork & Quilters Guild
Cheryl Dwyer
Chris Ryan
Christie Ryan
Coffee Ladies Group
Colin Robinson
Cumberland Council Library Service
David Coppins
Dee & Chris Watson
Denise Ghali
Denny Tran
Dot Gordon
Dry July Foundation
Filippo Foti
Frances Di Leo
Francesca Mediati
Gary Grant
Genuine Auto Electrics P/L
Geoff Olsen
Girls Night In
Giselle Franco
Helen Tan
Hydro Technics Irrigation P/L
In Touch Industries P/L
Ingleburn Library Knitting Group
Inner Wheel Club of Camden Incorporated
Irene Norris
Janet Longbottom
John Pace
Joyce Smith
Julie Valenzuela
Karen Curtin
Karen Tran
Kevin & Carole Kerr
Kuan Lim
Leanne Neville
Lena Alvaro
Leonard Hearne
Leonie Sicklen Chantelle Hoy
Liana Capolino
Lisa Milne
Macarthur Accommodation System
Macarthur Ladies Night Out
Macarthur Older Women’s Network
Macarthur Sunrise Rotary
Macarthur Veteran Golfers Association
Marianne Lia
Michael Marten
Macarthur Signs
Ms Mizuka Parker
Natasha Carroll
Ngoc Le
Nicola Ring
Patrick Costa
Pima Belle
Richard Valenzuela
Robert Ziems
Rosaria & Maria Foti
Rosario Cappello
Saam Murphy
Sandra McKay
Sarah Hong
Scott Chrystal
Sergio Blinden
Sharon Costa
St Helens Park Public School
Stephanie Neaverson
Stephen Coppins
Theresa Duong
Thoa Kie
Thy Nguyen
Tony & Teresa Costa
Vinindex P/L
Vivian Nguyen
Warby Hawkins & Kumar
Western Suburbs Leagues Club
William & Leonie Harkin
Liverpool Cancer Therapy Centre

The Dry July fundraising programme was again successful raising nearly $24,000 to support ongoing provision of supportive care services to patients in the John Richard Kuhlmann Wellness Centre.

The Liverpool Hospital’s Cancer Wellness Centre has received a $30,000 donation from Mr Cong Thanh Huynh’s widow Mrs Thi Thon Le after family and friends donated the money in lieu of flowers at his funeral. This means patients can benefit from massage, acupuncture, Tai Chi, yoga, art therapy, relaxation and meditation as well as participate in our Bravery Unmasked and Active Survivor programs.

On 8th September 2017, one of our Radiation Therapists, Phuc (Hung) Nguyen, and two friends held a show called “GIFT FOR LIFE 2” at the Marconi Club. There were approximately a hundred performers involved in the show, including back staging, dancers, MCs, singers, sound engineers and majority of the youth choir of the Catholic Church in Cabramatta. They raised $105,220.00 altogether, through donations and tickets. The money raised goes towards the purchasing of an ultrasound machine used to detect early stage of cancer and remainder of the money will be used to renovate the garden at the front of the hospital.

On 15th June we unexpectedly received a bequest from one of our patients. Acting on their behalf, John Marsden Solicitors indicted that they were appreciative of the cancer and palliative care received at Liverpool Hospital and left $750,000 to Liverpool Hospital, specifying that $250,000 of that amount go to “Cancer Research”. The funds have been deposited into the Translational Research Trust Fund to support this element of our overall research effort.

Phuc (Hung) Nguyen
Chu Miou Hong
Max Mannix
Paul Margocsy
Dry July Foundation
Egtober Foundation
Huong Nguyen
Manly Vuong
Shirley Deane
Loretta Steadman
Casula Powerhouse Arts Centre
Macquarie Fruit Shop
John Richard Kuhlmann Foundation
Michael & Tracie Passlow
Tony Nguyen
Thi Thanh Xuan Ma
Thi Thon Le
Meryl Mountier
Stephen Thomas Doyle
Croydon Park Chapter, No 40, Order of the Eastern Star
Anna Bugge
Khai Dang
Patricia Crawford
Khan Huynh Ngoc To
Our Valued Employees

SWSLHD Cancer Service Directors Award 2017
Recipient: Gregory Webb
There is a groundswell of interest in the benefits of supportive health to Cancer treatment, and in keeping with this emerging evidence, this years’ recipient has developed new partnerships to deliver supportive therapies and programs for patients and their carers’. By reaching out to external providers, multiple new programs have commenced and new referral pathways developed to assist patients in accessing our service, to achieve and maintain their best health. Greg has an unassuming approach to developing new program partnerships for SWSLHD Cancer Services.

Cancer Staff Wellness Award
Recipient: Carol Wilder
Awarded in recognition of demonstrating outstanding kindness and pastoral care towards other staff.
Denise Lonergan Perpetual Award 2017

Recipient:
Roya Merie embodies the qualities modelled by the late Denise Lonergan, in being a compassionate doctor who will go above and beyond to ensure patients get the best care. She is dedicated, skilled and caring, and always puts her patients first.

Associate Professor Denise Lonergan was a Radiation Oncologist at Liverpool and Macarthur Cancer Therapy Centres between 2006 and 2012 when she sadly passed away from Brain Cancer. Denise was a wonderful caring clinician and passionate about her work as a mentor and supervisor to a large number of trainees over this period. More than a clinical supervisor – she showed great care for the overall welfare of her trainees and became like a mother figure to them. In memory of Denise her family have dedicated an annual award to the Radiation Oncology Network Registrar who shows the greatest compassion and commitment to high-quality patient care.

Bankstown Valued Employees for 2017/2018
Subhacha Ganyamas
Kate Wilkinson
Sharelle Ioannou
Dr Nag Sungala
Monique Gusset
Swapna Deshmukh
Tina Gangemi
Charbel Bejjani
Jodie Peronchick
Theresa Nielsen
My Phung Chuong
Patricia Jones
Ntombizami Nyathi
Nicole Weekes
Elizabeth Ivimey
Shuet oi Wong
Luci Dall’Armi

Macarthur Valued Employees for 2017/2018
Michael Cordoso
Skye De Gruyter
Samara Price
Peta Lucia
Sharon Davidson
Adam Zammit
Bronwyn Schweitzer
Peeysei Kok
Cindy Taylor
Delma Bird
Peta Lucia

Liverpool Valued Employees for 2017/2018
May Valdez
Danielle Peterman
Ray Ventura
Phuc Nguyen
Sneha Kapadia
Maree Cain
Leah Baker
Wafa Trad
Cesar Ochoa
Lina Lo
Dewi Pane
Ruza Andric
Long Service Awards

Each year, we acknowledge staff who have served SWSLHD cancer services for significant milestone years. Some, who have often worked for many more years within other services or facilities are acknowledged here, only for their service within SWSLHD cancer centres – we thank all of our departmental managers for providing the information that forms this report.

10 YEARS
Naomi Holm
Kristy Jemison
Rachael Curry
Monica Vasquez
Elizabeth Teng Yoke
Chow
Ian McCrossin
Jane Woods
Victoria Bray
Michelle Harrison
Bernadette De Souza
Diana Ngo
Grace Healey
Sandra Reyno Motta
Sckertting Friutos
Carmen Cueva
Arlene Roache
Kristen Turner
Armia George
Eng-Siew Koh
Sandie Smith
Pharmila Sapkota
Samantha Burns
Aaron Manson
Angelita Madrio
Melissa Keough
Nardy Lucero
Katarzyna Rybka
Sladjana Starcevic

15 YEARS
Maree Cain
Catherine Byrne
Cheryl Franklin
Georgette Klassen
Jayne Reeve
Pirkko Boyd
Gary Goozee
Satya Rajapakse
George Papadatos
Carly Ballard
Janelle Hardie
Shivani Kumar
Thien Le
Leisa Holmes

20 YEARS
Brigida Sbezzi
Teresa Simpson
Sinuu Seuka-Talagi
Nasreen Kaadan
Karen Baker
Lenore Knapman
Lynne Kuwahata
Christine Tawfik
Francesca Lock
Cheryl Kervin

25 YEARS
Georgina Rees

40 YEARS
Denise Burns

30 YEARS
Narelle Barnett
Research

The opening of the Phase 1 clinical trials unit in December 2017 will support state of the art treatment trials in the SWSLHD. Developing this space has taken a team of dedicated staff several years to achieve a safe, high quality facility, and we look forward to the work that will result in improved treatment outcomes for our patients.

$27,347,270
Significant research grants awarded

175
Conference presentations

58
Invited speaker presentations

34
PhD students actively involved in postgraduate research

129
Peer-reviewed publications

ANNUAL REPORT 2017/18
Research
Psycho-Oncology Research

Led by Professor Afaf Girgis, the Psycho-Oncology research team are based within the Ingham Institute, and are active members of the CONCERT group. 3 of our team are undertaking their PhD, and 2 are Research Masters students. 4 key research programs underway include:

1. **Patient Reported Outcome Measures for Personalised Treatment and Care (PROMPT-Care)** is an Australian-first eHealth system which supports the electronic capture of patient reported outcomes in the oncology setting and utilises that information to support patient-centred care in real-time, and empowers patients to self-manage their cancer related concerns.

2. **Understanding and meeting the needs of culturally and linguistically diverse (CALD) populations.** More than one quarter (26%) of Australia’s population is born overseas and almost one-fifth (19%) speak a language other than English at home. Compared to Anglo-Australian cancer patients, CALD patients have poorer health-related quality of life and psychological wellbeing, and report greater difficulties communicating with their doctor and understanding the health system. South Western Sydney (SWS) has a particularly diverse population, with 36% of its residents born overseas and almost half (48%) speaking a language other than English at home, making it a fitting context for research addressing inequalities experienced by CALD patients.

   In 2017, PROMPT-Care received three very prestigious awards in recognition of its innovation in health care delivery and potential impact on patient outcomes: the SWSLHD Translational Research Award, awarded for having the greatest translational impact in the health service; the SWSLHD Board Award, selected from all award applicants across all categories in 2017; and the South West Sydney Research Annual Prize.

   While international research has found language and cultural barriers affect trial participation by CALD patients, our research has found that language barriers are particularly problematic for CALD cancer patients in SWS. Our analysis of almost 20,000 SWSLHD cancer patient records from 2006 - 2016 showed significant differences in trial participation rates according to preferred language, with CALD...
patients whose preferred language was not English, half as likely to participate in a trial than both CALD patients whose preferred language was English and non-CALD patients.

3. **Increasing the accessibility of psychosocial cancer care using eHealth.**

Nearly 50% of cancer survivors report unmet needs to help manage the after-effects of cancer. Access to psychosocial care is limited, and 46% of distressed survivors prefer to “manage themselves” rather than seek professional help.

Web-based self-management (eHealth) interventions can overcome substantial barriers to accessing psychosocial care. Our team has secured funding for and is in the process of developing and piloting two eHealth interventions:

- **e-TC**: A world-first online psychological intervention for testicular cancer survivors;
- **iConquerFear**: An online self-management version of an efficacious treatment for fear of cancer recurrence.

4. **Helping patients to make informed decisions about their treatment: The role of decision aids.**

Patient decision aids (PDAs) are tools designed to help patients participate in the decision-making processes related to their health. The aim is to motivate patients to discuss different treatment options. Our team is currently running two projects involving PDAs:

- **myAID**: a cluster randomised controlled trial of a decision aid for ulcerative colitis patients, and
- **CALD-DA**: development and pilot testing of a PDA to help women of different cultural backgrounds to decide about breast reconstruction after mastectomy.
Significant UNSW Scientia Professor Appointment

A highlight of early 2017 was Professor Michael Barton’s appointment by the University of New South Wales as one of only 16 Scientia Professors. A special category of Scientia Professors was created in 1997 to recognize outstanding research performance, the term ‘Scientia’ being drawn from the University’s arms and reflects the University’s commitment to the promotion of all branches of intellectual and practical scholarship. Scientia Professors represent UNSW’s highest values including leadership, innovation, creativity, teamwork and excellence. Scientia professors are nominated by their peers and selected on the basis of an impressive portfolio and international research success. The Scientia Professor appointment covers a six year period 2017-2022.

In conjunction with this appointment a UNSW Scientia PhD Student commenced studies early July 2017 under the supervision of both Professor Barton and CCORE Research Project Manager, Dr Susannah Jacob PhD.

CCORE researchers continue their PhD research during 2017/18

- **Dr Viet Do** – ‘The overall survival benefit of chemotherapy for selected solid cancers. Commenced: 2012. **Supervisors:** Professor Michael Barton, Professor Geoff Delaney, Dr Weng Ng.

- **Dr Trang Pham** – ‘Magnetic Resonance Imaging (MRI) Biomarkers for Therapeutic Response Prediction in Rectal Cancer’. Commenced 2014. **Supervisors:** Professor Michael Barton, Dr Karen Wong, A/Prof Gary Liney

- **Dr Mei Ling Yap** – ‘Actual radiotherapy utilization and appropriateness of cancer care in NSW’. Commenced Sept 2015. **Supervisors:** Professor Michael Barton, Professor Dianne O’Connell
Additional Research Study Project


- Student research projects on lung cancer patterns of care. Commenced February 2017. Supervisors: Dr Jesmin Shafiq and Prof Shalini Vinod

Australian Magnetic Resonance Imaging (MRI) Linac Program

The Official Opening of the Ingham Institute’s MRI-Linac Research Bunker by the Hon Craig Laundy MP, Federal Member for Reid, Assistant Minister for Industry, Innovation and Science, took place on Monday 3 July, 2017.

The Australian MRI-Linac made history in February 2017 with three important milestones in the development of its state-of-the-art cancer treatment machine which combines radiotherapy with real-time MRI. A first test image was produced mid-February thus establishing the successful integration of all dedicated hardware. A first good quality image was acquired and the first ‘beam-on’ image was also obtained showing the capability of a simultaneous treatment beam and MRI, these milestones being the culmination of several years of effort and research. The Australian system is one of only 4 such systems being developed in the world. Work at Liverpool over the coming months will continue with human imaging studies towards the first treatment.

“The Australian MRI-Linac made history in February 2017..."
The Role of Surgery in Cancer Treatment:
development of a valid and adaptable benchmark rate of optimal surgical utilisation and measurement of complexity of cancer surgery

Surgery plays a vital role in the treatment of cancer; however, access to appropriate surgical treatment varies widely internationally. It is important to determine the demand for cancer surgery for a population in order to plan the cancer service needs of a population. An optimal utilisation rate for surgery in the management of all cancers has not been reported in the literature to date. This project aims to develop optimal rates of utilisation of surgery for cancer in Australia (all cancer and individual cancer sites) that can be used as benchmarks for the planning and assessment of cancer service provision. The different levels of surgical complexity required in the surgical treatment of cancer will be predicted in the optimal surgical utilisation model. Optimal surgical utilisation rates for selected low and middle income countries will also be calculated. This PhD research is being conducted by UNSW Scientia scholar, Dr Sathira Perera. Supervisors - Professor Michael Barton and Dr Susannah Jacob.

An assessment of the appropriate Radiotherapy Utilization (RTU) versus optimal across NSW and ACT

The Cancer Institute New South Wales signed an agreement with CCORE to conduct a study on the assessment of the appropriate Radiotherapy Utilization (RTU) versus optimal across NSW and ACT. The project is aimed at the assessment of actual uptake and appropriateness of radiotherapy with evidence-based benchmarks by tumour stage and other factors available from NSW and ACT data.

Data on the actual proportion of cases that receive radiotherapy have compared the number of cases treated with the number of new cases notified to a cancer registry as a guide to the gap between actual and optimal. However, the numerator in the calculation will contain both patients with guideline indications and those who were treated but did not have an evidence-based indication. Appropriateness of treatment on a population basis has rarely been considered because of the difficulty of estimating all of the factors that determine a treatment indication (i.e. a lack of granularity of the data). Generally, these studies have identified a relative under-use of radiotherapy although the specific indications that are under-used are not known. Knowledge of where under-use (or even over-use) exists would help determine the types of strategies that might be used to bridge the gap between optimal and actual treatment.

The study will populate the existing CCORE model of optimal radiotherapy utilisation and estimates of survival and local control benefits with NSW and ACT data to estimate the appropriate and inappropriate uptake of radiotherapy.

The study involves the linkage of the following NSW and ACT datasets: Central Cancer Registries, Clinical Cancer Registry, Admitted Patients Data Collection, Retrospective Radiotherapy dataset, Registry of Birth, Death and
Marriages and the cause of death data. The collected data will be used to customise the existing CCORE evidence-based optimal radiotherapy utilization model to NSW and ACT and examine factors that affect appropriate use of radiotherapy. The availability of this data and the expertise of the CCORE research group will provide a unique opportunity to combine efforts to calculate the optimal radiotherapy utilization rates for various cancers and specifically identify areas of shortfall. Further analysis would then enable identification of factors that influence treatment and non-treatment. The study is due to be completed by end of 2018.

ESTRO 37
During the period 20-24 April 2018, 5,860 radiation oncology professionals gathered in Barcelona Spain for the European SocieTy for Radiotherapy and Oncology (ESTRO) annual meeting. Since the early 1980s, the annual meeting of ESTRO has become the platform to present the latest advances in radiation oncology, to network and to feed any educational need. The meeting was also an opportunity to meet and discuss with some of the people who have contributed greatly over the years since its creation to making ESTRO a strong society in radiation oncology with the ultimate goal of supporting all the disciplines in the field in order to offer the best treatment for cancer patients. Four staff members from CCORE attended ESTRO 37 and presented their work in the form of oral and/or poster presentations.

The following Research Projects were undertaken by CCORE Research Project Managers:

- Australian MRI Linac Program
- MRI Biomarkers for therapeutic response prediction in rectal cancer
- Global cancer burden and access to radiotherapy
- Testing criterion-based benchmarking for the appropriate use of radiotherapy
- Patterns of retreatment by radiotherapy for breast cancer and lymphoma
- Assessment of cardiotoxicity following cancer treatment using MRI, echo and serum biomarkers
- Effect of travel distance on radiotherapy utilisation
- Criterion-based benchmark of the appropriate use of radiotherapy in NSW & ACT
- Treatment response in head and neck cancers using multi-parametric MRI (ADC and DWI)
- A feasibility study investigating the utility of applying the ESMO Magnitude of Clinical Benefit Scale (MCBS) to the case of radiotherapy for selected cancers (Breast and Lung cancer)
The 2018 Radiation Oncology Research showcase included a great range of thought provoking work by our study groups and researchers.

Research presented included; reducing manual contouring variation using centralised database of contours, estimating chemotherapy survival benefits, staff perceptions on automated radiotherapy planning, decision support systems to improve consistency in treatment practice, decision support approach when considering robotic surgery or radiation for prostate treatment, comparison of imaging consistency in planning between MRI and CT scanning, and a study of actual radiotherapy utilisation compared to optimal utilisation according to guidelines across NSW.
Clinical Trials

SWSLHD Clinical trials units are all working together to improve overall access and improved recruitment to new and improved treatments and methods of delivery, and evaluation.

**2017/18 TRIALS UNIT ACTIVITY**

<table>
<thead>
<tr>
<th>Unit</th>
<th>Open Trials</th>
<th>New Pts</th>
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</thead>
<tbody>
<tr>
<td>Total</td>
<td>159</td>
<td>155</td>
</tr>
<tr>
<td>Royal North Shore, Liv, Clin</td>
<td>72</td>
<td>44</td>
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<tr>
<td>Blacktown Cancer Centre</td>
<td>27</td>
<td>11</td>
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<tr>
<td>Pall Care Liv, Bras</td>
<td>27</td>
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<tr>
<td>Waratah Cancer Therapy Centre</td>
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<td>Liverpool, Haematology</td>
<td>106</td>
<td>17</td>
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<tr>
<td>Liverpool, Psychiatry</td>
<td>8</td>
<td></td>
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<tr>
<td>SWSLHD, Private Hospital</td>
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**Haematology**

The Liverpool Cancer Therapy Centre Haematology Clinical Trial Unit continues to operate on a self-funded model, through industry sponsored trials, maintaining ~4:1 sponsored to cooperative group and investigator initiated studies. For 2017, we had four collaborative group/CINSW portfolio studies in long term follow-up, activation of one registry and two new collaborative group studies. In 2018, we are working towards activating three more collaborative group/investigator led studies. In 2017, average staffing remained 1.8 FTE. In 2018, the unit successfully employed 1.0 FTE Coordinator. This will boost the capacity of the unit and will continue to help the balanced ratio of portfolio vs non-portfolio studies for our unit. There were 17 open active recruiting studies (malignant and non-malignant haematology), and 10 active follow up studies in 2017. 58 study participants were pre-screened and 20 new participants were enrolled in clinical trials, excluding registries and non-malignant research studies.

**Medical Oncology Liverpool**

In 2017, there were a total of 25 trials open in medical oncology, which is higher compared to last year. 8 of these trials were Pharmaceutical-Sponsored Phase II & III trials. There were 3 Co-operative Group trials and 4 Investigator led CTC trials open. We have also successfully opened 9 Phase I studies at Liverpool Hospital. The total numbers of patients screened and enrolled in 2017 are 135 and 60, respectively. Out of 60 patients enrolled in 2017, 35 patients were enrolled in Phase I trials. In comparison to 2016, number of patients recruited in Phase I Trials in 2017 has more than doubled.
Radiation Oncology Clinical Trials

The number of clinical trials is significantly increased compared to previous years. Screening processes have been refined, and now all new patients seen in the Radiation Oncology clinic are screened for clinical trial eligibility. The Radiation Oncology clinical trials team of 4.9FTE presented their work with oral presentations at the TROG ASM, CINSW Innovations in Cancer Treatment and Care Conference and Elekta User meeting.

The 1st patient has been recruited to pancreas SBRT research protocol, and the Prostate cancer’s Prometheus trial recruitment – Liverpool/Macarthur was the highest recruiting centre in the multicentre “virtual HDR” SBRT trial. Prometheus abstract accepted at ANZUP, submission to other national and international scientific meetings.

Palliative Care Clinical Trials

Research directions are strengthening with the development of a SWS Palliative Care research plan, increasing partnerships with universities and academics, increase in clinical trials participation and conference presentations, particularly nursing.

Macarthur Clinical Trials Unit

The Macarthur Medical Oncology Clinical Trials Unit has continued to grow over the last 12 months. Currently there are 15 open studies with 80 patients on trials, 11 studies in follow-up with 79 patients, and 7 new studies being submitted to ethics for approval. We proactively screen all new patients to our centre for possible participation in our trials and our screening numbers continue to improve. Our trials portfolio includes a number of immunotherapy trials, as well as exercise and palliative care trials. We have been the largest recruiter to the Cannabis CINV study for secondary prevention of chemotherapy-induced nausea and vomiting, and the PROMPT-Care study of patient reported outcomes. We are also collaborating with the Western Sydney University on two Chinese herbal medicine studies for patients experiencing specific toxicities from cancer treatment.
**Academic Achievements**

**Barnett N**  
Certificate IV in Leadership & Management 2018. SWSLHD Learning & Development

**Chandra A**  
Foundation Certificate in Project Management 29-6-2018. DDLS On-Line

**Chandra A**  
Practitioner Certificate in Project Management 29-6-2018. DDLS On-Line

**Di Meglio N**  
Certificate III in Health Administration 2018, SWSLHD Learning & Development

**Chapman T**  
Bachelor of Medical and Radiation Physics Advanced (Honours): High spatial and temporal resolution linear detector array for MRI-Linac quality assurance 31-12-2017. University of Wollongong. Wollongong, NSW, Australia

**Franklin K**  
Certificate III in Health Administration 2018, SWSLHD Learning & Development

**Kienzle N**  
Graduate Diploma of Management 2017, Macquarie Graduate School of Management Sydney, Australia

**Vinod S**  
Professor 2017, UNSW Sydney, Australia

**McKay J**  
Certificate IV in Leadership & Management 2018, SWSLHD Learning & Development

**Patterson E**  
Bachelor of Medical and Radiation Physics Advanced (Honours): skin dose enhancement from an inline MRI-Linac dosimeter with Moskin and Gafchromic film 31-12-2017. University of Wollongong. Wollongong, NSW, Australia

**Wallis A**  
Masters of Health Service Management 2017, University of Tasmania. Tasmania
**AWARDS**

**Agar M**
Designing Medicinal Cannabis Trials in Palliative Care Award: Best Poster Prize 12th Asia Pacific Hospice Conference 2017, Singapore 26-7-2017

Initial experiments with gelwater: towards MRI-linac dosimetry and imaging Award: Kenneth Clarke Journal Award for the Best Journal Paper Australasian College Physical and Engineering Sciences in Medicine ASM, Hobart, Tasmania, Australia 2017

Long-term results of a phase II randomized controlled trial (RCT) of a psychological intervention (Conquer Fear) to reduce clinical levels of fear of cancer recurrence in breast, colorectal and melanoma cancer survivors, Award: Best of ASCO Abstract, American Society of Clinical Oncology Annual Meeting, Chicago, USA 2017

**Blake S**
A novel water-equivalent electronic portal imaging device for radiotherapy with improved detective quantum efficiency: proof of concept Award: IEEE NSS-MIC Trainee Grant for Presentation IEE Nuclear Science Symposium/ Medical Imaging Conference, Atlanta, USA 2017

**Cancer Therapy Department Chemotherapy Ward**
International Nurses and Midwives Day Awards - Liverpool Hospital Award: Best Nusing Department, Liverpool Hospital Cancer Therapy Centre, Liverpool 11-5-2018

**Eslick R**
Thrombocytopenia in pregnancy Award: SOMANZ President’s Award, SOMANZ/ADIPS Annual Scientific Meeting, Canberra, Australia 20-10-2017

**Finnegan R**
Endeavour Scholarship Award: Fund 4 month visit to Odense University Hospital, Denmark 2018

**Gerges M, Levesque JV, and Girgis A**
What do men want? Preferences for a training intervention for male supporters of women with breast cancer Award: e-Poster People’s Choice Award 2018 Health Beyond Research and Innovation Showcase 2018

**Girgis A**
2017 South Western Sydney Local Health District Board Award: Award selected from all award applicants across all categories, South Western Sydney Local Health District Sydney, Australia 2018

**Girgis A**
2017 South Western Sydney Local Health District Translational Research Award. The Greatest Translational impact in the health service, South Western Sydney Local Health District Sydney, Australia 2018

**Girgis A**
Patient Reported Outcome Measured for Personalised Treatment and Care (PROMPT-Care); eHealth supporting patient-centred care Award: Ingham Institute Showcase 2018

**Hallinan J, Batumalai V, and Dundas K**
Investigating the role of Volumetric Arc Therapy (VMAT) in radiotherapy to the whole breast and internal mammary chain (IMC). Award: ASMRRT NSW Branch Student Prize for Presentation ASMRRT NSW Branch Student Presentation Day Lidcombe, Sydney, Australia 2018

**Ling S**
2017 Teaching Award, UNSW Teaching Award UNSW Sydney, Australia 2017

**Macarthur Cancer Therapy Centre**
Best Outpatient Cancer Clinic - 2016 Award: Best in the State, The Bureau for Health Information Survey, Sydney, Australia 2017

**Merie R**
Dr Denise Lonergan Patient Care Award - Radiation Oncology Network Registrar Award: Dr Denise Lonergan Patient Care Award Cash Prize McGuigan Family in Memory of Denise 2017

**Mitchell J and Jameson M**
Creating and Evaluating 3D Printed Bolus. Award: Best SPP Presentation, ASMIRT Queensland RT Weekend 2017, Caloundra, Australia 2017

**Mitchell J**
Travel Scholarship for Radiation Therapy from ASMIRT. Award: International Travel Scholarship (Early Career), Australian Society of Medical Imaging and Radiation Therapy, Texas, USA 2017

**Palliative Care Volunteers and Ward CB4C**
2017 Quality Award - Enhancing Patient Experience through Arts and Health SWSLHD, Liverpool, Sydney, Australia 2017

**Rai R**
3D Printed Phantoms Mimicking Cortical Bone for the Assessment of Ultrashort Echo Time Magnetic Resonance Imaging, Award: 2nd Place Presidents Award. Society for MR Radiographers & Technologists, ANZ 12th Annual Meeting, Brisbane, Australia, 2017

Doing the ‘difficult discussions’ better: Australian oncology professionals’ perspectives on end-of-life communication with adolescents and young adults with cancer. Award: 44th Annual Scientific Meeting of the Clinical Oncology Society of Australia (COSA) Sydney, Australia 14-11-2017

Lower trial participation by culturally and linguistically diverse (CALD) cancer patients is largely due to language barriers Award: Liverpool Catholic Club Best Community Paper Prize Asia-Pacific Journal of Clinical Oncology, 2018

**Tang S**
Myocardial changes detected using Cardiac MRI in patients treated with left tangential breast radiotherapy Award: Elekta Award - Advances in the use of Technology in Radiation Therapy The Royal Australian and New Zealand College of Radiologists ASM Perth, Australia 2017
Implementation of Non Co-planner VMAT SRS for Brain Metastasis at Liverpool and Macarthur Cancer Therapy Centres - A feasibility study utilising Pinnacle v9.10. Award : Best Talk, Pinnacle Users Group Meeting, Liverpool Cancer Therapy Centre, Sydney, Australia 3-11-2017

Wijesekera D
Characterising the Binding of 2-Nitroimidazole: A Proton NMR Study Award : Travel Grant, Australian and New Zealand Magnetic Resonance Conference Kingscliffe, NSW, Australia 2017

Wilkinson KJ, Yap ML, Freimuth AE, Descallar J, Ly T, Bray VJ, and Yip PY
Application of clinical guidelines in the management of small cell lung cancer Award : Best of the Best Posters, COSA ASM, Sydney, Australia 2017

Yap M, O’Connell D, Goldsberry D, Weber M, and Barton MB
Actual versus optimal radiotherapy utilisation for cancer patients in the New South Wales 45 and up study cohort Award : Best Radiation Oncology Scientific Presentation. The Royal Australian and New Zealand College of Radiologists ASM, Perth, Australia 2017

Yap ML, Hanna TP, Shafiq J, Ferlay J, Bray F, Delaney GP, and Barton MB
The benefits of providing external beam radiotherapy in low and middle-income countries Award: Paper of the year: Health services/epidemiological UNSW South Western Sydney Clinical School, Sydney, Australia 2017

Conferences

Agar M, Hosie A, Teodorcuk A, and Fischer T
Pain management in people with delirium (Topical session), Oral Presentation. Australian Pain Society and New Zealand Pain Society, Sydney, Australia 8-4-2018

Aghajani MJ, Garibotto N, Yang T, McCafferty CE, Graham S, Wu X, and Niles N
Prognostic value of immunoassay encompassing CD3+ and CD8+ T cell densities in papillary thyroid cancer, Oral Presentation, Boston, USA 2017

Aghajani MJ, Yang T, Roberts T, DeSouza P, and Niles N
PD-L1 expression is associated with epithelial-mesenchymal transition in papillary thyroid cancer, Oral Presentation, Royal Australasian College of Surgeons (RACS), Sydney, Australia 2018

Aghajani MJ, Yang T, Roberts T, DeSouza P, and Niles N
The relationship between epithelial-mesenchymal transition and tumour infiltrating lymphocytes in patients with papillary thyroid cancer, Oral Presentation, Royal Australasian College of Surgeons (RACS), Sydney, Australia 2018

Al Harthi T, Pogson E, Arumugam S, Holloway L, and Thwaites D
Detecting lung SBRT VMAT delivery errors: A study on the sensitivity of the ArcCHECK Dosimeter, Poster, Engineering & Physics Sciences in Medicine, Hobart, Australia 29-10-2017

Small field dose profiles measures in a transverse, static magnetic field with DUP silicon detector, Poster, MR in RT, Sydney, Australia 20-6-2017

Amgarth-Duff I, Caplan G, Hosie AM, and Agar M
Systematic review of biomarkers in delirium and advanced cancer-related syndromes, Poster. American Delirium Society, San Francisco, USA 10-6-2018

A randomized trial of SABR vs conventional radiotherapy for inoperable stage I non-small cell lung cancer: TROG 09.02 (CHISEL), Oral Presentation, IASLC, Yokohama, Japan 15-10-2017

Batumalai V, Shafiq J, Gabriel G, Delaney GP, and Barton MB
Impact of radiotherapy underutilisation measured by mortality and disability, Oral Presentation and Poster, Clinical Oncology Society of Australia, Sydney, Australia 13-11-2017

Batumalai V, Shafiq J, Gabriel G, Delaney GP, and Barton MB
Impact of radiotherapy underutilisation measured by mortality and disability, Oral Presentation. RANZCR, Perth, Australia 2017

Batumalai V, Shafiq J, Gabriel G, Hanna T, Delaney GP, and Barton MB
Impact of radiotherapy underutilisation measured by survival shortfall, years of potential life lost and disability-adjusted life years lost, Poster, COSA, Sydney, Australia 14-11-2017

Batumalai V, Shafiq J, Gabriel G, Hanna T, Delaney GP, and Barton MB
Impact of Radiotherapy underutilisation measured by survival shortfall, years of potential life lost and disability adjusted life years lost, Poster, COSA, Sydney, Australia 15-3-2018

Batumalai V, Wong K, Shafiq J, Hanna T, Gabriel G, Delaney GP, and Barton MB
Impact of Radiotherapy underutilisation measured by survival shortfall, years of potential life lost and disability adjusted life years lost, Oral Presentation, ESTRO, Barcelona, Spain 2018
Cost benefit of radiotherapy for overall survival and local control, Oral Presentation, NSW Radiation Therapy Research Group, Sydney, Australia 5-5-2018

Begg J
Couch Collision Script - Physics Point of view, Oral Presentation Pinnacle, Liverpool Cancer Therapy Centre, Sydney, Australia 3-11-2017

Long-term results of a phase II randomized controlled trial (RCT) of a psychological intervention (Conquer Fear) to reduce clinical levels of fear of cancer recurrence in breast, colorectal and melanoma cancer survivors. Abstract, Chicago, Illinois, United States of America 2-6-2017

Bell K, Mak M, Jegendran G, and Forstner D
Tube feeding duration in head and neck cancer patients undergoing radiotherapy with or without chemotherapy, Poster, COSA, Sydney, Australia 2017

Bell K, Mak M, Jegendran G, and Forstner D
Tube feeding duration in head and neck cancer patients undergoing radiotherapy with or without chemotherapy, Poster, SWSLHD and Ingham Institute, Sydney, Australia 6-6-2018


Boxer M, Chandra A, Duggan K, Deshmukh V, McCartney L, Berthelsen A, and Vinod S
Patterns of Post-Mastectomy Radiotherapy in Women with T1-2N1 Breast Cancer in South Western Sydney, Poster, COSA, Sydney, Australia 13-11-2017

Bradhaw S
Increasing Capacity - Students in the Lymphodemia Clinic, Oral Presentation Australasian Lymphology Association, Brisbane, Australia 17-5-2018

Dosimetric Impact of Imaging Modality (CT versus MRI) for cervical cancer radiotherapy, Poster. European Society for Radiotherapy & Oncology, Barcelona, Spain 2018

Chiew KL, Sundaresan P, Jalaludin B, Chong S, and Vinod S
Identifying and examining quality indicators in lung cancer, Poster, COSA, Sydney, Australia 13-11-2017

Post Implementation Experience of Scripted IMRT for Whole breast radiotherapy at Liverpool and Macarthur Cancer Therapy Centres, Oral Presentation. Pinnacle, Liverpool Cancer Therapy Centre, Sydney, Australia 3-11-2017

TROG 08.03 RAVES Benchmarking exercise: Lessons learnt and future clinical trial QA developments, Oral Presentation, TROG, Hobart, Australia 19-3-2018

Cook M and Winning D
Patient care interest group initiatives for radiotherapy patients, Oral Presentation Essentials of Care Showcase, Sydney, Australia 23-5-2017

Dai E and Della-Florentina S
The Incidence and Severity of Nausea and Vomiting on Palonoestron & Dexamethasone Combination, requiring Netupitant Rescue Therapy in Three Highly or Moderately Emetogenic Chemotherapy Protocols, Oral Presentation and Poster Multinational Association of Supportive Care in Cancer (MASCC), Vienna, Austria 27-6-2018

Di Ciaccio P, Killingsworth S, and Ling S
Quantification of autophagy in Bortezomib - resistant multiple myeloma by field emission scanning electron microscopy (FESEM), Oral Presentation, HSANZ, Sydney, Australia 29-10-2017

Dinsdale G, Jameson M, Choong C, and Deshpande S
PETCT deformable registration validation for HN at Liverpool and Macarthur Cancer Therapy Centres, Oral Presentation, ASMI RT, Canberra, Australia 15-3-2018

Do V, Ng W, Jacob S, Delaney GP, and Barton MB
An estimation of the population survival benefit of first course chemotherapy for head and neck cancers, Poster, COSA, Sydney, Australia 14-11-2017

Dundas K, Batumalai V, Pogson E, Vial P, Boxer M, Holloway L, and Goozee G
Towards automated breast planning. Pre-clinical development work for whole breast radiotherapy IMRT scripts, Oral Presentation. Pinnacle, Liverpool Cancer Therapy Centre, Sydney, Australia 3-11-2017

Durcinoska I, Gerges M, Delaney G, Arnold A, Callaghan J, and Girgis A
Supporting patients to self-manage: Patients’ perceptions of the PROMPT-Care resources, Oral Presentation, Sydney, Australia 10-4-2018

Durcinoska I, Girgis A, Gerges M, Levesque J, Sandell T, Delaney GP, and Arnold A
Usability and acceptability of electronic collection of patient-reported outcomes in routine care, Oral Presentation, Ingham Institute, Campbelltown, Sydney, Australia 7-6-2017

Erven T, Gray A, Holloway L, and Arumugam S
The Effect of MRI Sequence Variations on Substitute CT Generation for MR-Only Planning, Poster. Engineering & Physics Sciences in Medicine, Hobart, Australia 29-10-2017

Erven T, Gray A, Holloway L, and Arumugam S
An evaluation of conformal breast radiotherapy setup accuracy and deep inspiration breath hold reproducibility using intra-fraction portal imaging, Poster Engineering & Physics Sciences in Medicine, Hobart, Australia 29-10-2017
Feasibility of automatic multi-atlas based cardiac segmentation in planning CT, Poster ESTRO, Barcelona, Spain 2018

Finnegan R
Feasibility of automatic cardiac segmentation, Oral Presentation SWSLHD and Ingham Research Institute, Campbelltown, Sydney, Australia, Before July 2017

Forstner D, Grand M, Gillman S, O'Reilly E, Phan P, Vuong T, and Wong K
Mosaik in Radiation Oncology Clinical Trials, Oral Presentation SWSLHD Radiation Oncology, Sydney, Australia 12-7-2017

Gabriel GS, Delaney GP, and Barton MB
The effect of new radiotherapy departments on the accessibility of cancer patients to the nearest radiotherapy facilities in NSW, Poster, SWSLHD & Ingham Institute, Sydney, Australia 6-6-2018

Effectiveness of a peer led intervention for prostate cancer survivors to increase exercise participation and improve quality of life: a randomised controlled trial, Abstract, Berlin, Germany 14-8-2017

Gerges M, Levesque J, and Girgis A
Chinese women with breast cancer: Challenges, coping strategies and supportive care needs, Oral Presentation, Sydney, Australia 14-9-2017

Ghandour W, Dowling J, Batumalai V, Jacob S, Oar A, and Holloway L
Assessing patients eligibility for lung stereotactic ablative body radiotherapy (SABR): Effects of inter-observer variability in manual contouring of the central airways, Poster, Australian Lung Cancer Organisation, Sydney, Australia 5-4-2018

Ghandour W, Dowling J, Batumalai V, Jacob S, Oar A, and Holloway L
Assessing tumour centrality in lung stereotactic ablative body radiotherapy (SABR) treatments: Effects of inter-observer variability in manual contouring of the central airways, Poster SWSLHD and Ingham Institute, Sydney, Australia 6-6-2018

Girgis A, Delaney G, Arnold A, Durcinoska I, Gerges M, and Miller A
PROMPT-Care: a fully integrated eHealth system to support patient-centred care and self-management. Poster, Sydney, Australia 14-11-2017

PROMPT-Care: An eHealth decision-support system linking cancer patient reported outcomes to service delivery and self-management, Abstract, Sydney, Australia 21-7-2017

Girgis A, Delaney GP, and Arnold A

Girgis A, Delaney GP, Arnold A, Durcinoska I, Gerges M, Kaadan N, Della-Fiorentina S, and The PROMPT-Care Team
Does it matter who addresses the psychosocial issues as long as someone does? Session: Innovative ways of delivering healthcare, Oral Presentation, COSA, Sydney, Australia 14-11-2017

Girgis A, Delaney GP, Arnold A, Durcinoska I, Gerges M, Kaadan N, Della-Fiorentina S, and The PROMPT-Care Team
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Does it matter who addresses the psychosocial issues as long as someone does? Session: Innovative ways of delivering healthcare, Oral Presentation, COSA, Sydney, Australia 14-11-2017
A new model of care to improve clinical trial participation in radiation oncology, Poster. European Society for Radiotherapy and Oncology (ESTRO), Vienna, Austria 5-5-2017

Gray A, Erven T, Holloway L, and Arumugam S
An Assessment of Setup Accuracy and Deep inspiration breath hold reproducibility using intra-fraction portal imaging for conformal Breast Radiotherapy, Poster. American Association of Physicists in Medicine, Denver, America 30-7-2018

Greer P, Legge K, MRI N, Vial P, Fuangrod T, and Lehmann J
A remote EPid-based dosimetric auditing method for VMAT delivery using a digital phantom concept, Oral Presentation. European Society for Radiotherapy and Oncology, Vienna, Austria 5-5-2017

Heinke MY, Holloway L, Rai R, Choong C, Juresic E, Elwadid A, and Vinod SK
Uncertainty in MRI simulation scans for radiotherapy planning: genitourinary cancers, Oral Presentation, RANZCR, Perth, Australia 19-10-2017

Hellyer J, Dinsdale G, Mahoney L, and Jameson M
Clinical Implementation of CT & MR atlases for radiotherapy treatment planning, Oral Presentation. Engineering & Physics Sciences in Medicine, Hobart, Australia 29-10-2017

Holloway L
Comparison of delivery errors in a multi-institutional pre-treatment verification study for Nasopharyngeal cancer radiotherapy VMAT, Oral Presentation Engineering & Physics Sciences in Medicine, Hobart, Australia 29-10-2017

Holloway L, Brink C, and Field M
Understanding variation in CT radiomics features - a potential to reduce feature space, Poster. ESTRO, Barcelona, Spain 20-4-2018

A Phase II cluster randomised controlled trial of a multi-component non-pharmacological intervention to prevent delirium for hospitalised people with advanced cancer: study protocol, Poster. American Delirium Society, San Francisco, USA 10-6-2018

A phase II cluster randomised controlled trial of a multi-component non-pharmacological intervention to prevent delirium for hospitalised people with advanced cancer: study protocol, Poster. European Association for Palliative Care, Bern, Switzerland 24-6-2018

Jean M, Dhillon H, Koh ES, Nowak A, Lam L, Miller L, Marshall N, and Agar M
Sleep disturbance among adult patients with primary and secondary brain tumours and their caregivers: a cross-sectional study, Poster. Society for Neuro Oncology/Society for CNS Interstitial Delivery of the Therapeutics, San Francisco, California, USA 5-11-2017

Dosimetric Characterisation and Clinical Commissioning of a high-field inline MRI-Linac, Poster ESTRO, Barcelona, Spain 20-4-2018

Juresic E and Roach D
Bridging the gap between radiation therapists and radiation nursing, Oral Presentation. ASMI, Sydney, Australia 8-4-2018

Juresic E and Roach D
RONKAS Framework Introduction, Oral Presentation. ASMI, Sydney, Australia 8-4-2018

Juresic E
Case Study : Large Cervical Mass Brachytherapy, Oral Presentation Australasian Brachytherapy Group, Sydney, Australia 15-2-2018

Juresic E, Kumar S, Rai R, and Elwadid A
MRI in RT, Oral Presentation, ASMI, Canberra, Australia 15-3-2018

Kaadan N
The truth about chemotherapy variation, Oral Presentation Elekta, Newcastle, NSW, Australia 11-11-2017

Kaadan N, Delaney GP, Moylan E, and Della-Fiorentina S

Kaadan N, Delaney GP, Moylan E, and Della-Fiorentina S

Kaadan N, Delaney GP, Moylan E, and Della-Fiorentina S
Monitoring Variations in Chemotherapy Prescribing, Oral Presentation and Poster. Ingham Institute, Sydney, Australia 2017

Delirium management by specialists in palliative medicine: A survey of eligible members of the Association of Palliative Medicine (APM) of Great Britain and Ireland, Poster. European Delirium Association, Oslo, Norway 16-11-2017

Evaluation of an online communication skills training programme for oncology health care professionals working with patients from minority backgrounds, Abstract. Berlin, Germany 14-8-2017

Kearney A, Rebeiro P, Marivel J, and Ling S
Targeted sequencing of myeloid malignancies - a pilot study, Oral Presentation. HSANZ, Sydney, Australia 29-10-2017

Kelly B, Turner J, and Girgis A
Integrating psychosocial care into cancer services: The path from evidence to implementation. Symposium - Utilising patient reported outcome measured for tailored clinical care: Examples, challenges and solutions, Abstract, Berlin, Germany 14-8-2017

Kelly B, Turner MJ, and Girgis A
Integrating psychosocial care into cancer services: the path from evidence to implementation, Oral Presentation, COSA, Sydney, Australia 14-11-2017

Feasibility and acceptability of an internet-based decision aid for ulcerative colitis patients, Oral Presentation, Patient Experience Symposium, Sydney, Australia 2-5-2017
Kochovska S, Luckett T, Agar M, and Phillips J
Impacts of employment, finances and lifestyle for working people facing an expected premature death: a systematic review, Poster, European Association for Palliative Care, Bern, Switzerland 24-6-2018

Lambert S, Girgis A, Hulbert-Williams N, and Belzile E
Differential impact of unmet supportive care needs on the anxiety and depression of informal caregivers of cancer survivors: Beyond unmet needs count and prevalence, Abstract Berlin, Germany 14-8-2017

Do researchers, clinicians, managers, and caregivers agree on the priorities for cancer caregiving research? A national and internation online Delphi survey and meetings, Abstract Berlin, Germany 14-8-2017

Lee J, Sanderson C, Xuan W, and Agar M
Systematic review and meta-analysis of systematic lignocain infusion for cancer pain in adults, Oral Presentation, European Association for Palliative Care, Bern, Switzerland 24-6-2018

Towards real-time MRI guided cancer therapy: Development of a high field inline MRI-Linac, Oral Presentation, ISMRM, Paris, France 16-6-2018

Imageing performance of a dedicated radiation transparent RF coil on a 1.0 Tesla MRI-Linac, Oral Presentation, MR in RT, Utrecht, The Netherlands 30-6-2018

Towards real-time MRI guided radiotherapy: Phase 11 of the Australian MRI-Linac, Oral Presentation Engineering & Physics Sciences in Medicine, Hobart, Australia 29-10-2017

Ling S, Tao C, Nikesich N, Bae S, Killingsworth M, and Lee CS
Compensatory stress pathways in modulating ER Stress in Bortezomib Resistant multiple myeloma, Poster, RCPA, Sydney, Australia 24-2-2017

Livio N
Improving Planning Efficiency with Scripting, Oral Presentation Pinnacle, Liverpool Cancer Therapy Centre, Sydney, Australia 3-11-2018

Predictors of health status in South Australians caring for people with cancer: A population based study, Poster, COSA, Sydney, Australia 2017

Health Status of South Australians caring for people with cancer: a population-based study, Poster European Association for Palliative Care, Bern, Switzerland 24-6-2018

Mahoney L, Dinsdale G, and Kumar S

Malik S
A spherical puzzle; Massive haemolysis following cardiogenic shock, Poster, HSANZ, Sydney, Australia 29-10-2017

Malik S, Hajjar A, Kearney A, Marivel AM, and Ling S
A quality assurance project for the molecular diagnosis of myeloproliferative neoplasms, Poster RCPA, Sydney, Australia 24-2-2017

Mallick S, Hajjar A, Kearney A, and Ling S
A quality assurance project for the molecular diagnosis of myeloproliferative neoplasms, Oral Presentation, The Royal College of Pathologists of Australia, Sydney, Australia 24-2-2017

McGahan W, Waterhouse M, Merrett ND, and et al
The use of serum CA19-9 to guide selective staging laparoscopy in pancreatic cancer, Poster RACS, Sydney, Australia 2018

Evaluation of an online communications skills training programme for oncology health care professionals working with patients from minority backgrounds, Oral Presentation. COSA, Sydney, Australia 14-11-2017

Mersiades A, Tognela A, Haber P, and et al
Pilot and definitive randomised double blind placebo controlled trials evaluating a cannabinoid-rich THC/CBD cannabis extract for secondary prevention of chemotherapy induced nausea and vomiting, Poster, ASCO, Chicago, USA 4-6-2018

Mersiades A, Tognela A, Haber P, and et al
Pilot and definitive randomised double-blind placebo controlled trials evaluating a cannabinoid-rich THC/CBD cannabis extract for secondary prevention of chemotherapy induced nausea and vomiting, Poster, MASCC, Vienna, Austria 28-6-2018

Mitchell J
Emerging 3D-Printed Technologies in Radiation Therapy, Oral Presentation SWLHD and Ingham Research Institute, Campbelltown, Sydney, Australia 7-6-2017

Mohan S, Shafiq J, Beydoun N, Nasser E, and Vinod SK
Patterns of follow-up care after curative radiotherapy for Stage I-III Non small Cell Lung Cancer, Poster, Cancer Institute NSW, Sydney, Australia 14-9-2017

Mohan S, Shafiq J, Beydoun N, Nasser E, and Vinod SK
Patterns of follow-up care after curative radiotherapy for Stage I-III Non small Cell Lung Cancer, Poster, IASLC,Yokohama, Japan 15-10-2017

Remote auditing of IMRT/VMAT deliveries,Poster, European Society for Radiotherapy and Oncology,Vienna, Austria 5-5-2017
Naher S, Fittler K, Adams D, Chema B, and Kiely BE
Mainstreaming Exercise into Cancer Care: Adherence to and outcomes of a prescribed exercise program “Active Survivor” for patients with solid cancers, Poster, COSA, Sydney, Australia 2017

Nguyen A, Shafiq J, Wong W, Beydoun N, and Vinod SK
Radiotherapy patterns of care for Stage I and II Non-small Cell Lung Cancer in Sydney, Australia, Oral Presentation, Cancer Institute NSW, Sydney, Australia 14-9-2017

Oar A, Vinod S, Gabriel G, Shafiq J, Barton MB, and Delaney GP
Has lung cancer radiotherapy utilisation changed over time in New South Wales Australia?, Poster, International Association for the Study of Lung Cancer (IASLC), Toronto, Canada 23-9-2018

Implementation of Pinnacle Auto-Planning for GU sites at Liverpool and Macarthur Cancer Therapy Centres, Oral Presentation. ASMIRT, Canberra, Australia 15-3-2018

Continued smoking after a cancer diagnosis: A longitudinal study of intentions and attempts to quit, Poster, Sydney, Australia 14-11-2017

Perera S, Jacob S, and Barton MB
Benchmarking the optimum Surgical utilization rate for common gastrointestinal cancers in Australia,Poster, SWSLHD & Ingham Institute, Sydney, Australia 6-6-2018

Rectal cancer: multiparametric MRI assessment of tumour heterogeneity and chemoradiotherapy response, Poster, ESTRO, Barcelona, Spain 20-4-2018

Pham TT, Stait-Gardner T, Lee CS, Barton MB, Liney G, Wong K, and Price WS
Ultra-high field MRI for evaluation of rectal cancer stroma ex vivo: correlation with histopathology, Poster, ESTRO, Barcelona, Spain 20-4-2018

Phillips J, Kochovska S, Lockett T, and Agar M
Impact of employment, Finances and Lifestyle for working age people facing an expected premature death: a systematic review, Poster, COSA, Sydney, Australia 2017
Pogson E
Comparison of delivery errors in a multi-institutional pre-treatment verification study for Nasopharyngeal cancer radiotherapy VMAT, Oral Presentation Engineering & Physics Sciences in Medicine, Hobart, Australia 29-10-2017
Rai R
Four-dimensional MRI of the liver using a self-gated radial sequence: initial experience, Poster. MR in RT, Sydney, Australia 20-6-2017
Rai R, Elwadia D, and Liney G
Assessment of MR image quality using two flat table overlays for Radiotherapy Planning, Oral Presentation, ASMIRT, Canberra, Australia 15-3-2018
Rai R, Jameson M, Manton D, Josan S, Holloway L, Barton M, and Liney G
Ultrasound echo time magnetic resonance imaging of surrogate cortical bone in 3D printed phantoms, Oral Presentation, Engineering & Physics Sciences in Medicine, Hobart, Australia 29-10-2017
Rai R, Manton D, Jameson M, Josan S, Barton MB, Holloway L, and Liney G
3D Printed Phantoms Mimicking Cortical Bone for the Assessment of Ultrasound Echo Time Magnetic Resonance Imaging, Oral Presentation, Society for MR Radiographers & Technologists, Sydney, Australia 11-11-2017
The RoaDmaP Study: feasibility of implementing a primary care intervention for referral of potential lung cancer cases to specialist care, Oral Presentation, Cancer Institute NSW, Sydney, Australia 14-9-2017
The RoaDmaP Study: Feasibility of Implementing a Primary Care Intervention for Referral of Potential Lung Cancer Cases, Poster, IASLC, Yokohama, Japan 15-10-2017
Early marker of DNA damage response, ATM as a predictor of clinical outcome following radiotherapy in rectal cancer patients, Poster 2017
Roach D
Development and validation of a CT-MR pelvic atlas for clinical trial quality assurance, Oral Presentation, Engineering & Physics Sciences in Medicine, Hobart, Australia 29-10-2017
Roach D
Development and validation of a multi-model prostate atlas, Oral Presentation SWSLHD and Ingham Research Institute, Campbelltown, Sydney, Australia 7-6-2017
Roach D
Inter-Clinic comparative study investigating clinical implementation of Pinnacle Auto planning module for Prostate cancer treatment, Oral Presentation Pinnacle, Liverpool Cancer Therapy Centre, Sydney, Australia 3-11-2017
Roach D
Prostate cancer: Can't put my finger on it, Oral Presentation, University of New South Wales, Liverpool, Sydney, Australia 17-9-2017
Roach D
Development and validation of a CT-MR Pelvic Atlas, Oral Presentation Australasian College of Physical Scientists & Engineers in Medicine, Perth, WA, Australia 23-9-2017
Roach M
Radiation Oncology Knowledge and Skills Framework (RONKAS), Oral Presentation, Cancer Nurses Society of Australia, Brisbane, Australia 2018
Roberts N
Assessing radiotherapy uncertainties for standard linear accelerators and the MRI-Linac system, Oral. Ingham Institute, Bulli, NSW, Australia 8-9-2017
Roberts N, Holloway L, Oborn B, and Metcalfe P
Serial multiparametric MRI in head and neck cancer treated with radical radiotherapy, Poster. MR in RT, Sydney, Australia 20-6-2017
Serial multiparametric MRI in head and neck cancer treated with radical radiotherapy, Oral Presentation, The Royal Australian and New Zealand College of Radiologists, Perth, Australia 19-10-2017
SQiD: can a single question assist clinicians to identify delirium in hospitalised cancer patients?, Oral Presentation, European Association for Palliative Care, Bern, Switzerland 24-6-2018
SQiD: How useful is a single question in helping clinicians detect delirium in hospitalised cancer patients?, Poster, European Delirium Association, Oslo, Norway 16-11-2017
Cardiovascular sequelae in breast cancer patients receiving radiotherapy, Poster. ESTRO, Barcelona, Spain 2018
Making screening, assessment, referral and management of anxiety and depression in cancer care a reality: developing a system addressing barriers and facilitators to support sustainable implementation, Abstract, Berlin, Germany 14-8-2017
The ADAPT Program Group. Making screening assessment, referral and management of anxiety and depression in cancer care a reality: developing a system addressing barriers and facilitators to support sustainable implementation, Oral Presentation, COSA, Sydney, Australia 14-11-2017
Short R, Vial P, and Ochoa C
Auto-planning for Hypofractionated Intact Prostate : Dosimetry and Complexity, Oral Presentation Pinnacle, Liverpool Cancer Therapy Centre, Sydney, Australia 3-11-2017
Smith B, Agar M, Delaney GP, Descallar J, Dobell-Brown K, Grand M, Aung J, Patel P, Kaadan N, and Girgis A
Cancer research participation by culturally and linguistically diverse (CALD) patients in south Western Sydney from 2006 to 2016: A retrospective analysis, Poster, COSA, Sydney, Australia 14-11-2017
Quantification of cardiac sub volume dosimetry in breast cancer patients receiving left-sided tangential beam radiotherapy, Poster, ASTRO, San Diego, USA 2017
Using Cardiac MRI to determine myocardial strain in breast cancer patients treated with tangential radiotherapy, Mini Oral Presentation (Presented by James Otton), CSANZ, Perth, WA, Australia 2017
Myocardial segmental strain changes detected with cardiac MRI following tangential breast irradiation, Poster, ESTRO, Barcelona, Spain 2018
Potential use of quantitative cardiac MRI to detect myocardial changes in breast cancer patients undergoing left tangential radiotherapy, Oral Presentation and Poster, Global Cardio-Oncology Summit, London, UK 2017
Myocardial changes detected using cardiac MRI in patients treated with left tangential breast radiotherapy, Oral Presentation, RANZCR, Perth, WA, Australia 2017
Dataminning and Distributed Learning in Radiation Oncology to Help Clinical Decision Support: The Australian Computer Aided Theranostics Network for Oncology, Poster. American Association of Physicists in Medicine, Denver, America 30-7-2018
Tran T, Vinod SK, and Kaadan N
The Quest Toward better data collection, automation and scalability - A Lung MDT case study, Oral Presentation, Cancer Institute NSW, Sydney, Australia 14-9-2017
Functional MRI at ultra-high field strength (11.7 T) for evaluation of rectal cancer stromal heterogeneity ex vivo: correlation with histopathology, Poster ISMRM, Paris, France 16-6-2018
Rectal Cancer: Multiparametric MRI Assessment of Tumour Heterogeneity and Chemotherapy Response, Poster, ESTRO, Barcelona, Spain 20-4-2018
Udovitch M
A novel intra-fraction motion management technique for prostate SABR: Clinical experiences from Radiation Therapists perspective, Oral Presentation. SWSLHD and Ingham Research Institute, Campbelltown, Sydney, Australia 7-6-2017
Verma A, Ling S, and Bryant A
Weekly subcutaneous CyBorD induction is effective pre-autologous stem cell transplant in Multiple Myeloma, Poster, HAA, Sydney, Australia 2017
Verna A, Ling S, and Bryant A
Outcomes following subcutaneous weekly CYBORD induction and upfront autologous transplant in Myeloma, Poster, HAA, Sydney, Australia 2017
Revisiting EPID design for modern radiotherapy requirements, Poster European Society for Radiotherapy and Oncology, Vienna, Austria 5-5-2017
Clinical implementation of automated treatment planning for prostate radiotherapy, Oral Presentation Engineering & Physics Sciences in Medicine, Hobart, Australia 29-10-2017
Clinical implementation of automated treatment planning for prostate radiotherapy, Oral Presentation Engineering & Physics Sciences in Medicine, Hobart, Australia 29-10-2017
Vinod SK, Chandra A, Berthenes A, and Descellar J
Vinod SK, Chandra A, Berthenes A, and Descellar J
Does timeliness of care in Non-Small Cell Lung Cancer impact on survival?, Poster. COSA, Sydney, Australia 13-11-2017
Walker A, Buckley J, Zhang K, Dong B, Holloway L, and Liney G
Methods of Distortion assessment and correction on the Australian MRI-Linac, Poster. ESTRO, Barcelona, Spain 20-4-2018
Staff perception of the effects of automation in radiotherapy planning, Oral Presentation Liverpool Cancer Therapy Centre, Sydney, Australia 20-6-2018
Staff perception of the effects of automation in radiotherapy planning, Oral Presentation SWSLHD and Ingham Institute, Sydney, Australia 6-6-2018

Waltis A
The Evaluation of an in-house KPI tool - A 5 year review, Oral Presentation Australian Society of Medical Imaging and Radiation Therapy, Lidcombe, Sydney, Australia 23-9-2017

Webb W and Avery S
Lung Pathway Project, Poster Cancer Institute NSW, Sydney, Australia 2017

Characterising the Binding of 2-Nitroimidazole: A Proton NMR Study, Oral Presentation. Australian and New Zealand Magnetic Resonance Conference, Kingscliffe, NSW, Australia 2-12-2017

Wilkinson KJ, Yap ML, Freimund AE, Descallar J, Ly T, Bray VJ, and Yip PY
Application of clinical guidelines in the management of small cell lung cancer, Abstract and Poster COSA, Sydney, Australia 2017

Xing A, Deshpande S, Arumugam S, Goozee G, and Holloway L
Delivery Complexity Analysis for Tomotherapy Plans Using a Fluence-Based Complexity Index, Poster American Association of Physicists in Medicine, Denver, America 30-7-2018

Xing A, Liney G, Arumugam S, Rai R, Young T, Holloway L, and Goozee G
Development and Clinical Implementation of a Fully-Automated Quality Control System for a Wide-Bore 3T MRI Simulator Dedicated for MRI-Based Radiotherapy Planning, Oral Presentation. American Association of Physicists in Medicine, Denver, America 30-7-2018

Yap ML, O’Connell D, Goldsbury D, Weber M, and Barton MB
Factors affecting actual radiotherapy utilization in the 45 and Up Study Cohort NSW, Oral Presentation, Global Cancer Conference, Toronto, Canada 2018

Yap ML, O’Connell D, Goldsbury D, Weber M, Gabriel G, and Barton MB
Actual versus optimal radiotherapy utilisation for cancer patients in the New South Wales 45 and up study cohort, Oral Presentation. Royal Australian and New Zealand College of Radiologists, Perth, Australia 2017

Grants

Agar M, Brown L, and Currow D.
Advancing Care for Japanese people with terminal illness 2017 $20,000 The Department of Foreign Affairs and Trade

Randomised double blind placebo controlled phase III trial of oral melatonin for the treatment of delirium in older people with cancer 2018 $983,996 Australian Medical Research Future Fund

Agar M, Phillips J, Steer C, Caplan G, Gray L, and Hovey E.
Phase II pilot cluster randomised controlled trial of a nurse-led triage and assessment system to optimize outcomes for older people with cancer 2017 $200,000 SPHERE Cancer Clinical Academic Group

Avery S.
Implementing Optimal Care pathways - Liver Cancer 2017 $50,000 Cancer Institute NSW

Avery S.
SWSLHD Liver Cancer (hepatocellular carcinoma) Diagnostic & Referral Pathway Localisation Project 2017 $50,000 Cancer Institute NSW

CaVa - a platform for research into cancer clinical variation 2017 $220,426 UNSW

X-Ray detectors for Radiotherapy Research 2017. $227,000 Cancer Institute NSW

Batumalai V and Delaney GP.
Patterns of care in breast radiotherapy: Variation in treatment dose to target volumes and organs at risk 2018 $20,821 Ingham Institute

Bridging the gap with Tour de Cure: Heart sparing breast radiotherapy for culturally and linguistically diverse population 2018. $50,000 Tour de Cure

Can a web-based psychological intervention for women with advanced breast cancer improve well-being and reduce health care use? A randomised controlled trial 2018. $75,000 Cancer Council South Australia Beat Cancer

Becker T, DeSouza P, and Soon P.
Understanding the changes from tumour dormancy to metastasis: Development of prognostic tests and identification of potential therapeutic targets to prevent metastasis 1-7-2017 $199,898.00 NBCF

Bokey L.
J & J Scholarship 2018 $75,000 SWSLHD

Bokey L.
Robotic Surgery 2018 $150,000 Perich Group

Bokey L.
Robotics Surgery: Minimally invasive surgery 2018 $60,000 SWSLHD

CRE-ISO Centre for Research Excellence in Implementation Science on Oncology 2017. $2,500,000 NHMRC

98
Cultural Biographies, Medical Knowledge: A sociological study 2018 $816,962 Australian Research Council

Predicting responses to cancer immunotherapy 2018. $450,000 Cancer Council

Delaney GP, Girgis A, Koh ES, Knight A, Bray V, Agar M, and Bensoussan A.
ACRF OASIS Centre for Optimal Cancer Survivorship - Capital Works Funding 2017. $2,000,000 Australian Cancer Research Fund

Echevarria A.
Be Bowel Cancer Smart: Increasing awareness of bowel cancer screening in Arabic-speaking refugees and migrants in South Western Sydney 30-6-2018 $10,000 Cancer Institute (NSW)

Assessing supportive care needs of Indigenous cancer survivors’ caregivers 2018. $689,924 ARC Indigenous Discovery Grant

Girgis A, Churches T, Durcinoska I, Farrow J, and Delaney GP.
Collecting patient-reported measures from patients in their first language, using text, computer-generated speech and voice recognition: The next-generation PROMPT-Care app for mobile phones and tablet computers 2018. $12,000 Ingham Institute

Girgis A, Delaney GP, and Durcinoska I.
PROMPT-Care implementation at Fairfield Hospital 2018 $225,000 SWSLHD

Girgis A.
Patient Reported Outcome Measured for Personalised Treatment and Care (PROMPT-Care): eHealth supporting patient-centred care 2018 $5,000 South West Sydney

Girgis A.
PROMPT-Care - Implementation in the Wollondilly Shire 2017. $100,000 Wollondilly Health Alliance

Girgis A.
We Cope: Development of an illness self-management intervention for Chinese-Australian people diagnosed with cancer and their primary caregiver 2018. $132,678 Tour de Cure

Medicinal Cannabinoids to Relieve Symptom Burden in the Palliative Care of Patients with Advanced Cancer 2018 $1,363,040 NHMRC

Harlum J.
SWSLHD Palliative Care On the Job Training Programme 2018. $51,000 NSW Ministry of Health

Holloway L, Soumya A, Vinod SK, and Dowling J.
Learning from and improving target volume delineation in radiotherapy 7-5-2018, $443,000 UNSW

Holloway L.
Reducing the greatest uncertainty in radiotherapy 7-5-2018. $594,197 NHMRC

Kaadan N.
Patterns of chemotherapy prescribing in New South Wales 30-6-2018 $120,000 Cancer Institute (NSW)

Kanazaki R, Connor S, Girgis A, and Smith B.
Addressing variations in care in Inflammatory Bowel Disease in Australia: A multifaceted approach to improve clinician adherence to guidelines 2018. $70,000 Pfizer Independent Grants for Learning & Change (IGHL)

Koh ES, Avery S, Delaney GP, Girgis A, and Knight A.
Survivorship Assessment Unit - tailored information for targeted shared care 2017. $120,000 Cancer Institute NSW

Lee H, Becker T, De Souza P, and Soon P.
Single-cell analysis of circulating tumour cells from newly diagnosed and metastatic breast cancer patients 2017 $25,000 Hunter Medical Research Institute

Liney G.
Ingham Gold Star NHMRC Grant Application Award 2017. $10,000 Ingham Research Institute

BD FACSymphony A5 High Parameter Flow Cytometer for Westmead Research Hub at Westmead Precinct. $770,000 Cancer Institute NSW

Pathways to a Cancer-Free Future Grant Scheme: PREDICT - Pathway of Research to Evaluation of Dose-Individualised Cancer Therapy: Development of a national individualised cancer dosing programme to both generate evidence and implement existing evidence on algorithms for dosing chemotherapy and immunotherapy in cancer 2018 $1,998,126 Cancer Council NSW

Merrett N.
Optimising care for patients diagnosed with pancreatic cancer: A prospective Cohort study 2017. $1,547,000 NHMRC

High resolution dosimetry of MR image-guided radiation therapy 7-5-2018 $429,000 NSW Cancer Council

Niles N.
Medical Sciences Research Group Travel Award 2018. $1,000 Medical Sciences Research Group

Very fast, accurate and low dose imaging for radiotherapy treatments 2018. $650,000 NHMRC

Parker D, Phillips J, and Agar M.
UTS evaluation of Hammond Care End of Life Residential Homes Project 2017 $51,765 Sydney North Primary Health Network

Richardson et al.
Advanced Technical Support for the Open Access, Multi-disciplinary Sydney Cancer Research Core Facility 2018 $272,876 Cancer Institute (NSW)

Difficult Discussions: Helping adolescents and young adults to voice their choices at end-of-life 2018 $188,745 HSF Research Foundation

Prospective, multicentre trial evaluating FET-PET in high grade glioma 2018 $1,500,000 MRFF Clinical Trials and Registries Funding
Soon P.
Development and phase 2 trial of a decision aid for breast reconstruction after mastectomy for breast cancer in culturally and linguistically diverse (CALD) patients 1-7-2017.
$180,000 SWSLHD
Tang S, Koh ES, Holloway L, Delaney GP, and Liney G.
RANZCR Research Award 2017.
$20,000 RANZCR
Vinod S, Avery S, and Delaney GP.
Rapid decision prompt (RDP) for Lung Cancer Diagnostics and Referral Pathway - Radiology reporting enhancement 2017. $50,000 Cancer Institute NSW
Vinod SK, Avery S, and Delaney GP.
SWSLHD Mutli-Disciplinary Team (MDT) decisions - evaluating translation into practice 2018. $119,000 Cancer Institute NSW
Walker A.
Ensuring geometric accuracy of MRI in radiotherapy and the Australian-MRI Linac 7-5-2018. $45,000 SWSLHD
Woods M, Van Gool K, Parker D, and Agar M.
Scoping proposal for the identification of unmet needs for people requiring palliative care, 2018. $64,000 Palliative Care Australia

Yap ML and for APROSIG, RANZCR.
Image Guided Radiotherapy training in Ho Chi Minh City Oncology Hospital 2018. $15,000 RANZCR International Development Fund

Yap ML and for APROSIG, RANZCR.
Strengthening the Capacities of the Cambodian Oncology Professionals through Advanced Immersive Learning 2018. $147,000 Department of Foreign Affairs (DFAT)

Personalised targeted therapy for adolescent and young adult medulloblastoma patients 2018 $964,883 Australian Young Cancer Patient Clinical Trials Initiative Funding via CANTEEN

Invited Speaker

Agar M
Topic “Humanising Delirium at the end of life”. American Delirium Society Annual Meeting 2018 American Delirium Society 10-6-2018 San Francisco, USA

Batumalai V
Topic “So you think you want to do research?”. Ingham Weekly Research Seminar Ingham Institute 15-6-2018 Sydney, Australia

Batumalai V
Topic “Value in Radiation Oncology: Cost Benefit and the impact of underutilisation of radiotherapy” Ingham Weekly Research Seminar Ingham Institute 15-6-2018 Sydney, Australia

Topic “Estimating the cost benefit of radiotherapy for overall survival and local control”. Activity based management workshop NSW Health 15-6-2018 Sydney, Australia

Begg J
Topic “Physics Practical Session on Linear Accelerators - Exam Preparation Course” RANZCR Phase I Course RANZCR 15-6-2018 Sydney, Australia

Begg J, Jelen U, Whelan B, Dong B, Roberts N, Liney G, and Holloway L
Topic “Experimentally derived ion chamber magnetic field correction factors using variable field on an in-line MRI Linac”. MR in RT18 Satellite Symposium MR in RT 30-6-2018. Utrecht, The Netherlands
Bokey L
Topic “The importance of Denonvilliers fascia in anterior dissection for rectal cancer”. 14th Shanghai International Colorectal Cancer Symposium 2018 Shanghai, China

Choong C
Topic “Clinical Considerations of Deformable Image Registration Implementation”. Victorian ACPSEM Deforming To Best Practice Workshop ACPSEM 13-7-2018. Melbourne, Victoria, Australia

Delaney GP
Topic “Cancer Survivorship research in South Western Sydney”. Victorian Comprehensive Cancer Centre 2018. Melbourne, Australia

Delaney GP
Topic “Capturing patient-reported outcomes data electronically” Beijing University Hospital Beijing University Hospital 2018, Beijing, China

Delaney GP
Topic “Innovation and Leadership in Multicultural health delivery” Cancer Institute NSW Cancer Institute NSW 2018, Sydney, Australia

Delaney GP
Topic “PROMPT-Care the collection of outcomes data electronically” Concord Hospital, Sydney, Australia & Emergency IMPACCT 31-5-2018, Research and Translation Acute Care Palliative, Aged & Chronic Care Workshop: Centre for Improving Palliative, Aged & Chronic Care Research and Translation Acute Care & Emergency IMPACCT 31-5-2018, Concord Hospital, Sydney, Australia

Delaney GP
Topic “Using patient-reported outcomes to manage patients experiences” Department of Health Queensland Statewide Cancer Clinical Network 2018 Brisbane, Australia

Deshpande S and Sykes J
Topic “Commissioning and QA (Oral)” ACPSEM NSW/ACT Branch Presents: deforming to best practice ACPSEM NSW/ACT 15-6-2018 Sydney, Australia

Dundas K and Kumar S
Topic “Research in Medical Radiation Sciences: Improving Patient Care Through Research Collaboration and Communication (Oral)”. Research Workshop - ASMIRT Australian Society Imaging and Radiation Therapy 16-3-2018. Canberra, Australia

Field M
Topic “Data Mining for Radiation Oncology: The OzCat Initiative”. Illawarra and Shoalhaven Cancer Care Centre Seminar Series Shoalhaven Cancer Centre 14-9-2017. Wollongong, Australia

Field M
Topic “Machine Learning for Radiation Oncology: OzCAT Initiative (Oral)” Medical Physics Research Seminar Odense University Hospital 2-5-2018 Odense, Denmark

Field M
Topic “Machine Learning for Radiation Oncology: OzCAT Initiative (Oral)” Medical Physics Research Seminar Leeds University Hospital 27-4-2018 Leeds, United Kingdom

Field M
Topic “The OzCAT Programme; using machine learning across multiple radiotherapy centres” StartX State of the Art Radiation Therapy 4-8-2017. Sydney, Australia

Glavan M
Topic “Emergency Department presentations by community palliative care patients at end-of-life: A retrospective review” IMPACCT Workshop: Centre for Improving Palliative, Aged & Chronic Care Research and Translation Acute Care & Emergency IMPACCT 31-5-2018, Concord Hospital, Sydney, Australia

Gray A, Erven T, Holloway L, and Arumugam S

Holloway L
Topic “Acceptance and commissioning of outcome prediction models”, ESTRO 37 ESTRO 20-4-2018, Barcelona, Spain

Holloway L
Topic “Expanding our Clinical Evidence: Learning from Clinical Practice Data” 7th Crown Princess Mary Cancer Centre Symposium Crown Princess Mary Cancer Centre 24-11-2017. Seven Hills, Sydney, Australia

Holloway L
Topic “Learning Opportunities with Radiomics”. StartX State of the Art Radiation Therapy 4-8-2017. Sydney, Australia

Holloway L
Topic “Potential Radiobiology Modelling Opportunities with Distributed Datasets including Radiomics”. Master Medical Radiation Physics Educational Seminar - Radiobiological Optimisation in Treatment Planning University of Wollongong 11-8-2017 Circular Quay, Sydney, Australia

Holloway L
Topic “Radiomics”. 7th Australian Lung Cancer Conference Australian Lung Group 20-4-2018 Sydney, Australia

Jameson M and Choong C

Jameson M

Jameson M
Jameson M
Topic “Creating a Collaborative Research Department”. Research Showcase NSW Radiation Therapy Research Group 5-5-2018. Sydney, Australia

Jameson M
Topic “Editor/Reviewers Perspective - What are they looking for in a manuscript”. ASMIRT Australian Society Imaging and Radiation Therapy 16-3-2018. Canberra, Australia

Jameson M

Jameson M

Jelen U

Kumar S and Dundas K
Topic “Improving Patient Care through Research Collaboration and Communication”. ASMIRT Australian Society Imaging and Radiation Therapy 16-3-2018. Canberra, Australia

Kumar S
Topic “MRI in oncology: Integration of MRI into Radiation Therapy”. ASMIRT Australian Society Imaging and Radiation Therapy 16-3-2018. Canberra, Australia

Lee M
Topic “Gastro Intestinal Clinical Considerations”. ACPSEM NSW/ACT Branch Presents: deforming to best practice ACPSEM NSW/ACT 15-6-2018 Sydney, Australia

Lin S
Topic “Myeloma Patient Information Session”. Liverpool Hospital 2017. Liverpool, Sydney, Australia

Merrett ND
Topic “Oesophagectomy: Is there light at the end of the tunnel”. CICM Meeting CICM 2017. Sydney, Australia

Merrett ND
Topic “Role of Oesophagectomy in Achalasia”. ASM RACS RACS 2017 Adelaide, Australia

Metcalfe P

Topic “Implementation of Pinnacle Auto-Planning for GU sites at Liverpool and Macarthur Therapy Centres” AAMD 43rd Annual Meeting AAMD 16-6-2018. Austin, Texas, USA

Rai R

Roach M

Roberts N

Vasquez D
Topic “Time is Precious (TIP): Person centred end-of-life care in the Emergency Department”. IMPACCT Workshop: Centre for Improving Palliative, Aged & Chronic Care Research and Translation Acute Care & Emergency IMPACCT 31-5-2018. Concord Hospital, Sydney, Australia

Vinod SK
Topic “Radiotherapy - A curative treatment for Early Stage NSCLC” Airways Conference Australian Lung Foundation 2018. Sydney, Australia

Vinod SK
Topic “Using data and technology to improve decision making in lung cancer” Australian Lung Cancer Conference Australian Lung Cancer Foundation 5-4-2018. Sydney, Australia

Walker A, Gray A, and Jameson M
Topic “Multimodal image registration for anatomical delineation - scenarios and discussion” ACPSEM NSW/ACT Branch Presents: deforming to best practice ACPSEM NSW/ACT 15-6-2018. Sydney, Australia

Yap ML
Topic “Expanding cancer services in Low and Middle Income Countries” The Ottawa Hospital Cancer Centre 2017. Ottawa, Canada

Yap ML
Topic “From the ground up: Challenges at a country level”. ESTRO 2017. Vienna, Austria

Yap ML

Yuen J and Deshpande S

Journals

Agar, M. R., Draper, B., and Caplan, G. A.
Neuroleptics for Delirium: More Research is Needed-Reply JAMA Intern Med 1-7-2017 Volume 177, Issue 7, Pages 1055-1056

Agar, M., Lucket, T., Luscombe, G., Phillips, J., Beattie, E., Pond, D., Mitchell, G., Davidson, P. M., Cook, J., Brooks, D., Houltram, J., Goodall, S., and Chenoweth, L.
Effects of facilitated family case conferencing for advanced dementia: A cluster randomised clinical trial PloS ONE 2017 Volume 12, Issue 8, Pages e0181020


Batumalai V, Shafiq J, Gabriel G, Hanna TP, Delaney GP, and Barton MB Impact of radiotherapy underutilization measured by survival shortfall, years of potential life lost and disability adjusted life years lost. Asia-Pacific Journal of Clinical Oncology 2017 Volume 13, Pages 169-170

Batumalai, V., Shafiq, J., Gabriel, G., Hanna, T. P., Delaney, G. P., and Barton, M. Impact of radiotherapy underutilisation measured by survival shortfall, years of potential life lost and disability-adjusted life years lost in New South Wales, Australia. Radiother. Oncol. 5-7-2018


Bell, M. L., Horton, N. J., Dhillon, H. M., Bray, V. J., and Vardy, J. Using generalized estimating equations and extensions in randomized trials with missing longitudinal patient reported outcome data. Psychooncology. 26-5-2018


Bray, V. J., Dhillon, H. M., and Vardy, J. L. Systematic review of self-reported cognitive function in cancer patients following chemotherapy treatment. J Cancer Surviv. 4-5-2018

Brungs, D., Lynch, D., Luk, A. W., Mineai, E., Ranson, M., Aghmesheh, M., Vine, K. L., Carolan, M., Jaber, M., de, Souza P, and Becker, T. M. Cryopreservation for delayed circulating tumor cell isolation is a valid strategy for prognostic association of circulating tumor cells in gastroesophageal cancer World J Gastroenterol. 21-2-2018


Clinician-reported changes in octreotide prescribing for malignant bowel obstruction as a result of an adequately powered phase III study: A transnational, online survey Palliat. Med 1-6-2018 Volume 32, Issue 8, Pages 1363-1368


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You can make a difference

If you’d like to help us there are a number of ways that you can. We’ve got some options listed below:

You can make a difference
By making a donation you are helping us fund services, equipment and programs that are not funded by NSW Health. You can donate online or make a gift in kind by contacting us.

Become a corporate partner
Talk to us about becoming a corporate partner. Encourage your workplace to get involved with workplace giving or suggest us as your employer’s benefitting charity to receive regular funds and donations.

Fundraise for cancer wellness
Request people make a donation in lieu of a gift for a birthday, celebration or wedding.

Become a volunteer
Our diverse range of activities supported by volunteers is detailed inside. If you’d like to contribute your time, please contact us for a chat.

Leave a lasting legacy
Funds donated through bequests, trusts, foundations or in-memory will support future generations and ensure we can continue to offer the best care and services available.

Wellness centre programs and equipment
Most of us have been, or will be, affected in some way by cancer. After treatment, patients and families readjusting to the cancer journey need some support, like motivational and supportive assistance to maintain lifestyle changes necessary to regain health and well-being. That’s why - with your help - we’re expanding our Wellness activities and are aiming to build two new Wellness Centres. One will be located in the Liverpool area, and the other in Camden - to also service the Campbelltown and Wollondilly areas. This development will ensure we have ample resources and support for our expanding community.

Nominate us as a beneficiary
When donating or participating in local challenge events or activity (e.g. City to Surf or Blackmores Sydney Running Festival), recommend Liverpool, Bankstown or Campbelltown Cancer Services as your preferred beneficiary.

Annual Events
Take part in one of our many fundraising activities, such as Dry July, 24 Hour Fight Against Cancer or Macarthur Ladies Night Out. Greater awareness and support is highly appreciated.

To find out more about how to make a difference, visit: www.swslhd.nsw.gov.au/cancer/support.html
Making a difference

We help thousands of cancer patients and their families each year. Providing the best quality care and services can be enhanced through your generous gift.

Donate today to help cancer patients

To donate online, go to our website at: swshd.health.nsw.gov.au/cancer and select Donate Here button, or call us on (02) 8738 9816.

Fundraise for cancer care

Alternatively if you would like to fundraise for us through an event activity or your workplace, please call the Fundraising team on (02) 02 8738 9815, we would love to hear from you!

“I cannot express enough how wonderful these beautiful people of the Campbelltown Cancer Therapy unit are. They have gone above and beyond their duties. During the last 4 weeks of treatment they truly were Angels. We still have some time to go but even the bad days are made easier by the wonderful team in Radiation, Chemo and all the office staff please anyone who can donate or participate in any of the fundraisers please do. And don’t forget the Macarthur walk for life. Come on everyone join us!”