

Terms of Reference

BC Cancer Tumour Group Council

April 2023

OVERVIEW OF BC CANCER TUMOUR GROUP COUNCIL

The BC Cancer Tumour Group (TG) Council is a provincial, interdisciplinary group of health professionals, clinical experts, and researchers who promote and ensure high quality cancer care is provided throughout British Columbia. They lead the provision of state of the art, high quality programs and services by ensuring appropriate knowledge dissemination, championing continued research, promotion of workforce wellness, and reviewing and improving the process of cancer care delivery provincially.

PURPOSE

The overall purpose of TG Council is to provide provincial leadership to help guide individual disease sites (tumour groups) in providing high quality cancer care in British Columbia. By bringing together the leaders from each TG, TG Council will identify areas of high impact for improvement in care overall.

Methods:

The TG Council will ensure high quality cancer care is provided in BC in four main ways:

1. Knowledge dissemination:
 - a. TG council will ensure that each disease site TG is supported to ensure that ideal and acceptable standards of care are identified, mapped out and updated regularly within each TG. These care pathways will be evidence based and linked to key performance indicators.
 - b. TG council will support educational initiatives for each TG and help to disseminate information about ideal standards of care to TG members
2. Research
 - a. TG council will promote cross disciplinary research within each tumour group and identify areas of quality improvement research overall for cancer care in BC
 - b. TG council will promote research opportunities to be made available to people in BC with cancer across all jurisdictions.
3. Member wellness
 - a. In order to ensure high quality care is provided TG Council will provide a forum for check-in on overall health and wellness of membership. This provides a mechanism for the impact of workload on quality of care to be measured and reported.
4. Quality of Cancer Care metrics
 - a. In order to determine if TG Council and the initiatives generated from individual TGs are effective, key performance indicators as to the overall care of cancer patients in BC will be identified, measured, and reported. TG Council will continuously review opportunities for improvement in the quality of cancer care provided to patients in BC.

DELIVERABLES

- Ensure standards of care for tumour groups are identified and championed
- Identify and close any knowledge gaps in cancer care through knowledge translation interventions across BC
- Report performance and overall tumour group health to BC Cancer executive
- Lead strategic decisions impacting Tumour Groups

- Identify methods of improvement in patient cancer outcomes overall
- To provide recommendations impacting provincial policy and processes

MEMBERSHIP AND ROLES

- Tumour Group Council Chair to lead group and chair meeting
- Tumour Group Committee Chairs to provide feedback and represents each TG
- Senior Executive Director for Medical Affairs and Quality to represent executives to TG Council and take forward concerns raised by TG Council to Executive
- Program Medical Directors for Systemic Therapy, Radiation Therapy, Surgical Oncology, Pathology, Supportive Care, Functional Imaging, Medical Imaging to provide feedback on provincial programs in each discipline and ensures multidisciplinary representation encouraged
- Executive Director for BC Cancer Provincial Programs to provide feedback on operational aspects of delivery of cancer care provincially
- Provincial Programs to represent all common programs provincially
- Tumour Group Pharmacy to provide support to Tumour Groups in development and update of systemic therapy protocols

Adhoc Advisors and Support:

- BC Cancer Analytics Team to promote accurate and appropriate measurement of quality of care
- Indigenous Cancer Control Team to promote and ensure cancer care is provided with cultural sensitivity and humility
- Program Medical Director for Primary Care to promote and ensure cancer care is linked with primary care partners

ACCOUNTABILITY & REPORTING

- BC Cancer Executive via Senior Clinical Leadership Committee and/or SED for Medical Affairs and Quality.

MEETING FREQUENCY & LOCATION

- Four (4) times annually
- Additional meetings to be scheduled at the discretion of the Chair or members
- To support provincially distributed membership, meetings will be virtual through a BC Cancer approved platform. In person meetings may be organized as required.

OPERATIONAL PROTOCOL:

The TG Council and TG Council meetings function under the culture of collaboration and transparency. Participation of all members at each meeting is expected and encouraged. Specific updates and information will be provided regularly to the TG Chairs.

Recommendations and advice generated from TG Council will be based on consensus with a preference for unanimous decisions. Opportunities to partner with primary care, indigenous cancer care, and patient advocates will be encouraged.

CONFIDENTIALITY

The PHSA Confidentiality Agreement will guide all members of the TG Council in their conduct. This pertains to all aspects of communication within the TG Council but especially with regards to:

- Patient related information
- Drug or protocol related information
- Wellness of individual members

MEMBER RESPONSIBILITIES

COUNCIL MEMBERS

- Will be in regular attendance, active engagement and contribution to guide overall policies and processes
- Will promote evidence based evaluations/interventions and embed into provincial policy and practice
- Will shape processes, strategies and structures to progress the tumour group mandate and disseminate information to professional practice groups, peers and local team
- Will promote knowledge translation and clinical awareness within their TGs
- Will participate and support working groups and sub-committees as required

TG COUNCIL CHAIR

The role of TG Council Chair is to provide leadership and oversight to develop processes and strategies to ultimately improve patient care and improve the outcome of all patients with cancer.

The Chair will:

- Promote evidence based evaluations or interventions and embed into practice to optimize patient care and patient outcomes.
- Provide strategic oversight on issues related to relevant oncology research and outcomes evaluation work with appropriate parties and stakeholders
- Promote and facilitate access to and analysis of data, alongside other applicable provincial health systems data, to better understand and improve patient care outcomes and experience and
- Oversee development of evidence-based guidelines across the spectrum of cancer care involving provincial stakeholders

TG Chair Responsibilities

Strategic Role:

- Guide clinical and operational leaders to help shape the strategies and structures to progress the tumour group mandate
- Responsible to establish a measurement framework to assess the progress of tumour group activities and to measure adherence to quality standards specific

Committee Management:

- Presides over meetings and ensures minutes accurately reflect the deliberations of the group
- Responsible to engage with membership to organize meetings and to identify issues and concerns to be addressed at the Tumour Group Council
- Responsible to establish a structure for delegation of specific tasks and initiatives as they arise.
- Responsible to ensure the cancer management manual relating to the tumour sites are up-to-date and evidence based

Leadership Role:

- Establish and maintain strong working relationships amongst members to develop and execute priorities aimed to reduce cancer incidence, reduce mortality, improve patient outcomes and quality of care
- Engages with organizational leaders to promote and support engagement in research initiatives and identifies opportunities for future research advancement
- Engages with the Senior Executive Director, Medical Affairs and Quality to establish strong linkages between Tumour Groups and Quality

- Advocates and advises on opportunities for professional and interdisciplinary development and for continuing education

Advisory Role:

- The Chair will act as a facilitator for the tumour group council members as they provide input and advice into various BC Cancer processes and initiatives, including those initiated within the BC Cancer Provincial Programs and by BC Cancer Executive

REVIEW

This document will be reviewed every three (3) years.

Appendix A:

Listing of Provincial Tumour Groups (2023 April):

Active Tumour Groups:

1. Breast Tumour Group
2. Central Nervous System (CNS) Tumour Group
3. Gastrointestinal (GI) Tumour Group
4. Genitourinary (GU) Tumour Group
5. Gynecology Tumour Group
6. Head and Neck (H&N) Tumour Group
7. Lung Tumour Group
8. Lymphoma Tumour Group
9. Sarcoma Tumour Group
10. Skin and Melanoma Tumour Group
11. Myeloid Tumour Group
12. Leukemia / Bone Marrow Transplant (L/BMT) Tumour Group
13. Ocular and Orbital Oncology Tumour Group
14. Pediatric Oncology Tumour Group

Terms of Reference BC Cancer Tumour Group Committee

July 2025

OVERVIEW OF TUMOUR GROUP COMMITTEE

BC Cancer Tumour Group (TG) Committee is a provincial, interdisciplinary group of health professional clinical experts and researchers who apply content knowledge to promote and ensure high quality cancer care in British Columbia. They lead the provision of state of the art, high quality programs and services by ensuring appropriate **knowledge dissemination**, championing continued **research**, promotion of workforce **wellness**, and reviewing and **improving the processes** of cancer care delivery provincially.

PURPOSE

The TG Committee provides provincial leadership in identifying optimal clinical care and research to reduce cancer incidence, reduce cancer-related mortality and improve patient outcomes and quality of life. The TG committees actively review, advise, and communicate on tumour specific cancer care topics including

- Clinical practice standards and Clinical Pathways
- Identify clinically appropriate benchmarks for care
- Update provincial members on cancer Care innovations
- Identify, support and champion research opportunities for cancer patients in BC
- Priority setting and resource allocation, and
- Quality assurance and improvement

The tumour group committee provides provincial leadership in analyzing and understanding how to apply knowledge from scientific literature within the context of the BC health system and population, and advice on provincial implementation of best practices to optimize patient care for cancer patients in BC. Committee members are active members of research projects including basic science research, clinical trials, and clinical research.

DELIVERABLES

The scope of Tumour Group committees work includes:

- Strategic decisions impacting the Tumour Group and patients
 - This may include but is not limited to:
 - Development and submission of protocols for systemic therapies for consideration of prioritization of funding to PEC or iTEC as appropriate
 - Review and update of treatment protocols in systemic therapy
 - Identification of quality assurance mechanisms for delivery of radiation therapy
 - Identification or guidance with regards to implementation of quality assurance mechanisms for pathology assessment of cancer cases
- Promotion and oversight to the function of multidisciplinary case conference meetings provincially
- Identification of areas for patient care improvement through education or research
- Communicating best practice standards throughout BC, by identification of clinical practice standards, clinical pathways, and clinically appropriate benchmarks for cancer care in BC
- Recommendations impacting provincial policy and processes for the tumour group
- Identification of knowledge gaps and opportunities for knowledge translation across BC to guide delivery of high-quality cancer care

MEMBERSHIP

- Tumour Group Committee Chair
- Clinical specialist representing Systemic Therapy, Radiation Therapy, Surgical Oncology, Pathology, Supportive Care, Medical Imaging, Functional Imaging, and any others, as identified by the TG Committee
- Pharmacy
- Provincial Programs

Adhoc Advisors and Support:

- BC Cancer Analytics Team
- Program Medical Director for Primary Care
- Indigenous Cancer Control Team

ACCOUNTABILITY & REPORTING

Direct Reporting to the Tumour Group Council Chair

MEETING FREQUENCY & LOCATION

- Four times annually
- Additional meetings may be scheduled at the discretion of the Chair or members. Meetings may replace existing TG specific patient conference meetings.
- To support provincially distributed membership, meetings will be virtual through a BC Cancer approved platform. In-person meetings may be organized as required.
- An annual retreat is encouraged. This may take the form of a breakout meeting at the BC Cancer Summit annually or as an additional meeting.

OPERATIONAL PROTOCOL:

The TG Committee and TG Committee meetings function under the culture of collaboration, respect, and transparency. Participation of all members at each meeting is expected and encouraged. Specific updates and information will be provided regularly to the TG Chair.

Recommendations and advice generated as an output from the TG committee will be based on consensus with a preference for unanimous decisions. Opportunities to partner with primary care, indigenous cancer care, and patient advocates will be encouraged.

CONFIDENTIALITY

The PHSA Confidentiality Agreement will guide all members of the TG Committee in their conduct. This pertains to all aspects of communication within the TG Committee but especially with regards to:

- Patient related information
- Draft drug protocol information
- Wellness of individual members

ROLES & RESPONSIBILITIES

COMMITTEE MEMBERS

- Regular attendance, active engagement, and contribution of subject matter expertise to guide policies and processes
- Promote evidence-based evaluations/interventions and embed into provincial policy and practice
- Shape **processes**, strategies, and structures to progress the tumour group mandate and disseminate information to professional practice groups, peers, and local team
- Promote **knowledge translation** and clinical awareness
- Participation and support to working groups and sub-committees as required and assume responsibilities as appropriate for the committee
- Contribution to committee work such as creation/submission of new treatment requests to PEC/iTEC, development of tumour group specific patient-care pathways, maintenance of tumour

group specific information for tumour group members, referring physicians, patients, and the public (ie website content)

TG COMMITTEE CHAIR

APPENDIX B – ADMINISTRATIVE RESPONSIBILITIES

TUMOUR GROUP CHAIR ROLE DESCRIPTION

The role of **Chair** for each **BC Cancer TG Committee** is based on application, interview process (in the event of multiple applicants), and selection criteria. The chair provides leadership and oversight of their respective committee and works with its provincial members, BC Cancer Tumour Group Council and BC Cancer leadership to develop processes and strategies to ultimately improve patient care and improve the outcome of all patients with cancer.

The Chair will:

- Oversee the TG Committee work
- Provide strategic oversight on issues related to relevant oncology research and outcomes evaluation work with appropriate parties and stakeholders
- Promote and facilitate access to and analysis of tumour-site specific data, alongside other applicable provincial health systems data, to better understand/ improve the patient care experience
- Represent the TG Committee at TG Council meetings and convey issues with regards to TG function and performance in the areas of educational needs of the group, research access for patients, wellness of members overall, and the processes of cancer care in BC.

TG Chair Responsibilities

Strategic Role:

- Within their tumour group, and as an active member of the Tumour Group Council, the Tumour Group Chair is responsible to work with clinical and operational leaders to help shape the strategies and structures to progress the tumour group mandate.
- Responsible to guide identification and update of clinically meaningful benchmarks associated with high quality cancer patient care in BC.
- To alert the TG Council if benchmarks cannot be met and work collaboratively with leadership to identify methods of improvement.

Committee Management:

- Presides over the Tumour Group committee meetings and ensures minutes accurately reflect the deliberations of the group. Each group will meet at least 4 times per year. An annual personal meeting is highly recommended.
- Responsible to ensure there is appropriate interdisciplinary membership on the tumour group.
- Responsible to oversee the planning and execution of an annual (or bi-annual) retreat or education day for the tumour group.
- Responsible to engage with membership to organize meetings and to identify issues and concerns to be addressed at the committee or Tumour Group Council.
- Responsible to establish a structure for delegation of specific tasks and initiatives as they arise. This includes the establishment of discipline specific sub-committees if appropriate (e.g. systemic committees).
- Responsible to lead with the support of TG Council structure, the committee work to design or update tumour group specific patient-care pathways as needed and set forth in the clinical care pathways methodology for their disease group.
- Responsible to engage with tumour group members to create and submit new treatment requests to PEC/iTEC.

Leadership Role:

- Promotes and facilitates the development of open, interdisciplinary teams to address tumour site issues.
- Engages with organizational leaders to promote and support engagement in research initiatives and to work with Tumour Group Council to identify opportunities for future research advancement.
- Advocates and advises on opportunities for professional and interdisciplinary development and for continuing education in that tumour site.

Advisory Role:

- The Chair will act as a facilitator for their tumour group members to provide input and advice into various BC Cancer processes and initiatives, including those initiated within the BC Cancer Provincial Programs and by BC Cancer Executive.

APPENDIX B – ADMINISTRATIVE RESPONSIBILITIES

TUMOUR GROUP QUALITY LEAD ROLE DESCRIPTION (0.1 FTE)

The BC Cancer Tumor Group Committees are provincial, interdisciplinary groups of health professional clinical experts and researchers who apply content knowledge to actively review, advise and communicate on tumour site specific cancer care topics such as Quality Assurance and Improvement.

The role of **Tumor Group Quality Lead – XXXXXX Tumor Group, BC Cancer Tumour Group Committee** is to provide leadership, direction and oversight of provincial quality of care issues within the relevant tumour site.

The Tumour Group Quality Lead reports to the Physician Chair Provincial Tumour Groups and Senior Executive Director, Medical Affairs and Quality, or other such person as BC Cancer may designate.

Strategic Role:

- Responsible to measure adherence to quality standards specific to their tumour site
- Identify quality improvement opportunities on a provincial systems level in the care of patients in that tumour site.
- Responsible to establish a measurement framework to assess the progress of tumour group activities.
- Oversee development of clinical care pathways across the spectrum of cancer care involving provincial stakeholders.

Leadership Role:

- Responsible to provide leadership in maintaining high quality of care for patients at a provincial systems level with the relevant tumour site, e.g Providing leadership in consideration of, prioritization and implementation of new treatment pathways across BC/BC Cancer provincial office and regional centres

- Promotes evidence based evaluations or interventions and embed into practice to optimize patient care and patient outcomes.
- Establish and maintain strong working relationships amongst members to develop and execute priorities aimed to reduce cancer incidence, reduce mortality, improve patient outcomes and quality of care.
- Engages with the Director, BC Cancer Continuous Improvement & Performance and the SED, Medical Affairs and Quality to establish strong linkages between Tumour Groups and Quality.

REVIEW

This document will be reviewed every three (3) years.

Appendix: Listing of Provincial Tumour Groups (April 2023)

1. Breast Tumour Group
2. Central Nervous System (CNS) Tumour Group
3. Gastrointestinal (GI) Tumour Group
4. Genitourinary (GU) Tumour Group
5. Gynecology Tumour Group
6. Head and Neck (H&N) Tumour Group
7. Lung Tumour Group
8. Lymphoma Tumour Group
9. Sarcoma Tumour Group
10. Skin and Melanoma Tumour Group
11. Myeloid Tumour Group
12. Leukemia / Bone Marrow Transplant (L/BMT) Tumour Group
13. Ocular and Orbital Oncology Tumour Group
14. Pediatric Oncology Tumour Group

Terms of Reference BC Cancer Tumour Group Subcommittee

October 2024

OVERVIEW OF TUMOUR GROUP COMMITTEE & SUBCOMMITTEES

BC Cancer Tumour Group (TG) Committee is a provincial, interdisciplinary group of health professional clinical experts and researchers who apply content knowledge to promote and ensure high quality cancer care in British Columbia. They lead the provision of state of the art, high quality programs and services by ensuring appropriate knowledge dissemination, championing continued research, promotion of workforce wellness, and reviewing and improving the processes of cancer care delivery provincially. Each committee may have subcommittees to focus on clinical specialties such as Systemic Therapy or Radiation Therapy.

PURPOSE

The TG Subcommittee provides clinically specific guidance to their respective TG Committee who in turn provides provincial leadership to identify optimal clinical care and research to reduce cancer incidence, reduce cancer-related mortality and improve patient outcomes and quality of life. The TG subcommittees actively review, advise, and communicate on tumour specific cancer care topics including

- Clinical practice standards and Clinical Pathways
- Identify clinically appropriate benchmarks for care
- Update provincial members on cancer care innovations
- Identify, support and champion research opportunities for cancer patients in BC
- Priority setting and resource allocation, and
- Quality assurance and improvement

The tumour group subcommittee provides provincial leadership in analyzing and understanding how to apply knowledge from scientific literature within the context of the BC health system and population, and advice on provincial implementation of best practices to optimize patient care for cancer patients in BC. Subcommittee members are active members of research projects including basic science research, clinical trials, and clinical research.

DELIVERABLES

The scope of Tumour Group subcommittees work includes:

- Strategic decisions impacting the Tumour Group and patients. This may include but is not limited to:
 - Development and submission of protocols for consideration of prioritization of funding to PEC or iTEC as appropriate
 - Review and update of treatment protocols
 - Identification of quality assurance mechanisms for delivery of therapy
 - Identification or guidance with regards to implementation of quality assurance mechanisms for pathology assessment of cancer cases
- Identification of areas for patient care improvement through education or research
- Communicating best practice standards throughout BC, by identification of clinical practice standards, clinical pathways, and clinically appropriate benchmarks for cancer care in BC
- Recommendations impacting provincial policy and processes for the tumour group
- Identification of knowledge gaps and opportunities for knowledge translation across BC to guide delivery of high-quality cancer care

MEMBERSHIP

- Tumour Group Subcommittee Chair
- Clinical specialists representing the clinical specialty (Systemic Therapy, Radiation Therapy, Surgical Oncology)
- Clinical specialists from Pathology, Supportive Care, Medical Imaging, Functional Imaging, and any others, as identified by the TG Subcommittee
- Pharmacy
- Provincial Programs
- Additional members such as Radiologists, Pathologists, nurses, social workers, etc., as deemed appropriate by the committee members

Adhoc Advisors and Support:

- Tumour Group Committee Chair
- Tumour Group Council Chair
- BC Cancer Analytics Team
- Program Medical Director for Primary Care
- Indigenous Cancer Control Team

ACCOUNTABILITY & REPORTING

Direct Reporting to the Tumour Group Committee Chair

MEETING FREQUENCY & LOCATION

- Two meetings annually
- Additional meetings may be scheduled at the discretion of the Chair or members. Meetings may join or replace existing TG Committee meetings
- To support provincially distributed membership, meetings will be virtual through a BC Cancer approved platform. In-person meetings may be organized as required

OPERATIONAL PROTOCOL:

The TG Committee and Subcommittee meetings function under the culture of collaboration, respect, and transparency. Participation of all members at each meeting is expected and encouraged. Specific updates and information will be provided regularly to the TG Subcommittee Chair.

Recommendations and advice generated as an output from the TG subcommittee will be based on consensus with a preference for unanimous decisions. Opportunities to partner with primary care, indigenous cancer care, and patient advocates will be encouraged.

CONFIDENTIALITY

The PHSA Confidentiality Agreement will guide all members of the TG Subcommittee in their conduct. This pertains to all aspects of communication within the TG Subcommittee, especially with regards to:

- Patient related information
- Draft drug protocol information
- Wellness of individual members

ROLES & RESPONSIBILITIES

SUBCOMMITTEE MEMBERS

- Regular attendance, active engagement, and contribution of subject matter expertise to guide policies and processes
- Promote evidence-based evaluations/interventions and guide the integration into provincial policy and practice

- Shape processes, strategies, and structures to progress the tumour group mandate and disseminate information to professional practice groups, peers, and local team
- Promote knowledge translation and clinical awareness
- Participation and support to working groups as required and assume responsibilities as appropriate for the subcommittee
- Contribution to committee work such as creation/submission of new treatment requests to PEC/iTEC

TG SUBCOMMITTEE CHAIR

The role of **Chair** for each **BC Cancer TG Subcommittee** is to provide leadership and oversight of their respective committee and work with its provincial members and the BC Cancer Tumour Group Committee Chair to develop processes and strategies to ultimately improve patient care and improve the outcome of all patients with cancer.

The TG Subcommittee Chair will:

- Be appointed at the discretion of the Disease Site Tumour Group Chair
- Oversee and support the work of the TG Subcommittee
- Provide strategic insight on issues related to relevant oncology research and outcomes evaluation work with appropriate parties and stakeholders
- Promote and facilitate access to and analysis of tumour-site specific data, alongside other applicable provincial health systems data, to better understand/ improve the patient care experience
- Represent the TG Subcommittee at TG Council meetings and ensure issues with regards to TG subcommittee function and performance in the areas of educational needs of the group, research access for patients, wellness of members overall, and the processes of cancer care in BC.

TG Subcommittee Chair Responsibilities

Strategic Role:

- Within their tumour group, and as an active member of the Tumour Group Council, the Tumour Group Subcommittee Chair is responsible to work with Disease Site Tumour Group Chair, as well as clinical and operational leaders to help shape the strategies and structures to progress the tumour group mandate.
- Responsible to guide identification and update of clinically meaningful benchmarks associated with high quality cancer patient care in BC, as supported by [methodology](#) laid out in clinical care pathways for their disease site
- To alert the TG Council if benchmarks cannot be met and work collaboratively with leadership to identify methods of improvement.

Subcommittee Management:

- Presides over the Tumour Group Subcommittee meetings and ensures minutes accurately reflect the deliberations of the group. Each group will meet at least two times per year. An annual personal meeting is highly recommended.
- Responsible to engage with membership to organize meetings and to identify issues and concerns to be addressed at the subcommittee
- Responsible to establish a structure for delegation of specific tasks and initiatives as they arise.
- Responsible to engage with tumour group members to create and submit new treatment requests to PEC/iTEC.
- Promotes evidence-based evaluations or interventions and embed into practice to optimize patient care and patient outcomes.

Leadership Role:

- Establish and maintain strong working relationships amongst members to develop and execute priorities aimed to reduce cancer incidence, reduce mortality, improve patient outcomes and quality of care.
- Engages with organizational leaders to promote and support engagement in research initiatives and to work with Tumour Group Committee and Council to identify opportunities for future research advancement.
- Advocates and advises on opportunities for professional and interdisciplinary development and for continuing education in that tumour site.

Advisory Role:

- The Chair will act as a facilitator for their tumour group members to provide input and advice into various BC Cancer processes and initiatives, including those initiated within the BC Cancer Provincial Programs and by BC Cancer Executive.

REVIEW

This document will be reviewed every three (3) years.

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