



Cancer Symptom Trials (CST)

# Cancer Symptom Trials (CST) Annual Research Forum 2020 Program



***Vision 2030:  
Cancer Symptom  
Trials***



**Aerial Function Centre  
Ultimo NSW**

**18 February 2020**

# Contents

<b>Venue</b>	1
Aerial UTS Function Centre	1
Car parking	1
Refreshments	1
Wi-Fi	1
Electronic devices	1
Social Media	1
<b>Message from the Chair</b>	2
<b>Membership</b>	3
<b>Program</b>	4
<b>CST Chair</b>	5
<b>New study presentation</b>	5
<b>Session Chairs</b>	6
<b>Speakers</b>	7
<b>Medication repurposing panel</b>	8
<b>Consumer panel</b>	9
<b>Posters</b>	10



# Venue

## Aerial UTS Function Centre

- Location: Level 7, UTS Building 10. Enter at 235 Jones St Ultimo Foyer - take the lift to level 7
- Aerial is a 5-minute walk from Central Railway Station; it is a 30-minute drive from the airport
- Further information:
  - T: 02 95614 1632
  - F: 02 9514 1404
  - E: [aerialfunctions@uts.edu.au](mailto:aerialfunctions@uts.edu.au)



## Car parking

Interpark  
[University of Technology Sydney Car Park](#)  
Thomas Street, Ultimo

Wilson Parking  
[Hotel Novotel Sydney Central Car Park](#)  
169-179 Thomas Street, Haymarket

[Broadway Shopping Centre Parking](#)  
1 Bay Street, Broadway

Wilson parking  
[Market City Car Park](#)  
2 Quay Street, Haymarket

## Refreshments

Coffee and tea on arrival, morning tea, lunch and afternoon tea will be provided to all delegates.

## Wi-Fi

Complimentary Wi-Fi will be available to all delegates, login information will be provided.

## Electronic devices


We recognise that some phone calls cannot wait but we do ask that electronic devices are in silent mode and all phone calls are promptly taken outside the presentation room during session.

## Social Media

We encourage tweeting about the event using hashtag #CST2020, however please refrain from tweeting the new ideas of other members.



# Message from the Chair



Welcome to the Cancer Symptom Trials (CST) Annual Research Forum 2020 and thank you for your interest in CST. CST acknowledges the Gadigal People of the Eora Nation upon whose ancestral lands we are holding our forum, extending our respect to Elders both past and present, acknowledging them as the traditional custodians of knowledge for this land.

We are delighted to welcome our Keynote Speaker, Professor Vickie Baracos, from the University of Alberta. We have an exciting program covering a breadth of symptom trials research with a particular focus on cachexia, cancer consumers perspectives of the key issues for symptom trials, and innovative methods which will equip us to conduct world-class trials in this field.

With the number of people in Australia with a cancer diagnosis projected to grow, equally the number of people impacted by the burden of symptoms due to cancer and its treatment with significant impacts on quality of life will also grow. CST was established in 2017 to directly address the growing symptom management needs of Australians living with cancer through investigator initiated or academic (industry-independent) clinical trials.

CST has gone from strength to strength, within a short period of time building a comprehensive portfolio of clinical trials that will accelerate the improvement of cancer symptom management and quality of life for all people living with cancer. We are broadening the consumer, clinician and researcher base engaged in developing and conducting these trials, strengthening pipelines from pre-clinical research; and attracting competitive NHMRC category 1 clinical trials funding.

CST is a multidisciplinary research collaborative with expertise in clinical trial design, symptom interventions and supportive care, with a consumer advisory panel who is integral to inform our approach and priorities. Our membership includes health professionals, researchers and experts from a range of disciplines. Members are the driving force behind new study ideas for the collaborative and contribute to proactive concept development and identification of critical challenges to be addressed by clinical trials in the future.

Our two critical research focus areas are:

- Find better ways to manage symptoms that occur as a result of a cancer diagnosis or its treatments.
- Improve the quality of life for people with cancer and their carers through prevention, early identification, assessment and treatment of symptoms.

CST acknowledges the important core infrastructure funding from the Australian Federal government through Cancer Australia and the funding from competitive grants that support the conduct of our research. We also welcome donations from the community and invite you to support our research through the UTS Giving program.

I hope you enjoy the CST forum, and leave motivated to become a member and get involved in this critical area of research. You can get in touch with us by e-mail to [CST@uts.edu.au](mailto:CST@uts.edu.au).

**Professor Meera Agar**


**Chair, Cancer Symptom Trials**



# Membership



## Current members



Cancer Symptom Trials (CST) appreciates your support in building a diverse membership community who share skills and knowledge that contribute to new ideas in cancer symptom management. We encourage you to promote CST membership to colleagues, associates, consumer advocates and other potential new members.

## New applicants

CST welcomes membership applications from health professionals and researchers who have an interest in cancer symptoms and supportive care clinical trials. CST membership is free and open to health professionals and researchers from Australia and New Zealand who are interested in cancer symptom management. Membership does not need to be renewed annually. Associate membership is available to international researchers, consumers and industry representatives.

Member benefits include:

- access to professional and research networks in the field of cancer symptom management
- access to concept development workshops and other CST support to develop trial concepts
- regular newsletters and information about CST activities including opportunities to be involved in CST clinical trials and clinical trial development
- invitations to attend the CST annual scientific meeting and other workshops organised by CST
- access to discounted membership of the Clinical Oncology Society of Australia (COSA)

To find out more and apply for membership, go to [www.uts.edu.au/cst/membership](http://www.uts.edu.au/cst/membership).

# Program

9.00 – 9.30	Registration	Aerial UTS Function Centre Building 10   Level 7   235 Jones Street Ultimo	
9.30 – 9.35	Welcome and Acknowledgment of Country	<b>Professor Suzanne Chambers</b> Dean Faculty of Health, University of Technology Sydney	Session Chair: Professor Suzanne Chambers
9.35 – 9.50	Opening address	<b>Professor Dorothy Keefe</b> CEO Cancer Australia	
9.50 – 10.50	<b>Keynote speaker:</b> <i>Clinical trials of Cancer Cachexia Therapy</i>	<b>Professor Vickie Baracos</b> Alberta Cancer Foundation Chair in Palliative Care Medicine, Department of Oncology, University of Alberta	
10.50 - 11.20	Morning tea and poster viewing		
11.20 – 11.50	<b>Guest speaker:</b> <i>Valuing the symptoms patients experience in cancer care</i>	<b>Associate Professor Richard De Abreu Lourenco</b> Health Economist, Centre for Health Economics Research and Evaluation (CHERE)	Session Chair: Professor Jane Phillips
11.50 – 12.50	<b>Consumer panel:</b> <i>Why cancer symptom Trials matter</i>	<b>Dr Phillip Lee</b> IMPACCT/CST Consumer Representative <b>Desma Spyridopoulos</b> COGNO Consumer Representative <b>Laurence Hibbert</b> ANZCHOG Consumer Representative <b>Jason White</b> PoCoG Consumer Representative <b>Andrea Cross</b> IMPACCT/CST Consumer Representative	
12.50 – 1.30	Lunch and poster viewing		
1.30 – 2.00	<b>Symptom Note Subcommittee Presentations:</b> <i>overview of current program of work for each node</i>	<b>Dr Tina Naumovski</b> Appetite and Cachexia <b>Professor Melanie Lovell</b> Pain <b>Dr Kat Urban/Dr Gemma Ingham</b> Fatigue <b>Associate Professor Phillip Good</b> Nausea	Session Chair: Associate Professor Brian Le
2.00 – 3.00	<b>Panel:</b> <i>Medication repurposing</i>	<b>Professor David Currow</b> PaCCSC Chief Investigator <b>Emeritus Professor Richard Head</b> CST Chair, Scientific Advisory Committee <b>Emeritus Professor Lloyd Sansom AO</b> School of Pharmacy and Medical Science, University of South Australia <b>Associate Professor Nikola Bowden</b> Research Fellow, School of Medicine and Public Health, The University of Newcastle	
3.00 – 3.15	Afternoon tea and poster viewing		
3.15 – 4.00	<b>New study presentation:</b> <i>Ahem. You want to treat my cough with what? Paroxetine for the treatment of refractory chronic cough in cancer: a pilot, randomised, placebo-controlled phase III study</i>	<b>Dr Sonia Fullerton</b> Consultant in Palliative Medicine, Peter MacCallum Cancer Centre	
4.00 – 4.15	Closing	<b>Professor Meera Agar</b> CST Chair	

# CST Chair

## Professor Meera Agar



Professor Meera Agar is a palliative medicine physician with a particular interest in delirium, supportive care needs of people with

brain tumours and geriatric oncology. Meera leads a clinical research portfolio at UTS, including clinical trials and health service evaluation in cancer and palliative care. She led a world-first clinical trial of antipsychotics in delirium and is leading New South Wales Government-funded

clinical trials of medicinal cannabis for anorexia in people with advanced cancer. A Fellow of the Royal Australasian College of Physicians, Fellow of the Australasian Chapter of Palliative Medicine, and clinician scientist, she holds a Master in Palliative Care a doctorate in the area of delirium in advanced illness. Her research and teaching have won numerous awards, including an Australian Learning and Teaching Council (ALTC) Citation, an Australian Award for University Teaching and the European Association for Palliative Care (EAPC) Early Career Researcher Award.



CST Annual Research Forum 2019

# New study presentation

## Dr Sonia Fullerton



Dr Sonia Fullerton is a palliative care physician working at the Victorian Comprehensive Cancer Centre in Melbourne. Her interests include complex symptom management, advance care planning and social media in health. A holder of a Master's in Health Service Management, she sits on the Committee of Management at Banksia Community Palliative Care.



# Session Chairs

## Professor Suzanne Chambers



Professor Suzanne Chambers is Dean of the Faculty of Health at the University of Technology Sydney. Prior to joining UTS, she was the Director

of the Menzies Health Institute of Queensland at Griffith University. She is a health psychologist and registered nurse who has worked as a practitioner and researcher in psychological support for people with cancer for over 30 years. Professor Chambers is an Officer of the Order of Australia for distinguished service to medical research, particularly in the area of psycho-oncology, and to community health through patient care strategies to assist men with prostate cancer. She has published extensively on the psychosocial effects of cancer with over 260 peer-reviewed publications and books and has been a chief investigator on successful research grants valued at over \$30 million from the NHMRC, ARC, Prostate Cancer Foundation of Australia, Cancer Australia, Beyond Blue and Cancer Council Queensland. She leads an NHMRC Centre for Research Excellence in Prostate Cancer Survivorship. Professor Chambers holds adjunct professorships at Griffith University, Edith Cowan University and the University of Southern Queensland.

## Professor Jane Phillips



Professor Jane Phillips is the Director of IMPACCT. She has extensive experience in cancer and chronic disease nursing and

research. She has delivered evidence-based palliative care across diverse settings including regional and rural Australia. Professor Phillips has led and evaluated complex health service reforms and has led a number of major cancer and palliative care reform initiatives at local and national levels. Her research aims to strengthen the links between research, policy and practice.

## Associate Professor Brian Le



Brian is the Director of Palliative Care at the Victorian Comprehensive Cancer Centre including the Peter MacCallum Cancer

Centre and The Royal Melbourne Hospital. He is a specialist in both palliative medicine and medical oncology and is an Associate Professor at the University of Melbourne. Brian is past Chair of the Training Committee of the Royal Australian College of Physicians, responsible for training of all palliative medicine specialists in Australia and New Zealand. Brian has roles with Commonwealth, state government and not-for-profit organisations in palliative care and is a past Chair of Palliative Care Victoria. Brian has published over 75 peer reviewed scientific papers and book chapters. He is involved with research in the areas of palliative and supportive care, including clinical trials of novel therapies as well as research into palliative care integration and benefits for patients and carers.



# Speakers

## Professor Dorothy Keefe, MBBS, MSc, MD, FRACP, FRCP(Lon)



Professor Dorothy Keefe is the CEO of Cancer Australia, having taken up the position in July 2019. Prior to this she had a long career as a medical oncologist at the Royal Adelaide Hospital, and as Professor of Cancer Medicine at the University of Adelaide, where she remains an Honorary Clinical Professor. She has an ongoing long-term research interest in Supportive Care in Cancer, particularly in gastrointestinal toxicity of cancer treatment. She ran a laboratory studying mechanisms and interventions for over 20 years. She is a past-President of the Multinational Association of Supportive Care in Cancer (MASCC). Professor Keefe has led cancer services at hospital, local health network and state levels, and spent 4 years as clinical lead of health reform in South Australia. She has a Master's in Medical Leadership and has a strong interest in advocacy and in career development and mentoring. In 2013 she was awarded a Public Service Medal for her service to public health, medical research and oncology.

## Professor Vicky Baracos, BSc, PhD, PDF



Professor Vickie Baracos is Alberta Cancer Foundation Chair in Palliative Care Medicine in the Department of Oncology, University of Alberta. Her long-term focus has been the pathophysiology of skeletal muscle

atrophy in an effort that encompasses fundamental and translational research, a clinical agenda and an international network of strategic collaboration. Cancer cachexia, a debilitating condition characterised by profound atrophy of skeletal muscle is her main focus since 2003. Some key publications include Baracos VE et al.

**Cancer-associated cachexia.** *Nat Rev Dis Primers.* 2018; 4:17105; Martin L et al.

**Diagnostic criteria for the classification of cancer-associated weight loss.** *J Clin Oncol.* 2015;33(1):90-9. Fearon K et al.

**Definition and classification of cancer cachexia: an international consensus.** *Lancet Oncol.* 2011;12(5):489-95.

Professor Baracos developed the use of clinical computed tomography to detect and precisely measure the muscle loss, which is an integral part of cachexia. Muscle loss is strongly associated with severe chemotherapy toxicity, complications of surgery and mortality in patients with different cancers.

## Associate Professor Richard De Abreu Lourenço, PhD



Richard is an Associate Professor with CHERE. He is an experienced health economist who has a keen interest in applied

economic evaluations, patient preference and quality of life and the economics of specialty health areas. Currently, he is the Program Lead for the Cancer Australia Cancer Research Economics Support Team, and the Senior Evaluator for CHERE's Pharmaceutical Benefits Advisory Committee (PBAC) evaluation group. He is an investigator on a number of cancer clinical studies and studies investigating preferences for health care decision making

# Medication repurposing panel

## Professor David Currow



Professor David Currow is an internationally recognised expert in improving the delivery of palliative care. He is a Professor in the

Faculty of Health, UTS and the Chief Investigator of the Palliative Care Clinical Studies Collaborative (PaCCSC). He is an active researcher with contributions in clinical trials, population-based planning and codifying the evidence base underpinning palliative care. David has published more than 500 peer-reviewed articles, editorials and books. He is Senior Associate Editor of the Journal of Palliative Medicine and is on the Advisory Board for the Journal of Pain and Symptom Management and BMJ Supportive and Palliative Care. He is an editor of the 5<sup>th</sup> and 6<sup>th</sup> editions of the Oxford Textbook of Palliative Medicine.

## Emeritus Professor Richard Head



Professor Richard Head is a pharmacologist and Emeritus Professor in the Division of Health Sciences, University of South Australia,

Affiliate Professor in the Discipline of Pharmacology, The University of Adelaide, and Honorary CSIRO Fellow. He is a former Deputy Vice Chancellor & Vice President: Research and Innovation for the University of South Australia. Richard has served as Director of CSIRO's P-Health National Flagship and Chief of CSIRO's division of Health Sciences and Nutrition as well as Chief of CSIRO's Division of Human Nutrition. He was Professor of Pharmacology and Toxicology at West Virginia University Medical Centre, a Research Fellow with the Department of Medicine at the University of

Melbourne and Postdoctoral Research Fellow at the Roche Institute of Molecular Biology USA.

## Emeritus Professor Lloyd Sansom AO



Emeritus Professor Lloyd Sansom AO has played a major role in the development of Australia's National Medicines Policy. He

has sat on numerous government and industry advisory groups. Lloyd has played a major role in the development of Australia's National Medicines Policy and is a past chair of the Australian Pharmacy Advisory Council. Lloyd is a member of the Medication Reference Group of the Australian Safety and Quality Commission. He is Chair of the Advisory Board of the Palliative Care Research Collaboration and of the Centre of Health Economics Research and Evaluation at UTS as well as a director of Bellberry Ltd, a not-for-profit human research ethics company. Lloyds serves on a number of Committee and is a life member of the Australian Pharmaceutical Sciences Association and of the Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists.

## Associate Professor Nikola Bowden




Associate Professor Nikola Bowden is a Co-Director of the University of Newcastle Centre for Human Drug Research and leads the DNA

Repair Group. Her research has the overall aim of delivering personalised diagnosis and treatment to patients with cancer, with a more focused interest in investigating DNA repair and drug repurposing for melanoma and ovarian cancer.


# Consumer panel

## Dr Philip Lee, IMPACCT Consumer Representative




Dr Philip Lee is the former Director of Supportive and Palliative Medicine at Western Sydney Local Health District and Senior Staff Specialist, Palliative Medicine at the Crown Princess Mary Cancer Centre, Westmead Hospital. Following his retirement in July 2017, Philip became a consumer representative and continues to advocate for patients and families.

## Desma Spyridopoulos, COGNO Consumer Representative




Desma is an experienced entrepreneur and Director of an IT consultancy in Sydney. Her interest in COGNO began when her father was diagnosed with a Stage 4 Glioblastoma in 2016. She believes that the CAP plays an important role safeguarding the patient's needs in brain cancer trials.

## Jason White, PoCoG Consumer Representative



Jason is a member of the Consumer Advisory Group at the Psycho-oncology Co-operative Research Group (PoCoG). Jason is a carer for his wife with breast cancer, lupus and Hashimoto's. He also supported his mother during bowel cancer and terminal secondary ovarian cancer. Professionally, Jason is a Data Analyst at The University of Sydney.

## Laurence Hibbert, ANZCHOG Consumer Representative



Following his son's treatment for acute myeloid leukaemia as an infant in 2008, Laurence has become increasingly involved in paediatric oncology and general paediatric health advocacy. He has developed ward-based activities for patients and their families including breakfasts and celebration bell ringing evenings. Laurence also sits on the consumer committees of the Sydney Children's Hospital Network and ANZCHOG. In his day job he is a solicitor working primarily in wills and estates where he regularly prepares documents for patients with cancer.

## Andrea Cross, CST Consumer Representative



Andrea Cross is a cancer survivor who has undergone major surgery and completed a course of adjuvant chemotherapy. She is a retired audiologist, who over 30 years ago moved from New Zealand to regional NSW with her husband to establish a General Practice and Audiology Service. Andrea is an active community member and a past President of her local Business and Professional Women's Association and has been a keen supporter of the Coffs Coast Dragon Boat Association. As a cancer consumer she brings her perspective and experiences of being diagnosed and treated for cancer at a Regional Integrated Cancer Centre. She is passionate about working with clinicians and scientists to answer the many unanswered symptom management questions and to ensure that rural Australians have better access to best evidence-based cancer care.

# Posters

## Duloxetine and Pregabalin for Neuropathic Cancer Pain (DEPARTURE)

**K Clark, H Matsuoka, J Lee, J Philips, M Agar, D Currow, M Lovell, S Kochovska, B Le, B Noble, L Brown, B Fazekas**

Neuropathic cancer pain is experienced by almost a third of cancer pain sufferers and it does not respond well to opioid drugs. Gabapentinoids, such as pregabalin have become the standard of care to treat this type of pain, however other analgesics that work through different pathways might be just as effective. This study will compare duloxetine, a selective serotonin noradrenalin reuptake inhibitor, with pregabalin to see whether it can offer a net benefit (pain management and less side effects).

## Older people with Cancer

**M Agar (Lead Investigator)**

In Australia, the proportion of older people over 65 years is increasing, corresponding to increasing rates of cancer. This study aims to assess the feasibility and acceptability of routine introduction of geriatric screening and comprehensive geriatric assessment for older people with cancer at their initial assessment (new diagnosis or recurrent disease) in ambulatory cancer clinics.

## Phase IIb double-blind, placebo-controlled study of oral delta-9-tetrahydrocannabinol (Namisol®) for anorexia in people with advanced cancer

**M Agar and the Cannabinoids for Cancer Symptoms Research Group**

Anorexia is experienced by 90% of patients with advanced cancer. This study will determine if Namisol, which contains the component of cannabis that affects appetite, can improve anorexia-related symptoms in the advanced cancer population compared to placebo.

## Cannabis – Botanical Leaf

**M Agar (Lead Investigator)**

Anorexia is the second most common condition in advanced cancer, affecting up to 90% of sufferers. This study investigates the use of vaporised cannabis botanical flower bud to increase appetite in this population. It is hypothesised that the vaporised botanical flower bud will have more rapid absorption and effects compared to other oral forms of cannabis.

## Randomised, double-blind, placebo-controlled phase III trial of oral melatonin for the prevention of delirium in hospital in people with advanced cancer

**M Agar, D Currow, J Phillips, A Hosie, T Luckett**

Two thirds of people with advanced cancer will have a delirium episode at some point whilst in hospital. This study will determine if oral prolonged release melatonin compared to placebo can increase the number of delirium-free days during hospitalisation for advanced cancer patients.



A randomised, controlled study of oral ondansetron versus oral olanzapine versus oral haloperidol in patients with cancer and nausea not related to anti-cancer therapy (Nausea 4 study pilot)

**P Good, J Hardy, J Philip, J Weil, P Yates, G Crawford, R McNeil**

Nausea not related to chemotherapy remains an important and under-researched health problem. Olanzapine and ondansetron are both used for chemotherapy-induced nausea and vomiting and are often used “off label” for nausea not related to chemotherapy. This study compares these medications against the standard treatment for nausea not related to chemotherapy to provide quality clinical evidence of their effectiveness to treat this under-researched health problem.

## **PRESERVE 2**

**A Hosie (Lead Investigator)**

Delirium is a significant medical complication for hospitalised patients. The aim of this study is to determine if a multicomponent non-pharmacological delirium prevention intervention is feasible and acceptable for in-patients with advanced cancer.

**Improving the management of inoperable malignant bowel obstruction (IMBO)**

**D Currow, M Agar, K Clark, C Sheehan, A Davis, A Engel**

Inoperable malignant bowel obstruction is a cancer symptom with very poor prognosis, with symptoms of feculent vomiting, nausea, and abdominal pain. There is no registered pharmacological therapy to treat this. This feasibility study will investigate the use of Dexamethasone and/or Ranitidine as a potential treatment.

**LICPain: Lidocaine for Neuropathic Cancer Pain – Feasibility study**

**J Lee, M Agar, D Currow, M Lovell, J Phillips, A McLachlan, B Noble, L Brown, N McCaffrey, B Fazekas**

Neuropathic cancer pain is often treated with opioids and adjuvant analgesia; however these can lead to worsening of physical, cognitive and social functioning. Lidocaine offers an innovative approach to more effective management of this type of pain without significant psychoactive effects of current treatment. This study is the first randomised control trial of continuous subcutaneous infusion of lidocaine in cancer pain or in palliative care.

## **Cancer Pain Assessment Study**

**J Phillips (Lead Investigator)**

Cancer pain is a major problem for up to 75% of cancer patients. This study will determine if a tailored mHealth intervention targeting clinicians' cancer pain assessment capabilities is effective in reducing self-reported cancer pain scores.