



Many regulatory bodies worldwide have introduced accelerated or conditional approval schemes for licensing lifesaving therapies based on interim analysis or surrogate outcomes. To ensure timely patient access, health technology assessment (HTA) authorities such as the Pharmaceutical Benefits Advisory Committee (PBAC) and the National Institute for Health and Care Excellence (NICE) aim to make decisions soon after drugs are licensed. This means that HTA decisions for cancer treatments often need to be based on clinical trials with incomplete, or “immature” survival data.

Tai et al. (2020) recently explored how often the NICE in the UK used immature overall survival data to inform reimbursement decisions for cancer treatments, and the implications of this for resource allocation decisions.

The study reviewed NICE cancer technology appraisals published between 2015 and 2017 to determine the prevalence of using immature survival data.

Statements on data maturity were primarily driven by the proportion of deaths in the pivotal trials. In technology appraisals that provided information on the proportion of deaths, most mature and immature cases had proportions of deaths over 70% and under 50%, respectively (Figure 1).

Forty-one percent of NICE cancer technology appraisals used immature data to inform reimbursement decisions. The authors also used a case study of a first-in-class therapy (TA381: Olaparib for maintenance treatment of relapsed, platinum-sensitive, BRCA mutation-positive ovarian, fallopian tube and peritoneal cancer after response to second-

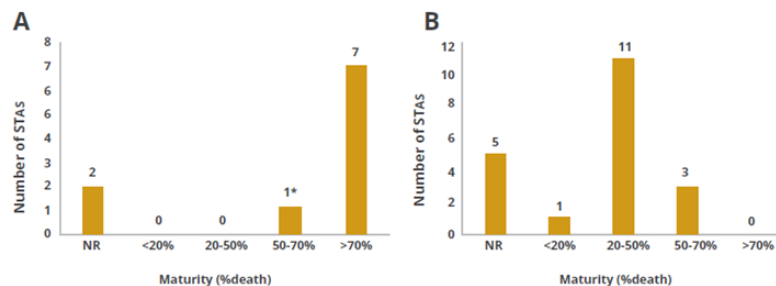
line or subsequent platinum-based chemotherapy) to investigate the potential impact of basing decisions on immature data. As part of that case study, the economic model submitted by the pharmaceutical company was reconstructed and populated first using survival data available at the time of the appraisal, and subsequently using data from an updated data published after the appraisal concluded. The incremental cost-effectiveness ratios (ICERs) obtained using the data which reflected different maturity for the survival estimate were compared.

The results from the case study showed that the ICERs were dramatically lower when the final data cut was used, irrespective of the type of parametric model used to model survival. Probabilistic sensitivity analysis and expected value of perfect information may not have fully characterised uncertainty, as they did not account for structural uncertainty.

The study concluded that analyses of cancer treatments using immature survival data may result in incorrect estimates of survival benefit and cost-effectiveness, potentially leading to inappropriate funding decisions. The authors highlighted the importance of revisiting past decisions when updated data become available and stated that further research on methods for incorporating uncertainty associated with survival data immaturity into cost-effectiveness analysis is warranted.

Contributed by Terence Khoo

1. Tai TA, Latimer NR, Benedict A, Kiss Z, Nikolaou A. Prevalence of Immature Survival Data for Anti-Cancer Drugs Presented to the National Institute for Health and Care Excellence and Impact on Decision Making. *Value in Health*. 2020 Dec 8.



NR indicates that the proportion of death was not reported; STA, single technology appraisal; TA, technology appraisal. *The proportion/number of death was only reported for primary data cut in this TA; however, the company has submitted data with newer data cuts for which the company did not report proportion/number of death. Thus, here we summarized based on primary data cut for this specific TA.

Figure 1: Proportion of death in STAs; (A) Mature STAs, (B) Immature STAs.

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The Psycho-oncology Co-operative Research Group (POCOG)

After the disruptions of 2020 we are looking forward to a return to a more normal way of doing business this year and to hopefully seeing some of you at some stage.

In addition to continuing our research and capacity building activities focused on developing interventions addressing the psychosocial challenges faced by patients, families, caregivers, health care professionals and health systems, we continue work on projects exploring the impacts of COVID-19 on patients and families, cancer teams and how we deliver psycho-oncology in cancer care.

Our work on the Brain cancer Rehabilitation, Assessment, Intervention of survivor Needs (BRAINS) program has commenced and we look forward to some exciting outcomes from this large collaboration

Our Special Interest Groups (SIG) continue to be a source of creativity and collaboration in 2021. Last year we launched INSPIRE a SIG dedicated to implementation research in psycho-oncology.

INSPIRE joined groups focused on psychosocial research among, early career researchers, end of life care, fear of cancer recurrence, cancer prevention, clinicians in research as well as a dedicated group for

researchers and clinicians working in South Australia.

Over the course of 2020 these groups hosted a series of lunch time webinars exploring a wide range of research and capacity building topics including:

- Expanding best practice palliative care to vulnerable groups among trying global times.
- Implementation science in psycho-oncology.
- Cancer prevention during and beyond COVID-19.
- New intervention models to boost access to FCR treatments.
- Cutting edge South Australian ECR research.
- Clinicians in research: Combining practice and research in psycho-oncology settings.
- Maintaining track record for early career researchers.

All these webinars are available to watch on the [PoCoG YouTube channel](#).

Our 2021 webinar series kicks off on 22 April when the South Australian Special Interest

Group is hosting a webinar on consumers in research from three perspectives featuring Ms Julie Marker, Dr Nadia Corsini and Dr Agustina Gancia. You can learn more about the speakers and [register for this webinar here](#).

In addition, on Thursday 13 May PoCoG and the End of Life SIG are hosting a concept development workshop focused on end of life care and advanced cancer.

This workshop will provide a supportive environment for intensive input on study design and methods from a multi-disciplinary faculty with expertise in psycho-oncology, advanced cancer, end of life care, health economics and quality of life measurement. [Learn more here](#).

Learn more about our [special interest groups](#) here and to join PoCoG [click here](#).

Contributed by Bonnie Laxton-Blinkhorn



Psycho-oncology Co-operative Research Group

What CREST has been up to

Trial Group Collaborations

Presented in collaboration with the SQOLO at the ANZGOG ASM Consumer Workshop – February 2021.

Attended the AGITG Upper and Lower GI Working Party Meetings – February 2021.

Participated at the GCCTI Workshop – February 2021.

Participated at various ANZUP Subcommittee meetings – February 2021.

Attended the ANZUP RCC Workshop – February 2021.

Participated in several PC4 Concept Development workshop – February 2021.

Other Activities

Ongoing correspondence with Clinical Trial Groups.

Providing ongoing health economic technical support to the Clinical Trial Groups.

Cancer Symptom Trials (CST)

CST seeks better pain management solutions for people with cancer

CST research is focused on eight symptom areas, each under the direction of a Symptom Node Subcommittee (SNSC).

Professor Melanie Lovell leads the Pain SNSC who work collaboratively to progress a range of research initiatives that will reduce symptom burden and improve quality of life for people living with cancer and other life-limiting illnesses. These research initiatives include phase II and III studies as well as an [IMPACCT Rapid Program](#) series investigating better pain management solutions.



Professor Melanie Lovell

CST is undertaking a number of systematic reviews and has a number of pain-related studies underway, including the Virtual Reality (VR) and Pain study as well as

the DEPART Pain and LiCPain studies featured below.

To find out more about CST studies investigating solutions for cancer-related pain, go to www.uts.edu.au/cst.

Clinical challenges in pain management workshop

On 23 February, Professor Lovell facilitated a CST-hosted workshop where presenters and guests discussed pain management solutions.

Guest speaker, Emeritus Professor Maree Smith, Director of the Centre for Integrated Preclinical Drug Development (CIPDD) at The University of Queensland, shared her invaluable experience of pharmacological management of cancer pain.

This workshop's purpose was to give clinicians and researchers the opportunity to present new or



Emeritus Professor Maree Smith

innovative solutions to manage pain for people living with cancer. It is encouraging to see the breadth of ideas being proposed from different perspectives

and we welcome the opportunity to support early- and mid-career researchers at our workshops.

DEPART Pain

We are pleased to share that the Australian arm of the DEPART Pain study is open to recruitment at Liverpool Hospital.

Professor Katherine Clark is leading this investigation, which is being conducted in collaboration with the Japanese Organisation for Research and Treatment of Cancer (JORTC).



Professor Katherine Clark

Gabapentinoids like pregabalin and

serotonin noradrenalin reuptake inhibitors (SNRIs) like duloxetine have the potential to reduce neuropathic cancer pain, but to date there has been no head-to-head comparison for the net effect of these medications.

The study aims to enhance the evidence based for the pharmacological treatment of opioid refractory cancer-related neuropathic pain by testing the effectiveness of duloxetine compared to pregabalin.

LiCPain study

We are excited that the LiCPain study, led by Dr Jessica Lee, has reopened and recruitment has commenced after a hiatus in 2020. This feasibility study evaluates

continuous subcutaneous infusion of Lidocaine vs placebo for neuropathic cancer pain.

A protocol amendment is under review, which addresses some early issues encountered and seeks to include patients who speak a language other than English. We are looking forward to further recruitment in the next few months.



Dr Jessica Lee

Contributed by Linda James



Cancer Symptom Trials (CST)

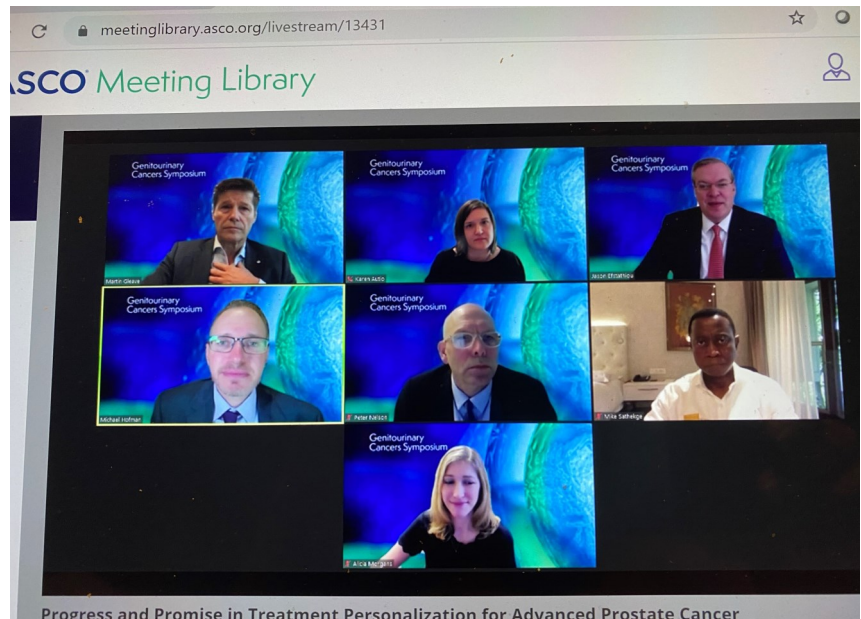
Australian & New Zealand Urogenital and Prostate (ANZUP)

Trial News

At the recent ASCO #GU21 virtual event held from 11-13 February 2021, ANZUP had five posters featuring: DASL-HiCaP (ANZUP 1801), P3BEP (ANZUP 1302), UNISoN (ANZUP 1602), KEYPAD (ANZUP 1601) and ENZA-p (ANZUP 1901). Our TheraP (ANZUP 1603) trial, led by Study Chair Michael Hofman was awarded an oral presentation and simultaneously published in The Lancet – a wonderful achievement.

Our P3BEP Study recruited its 150th patient, allowing us to reach our Stage 1 target milestone. As we look forward to beginning recruiting for the next phase of this study, don't forget to celebrate all your efforts for getting to this stage in the study. Congratulations to Peter Grimison, Study Chair, all the site Investigators and Trial Staff and the patients who helped us achieve this milestone!

Our DASL-HiCaP trial also continues its steady recruitment rate and has currently reached over 10% of the recruitment target of 1,100 patients (132 patients as at 9 March 2021). We look forward to welcoming our international collaborators, the Canadian Cancer Trials Group (CCTG), Cancer Trials Ireland, the Prostate Cancer Clinical Trials Consortium (PCCTC) and Memorial Sloan Kettering (MSK) in the coming months. Once



ASCO #GU21 Event

again our thanks to Study Co-chairs Chris Sweeney and Tamim Niazi.

A huge thank you once again to all the PI's and trials teams for their ongoing efforts and to all the patients who take part in our trials.

#ANZUP21 Annual Scientific Meeting (ASM) – Save the NEW date 17-19 October, in Adelaide!

We have recently made the decision to move the ASM to October to allow us to meet safely face-to-face, aligned with the COVID-19 vaccine rollout. We are planning to hold our ANZUP 2021 ASM for the first time in Adelaide, from

Sunday 17 October to Tuesday 19 October, 2021.

ANZUP goes from strength to strength with outstanding national and international speakers and presentations, and our #ANZUP21 Convenor, Nick Brook, will be working with the 2021 Convening Committee to ensure #ANZUP21 continues to raise the bar.

The #ANZUP21 ASM will give us the opportunity to use the combined expertise of our community, our members, & our national and international guests to explore and define these areas.

We look forward to welcoming you to Adelaide this year, so save the date and we hope to see you in person!

RCC Horizon Scanning Workshop
On Friday 19 February we hosted our first RCC Horizon Scanning workshop, with close to 40 attendees from across Australia and New Zealand.

The workshop was the first in a series of structured activities and discussions to identify and explore the top research priorities for RCC research in Australia and New Zealand.

Acknowledgements

All slides can be downloaded at: www.anzup.org.au/therap

We thank:

- Patients and support network
- Principal and co-investigators
- Study coordinators
- Nurses
- Radiopharmacists/chemists
- Nuclear medicine technologists
- Clinical research associates
- Data managers

Industry support:

- PSMA-617 supply and financial support: Endocyte Inc., a Novartis company
- Lutetium-177 no carrier added supplied from Australian Nuclear Science and Technology Organisation (ANSTO)

Funding:

- Prostate Cancer Foundation of Australia with thanks to community generosity of
 - Movember
 - It's a Bloke Thing Foundation
 - Can4Cancer
- Cancer Australia (ANZUP infrastructure support)
- M Hofman: Peter MacCallum Foundation, Prostate Cancer Foundation (PCF)
- I Davis: NHMRC Practitioner Fellowship

Study designed and conducted by the ANZUP in collaboration with:

- NHMRC Clinical Trials Centre at the University of Sydney
- Australasian Radiopharmaceutical Trials Network (ARTnet)

Logos for Endocyte, ANSTO, Prostate Cancer Foundation of Australia, Bloke Thing, and ARTnet are shown.

ANZUP
Cancer Trials Group Limited

PRESENTED BY: Genitourinary Cancers Symposium | PRESENTED BY: Michael Hofman @DRMHOFMAN

Michael Hofman presenting at the Genitourinary Cancers Symposium

Australasian Gastro-Intestinals Trials Group (AGITG)

Australasian Gastro-Intestinal Trials Group (AGITG) and the GI Cancer Institute

This year we are celebrating 30 years of the AGITG and GI Cancer Institute. Since 1991, we have approached our goal of creating a world free from gastro-intestinal cancers with dedication and curiosity, fuelled by the courage of our patients.

Our 30th year is shaping up to be an exceptional one. We have already activated two new studies: RANDOMS (pancreatic cancer) and OXTOX (colorectal cancer), and endorsed three studies: ALT-TRACC (colorectal cancer), LICPIC (colorectal cancer) and GENESCREEN 5-FU (genotype-guided therapy). We are currently transitioning the INTEGRATE II study (gastro-oesophageal cancer) to incorporate nivolumab into the study design, the DYNAMIC-III (colon cancer) study is expanding to include sites in Canada in collaboration with the Canadian Cancer Trials Group (CCTG), and work is underway to commence the three projects funded by the 2020 Innovation Grants.

Fostering new ideas for clinical research is the core of what we do at AGITG. This year we are co-funding a



AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP



new grant with the Pancare Foundation of up to \$100,000 that will be awarded to a project that progresses through the Cholangiocarcinoma Idea Generation Workshop. The Workshop is being held on 14 May in collaboration with Pancare. New ideas for clinical trials in cholangiocarcinoma will be discussed at the Workshop, and then developed through the AGITG's research development pathways.

Save the date for our 23rd Annual Scientific Meeting, which will be held in Melbourne on 15-18 October. As we celebrate 30 years of AGITG, we will explore the evolution and revolution of GI cancer research, and look to what the future holds. More details about the ASM will be released soon: asm.gicancer.org.au

The Gutsy Challenge and Community Fundraising

The Gutsy Challenge is returning in 2021! This community fundraising

program raises vital funds for the AGITG Innovation Fund grants and we are thrilled to be hosting treks again.

On March 26-28, a team of 60 trekkers including our CEO Russell Conley, will tackle Australia's highest peak, Mt Kosciuszko to raise funds and awareness for GI cancer research. This incredible team has already raised over \$97,000, and there is still time to help them reach \$100,000. mtkosigutsychallenge.gofundraise.com.au/cms/home

If you would like to take on a Gutsy Challenge, in September 2021, you could experience a stunning walk to the Twelve Apostles rock formations along the beautiful Victorian coastline. In this Gutsy Challenge led by Clinical Dietitian Belinda Steer and Associate Professor Lara Lipton, you will trek 46km of scenic coastline over four days. gicancer.org.au/12-apostles

Contributed by Jennifer Worgan

Australian & New Zealand Urogenital and Prostate (ANZUP) (cont.)

This series of meetings provides an exciting opportunity for us to think big, explore ideas and set a robust plan for RCC research in Australia and New Zealand.

Below the Belt Move #YourWay Challenge

In September 2020, ANZUP held its inaugural virtual Below the Belt #YourWay Challenge, which welcomed 237 challengers and 43 teams who ran, walked, cycled and swam 72,783 kms across Australia, New Zealand, UK and beyond.

You can choose to cycle, walk, run, swim, play sport, dance... any move, anyway.

Do it as a team, with your family, with a friend or by yourself. Do it every day, or some days in May.

All the money raised goes to ANZUP's clinical trial research via the Below the Belt Research Fund, to support the important work of ANZUP clinicians and

researchers during isolation and into the future. You can learn more and register online.

Contributed by Nicole Tankard



A survey of Australian public attitudes towards funding of high-cost cancer medicines

In the past decade many novel, and in some cases transformative, cancer medicines have entered the market. Their prices and the amount spent on them by governments have increased rapidly, bringing to the forefront trade-offs that must be made. To date, there are no studies that explore consumers' views about the systems that are in place to access and allocate resources specifically for cancer medicines in the Australian context.

Ghinea et al. (2021) recently explored the Australian public's attitude towards the funding of high-cost cancer medicines (HCCM) to inform reimbursement and health technology assessment (HTA) policy.

The study conducted a survey consisting of 49 questions about the funding of HCCMs by Government, the prices of those HCCM, co-payments, access, and the decision-making process for funding. Additionally, respondents were asked a series of socio-demographic questions. Overall, 1,039 Australian adults completed the online survey.

The authors reported that the Australian public overwhelmingly

supported funding of HCCMs (95.5%) and most supported the creation of a separate fund for cancer medicines (69.2%). The reasons for this included achieving equity of access (97.8%), responding to patients' needs (98%), and facilitating investment in research and development (88%).

The results of the survey also revealed strong support for not delaying access to cancer medicines in order to negotiate prices, for allowing patients to import their own medicines from overseas (if self-funded, or from a reliable supplier, or from a country where it is approved), for cancer specialists providing input into funding decisions, and for advocacy groups encouraging pharmaceutical companies to charge more affordable prices while also encouraging Government to fund HCCM.

When respondents were challenged to balance equity versus access in different contexts inconsistencies emerged; uncertainty exists about how to balance these two principles. Different demographic factors such as political orientation, gender, age, support for a public healthcare system, tertiary education and high household

income were important in predicting support for various strategies.

The study concluded that the Australian public strongly supports Government funding of HCCMs and values both equity and access. Equally, however, the public is uncertain about how equity and access are to be balanced and achieved; the authors stated that such ambivalence needs to be both further explored and accommodated in policy processes. The authors suggested that the results from this study may be used by policymakers in Australia, and countries with similar systems and values, to further develop policies and processes for funding HCCMs.

Contributed by Terence Khoo

1. Ghinea N, Critchley C, Morrell B, Kerridge I, Campbell T, Day R, Gazarian M, Isaacs D, Liauw W, Olver I, Pace J, Pearson S, Salkeld G, Lipworth W. A survey of Australian public attitudes towards funding of high cost cancer medicines. *Health Policy*. 2021;125(3):327-334. <https://doi.org/10.1016/j.healthpol.2020.12.002>.

Breast Cancer Trials (BCT)

42nd Annual Scientific Meeting

Breast Cancer Trials 42nd Annual Scientific Meeting (ASM) will be held from 28-30 July 2021 and will be a virtual event. The ASM will host a number of internationally renowned guest speakers, including key BCT researchers and includes two days of scientific sessions covering timely reviews of breast cancer clinical trials, research results and breast cancer research developments.

Our delegates include leading Australian and New Zealand medical

practitioners including medical oncologists, surgeons, research nurses, study coordinators, radiation oncologists, pathologists, psychologists, geneticists, registrars and fellows, and other clinical trials management personnel.

To find out more or to register, visit

www.bct2021.org.

Contributed by Anna Fitzgerald



Sydney Quality of Life Office (SQOLO)



THE UNIVERSITY OF
SYDNEY

To all staff and members,

The QOL Technical Service supports the inclusion of patient-reported outcomes in clinical trials developed by Cancer Clinical Trials Groups (CTGs) through a number of resources, services, and educational training. The Cancer

Australia Chair in Quality of Life, Prof Madeleine King, and staff at the Sydney Quality of Life Office, have provided the QOL Technical Service to the CTGs for over 10 years. Please complete this short survey for CTG staff and members to evaluate what's worked

and what's needed from the QOL Technical Service in future. The survey is completely anonymous. [Click here to complete the short survey.](#)

Thank you for your time.

Contributed by Margaret-ann Tait

Thoracic Oncology Group of Australasia (TOGA)

Thoracic Oncology Group of Australasia (TOGA) Ltd is the recently formed independent Australian and New Zealand thoracic oncology clinical trials group, designing and conducting investigator-initiated clinical trials and delivering quality education in lung cancer, mesothelioma and thymic cancers. TOGA is delighted to announce that they have been a successful recipient of the 'Support for Cancer Clinical Trials' funding scheme administered by Cancer Australia.

TOGA is a multidisciplinary trials group that brings together leading clinicians, nurses, allied health professionals, researchers, and patient research advocates. TOGA encourages and welcomes anyone interested in thoracic cancers to apply for membership through the website application form at www.thoraciconcology.org.au. TOGA is also the only Australian charity dedicated solely to fundraising for thoracic cancers, namely lung cancer and mesothelioma.

TOGA exemplifies the successful integration between research, optimal healthcare and what matters to patients, through:

- collaborative critique of proposed clinical research proposals

- education in cutting-edge lung cancer and mesothelioma treatment advances; and
- mentorship of a new generation of clinicians who strive to improve outcomes for thoracic cancer patients through clinical research.

TOGA has re-established productive partnerships with sponsors and NHMRC CTC and formed a scientific committee. Research proposals and clinical trial concepts in thoracic cancers that are seeking TOGA endorsement or peer-review to enhance development can be submitted to info@thoraciconcology.org.au.

A first for Australia and a highlight of the TOGA clinical trials program is the ASPIRATION observational cohort study, conducted in collaboration with NHMRC CTC and the Omico MoST trial with funding support from the Australian Government and Roche. ASPIRATION aims to generate high-quality clinical data about the clinical impact of upfront comprehensive genomic profiling in newly diagnosed patients with advanced or metastatic non-

squamous non-small cell lung cancer. The study will utilise comprehensive genetic profiling to identify genetic aberrations to guide tailored therapy, and to evaluate the feasibility of implementing broad-based molecular testing into standard care. Eligible patients with an identified oncogene driver mutation will be offered participation in clinical trials that provide investigative treatments targeted to the identified mutation.

TOGA has also opened the DREAM3R clinical trial, conceived by Professor Anna Nowak in collaboration with PreCOG, a similar US-based clinical trials group, and the NHMRC CTC. DREAM3R is a Phase III randomised clinical trial, that will examine the addition of immunotherapy to the standard chemotherapy that forms current first line mesothelioma treatment.

Follow us on Twitter @togaanz or Instagram toganz for latest news.

Contributed by Megan Sanders



Australia New Zealand Gynaecological Oncology Group (ANZGOG)



Improving life for
women through
cancer research

ANZGOG's ASM 2021 – VIRTUAL

ANZGOG's Virtual Annual Scientific Meeting (ASM) 2021 was held over two days: Friday 5 February for the Pure Science Symposium, and Friday 12 February for the main conference program. The theme of this year's ASM was From Research to Clinical Practice – Patient-Reported Outcomes in Gynaecological Cancers.

ANZGOG's first virtual ASM delivered an interactive and meaningful program to over 340 delegates – researchers, clinicians, nurses and those with an interest in gynaecological cancer research. We thank our three keynote international speakers who joined us virtually to each deliver outstanding and insightful presentations:

- Dr Amit Oza (Medical Oncologist, Princess Margaret Cancer Centre, Toronto, Canada)
- Dr Wui-Jin Koh (Radiation Oncologist, National Comprehensive Cancer Network, Pennsylvania, USA)
- Prof Nicoletta Colombo (Gynaecological Oncologist, University of Milan, Italy).

Overall the ASM was a successful event made by the enormous efforts and contributions of many. Please save the date as we look forward to coming together face to face at next year's ASM on 23-26 March 2022 at the Crown Promenade, Melbourne.

CRP WORKSHOP - *Quality of Life & Economic Evaluation in Research*

ANZGOG's Consumer Research Panel (CRP) participated in an education workshop led by Prof Madeleine King (QoL Office) and Assoc Prof Richard De Abreu Lourenco (CREST) in February 2021 as part of our Annual Scientific Meeting activities. The presentations were about Quality of Life (QoL) & Economic Evaluation in Research.

The CRP were introduced to the concept of utility in health economics, and how utility is assessed using preference-based measures of quality of life. There was also discussion on how quality of life is measured in clinical trials and which health-related quality of life questionnaires (HQRL) can be used in economic evaluation.

The workshop was delivered to ensure that ANZGOG's CRP can apply the outcomes of the workshop in their role reviewing ANZGOG concepts and protocols – looking at what the trial is aiming to do; its effects on participants; and what data it is collecting to achieve those aims and show those effects. The CRP found this to be an inspiring workshop and were grateful for the contribution of Richard De Abreu Lourenco and Madeleine King.

ASSOC PROF ALISON BRAND APPOINTED MEMBER OF THE ORDER OF AUSTRALIA

Assoc Prof Alison Brand was recognised as a Member, Order of Australia (AM)

for her significant service to gynaecology, medicine and medical organisations in the 2021 Australia Day Awards announced by the Governor General.

Alison Brand served as ANZGOG's Chair from 2012-2018 and initiated significant growth in research and funding to the organisation – including the establishment of its world-class OASIS Initiative and Fund For New Research Grants program. Alison also worked collaboratively with Directors and members to develop ANZGOG's first five-year strategic plan which led to a significant increase in membership and ANZGOG'S clinical trials portfolio. Alison continues as an ANZGOG Director and is Chair Elect of the Gynecologic Cancer InterGroup (GCIG), a collaboration of 33 member countries focused on developing international gynaecological cancer research.



Contributed by Associate Professor Philip Beale, Chair of ANZGOG

Trans Tasman Radiation Oncology Group (TROG)

TROG Cancer Research - Updates and Highlights

Some TROG trial highlights to share:

TROG 13.01 SAFRON II – A randomized phase II trial of single fraction versus multi-fraction stereotactic ablative body radiotherapy (SABR) for pulmonary oligometastases (Trial Chair: A/Prof Shankar Siva)

We are pleased to report that the main findings of the SAFRON II trial ([NCT01965223](#)) were presented at the American Society for Radiation Oncology (ASTRO) Annual Meeting in October 2020 and published in [International Journal of Oncology](#). Secondary analyses for this trial will include an analysis of the costs and quality of life associated with treatment.

SABR is a resource intensive and technologically demanding radiotherapy technique. Despite this, there have not been any prospective studies that have addressed the clinical efficacy or cost-effectiveness of fractionation approaches in SABR of the lung in a randomised fashion. We will compare the differences in terms of both costs and outcomes between established fractionation schedules for the SABR technique.

TROG 18.06 FIG - Prospective, multicentre trial evaluating FET-PET in Glioblastoma (Trial Chairs: A/Prof Eng-Siew Koh, Prof Andrew Scott)

Exciting news! The FIG Trial ([ACTRN12619001735145](#)) opened the first site in December 2020 and enrolled the first patient in January this year. This trial will involve 10 sites nationally and up to 210 participants. The trial hypotheses are:

1. The incorporation of FET-PET imaging to radiation therapy (RT) treatment planning compared to (standard) MRI-based planning alone will lead to a clinically significant change in RT target volumes for Glioblastoma multiforme (GBM) patients.
2. FET-PET imaging will be more accurate than routine MRI and clinical follow-up in differentiating tumour pseudoprogression from true tumour progression.
3. FET-PET imaging, using the parameters of dynamic uptake, tumour to background ratio, and metabolic tumour volume, will be prognostic in relation to progression-free survival and overall survival.

GBM constitutes around 70% of all gliomas and affects approximately 1000 Australian adults annually. FET-PET imaging is not currently funded in Australia for the management of patients with GBM, either in the initial diagnosis nor when progression and/or recurrent disease is suspected. One of the key objectives of this trial will be to estimate the health economic impact and costs of incorporating FET-PET imaging into the management strategy of patients with GBM undergoing chemoradiation and in the assessment of post-treatment pseudoprogression or recurrence/progression.

A reminder that the TROG 2021 Annual Scientific Meeting will be held virtually from 23-24th March. The ASM will be an opportunity for TROG members and guests to come together to celebrate and share all the successes and challenges for the year – there is much to share!

Contributed by Narelle Williams



Your Views on the Service of CREST

Thanks to all of you who took the time to respond to our CREST survey last month; your feedback was extremely valuable in helping us reflect on CREST and what we might offer in the coming years.

A total of 11 responses were received, covering 11 of the 14 Clinical Trial Groups (CTGs) and 3 of the National Technical Services (NTS). Of the respondents, 6 (54.6%) were members of a CTG Executive or Board. Eight of the respondents (80%) rated the health economics services provided by CREST as “Exceeds” or “Far Exceeds” expectations. The remainder of respondents (20%) rated CREST services as equals expectations. Nine Respondent (90%) rated the need for ongoing Health Economics advisory service to support the respective CTG

and its members as “High” or “Very high”.

Overall, questions regarding the usefulness of the face-to-face workshops provided by CREST returned a high rating – out of five workshop topics rated on a scale from 1 (“Not at all Useful”), 3 (“Useful”) and 5 (“Extremely Useful”), all workshops returned a mean score of 3.0 or more. Of those who had viewed a CREST workshop through the CREST website, all respondents found them 5 (“Extremely Useful”). Questions regarding the usefulness of the other services provided by CREST also returned a high rating (mean score 4.2). Other Health Economics Advice on Trials, Health Economics Checklist for Clinical Trials, CREST Audit on Trial Protocols and Input on Grant Proposals

returned a mean score of 4.6, 4.5, 4.4 and 4.3 out of 5 respectively. In general, the results from the survey indicated that respondents found the existing services to be very useful, and that they were interested in future topics in health economics. Moreover, respondents expressed a high level of willingness to continue to participate in ongoing services, as well advanced HE workshops such as ‘Working with Secondary Datasets (e.g., Medicare Data)’. We thank all of those who participated in this survey and we will continue to build on this feedback. As always, we welcome any insights or suggestions the CTGs or their membership might have on the services provided through CREST.

Primary Care Collaborative Cancer (PC4)



The Primary Care Collaborative Cancer Clinical Trials Group (PC4) has continued to support a multitude of innovative cancer in primary care research.

PC4 has several exciting events coming this year. Our annual PC4 Scientific Symposium will be held on May 24th at the Melbourne Convention and Exhibition Centre. Featuring a diverse program, the symposium will appeal to a broad range of healthcare professionals and researchers alike. The theme of this year’s symposium is lung cancer screening and shaping optimal care pathways (OCPs) across Australia. View the program and

register [here](#). Both virtual and face-to-face attendance options are available.

On March 31st we’ll be sharing our members insights on how clinical trials have adapted their recruitment during COVID-19. Our webinar, ‘Clinical trial recruitment during COVID-19’, will feature Ms Shakira Milton from the University of Melbourne, who will be talking about how she adapted recruitment for the SITA (Should I Take Aspirin?) trial and Ms Courtney Rawson, from the Queensland University of Technology, will be presenting on how recruitment was affected for her shared care trials. Register for free [here](#).

Are you interested in primary care research? PC4 is undertaking a prioritisation study that aims to explore the views of different stakeholders to identify their perspective on what our top research priorities should be. The survey should take less than 10 minutes to complete and will give you an opportunity to advocate for the areas of cancer in primary care research you feel should be addressed most urgently. Complete the survey [here](#).

Looking for your next podcast fix? Our monthly podcast, Research Round-up sees PC4’s National Manager, Dr Kristi Milley diving into current cancer in primary care research. The latest episodes have included international guests from The Netherlands and the UK, as well as an interview with Kristi herself on her recent publication on cancer in primary care on Twitter.

All of our research roundup episodes are available [here](#).

Contributed by Mairead McNamara

Australia and New Zealand Sarcoma Association (ANZSA)

The Australia and New Zealand Sarcoma Association (ANZSA) team is off to another busy start to the year. Here are some of the key updates for this quarter.

Save the Date – ANZSA ASM 2021

The ANZSA ASM 2021 will take place on the 5th and 6th of November in Melbourne. There will be opportunities to meet in person (following COVID-safe procedures) or join remotely via Zoom. More details of the ASM will be provided in the following updates. Stay tuned.

Patient Recruitment Open for FaR-RMS clinical trial

Great news for all Australian patients diagnosed with rhabdomyosarcoma (RMS). The Chris O'Brien Lifehouse (NSW) is the first sarcoma specialist centre in Australia to start patient recruitment for the all-important clinical trial – *FaR-RMS: An overarching study for children and adults with Frontline and Relapsed RhabdoMyoSarcoma*.

The FaR-RMS study is an overarching clinical trial that optimises radiotherapy, testing of the latest

promising agents, new combinations and analysing the length of therapy.

This study is open to RMS patients (newly diagnosed, relapsed and progressive) of all ages (children, teenagers, young adults, and adults). Patient recruitment is anticipated for up to seven years.

The FaR-RMS study will open in more Australian and New Zealand sarcoma specialists centres in due time and will be announced accordingly. More details of the FaR-RMS study can be found [here](#).

ANZSA wishes to acknowledge our collaborators:

- Australian and New Zealand Children's Haematology/Oncology Group (ANZCHOG) as the national sponsor for Australia and New Zealand, with funding support from the Australian Government through the Medical Research Future Fund (MRFF).
- University of Birmingham (UK) as the international sponsor.

ANZSA Sarcoma Specialist Allied Health Network

This allied health network is a newly formed professional group within ANZSA as an avenue to gather allied health professionals from Australia and New Zealand who treat sarcoma patients. The network aims to establish guidelines for allied health practice for sarcoma patients, create a patient support tool, share expertise with fellow allied health members, among others.

If you are interested to join this network, please email us at contact@sarcoma.org.au.

ANZSA Strategic Planning

The ANZSA Board will meet by mid-year to discuss and develop a new Strategic Plan that will serve as guiding principles for all the work undertaken by ANZSA, which include – improving early diagnosis, treatment options, outcomes and quality of life for sarcoma and related tumours patients.

We want to thank all our partners, philanthropic groups and members for their continued support, generosity and trust in us and the work we do.

Contributed by Dr Denise Caruso, CEO of ANZSA



ANZSA
Australia and New Zealand
Sarcoma Association