CENTRE FOR HEALTH ECONOMICS RESEARCH AND EVALUATION

CREST Update—September 2021

CREST Workshop – Understanding Health Economics in Cancer Research

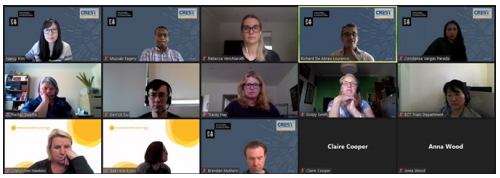
The CREST team hosted its first virtual Understanding Health Economics in Cancer Research workshop on 10th September. The workshop was well attended by members across the trials groups including from the executive offices and cancer researchers.

The attendees undertook a number of activities throughout the session these included:

- Prioritisation of finite health resources with discussions on the challenges/reflections of the discussion making progress
- Mock examples of ICER and QALY calculations
- Group discussions on real-life case examples of health economic analysis along side cancer trials

"I felt like the content today really helpfully contextualised the value of including health economics analysis in research work and (importantly for me) advocacy".

"I found the whole experience to be incredibly educational, though-provoking, and a really great mix of high-level strategic/conceptual thinking with practical tools and strategies. Thank you!"



CREST's first Virtual Workshop that was held on Friday 10th September, 2021.

"I thought that even with the 'challenges' of virtual workshops, the workshop was great and was very interactive. I liked the pacing and thought the context was relevant to my work and I hope to incorporate health economics into future projects. I would recommend the workshop to my colleagues."

Please see the end of this newsletter for other upcoming CREST workshops.

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Breast Cancer Trials (BCT)

Q&A Event – Breast Cancer and Sex

The next Breast Cancer Trials Q&A event will be held from 5-6:30pm (AEST), Thursday 30 September, and the topic will be breast cancer and sex.

Moderated by TV presenter Annabel Crabb, the free online Q&A will discuss issues such as libido, menopause, body image issues and research.

Our panel will be:

- Professor Fran Boyle AM – Medical Oncologist at North Sydney's Mater Hospital, where she is Director of the Patricia Ritchie Centre for Cancer Care and Research, and Professor of Medical Oncology at the University of Sydney.
- Dr Belinda Kiely – Medical Oncologist who sub-specialises in breast cancer. She is a Staff Specialist at Concord and Campbelltown hospitals in Sydney, Australia, and a Senior Clinical Research Fellow and Oncology Prognostication Program Lead at the NHMRC Clinical Trials Centre, University of Sydney.
- Professor Kate White – Professor Nursing at Sydney University and has worked in clinical, education and research areas specialising in cancer and palliative care throughout her career.
- Ms Rebecca Angus – Member of the Breast Cancer Trials Consumer Advisory Panel.

To watch the session, visit https://www.youtube.com/watch?v=hsiZKW6Wsf4&t=2s

Join Our 3 Course Challenge

We had such a wonderful response to our inaugural 3 Course Challenge, that we're back this year with a brand new flavour. And we hope you'll join us! This challenge invites you to cook a three-course meal, host a dinner party and fundraise for Breast Cancer Trials (BCT).

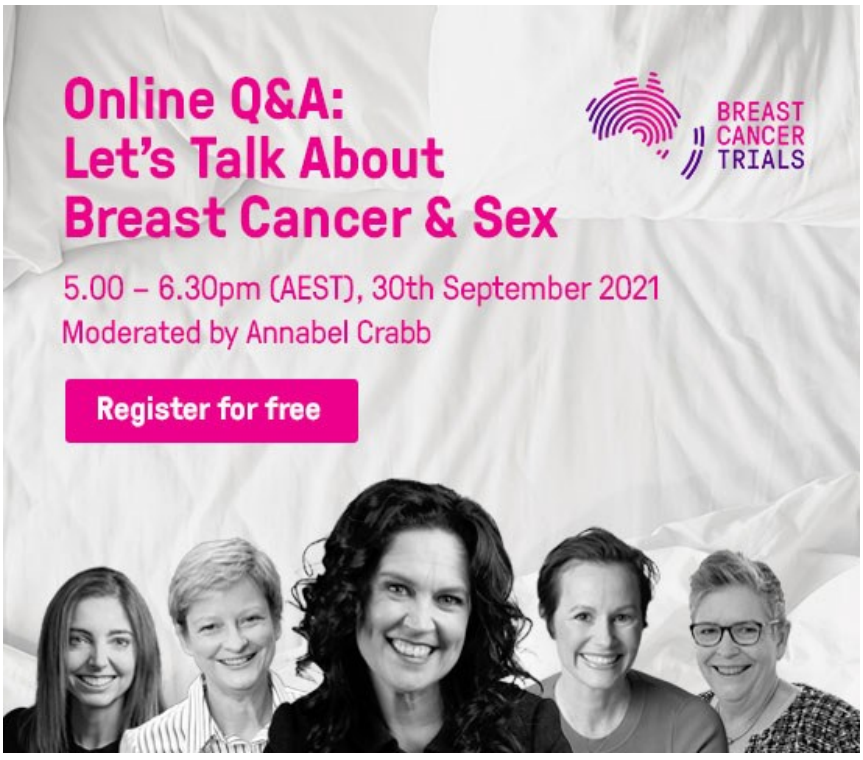
This year, we are spicing things up with a mouth-watering menu inspired by the flavours of India. If you join the challenge, when you raise over $150, you'll unlock access to a livestreamed, interactive cooking class with internationally renowned chef and TV Personality Sarah Todd on Saturday 16 October. Sarah is well-known for her sumptuous Indian flavours and has curated a fresh, healthy menu that is sure to appeal to every palette.

Sarah is passionate about supporting breast cancer clinical trials research as her own mum Lorraine was diagnosed with the disease thirteen years ago on her 50th birthday. Sarah was only 21 when her mum received the devastating news.

You can hold your 3 Course Challenge dinner party anytime from after Sarah's cooking class on 16 October until 30 November (restrictions permitting). We know that entertaining is challenging right now but don't forget you can cook for your household or host a virtual dinner party! So please jump on board, enjoy the challenge, and help raise vital funds for research to save lives from breast cancer.

Please join Sarah in the 3 Course Challenge by registering here: www.3coursechallenge.com.au.

Contributed by Anna Fitzgerald



Examining health-related quality of life in paediatric cancer patients with febrile neutropenia

In children with cancer, febrile neutropenia (FN) is a common and disruptive complication of anti-cancer treatment, occurring at a rate of 0.75 episodes per 30 days of neutropenia and 0.15 per month of chemotherapy exposure[1,2].

Understanding and characterizing the course of children and their family's HRQoL following the onset of FN, and identifying factors predicting poor outcomes may enable clinicians to optimise treatment algorithms that maximise HRQoL and patient experience[2]. Moreover, characterising and quantifying the HRQoL effects associated with FN is necessary to assess the cost-effectiveness of existing or emerging approaches to the management of FN (in particular for low -risk FN)[3].

This study used HRQoL data from The Australian Predicting Infectious ComplicatioNs in Children with Cancer (PICNICC) study to describe the course of HRQoL of children and their parents during and following an FN episode. The authors hypothesised that FN would have a temporary deleterious and heterogenous impact on HRQoL, which would dissipate following FN resolution. Therefore, this study sought to describe individual variation between children and their parents and to identify predictors of poor HRQoL.

Method: Data on HRQoL were collected in the multisite PICNICC study. PICNICC study is a prospective, multicentre, observational study which was conducted in eight Australian tertiary pediatric hospitals, and was open to recruitment from November 2016 to January 2018. Participants were enrolled between November 2016 to January 2018.

The Child Health Utility (CHU9D) was used to assess HRQoL in children (N = 167 FN events) and the Assessment of Quality of Life (AQoL-8D) was used to assess HRQoL parents (N = 218 FN events) at three time points: 0-3 days, 7-days, and 30-days following the onset of FN. Group-based trajectory modelling (GBTM) was used to characterise the course of HRQoL.

Results: For children, three distinct groups were identified: persistently low HRQoL over the 30-day course of follow-up (chronic: N = 78/167; 47%), increasing HRQoL after the onset of FN to 30 days follow-up (recovering: N = 36/167; 22%), and persistently high HRQoL at all three timepoints (resilient: N = 53/167; 32%) (Figure 1).

Applying these definitions, parents were classified into two distinct groups:

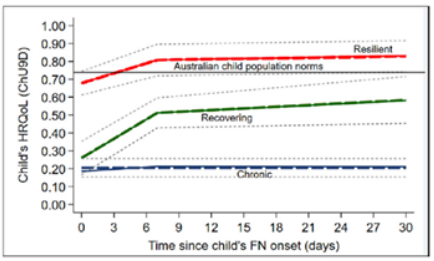


Figure 1: Predicted (dotted lines) and actual (solid lines) of child's HRQoL at 0-1 days, 7-days and 30-days after the onset of the FN episode.

chronic (N = 107/218, 49%) and resilient (N = 111/218, 51%) (Figure 2).

The child being male, having solid cancer, the presence of financial stress, and relationship difficulties between the parent and child were significant predictors of chronic group membership for both parents and children. Children classified with high-risk FN were significantly more likely to belong to the recovery group. Being female, having blood cancers and the absence of financial or relationship difficulties were predictive of both parents and children being in the resilient group.

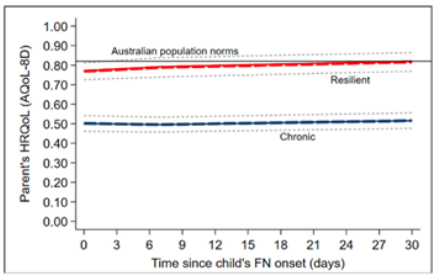


Figure 2: Predicted (dotted lines) and actual (solid lines) of parents HRQoL at 0-1 days, 7-days and 30-days after the onset of the child's FN episode.

Interpretation: Approximately half the children and parents had chronically low HRQoL scores, which did not improve following resolution of the FN episode. The child's sex, cancer type, and presence of financial and relationship stress were predictive of chronic group membership for both parents and children. These families may benefit from increased financial and psychosocial support during anti-cancer treatment.

Contributed by Mussab Fagery

Source: *Anna C, Gabrielle MH, Monica AS, et al. Examining health-related quality of life in pediatric cancer patients with febrile neutropenia: Factors predicting poor recovery in children and their parents. EClinicalMedicine 2021; 101095, ISSN 2589-5370. (https://www.sciencedirect.com/science/article/pii/S2589537021003758)*

1. *Phillips B, Selwood K, Lane SM, et al. Variation in policies for the management of febrile neutropenia in United Kingdom Children's Cancer Study Group centres. Arch Dis Child 2007;92(6):495–8.*
2. *Morgan JE, Phillips RS, Stewart LA, Atkin K. Sharing Roles and Control in Pediatric Low Risk Febrile Neutropenia: a Multicenter Focus Group Discussion Study Involving Patients, Parents, and Health Care Professionals. J Pediatr Hematol Oncol 2020;42(5):337–44.*
3. *Haeusler GM, Gaynor L, Teh B, et al. Home-based care of low-risk febrile neutropenia in children-an implementation study in a tertiary paediatric hospital. Support Care Cancer 2021;29(3):1609–17.*

Australia New Zealand Gynaecological Oncology Group (ANZGOG)

HyNOVA OPENS TO RECRUITMENT

The HyNOVA study has officially opened to recruitment after activating its first site.

The study, funded by the Medical Research Future Fund, aims to determine the efficacy of heat during ovarian cancer surgery and chemotherapy. Researchers are seeking 80 participants at five sites across Australia.

For more information on the study, watch Principal Investigator Assoc Prof Rhonda Farrell's video explaining the trial or visit ANZCTR's website for further patient population information.

For more information on ANZGOG's trials, click here.

iPRIME CLOSES TO RECRUITMENT

iPRIME is a phase II clinical trial that tests how safe and effective the combination treatment of durvalumab and tremelimumab with standard chemotherapy can be as a treatment for newly diagnosed patients with ovarian, fallopian tube or peritoneal cancers.

The study, part of ANZGOG's OASIS Initiative, recruited a total of 75 patients from 10 sites across Australia.

"Overall, we hope that the results may increase the knowledge about the role of immunotherapy and help design future clinical trials to build on the knowledge from existing evidence." Assoc Prof Tarek Meniawy, Principal Investigator of iPRIME.

ANZGOG DIRECTOR AWARDED FOR HER SIGNIFICANT CONTRIBUTION AS A MEDICAL ONCOLOGY CLINICIAN

ANZGOG Director and Medical Oncologist, Professor Clare Scott, has been awarded this year's Medical Oncology Group of Australia (MOGA) and Novartis Oncology Cancer Achievement Award.

It is through Prof Scott's significant contribution to rare and ovarian cancer research, and her commitment to improving life for women with gynaecological cancers, that she has received the distinguished Cancer Achievement Award. Clare is Chair of ANZGOG's OASIS Initiative Steering Committee (Ovarian Cancer Alliance for Signal Seeking studies).

SAVE THE DATE – ANZGOG's ANNUAL SCIENTIFIC MEETING 23-26 MARCH 2022

ANZGOG's Annual Scientific Meeting brings together national and international experts in gynaecological medicine, radiation and surgical oncology, exercise physiologists, quality of life researchers, as well as our partners in the pharmaceutical industry.

"Pathways to precision care" is the theme for the 2022 meeting. We will explore the pathways from translational research into to clinical trials; review how molecular profiles and genetics are shaping the management of ovarian and endometrial cancer; and how we can optimise patient care.

We are pleased to announce our distinguished international speakers:

- Ana Oankin (Medical Oncologist, Vall d'Hebron Institute of Oncology, Barcelona, Spain)
- David Gaffney (Radiation Oncologist, University of Utah, Salt Lake City, USA)
- Anna Fagotti (Gynaecological Oncologist, Policlinico A. Gemelli Foundation, Rome, Italy).

Please save the date for ANZGOG's AM 2022 at Crown Promenade, Melbourne 23 to 26 March 2022. We look forward to bringing this interesting and dynamic program to you in a safe, face-to-face environment.

www.anzgog.org.au

Contributed by Associate Professor Philip Beale, Chair

Australia and New Zealand Sarcoma Association (ANZSA)

The Australia and New Zealand Sarcoma Association (ANZSA) team has had another busy quarter with many positive developments and results. Here are some of the key updates for this quarter.

ANZSA ASM 2021 – Register now

The ANZSA ASM 2021 will be fully virtual this year on Friday, 5 November (12pm-4pm AEDT) and Saturday, 6 November (9am-1pm AEDT). Please register now (www.sarcoma.org.au/asm-2021/welcome).

The ASM 2021 theme is "Coming together", and we are pleased to have four esteemed international sarcoma specialists.

This ASM is open to international and local health professionals and consumers who have an interest in sarcoma.

On both days, you will hear from four international keynote speakers, local sarcoma specialists from various disciplines (pathology, orthopaedic, radiotherapy, nurses, allied health, etc.) and selected researchers who will present abstracts of their original research.

We anticipate that there will be robust discussions on current challenges, innovations, and the latest in sarcoma research and treatment by coming together. We hope you can join us!

Successful MRFF Grant for STRASS 2 Trial

ANZSA Director and specialist surgical oncologist at the Peter MacCallum Cancer Centre, A/Prof David Gyorki, and his team have successfully received a grant worth almost AUD$1 million from the Medical Research Future Fund (MRFF) under the Rare Cancers, Rare Diseases and Unmet Need (RCRDUN) scheme.

The grant is to run the international trial in Australia – "*A randomised phase III study of neoadjuvant chemotherapy followed by surgery versus surgery alone for patients with High Risk RetroPeritoneal Sarcoma (STRASS 2)*".

Eligible Australian patients with retroperitoneal sarcoma at high risk of recurrence will be able to participate in this randomised controlled trial designed to answer the question of whether preoperative chemotherapy improves outcome for patients.

ANZSA Sarcoma Research Grant 2021

We are proud to announce that our annual ANZSA Sarcoma Research Grant has been awarded to the following two recipients:

1. Dr Fernando Guimaraes from The University of Queensland Diamantina Institute on his research to develop a natural killer cell-based immunotherapy for rhabdomyosarcoma (RMS).
2. Dr Vijesh Vaghjiani from the Hudson Institute of Medical Research for his research on targeting oncogenic drivers in therapy-resistant osteosarcoma.

Read more about their research on our website (www.sarcoma.org.au/news/news)

The ANZSA Sarcoma Research Grants were funded by the Kicking Goals For Xav Foundation, Stoney's Steps, Hannah's Chance Foundation and ANZSA through our many generous individual donors.

Contributed by Jeffrey Goh

Cost-Effectiveness of First-Line Tyrosine Kinase Inhibitor Therapy Initiation Strategies for Chronic Myeloid Leukemia

Patients with chronic myeloid leukemia (CML) are treated with tyrosine kinase inhibitors (TKIs) targeting the kinase activity of the BCR-ABL oncogene. Imatinib mesylate was the first TKI approved for CML in 2001, followed by nilotinib and dasatinib in 2007. As of 2019, these 3 TKIs, and most recently bosutinib, are approved as first-line therapy for newly diagnosed patients with CML in chronic phase.[1]

In general, TKIs for CML These agents are remarkably effective and well-tolerated treatments which have improved clinical outcomes for patients with chronic disease.

While overall survival in CML in chronic phase does not differ significantly by treatment with first line TKIs, there is emerging evidence of differences in costs and safety profiles. A recent study by Nguyen et al (2020) evaluated the 1-year cost-effectiveness of TKI initiation with imatinib, dasatinib, or nilotinib among a hypothetical cohort of incident CML patients from a US payer's perspective.

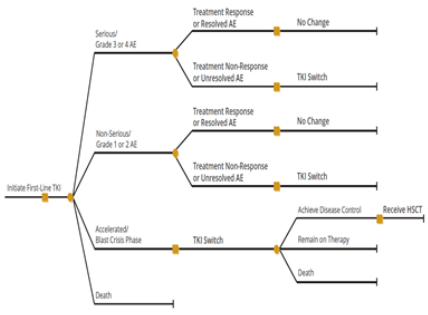


Figure 1: Decision analytic model of first-line TKI therapies in chronic myeloid leukemia.

The authors constructed a decision analytic model (Figure 1) to assess quality-adjusted life years (QALYs), healthcare costs, net monetary benefit, and incremental cost-effectiveness of the various TKIs, compared with imatinib. Published studies and data from the IBM Watson Health MarketScan database were used to inform model parameters. The 2018 Federal Supply Schedule estimates for generic imatinib and branded second-generation TKIs were used to calculate TKI costs. The authors evaluated cost-effectiveness under various willingness-to-pay thresholds and assessed uncertainty using deterministic and probabilistic sensitivity analyses.

Overall, imatinib initiation was associated with fewer serious AEs, more second-line switching, and more HSCT expenditures compared with dasatinib and nilotinib initiation in the first year. The base-case cost-effectiveness results are summarised in Table 1.

	First-line strategy		
	Imatinib	Dasatinib	Nilotinib
Total costs per patient[a]	$55331	$169400	$163705
With manufacturer rebates for second-generation TKI	$52136	$158285	$101536
Total QALY per patient	0.773	0.768	0.812
Difference in cost vs imatinib	-	$114069	$108373
With manufacturer rebates for second-generation TKI	-	$106149	$49399
Difference in QALY vs imatinib	-	-0.005	0.039
Incremental cost-effectiveness ratio vs imatinib	-	Dominated	$2.8M/QALY
With manufacturer rebates for second-generation TKI	-	Dominated	$1.3M/QALY

IE indicates adverse event; QALY, quality-adjusted life year; TKI: tyrosine kinase inhibitor.
Total costs for each first-line TKI strategy include medical (inpatient, emergency department, and outpatient) expenditures and TKI prescription costs. Second-line therapy costs are included within each strategy for patients who switched therapies in the model.

Table 1: One-year cost-effectiveness analysis results.

In the base-case analysis, imatinib was favoured over dasatinib, producing more QALYs and being associated with lower costs. In comparison, nilotinib was associated with a cost per QALY compared with imatinib that would not be considered cost-effective (with a base case ratio in excess of $1.3M per QALY, accounting for price rebates). Imatinib remained the favoured strategy after 1-way variations in TKI costs, TKI switching, QALYs, adverse event risk, and CML progression. When model uncertainty was assessed with prespecified parameter distributions, imatinib was cost saving compared with dasatinib in 40% of 100,000 simulations and was favoured over all simulations compared with nilotinib (Figure 2).

First-line treatment with second-generation TKIs was cost-effective in 50% of simulations at a $200,000/QALY willingness to-pay threshold (Figure 3).

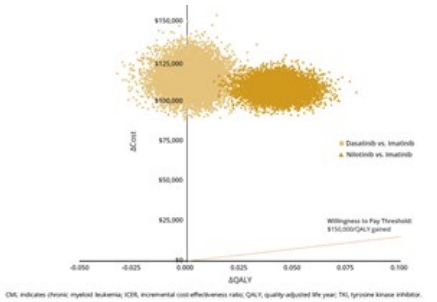


Figure 2: Probabilistic sensitivity analyses of ICER results.

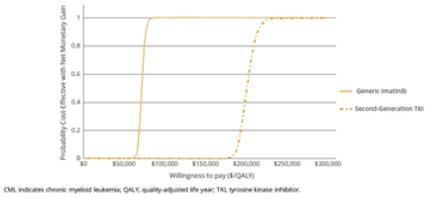


Figure 3: Cost-effectiveness acceptability of first-line TKI therapy in newly diagnosed CML by willingness to pay per QALY.

The study concluded that generic availability of imatinib provides a most cost-effective approach to the use of TKIs for newly diagnosed patients with CML. This case study in the first line treatment of CML illustrates the importance of considering the overall impact on costs, clinical outcomes and quality of life associated with the evolution of treatment regimens within a class of drugs when assessing cost-effectiveness.

Contributed by Mussab Fagery

Source: *Joehl T. Nguyen, Ashley L. Cole, Ashley A. Leech, et al. Cost-Effectiveness of First-Line Tyrosine Kinase Inhibitor Therapy Initiation Strategies for Chronic Myeloid Leukemia, Value in Health, Volume 23, Issue 12, 2020, 1671-1672.*

1. Radich JP, Deininger M, Abboud CN, et al. Chronic Myeloid Leukemia, Version 1.2019, NCCN Clinical Practice Guidelines in Oncology. J Natl Compr Canc Netw. 2018;16(9):1108–1135.

Trans-Tasman Radiation Oncology Group (TROG)

TROG INAUGURAL CONCEPT DEVELOPMENT WORKSHOP – 3rd December

TROG will be holding a half day virtual Concept Development Workshop on Friday 3rd December 2021 and has invited any TROG member to submit a concept for further development. The Workshop will provide a supportive environment for TROG members to develop their ideas into research concepts, with mentors from TROG Scientific Committee and other invited experts on hand to provide guidance.

We are excited to see ideas grow from a very early stage of development, into a pilot study, trial protocol or a funding application! Submissions will be accepted until 31st October online via the TROG Concept for Development form.

RANZCR TROG Research Grant – applications now closed

Royal Australian and New Zealand College of Radiologists (RANZCR) and TROG have partnered this year for the first time, to offer a $20,000 grant opportunity to members to conduct a TROG Category D project, or "an investigator-initiated project that involves data capture, data mining or secondary analysis."

It is hoped that this opportunity will promote radiation oncology research and support early career researchers to carry out a significant research project which will ultimately benefit patients and the wider oncology community. This opportunity has been made possible by the grant sponsor, AstraZeneca.

Applications have now closed and are undergoing review. We wish all the wonderful applicants the best of luck for every success with their submissions and we look forward to working closely with them on future radiation oncology research projects!

TROG Secondary Analysis Committee (SDAC)

We would like to thank our amazing experts on TROG expert Secondary Analysis Committee (SDAC) with special thanks to Prof Martin Ebert who chairs the committee. TROG is the custodian for clinical trial datasets generated by the TROG-sponsored (Category A Trials) trials in its portfolio. Due to an increasing size and maturity of this portfolio, SDAC was established to proactively identify priorities and develop standardised procedures to facilitate access for secondary analysis of data generated by these trials. SDAC meet regularly to ensure appropriate retrospective analysis which will be of value to both TROG and the clinical community. In addition, TROG are very pleased to be working with the Australian Research Data Commons (ARDC) on the Health Studies Australian National Data Asset (HeSANDA) program which aims to support a central repository for health research and clinical trials metadata as a tool to facilitate secondary data analyses in the future.

Contributed by Narelle Williams

TROG | CANCER RESEARCH

Welcome to the Cancer Quality of Life Expert Service Team (CQUEST)

Cancer Australia has recently announced the funding of the Cancer Quality of Life Expert Service Team (CQUEST) based at the University of Technology Sydney, as the new Quality of Life National Technical Service. CQUEST will provide a core service to the CTGs focused on providing specialist tailored support and advice around all aspects relating to the inclusion of quality of life and other patient reported measures in trials. They will work with, and learn from, the CTGs to ensure optimal inclusion of quality of life and other patient-reported outcomes in Australian cancer cooperative clinical trials.

The service will be led by a Core Executive including A/Prof Brendan Mulhern from CHERE (the Centre for Health Economics Research and Evaluation) and Dr Tim Luckett from CST (the Cancer Symptom Trials group) and IMPACCT (Centre for Improving Palliative, Aged and Chronic Care through Clinical Research and Translation). We will be supported by an Advisory Group that includes UTS leads from CREST (A/Prof Richard De Abreu Lourenco and Prof Rosalie Viney) and the CST/IMPACCT (Prof Meera Agar).

To ensure continuity and to retain the expertise of the Sydney QoL Office, CQUEST will also be advised by Prof Madeleine King and A/Prof Claudia Rutherford who previously led the Quality of Life technical service. The CQUEST team also includes expert members from UTS across disciplines relevant to the measurement of QoL in cancer clinical trials and has extensive national and international networks of QoL experts who will support the running of CQUEST as members of a Steering Committee.

CQUEST is currently in the planning phase, and will be communicating further with all CTGs in due course. In the meantime, for further information please contact Brendan Mulhern or Tim Luckett.

Australian and New Zealand Urogenital and Prostate (ANZUP)

ANZUP trial news highlights

Our **DASL-HiCaP** (ANZUP 1802) trial reached several important milestones since our last CREST Report in June. The first US site opened, and the first patient was randomised at Memorial Sloan Kettering, led by site PI Sean McBride. The first site in Ireland also activated and randomised its first patient at Bon Secours Cork led by site PI Paul Kelly. The study also reached 250 patients during August – a great achievement for a study that opened just last April during COVID-19. Thanks to our international collaborators, the Canadian Cancer Trials Group (CCTG), Cancer Trials Ireland, the Prostate Cancer Clinical Trials Consortium (PCCTC) and Memorial Sloan Kettering (MSK), and to Study Co-chairs Christopher Sweeney and Tamim Niazi.

BCG+MM (ANZUP 1301) study enrolled the first international patient at Nottingham University Hospital in the UK, led by site PI William Green.

The **UNISoN** (ANZUP 1602) study results featured as a poster at the recent #ASCO21 Annual Meeting. ASCO members can view the poster with a recording by study PI Craig Gedye.

TheraP (ANZUP 1603) trial results featured as a poster at the recent #SNMMI21 (Society of Nuclear Medicine and Molecular Imaging) Annual Meeting.

PCR-MIB (ANZUP 1502) requires just 3 patients to reach full recruitment and KEYPAD (ANZUP 1601) only needs 16 more patients to complete recruitment.

Congratulations to the **ICECaP Working Group**, led by Christopher Sweeney with many ANZUP members also involved, for being honoured by the American Statistical Association (ASA) with the 2021 Statistical Partnerships Among Academe, Industry, and Government (SPAIG) Award.

In August BMJ Journals published 'Advanced prostate cancer experimental radioactive treatment—clinical trial decision making: patient experiences' – a new paper exploring patient experiences and decision-making of men with advanced prostate cancer who participated in **ANZUP**'s TheraP (ANZUP 1603) trial. This research paper was made possible with funding support from an ANZUP Below the Belt Research Fund grant (QualTheraP: a nested, multi perspective longitudinal qualitative study of participants), together with The NHMRC Centre of Research Excellence providing support through a PhD Scholarship. Congratulations to all the authors and ANZUP members for this important paper: Haryana Dhillon, Ian Davis, Michael Hofman, Suzanne Chambers, Jeff Dunn, Nicholas Ralph and Bianca Viljoe.

Read the Summary Report from the **RCC Horizons Scanning Meeting** that was held in February and April this year.

#ANZUP21 Virtual Annual Scientific Meeting (ASM), 17-19 October. Registrations now open!

This year's theme 'A Clearer Vision During Change' will highlight lessons learnt as we responded to the global pandemic in terms of health care service delivery. Our convening committee have worked hard to deliver another stellar program – featuring a faculty of world-class international and national speakers, your ASM favourite sessions, as well as some new and exciting additions to the program. Our international faculty brings together some of the top names in GU Cancer Research - Alison Birtle, Matthew Galsky, Chris Parker, Heather Payne, Sima Porten, Christopher Sweeney, Bertrand Tombal and Eli van Allen.

Save the date and register today! Learn more about the ASM and register online: https://www.anzup.org.au/content.aspx?page=asm-2021welcome.

ANZUP's 2021 Annual Report reflects on our activities & achievements over the past year. We thank our members, supporters and the wider ANZUP community for their tireless commitment to improve treatments and outcomes for below the belt cancer patients. You can read the full report online here.

ANZUP's 'A little below the belt' consumer magazine is an informative and engaging publication that is made available at Cancer Centres and GP offices around Australia. You can read the publication online here.

Contributed by Nicole Tankard

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

AGITG AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP

EXCELLENCE & INNOVATION 1991 30 2021 YEARS IN GI CANCER RESEARCH

Despite the many challenges currently facing the healthcare system in Australia, we are pleased to share recent research updates and trial milestones. Coming up in October is our 23rd Annual Scientific Meeting, which will be held on an innovative and virtual platform. The program is designed to connect colleagues from across Australia and New Zealand with international invited faculty to discuss the latest progress in GI cancer treatments, develop new concepts and meet the challenges facing health professionals in the treatment of GI cancers. Held 12-15 October, this meeting coincides with our 30th anniversary celebrations: asm.gicancer.org.au

We are thrilled to have just opened the RoLaCaRT-1 colon cancer clinical trial. This new surgical trial will compare robotic surgery to keyhole surgery for people with colon cancer. Patients can now access this trial at Cabrini Hospital and Peter MacCallum Cancer Centre in Victoria, Sydney Adventist Hospital and Prince of Wales Hospital in New South Wales, and The Queen Elizabeth Hospital in South Australia. It is opening soon at another five hospitals in Australia, two hospitals in the UK and at two Mayo Clinic sites in the US. There are currently 16 AGITG studies open to patient enrolment. Find out more at gicancer.org.au/opentrials

The ASCOLT colorectal cancer trial recently completed patient enrolment, reaching the target accrual of 1,587 patients, including 476 patients from Australia and New Zealand. We are grateful to the patients and researchers for investing time and effort into this study and we look forward to sharing the results from this trial.

Our fourth Idea Generation Workshop was held virtually in August, where innovative ideas for research and trials in hepatocellular carcinoma (HCC) were presented. It was held in collaboration with TROG Cancer Research, the Liver Cancer Collaborative and the Gastroenterological Society of Australia, and is a great platform to accelerate the pace of discoveries and connect researchers. We were grateful to have more than 80 HCC experts able to join us online for the workshop and eight ideas presented, which will now progress through our research development pathway.

We have two exciting Gutsy Challenge treks taking place in May 2022. These treks are a unique opportunity to take in some of the country's most iconic landmarks and raise vital funds for GI cancer research. The first trek is a stunning Twelve Apostles walk led by Clinical Dietitian Belinda Steer, trekking 46km of scenic coastline from 3-6 May. We will also be heading to South Australia's Flinders Rangers from 27-30 May, where participants will enjoy over 400km of some of the most dynamic outback landscapes in Australia, led by Professor Tim Price. If you are interested in joining a group of dedicated fundraisers, visit gicancer.org.au/gutsy-adventures

Contributed by Alanna Melvin

What is CREST up to?

Trial Group Collaborations

- CREST presented at the ANZ PROMS 2021 Conference – July 2021
- Attended the AGITG Upper and Lower GI Working Party Meetings – July 2021
- Participated at various ANZUP Subcommittee meetings & concept development workshops – July/August 2021
- Attended the AGITG/TROG (in collaboration with GESA and LCC) Hepatocellular Carcinoa Idea Generation Workshop – August 2021
- Attended the TROG Scientific Committee Meeting – September 2021

Other Activities

- Ongoing correspondence with Clinical Trial Groups.
- Providing ongoing health economic technical support to the Clinical Trial Groups.
- CREST held its first virtual 'Understanding Health Economics in Cancer Research' with over 30 participants attending.

Thoracic Oncology Group of Australasia (TOGA)

ASPiRATION molecular screening available throughout Australia

The ASPiRATION study, conducted in collaboration with Omico and University of Sydney NHMRC CTC evaluates the feasibility of implementing broad-based molecular testing into standard care by offering up-front comprehensive genomic profiling (CGP) for 1000 newly diagnosed patients with non-squamous, metastatic non-small cell lung cancer (mNSCLC). This biomarker testing can be offered to any patient at any Australian hospital offering optimal workup of newly-diagnosed mNSCLC patients to identify the best treatment options. See more information on referral https://thoraciconcology.org.au/aspiration/

Early results show the clinical value of upfront CGP to identify targetable genomic alterations that are not always identified by standard molecular testing (Fig 1). Notable examples include the identification of patients with RET fusion mutations who could then be directed to highly specific treatments targeting this mutation. ASPiRATION will also assess healthcare resource and costs to assess the feasibility of implementing upfront CGP into national standard of care for mNSCLC patients. Treatment substudies utilising targeted therapies for BRAF, ALK, NTRK, MET and Her2 are incorporated into the study.

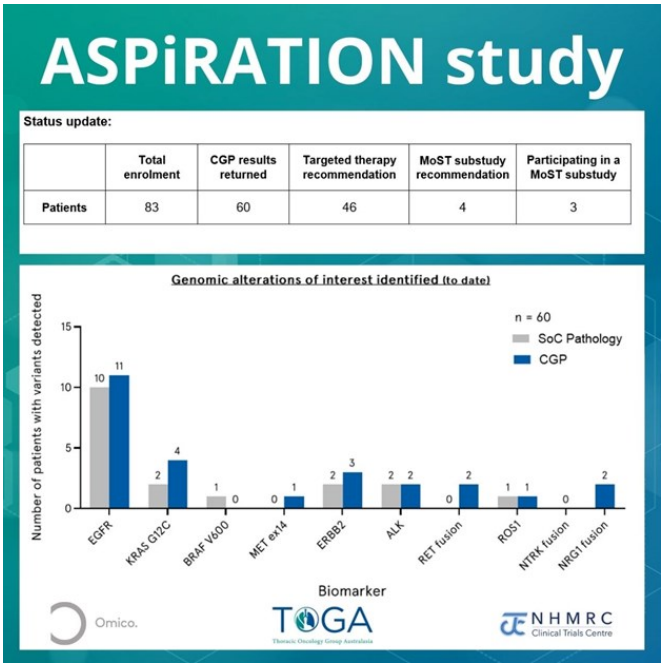


Figure 1: CGP from the first 60 patients on the ASPiRATION study identifies more genomic alterations of interest than standard of care testing. Three patients subsequently enrolled in a MoST/ASPiRATION substudy, specific to their identified genomic alteration.

Annual Scientific Meeting 2021

With a theme of 'Equity and Innovation in Multidisciplinary Lung Cancer Care', the Annual Scientific Meeting (ASM) featured diverse topics including international speakers presenting on lung cancer screening in never-smokers, the potential of proteogenomics to predict lung cancer treatment pathways and neoadjuvant therapies.

Up to 234 registrants viewed the live program, cementing the TOGA ASM as a highlight in the thoracic cancer event calendar. Read a review of the ASM here.

Upcoming events

- TOGA post ESMO/ WCLC2021 virtual highlights symposium 7pm AEDT 5 October 2021. Speakers will present highlights from the international meetings and discuss these results in the context of local thoracic cancer care.
- TOGA Lung Cancer Preceptorship, to be held on 22-23 October, 2021, is a virtual educational meeting for early career clinicians with an interest in lung cancer. Attendees learn to critically appraise evidence and improve their thoracic cancer clinical knowledge. More information and registrations: https://thoraciconcology.org.au/toga-preceptorship/
- TOGA Concept Development workshop 12 November 2021 is an opportunity to discuss and develop clinical trial ideas that will contribute to improved thoracic cancer care. If you are interested, please join a working group https://thoraciconcology.org.au/working-group/

TOGA podcasts

TOGA podcasts present an unstructured conversation around topical areas in lung cancer and mesothelioma. Podcasts have covered lung cancer screening, oncogene-driven lung cancer, the increase of lung cancer in young, female never-smokers and survivorship. Listen to podcasts https://thoraciconcology.org.au/education/podcasts/

Contributed by Megan Sanders

UPCOMING CREST WORKSHOPS

USING MEDICARE DATA IN CANCER TRIALS

— WEBINAR SERIES—

This webinar series is for those interested in understanding the use of Medicare Data to inform an economic evaluation alongside a clinical trial. The three-part webinar will look at the purpose of Medicare data in clinical trials, how to access Medicare data and how to analyse and interpret the data for use in cancer trials research.

Webinar Sessions

(i) Session 1: **WHY Medicare Data**

Date: 10:30am—12:00pm, *Friday 22nd October 2021*

Register for Session 1 **here**

(ii) Session 2: **HOW to access Medicare Data**

Date: 10:30am—12:00pm, *Friday 5th November 2021*

Register for Session 2 **here**

(iii) Session 3: **WHAT to do with the Medicare Data**

Date: 10:30am—12:00pm, *Tuesday 23rd November 2021*

Register for Session 3 **here**

Cost: Registration is FREE to members of a Cancer Australia Co-operative Trials Group

Please note workshop places are limited to 40 participants.

These webinars are designed as a series. Therefore, we recommend were possible you attend all the sessions. Alternatively we will make the recording from the prior sessions available on the CREST website (here) following the sessions.

For more information about the workshop please contact: Nancy Kim *(nancy.kim@chere.uts.edu.au)*

For more information about CREST, please visit our website: www.crest.uts.edu.au