CENTRE FOR HEALTH ECONOMICS RESEARCH AND EVALUATION

CREST Update—June 2022

Estimating Potential Cost-Effectiveness of Pancreatic Cancer Screening in Patients With New-Onset Diabetes

Early detection of pancreatic cancer can identify cases before it spreads, but due to the low incidence of disease and the high rates of false-positive results, effective screening tools are not usually implemented. Focusing on screening tests in high-risk populations may provide the best benefit, but the question remains, which group of patients are at high risk of developing pancreatic cancer?

Under current investigation for risk of pancreatic cancer are patients with new-onset diabetes. The Enriching New-Onset Diabetes for Pancreatic Cancer (END-PAC) model uses age, change in blood glucose, and change in weight to predict risk of developing pancreatic cancer in patients with new-onset diabetes. In a validation study, END-PAC showed good sensitivity and specificity for identifying pancreatic cancer with CT imaging. The END-PAC model is currently under evaluation in an ongoing randomised trial.

To assess the potential value of pancreatic screening in patients aged ≥ 50 years with new-onset diabetes, Schwartz et.al created a preliminary cost-effectiveness model using an integrated decision tree and Markov state-transition model to track the long-term clinical and economic outcomes (Figure 1). The researchers used data from the END-PAC validation study, SEER program, the literature and from expert opinion as inputs into the model. Estimates of life-years (LYs), quality-adjusted LYs (QALYs), and direct medical expenditures were calculated to derive a preliminary incremental cost effectiveness ratio (ICER).

The researchers found that in the base case, the screening strategy results in 0.0045 more QALYs, and $293 in additional expenditures, for a cost per QALY gained of $65,076. Probabilistic sensitivity analysis of 10,000 simulations found that the cost per QALY gained was < $50,000 in 11% of simulations and < $100,000 in 99% of simulations. The three most important inputs into the model were: 1. the rate of pancreatic cancer that was resectable in the screening cohort, 2. health state utility values (quality of life) in the patients with resectable cancer from surgery to progression, and 3. the rate of distant-stage disease cases in the non-screening cohort. Threshold analysis supported the finding that at least 25% of cases of pancreatic cancer in the screening cohort needed to be resectable for the cost per QALY gain to be < $100,000.

In conclusion, early stage cost-effectiveness analyses are not common, however they can predict economic value and provide insights into the drivers of value. This can assist in decision making and priority setting, both with respect to allocating resource use and in designing later phase studies.

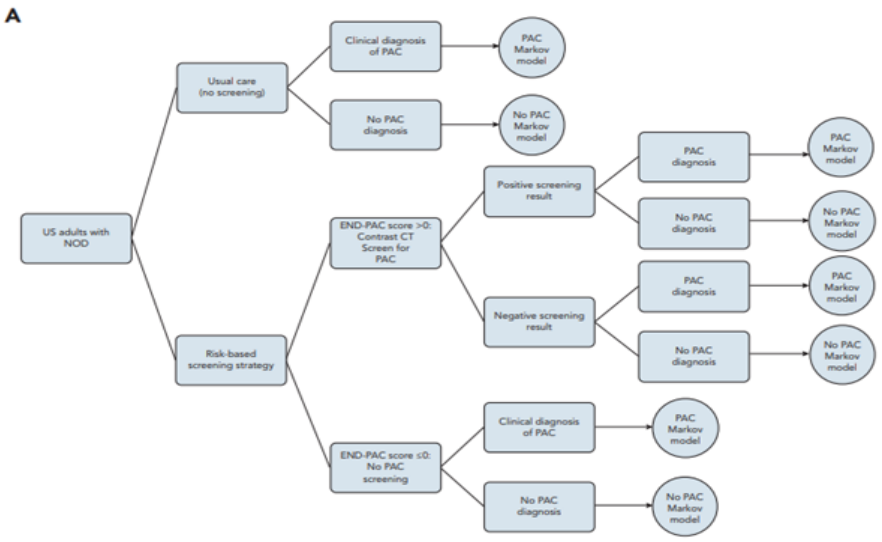

Figure 1: Simplified schematic of model decision tree (PAC: pancreatic cancer)

Source: Schwartz, N., Matrisian, L., Shrader, E., Feng, Z., Chari, S. and Roth, J., 2022. Potential Cost-Effectiveness of Risk-Based Pancreatic Cancer Screening in Patients With New-Onset Diabetes. Journal of the National Comprehensive Cancer Network, 20(5), pp.451-459.

Contributed by: Lutfun Hossain

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Australasian Gastro-Intestinal Trials Group (AGITG)

We are very much looking forward to our 24th Annual Scientific Meeting taking place at the Pullman Melbourne, Albert Park between 14-17 November.

Widely known throughout Australasia as the premier meeting in the gastro-intestinal (GI) cancer space, the AGITG ASM provides a forum to discuss the advances in GI cancer treatments and what impact they have on the quality of life of GI cancer patients. The program and shared exchange of knowledge is designed to uncover the mysteries GI cancer and meet the challenges facing health professionals in the treatment for this group of cancers.

The meeting is themed around 'Big Data, Precision Oncology and Artificial Intelligence', to ensure that the future of medicine and personalised patient care, and extending access and equity is at the forefront of AGITG's work.

Our conference provides an innovative platform to engage members with new research concepts, trial developments, diverse panel discussions and Q&A sessions. And, we look forward to hearing from a number of International and National Invited Faculty.

The ASM also provides great networking and development opportunities – why not sign up for free membership today.

AGITG members continue to work tirelessly, to find better outcomes for people with cancer. We currently have 17 trials open to recruitment. Please consider referring any patients you have to the following trials.

Pancreatic cancer:

- NEO-IMPACT, Dr Lorraine Chantrill and Dr Sarah Maloney
- ASCEND, Dr Andrew Dean, Prof Tim Price and A/Prof Marion Harris
- MASTERPLAN, Dr Andrew Oar and Prof Andrew Kneebone
- DYNAMIC-Pancreas, Dr Belinda Lee, A/Prof Jeanne Tie and Prof Peter Gibbs

Colorectal cancer:

- RESOLUTE, A/Prof Jeanne Tie and Dr Julie Chu
- RoLaCaRT-1, Prof Andrew Stevenson
- OXTOX, Prof Janette Vardy and A/Prof Haryana Dhillon
- DYNAMIC-III, A/Prof Jeanne Tie and Prof Peter Gibbs
- LICPIC, A/Prof Stephen Smith (Endorsed)
- ALT-TRACC, Dr Vanessa Wong and Prof Peter Gibbs (Endorsed)

Rectal cancer:

- SPAR, Dr Michael Jameson and Prof Steve Ackland
- RENO, Prof Chris Karapetis and Dr Sina Vatandoust (Endorsed)

GIST:

- SSGXXII, Prof John Zalcberg and A/Prof Sumi Ananda

Oesophago-gastric cancer:

- INTEGRATE IIB, Prof Nick Pavlakis and Prof David Goldstein

Oesophageal cancer:

- PALEO, Dr Fiona Day and Prof Jarad Martin
- NEO-CREATE, Dr Amitesh Roy (Endorsed)

Pan cancer:

- GENESCREEN-5FU, Prof Steve Ackland and Dr Cassie White

There are number of opportunities for members to secure funding for their trial concepts - why not join our dynamic organisation today. We hope to see you in Melbourne at our ASM.

Contributed by Rebekka Thompson-Jones

AGITG

AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP

Australasian Leukaemia and Lymphoma Group (ALLG)

The Australasian Leukaemia & Lymphoma Group (ALLG) held its May 2022 Scientific Meeting as a hybrid event, face-to-face in Melbourne and virtual/online for ALLG Member clinicians, scientists, registrars and trial staff. It had been over two years since the previous face-to-face event. The meeting, from May 10 to May 13, was a resounding success with 364 ALLG Members, staff and supporters attending.

These scientific working meetings focus on robust discussion of the full trial portfolio, including ALLG's disease-specific scientific working parties - Acute Leukaemia and MDS, Transplant & Cell Therapies, CML & MPN, Myeloma, Lymphoma, CLL, and Supportive Care, and Laboratory Sciences.

International guest speakers included:

- Prof Wee Joo Chng, National University Cancer Institute, Singapore, on 'High-Risk Myeloma';
- Prof Alessandro Vannucchi, University of Florence, on 'Low Risk PV' for the CML/MPN plenary;
- Prof Peter Hillmen, University of Leeds, presented in the CLL plenary on 'Front-line trial for patients fit for FCR: NCRI Flair Trial', on the 'STATIC Trial' that studied 'Intermittent with Continuous Treatment Strategies for CLL'.

An 'Early Career Researcher Breakfast Meeting' engaged with ALLG Associate Member Registrars, Trainees, Fellows and Junior Consultants, and highlighted the ALLG's Early Career mentorship program.

[LINK https://www.allg.org.au/wp-content/uploads/2022/05/allg-early-career-clinician-researcher-initiative-flyer-apr22.pdf]

The ALLG's latest Research Report publication, for calendar year 2021, was officially launched at the Meeting. It includes full trial updates from the various disease-focused Scientific Working Parties.

[LINK https://www.allg.org.au/wp-content/uploads/2022/05/allg_research_report_2021_final_290422.pdf]

National Blood Cancer Registry

The National Blood Cancer Registry (NBCR), established in 2012 and operated by the ALLG, represents acute myeloid leukaemia (AML), acute lymphoblastic leukaemia (ALL), myelodysplastic syndrome (MDS), and uncommon lymphoma.

One of our member sites, Launceston General Hospital in Tasmania signed up the 3000th patient in March this year. Pictured from the Hospital: Jason McMahon, Clinical Trial Coordinator with Jasmine Brousee de la Borde, Research/Project Nurse.

[LINKS https://www.allg.org.au/clinical-trials-research/national-blood-cancer-registry/ and https://www.allg.org.au/clinical-trials-research/biobank/

Contributed by: Tanya Carter

ALLG AUSTRALASIAN LEUKAEMIA & LYMPHOMA GROUP

Better treatments... Better lives.

Australia New Zealand Gynaecological Oncology Group (ANZGOG)

After completing a successful ANZGOG Annual Scientific Meeting in March, our members have continued to be busy by attending the international Gynecological Cancer InterGroup (GCIG) and American Society of Clinical Oncology (ASCO) meetings, developing collaborations to foster more clinical trial opportunities for women with gynaecological cancer in Australia and New Zealand.

ANZGOG Trial Update

ANZGOG continues to expand its trials in operation, in development and in the pipeline. We are fortunate to have dedicated 1200 members working locally and globally to improve life for women affected by gynaecological cancer through research:

ANZGOG clinical trials open to recruitment:

- 6 ovarian cancer (IGNITE, ECHO, ICON9, SOLACE2, STICs AND STONEs, HyNOVA)
- 3 endometrial cancer (ENDO-3, EmQUEST, ADELE)
- 1 ovarian and endometrial cancer (PARAGON II)

ANZGOG clinical trials in start-up:

- 1 ovarian and endometrial cancer (EPOCH)
- 1 cervical (ITTACc)
- 1 QoL/End of life study (PEACE)

For more information on ANZGOG's trials, please visit our website.

PARAGON-II Opens to Recruitment

ANZGOG's rare tumour, basket study, PARAGON-II, has officially opened to recruitment after activating its first site, Newcastle Private Hospital. Led by Principal Investigator, Assoc Prof Chee Lee, the study plans to open at least 15 sites in Australia and New Zealand, with a target of recruiting 182 participants.

PARAGON-II is an ANZGOG study funded by the Australian Government – Medical Research Future Fund in collaboration with the NHMRC Clinical Trials Centre, at the University of Sydney.

EMBRACE Closes to Recruitment

EMBRACE is a phase II clinical trial of the PARP inhibitor, olaparib, in HR-deficient relapsed ovarian cancer and metastatic breast in patients without germline mutations in BRCA1 and BRCA2, but with specific molecular abnormalities in DNA repair genes.

Led by Principal Investigator Dr Katrin Sjoquist, the study recruited 22 patients in total - 15 patients in the high grade serous ovarian cancer cohort and another 7 patients in the triple negative breast cancer cohort.

EMBRACE was initiated in Australia by ANZGOG in collaboration with Breast Cancer Trials (BCT), the Genomic Cancer Clinical Trials Initiative (GCCTI), and the NHMRC Clinical Trials Centre, at the University of Sydney. Translational analysis of these extremely rare cases of ovarian and breast cancer is underway.

ANZGOG's New Ovarian Cancer Podcast – '*On the Down Low*'

'On The Down Low – speaking up about ovarian cancer' is a new podcast featuring raw and inspiring stories from women with ovarian cancer and their caregivers, who speak in intimate detail about the challenges of living with cancer, and make a powerful call for advocacy, awareness and change.

On the Down Low is available on the ANZGOG website and wherever you access your podcasts:
Apple – https://apple.co/3Fp1z42
Spotify – https://spoti.fi/3LP75Pz
Google – https://bit.ly/3MXPyFh

Contributed by: Professor Clare Scott AM

ANZ GOG | Improving life for women through cancer research

Professor Clare Scott AM
MB BS PhD
Melbourne
FRACP
Chair | ANZGOG

Cost-Effectiveness of Single vs Multifraction SABR for Pulmonary Oligometastases: The SAFRON-II Trial

Stereotactic ablative body radiation therapy (SABR) allows for high biological doses of radiation therapy to be administered. In patients with oligometastatic disease it has demonstrated benefits over standard therapies.

Single-fraction SABR has been shown to be as safe and as effective in controlling disease as multifraction SABR, but the cost-effectiveness of these regimens require further investigation.

As part of the Trans Tasman Radiation Oncology group SAFRON-II clinical trial, an analysis of the cost-effectiveness of single-fraction vs multifraction SABR for pulmonary oligometastases was conducted for 87 patients receiving treatment for 133 pulmonary oligometastases.

A societal perspective was adopted for the cost-effectiveness analysis. Both direct healthcare costs e.g. costs of SABR delivery, as well as indirect costs, e.g. patient time to undergo treatment, were considered.

The researchers used multiple sources of data in their assessment of resource utilisation. In-trial case report forms were used to collect costs on labour and time requirements for SABR planning, simulation, and delivery, as well as the incidence of hospital treated adverse events. Medicare data were used to collect costs on the use of medical, diagnostic and pharmaceutical services in the outpatient and private hospital setting. Health-related quality of life was assessed through the EQ-5D-5L.

Costs and quality-adjusted life-years (QALY) were assessed over the within trial period (4 years), but as the costs and outcomes of this intervention are likely to extend beyond the trial, results were extrapolated an additional six years to assess the longer-term (10 year) costs-effectiveness.

Focusing on Initial radiotherapy, single-fraction SABR cost $1194 less per patient than multifraction SABR. In the longer term, the data revealed that patients in the single-fraction SABR group had a higher cost associated with ongoing therapies, largely due to the extrapolated difference in time free from disease progression. This resulted in the cost per patient for single-fraction SABR to be higher than multifraction by $2837 in the within trial period, and $32,205 when extrapolated to 10 years.

The incremental cost-effectiveness ratio (ICER) calculated the cost per QALY gained. The within-trial ICER was $15,821 and the extrapolated analysis ICER was $23,265 per QALY.

A probabilistic sensitivity analysis assessed the probability that single-fraction SABR was cost-effective when compared to multifraction. In 15,000 simulations the analysis showed that 97% of ICERs were below the willingness to pay value of $50,000 per QALY. (Figure 2)

Even when the researchers assumed no difference in overall survival, the single-fraction treatment arm was still more effective and less costly.

Both single-fraction SABR and multifraction SABR report similar safety and health outcomes however, single-fraction SABR is more convenient for the patient. The cost-effectiveness analysis within the SAFRON-II trial demonstrated that single-fraction SABR is less costly at initial therapy. The extrapolated analysis supports the finding that single-fraction SABR is likely to be cost-effective in the longer term.

Source:

Lourenco, R., Khoo, T., Crothers, A., Haas, M., Montgomery, R., Ball, D., Bressel, M. and Siva, S., 2022. Cost-Effectiveness of Single Versus Multifraction SABR for Pulmonary Oligometastases: The SAFRON II Trial. International Journal of Radiation Oncology.Biology.Physics. Article in Press.

Contributed by Lutfun Hossain

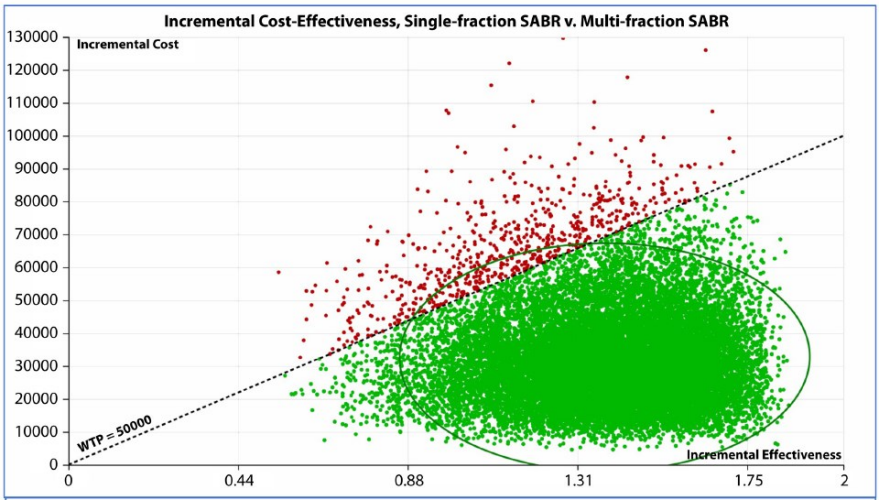


Figure 2: Incremental cost-effectiveness ratio analysis. Points below the WTP threshold indicate the number of simulations with an ICER that would be cost-effective

Australian & New Zealand Urogenital and Prostate (ANZUP)

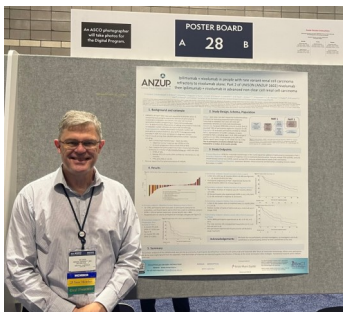
Some recent ANZUP trial news highlights

At the recent #ASCO22 Annual Meeting held in Chicago and online from 3-7 June 2022, ANZUP had two oral presentations and two posters featured.

Our **ENZAMET (ANZUP 1304)** trial presented the updated results after 5 years – showing a clinically meaningful survival benefit from novel hormone therapy for people with metastatic hormone sensitive prostate cancer. You can view the ASCO presentation on the ANZUP website as well as more information about the results and trial online.

The **TheraP (ANZUP 1603)** study presented the three-year follow up results which continued to show benefits for people with metastatic prostate cancer. You can view the ASCO presentation on the ANZUP website as well as more information about the results and trial online.

DASL-HiCaP (ANZUP 1801) featured as a trial in progress poster, and our **UNISoN (ANZUP 1602)** study also featured as a poster presentation.



During the quarter, DASL-HiCaP also reached 50% recruitment - a great achievement for a trial that opened during COVID-19.

Our newly opened **EVOLUTION (ANZUP 2001)** trial: A phase II Study of Radionuclide ^{177}Lu-PSMA Therapy versus ^{177}Lu-PSMA in Combination with Ipilimumab and Nivolumab for Men with Metastatic Castration Resistant Prostate Cancer, screened their first patient - you can read more in this coverage by UroToday.

Our **GUIDE (ANZUP 1903)** trial: A randomised non-comparative phase II trial of biomarker-driven intermittent docetaxel versus standard-of-care (SOC) docetaxel in metastatic castration-resistant prostate cancer (mCRPC) pre-screened their 1st participant.

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.

#ANZUP22 Annual Scientific Meeting (ASM) – registrations now open

Our 2022 ASM will be held in Adelaide from 10-12 July as a face-to-face meeting, with a virtual option.

The theme is 'No Longer On Mute' and the convening committee, led by convener A/Prof Andrew Weickhardt, have been working on a 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.

Read more about the ASM on our website and register today.

The return of the ANZUP Pedalthons in Sydney & Melbourne!

We are pleased to announce the return of our face-to-face Pedalthon events in both Sydney and Melbourne.

Whether you're an avid cyclist, new to the sport or just looking for a challenge, we invite you to ride to fight cancer below the belt.

The Pedalthon promises to provide a unique event to network with the community, promoting teamwork, healthy competition, plus some fun, with every dollar raised going to the Below the Belt Research Fund.

Sydney is on Friday 9 September 2022 at Sydney Motorsport Park, Eastern Creek.

Get a team together or ride individually. For more information or to register go to: www.belowthebelt.org.au/event/sydney-pedalthon-2022/.

Save the date for our Melbourne Pedalthon on Sunday 26 March 2023 at Sandown Raceway.

Contributed by: Nicole Tankard

Breast Cancer Trials (BCT)

2022 Annual Scientific Meeting

Registration is open for the Breast Cancer Trials 43rd Annual Scientific Meeting (ASM) and this year's ASM will be held at The Langham Melbourne from 27-30 July.

The theme of the ASM is breast cancer in young women and the program includes discussion of key topics in the areas of: prevention, screening and diagnosis; early breast cancer; advanced disease; and translational research.

In addition to our yearly Trials Coordination Forum, New Concept Development Workshop and Scientific Sessions, this year's ASM will introduce Abstracts, Debates and a Trainee and Early Career Workshop on Saturday 30 July.

For more information or to register, visit www.bct2022.org.

OlympiA Results Announced

The results of the OlympiA clinical trial were presented at a virtual plenary session of the European Society of Medical Oncology earlier this year.
The trial found that Olaparib reduces deaths by 32% for breast cancer patients with an inherited BRCA1 and BRCA gene abnormality, where the cancer had not spread beyond the breast or under the arm. These are significant and practice changing results that provide a new treatment option for these patients.

OlympiA was led in Australia by Breast Cancer Trials and coordinated internationally by the Breast International Group. It recruited 1,836 patients worldwide, including 60 women from 12 participating institutions throughout Australia.

Language Resources

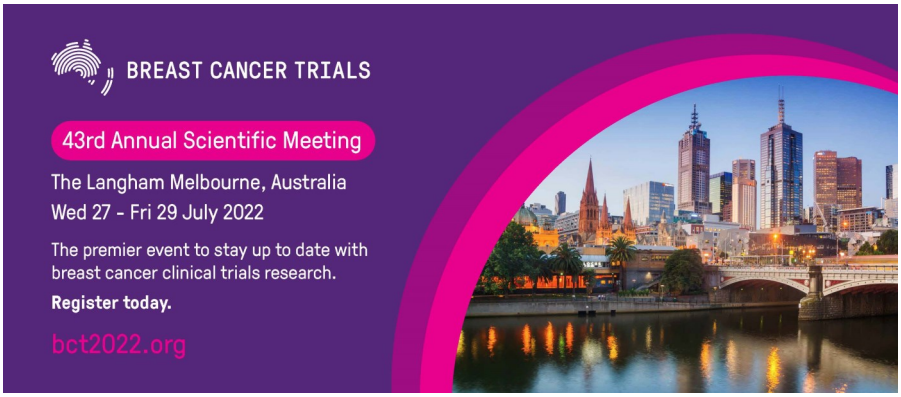
Breast Cancer Trials has translated brochures about clinical trials research and participating in clinical trials, which are available in a variety of languages and for different cultures in our community.

The brochures in the following languages and cultures can be downloaded from the BCT website: First Nations Australians, Te reo Maori, Cantonese, Mandarin, Arabic, Greek, Vietnamese and Korean.

Visit www.breastcancertrials.org.au to find out more or download the brochures.

Contributed by: Anna Fitzgerald

BREAST CANCER TRIALS



Cancer Quality of Life Expert Service Team (CQUEST)

CQUEST online resource for finding culturally validated and/or translated PROMs

The National Quality of Life Technical Service, CQUEST, has developed a new online resource to help researchers find a culturally validated and/or translated patient-reported outcome measure (PROM) suitable for their study.

The resource includes links to search engines for the two most widely-used suites of PROMs for cancer research - EORTC and FACIT - as well as a list developed by CQUEST of other PROMs that can be searched by language and construct of interest.

This resource was developed by CQUEST to support nationwide efforts to make cancer clinical research more inclusive of cultural and linguistically diverse patients.

The web resource also includes information and links to a small number of PROMs available or being developed for Aboriginal and Torres Strait Islander people.

If you have ideas on how to improve this resource, please contact CQUEST via cquest@uts.edu.au.

Contributed by: Tim Luckett and Brendan Mulhern

Cancer Symptom Trials (CST)

The burden of appetite-related distress at the end of life

People with end-stage illnesses typically have a high symptom burden. They often experience multiple distressing symptoms that can impact on quality of life and clinical outcomes. Relief of such symptoms is a core function of palliative care. Loss of appetite (anorexia), early satiety, food aversions, changed tastes and reduced food intake are very common symptoms in this population and frequently linked to patient and family distress.

Dr Mariana Sousa, PaCCSC and UTS Chancellor's Postdoctoral Research Fellow, explores the relationship between end-stage illnesses and appetite-related distress, drawing on her latest publication as a reference for data.

Read more here:

https://www.uts.edu.au/research-and-teaching/our-research/impacct/news-0/burden-appetite-related-distress-end-life

Consumer voices on finding a clinical trial

Dr Vanessa Yenson, CST Research Assistant-writer has been involved with ConViCTioN as a cancer survivor/consumer advocate since its formation in late 2021. This group arose from a NSW Health-funded initiative to increase clinical trial awareness and participation in NSW (project team: Sydney Health Partners, Health Consumers NSW, Northern NSW Local Health District and AccessCR).

On 27 May, Vanessa was interviewed in a clinical trial information webinar: Consumer Voices on Finding Clinical Trials, about her experience as a clinical trial participant.

Read more and access the webinar recording.

https://www.uts.edu.au/research-and-teaching/our-research/impacct/news-0/consumer-voices-finding-clinical-trial

Pancreatic cancer diet and nutrition

Earlier this year, Dr Amanda Landers, ASPERT Principal Investigator, and Dietitian Helen Brown co-presented a webinar with PanKind that was focused on managing diet and nutrition for people with pancreatic cancer. The presentation includes tips on how to get the best out of pancreatic enzyme replacement therapy (PERT) and an update on the ASPERT research group's recent work.

Watch the webinar:

https://pankind.org.au/patient-carer-hub/webinars/

Find out more about the ASPERT Research group including current and upcoming surveys:

www.uts.edu.au/aspert

IMPACCT Rapid Program

Ondansetron for nausea and vomiting – series 48

Nausea is a common and distressing symptom for people with advanced illness. While nausea caused by chemotherapy and/or radiotherapy has been intensively studied and multiple medications, including ondansetron, have proven to be beneficial, it has not been effectively studied for people with non-cancer-related nausea. Despite this, it has become common clinical practice to prescribe ondansetron for nausea for non-cancer-related nausea.

In this series, we seek to understand the role of ondansetron for people with nausea unrelated to cancer treatment.

Clinicians who are prescribing or administering ondansetron can collect data for these series. Get involved: www.uts.edu.au/rapid.

Contributed by: Linda James

UTS

Cancer Symptom Trials (CST)

QUOKKA Research Program: QUality OF Life in Kids, Key evidence to strengthen decisions in Australia

A key issue in health economics is the methods used to measure and value paediatric health related quality of life (HRQoL) for use in resource allocation.

This is because methods conventionally used to measure and value adults' HRQoL don't necessarily translate to the assessment of paediatric HRQoL. Therefore the values used in the allocation of healthcare resources for paediatric health conditions may not be sensitive to all of the impacts of the treatment on the population, nor reflect their preferences.

This potential evidence gap has resulted in a large multi institution programme of work that seeks to improve the ways of obtaining values for paediatric HRQoL. The "QUality OF Life in Kids: Key evidence to strengthen decisions in Australia (QUOKKA)" program is funded by the MRFF, and includes chief investigators from the University of Melbourne, the University of Technology Sydney, Murdoch Children's Research Institute, Flinders University, Monash University and Curtin University.

The body of evidence being built from the QUOKKA research program can be used as evidence in budget allocations and setting priorities for paediatric interventions. It includes 6 major projects focused on understanding the performance of paediatric HRQoL measures for both self and proxy report, qualitatively and quantitatively testing approaches to valuing paediatric health in both young people and adults, understanding the equivalence of values across populations, and generating value sets for use in decision making in Australia.

Work on QUOKKA is currently ongoing. Further information can be found on the website:

https://www.quokkaresearchprogram.org/

Contributed by: Alice Yu and Brendan Mulhern

What is CREST up to?

CREST health economics workshop

CREST was very pleased to be able to hold its first face-to-face workshop since the start of the COVID-19 pandemic! We were pleased to have attendees from ANZSA, TROG, PC4 and AGITG.

The workshop provided theory and practical examples to cover study design for economic evaluation in cancer research, identifying, valuing and measuring outcomes and costs and interpreting the results of economic evaluations. Look out for advice notice of our next capacity building activity—a webinar series in September to focus on how the data we collect from clinical trials is used in making reimbursement decisions.

CREST monthly drop-in Health Economics Clinics

CREST is hosting monthly drop-in Health Economics clinics. The purpose of the clinics is for researchers to discuss any issues they might have around incorporating health economics into their research ideas/concepts/ protocols. The clinics are held via Zoom and facilitated by members of CREST.

If you have a research idea (at any stage of development) and would like health economics input, please bring your research proposal and questions along.

If you are interested in registering for the drop-in clinic, please contact your CTG or CREST (crest@uts.edu.au) for further information on how to participate.

Trial Group Collaborations

- Concept development workshops (multiple groups)
- TROG Secondary Data Committee Meeting.
- AGITG Working Party meetings.
- ANZUP Tumour Stream meetings.
- ALLG specific investigator meetings.
- GCCTI Scientific Steering Group meeting

Other Activities

- Ongoing correspondence with Clinical Trial Groups.
- Providing ongoing health economic technical support to the Clinical Trial Groups in the form of concept, grant and protocol reviews and advice.
- Provided ongoing mentoring and guidance for those partaking in the CREST Structured Training Opportunity.