

# Patient–Provider Discussion About Cancer Treatment Costs and Out-of-Pocket Spending: Implications for Shared Decision Making in Cancer Care



Health-related financial burden and distress are common in patients with cancer due to the high cost of cancer care and treatment. Many patients who are dealing with financial distress mitigate their cost responsibility by skipping medications or deferring necessary care. It is currently unknown how many patients with cancer engaged in patient–provider cost discussions about their treatment plan and how much of an effect such discussions can have on actual patient out-of-pocket spending.

Hong et al. (2020) recently conducted a study to investigate the effect of patient–provider cost discussions on patient out-of-pocket spending. Also, the study examined whether having the cost discussions are associated with receipt of necessary cancer treatment. (1)

The study utilised data from the 2016–2017 Medical Expenditure Panel Survey–Experiences with Cancer Survivorship Supplement, by identifying cancer survivors in the United States who reported having a detailed discussion about treatment costs. Multivariable generalised linear model with gamma distribution and log-link was fitted to analyse average total out-of-pocket spending between those who had the discussion and those who did not. The study examined whether having a cost discussion is associated with the likelihood of reporting receipt of all necessary cancer care using a multivariable logistic regression model. All analyses were controlled for patient socioeconomic and health-related characteristics.

Among 1,525 individuals, only 10.4% (95% confidence interval [CI], 8.7%–12.1%) reported having a detailed cost discussion with their providers during their cancer care. Having a cost discussion was associated with

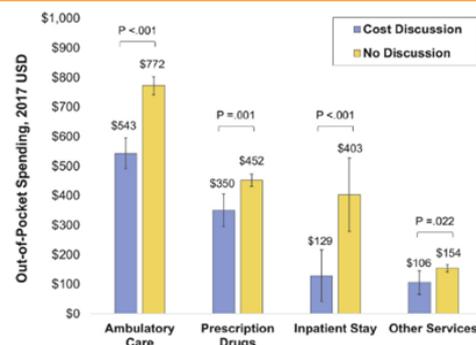


Figure 1: Mean out-of-pocket spending by cost category

a -33.8% reduction in (95% CI, -38.2% to -29.6%; an absolute difference of -\$478) average total out-of-pocket spending (Table 1). The probability of receiving all necessary patient-reported cancer care was not different between those who had the discussion and those who did not.

When stratified by service types (Figure 1), having a cost discussion was associated with lower total out-of-pocket spending in ambulatory care (-29.8%; absolute difference, -\$230), inpatient stay (-67.9%; absolute difference, -\$273), prescription drugs (-22.6%; absolute difference, -\$102), and other services types (-31.2%; absolute difference, -\$48).

The study concluded that detailed patient–provider cost discussions were associated with lower average total out-of-pocket spending. Patients who had detailed cost discussions with providers did not seem to sacrifice the appropriate utilisation of necessary cancer treatments. Due to the low rate in current practice, the authors emphasized the need to identify and overcome barriers to patient–provider cost communication in cancer survivorship care delivery.

Contributed by Terence Khoo

- Hong YR, Salloum RG, Yadav S, Smith G, Mainous III AG. Patient–Provider Discussion About Cancer

	Mean, 2017 USD (95% CI)*				
	Discussion about cancer care costs		Absolute difference (95% CI)	Relative difference (95% CI)	P value
	Yes	No			
All cancer survivors	939 (848–1029)	1417 (1372–1462)	-478 (-582 to -375)	-33.8% (-38.2% to -29.6%)	<.0001
By age					
18–64	862 (732–991)	1373 (1291–1456)	-511 (-665 to -359)	-37.2% (-43.3% to -31.9%)	<.0001
65+	1092 (934–1249)	1457 (1397–1517)	-365 (-537 to -193)	-25.1% (-33.1% to -17.7%)	<.0001
By survivorship phase					
In treatment	1306 (1111–1500)	1638 (1537–1740)	-333 (-551 to -115)	-20.3% (-27.7% to -13.8%)	.0029
Posttreatment	733 (659–807)	1227 (1186–1267)	-494 (-576 to -412)	-40.3% (-44.4% to -36.3%)	<.0001

\*Mean out-of-pocket spending was estimated using multivariable generalized linear model with log link and gamma distribution including age, sex, race/ethnicity, marital status, education, employment, family income, census region, survey year, type of health insurance, general health status, number of comorbid conditions, time since cancer treatment, number of visits to care, and hospitalization.

Table 1: Out-of-pocket spending among cancer survivors

Treatment Costs and Out-of-Pocket Spending: Implications for Shared Decision Making in Cancer Care. Value in Health. 2020 Sep 12. <https://doi.org/10.1016/j.ival.2020.08.002>

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## Australasian Gastro-Intestinal Trials Group (AGITG)

# AGITG

## AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP

AGITG conducts clinical trials in gastro-intestinal (GI) cancer, and supports research through awards, grants, and events including our Annual Scientific Meeting.

Two new AGITG studies have opened this year. The first, FORECAST-1, was awarded the 2019 AGITG Innovation Fund grant. It is studying whether using new technology known as Patient-Derived Tumour Organoids can be used to model the effectiveness of anti-cancer therapies in the lab. It is currently enrolling patients with metastatic colorectal cancer.

The second, OXTOX, was awarded the AGITG Innovation Fund grant in 2018. It is investigating whether ibudilast can prevent or reduce the side effects of oxaliplatin chemotherapy for people with metastatic colorectal cancer. The first trial site for OXTOX opened at Concord Cancer Centre at the beginning of December.

The RANDOMS study, a substudy of the MASTERPLAN trial, was funded through community support this year. It is set to open to patients with pancreatic cancer in early 2021, aiming to uncover critical information on how to measure the impact of nutrition on survival outcomes for patients, and examine whether a fast and simple nutritional test called PGSGA can

match the results provided by a complex and expensive CT body composition scan.

There has been incredible support from the community for GI cancer research this year. As a result our community-funded trials will grow in 2021, as we are able to offer three AGITG Innovation Fund Grants of up to \$200,000 each this year. The grant recipients will be announced in December.

The second AGITG **Idea Generation Workshop** was held in November, convened by Professor Martin Stockler and Associate Professor Lara Lipton. The workshop focused on early-stage oesophageal cancer research and four of the ideas presented at the workshop for new clinical research projects are now being progressed.

### **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.

- ◆ In March 2021, Associate Professor Nick Pavlakis will lead the Mt Kosciuszko Gutsy Challenge to climb Australia's highest mountain at 2,228m. This

one-day/two night trekking adventure will take you to the rooftop of Australia.

- ◆ In September 2021, 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.

There are places open on both treks for the unique opportunity to challenge yourself, take in some of the country's most iconic landmarks, and raise vital funds for GI cancer research.

*Contributed by Jennifer Worgan*

## Trans-Tasman Radiation Oncology Group (TROG)

### TROG 15.01 SPARK trial a breakthrough in prostate cancer research

With over 16,000 Australian men estimated to be diagnosed with prostate cancer in 2020, TROG Cancer Research is proud to share its latest breakthrough with the [TROG 15.01 SPARK Trial](#).

The clinical trial, led by [Professor Paul Keall](#) and [Associate Professor Jarad Martin](#), proposed the use of kilovoltage intrafraction monitoring (KIM) technology in addition to stereotactic body radiation therapy (SBRT) to provide more accurate results when targeting cancer cells.

Patients were recruited across five different sites - Calvary Mater (Newcastle), Royal North Shore Hospital (Sydney), Liverpool Hospital (Sydney), Westmead Hospital (Sydney) and the Peter MacCallum Cancer Centre (Melbourne).

The trial followed each patient for 24 months after completing treatment to ensure success and to check that the disease did not re-occur. The last patient to have completed the two year follow up was in March 2020.

The goals of the clinical trial were to:

- ◆ Test KIM's cancer targeting accuracy,
- ◆ Analyse the impact of the targeting accuracy on the radiation dose received by a patient, and



*Professor Jarad Martin*

- ◆ To assess the clinical outcomes, side effects and cancer control when using these treatments.

The use of KIM technology is what makes this trial stand out, as it is the first-ever cancer treatment with real-time motion and rotation monitoring. This Australian-developed method is perfect for finding the position of cancer targets in real-time during the radiation therapy process.

For prostate cancer patients, this trial presents the opportunity for larger doses of radiation therapy to be given at each treatment session. Ultimately, this means that the number of treatments needed are significantly reduced. For example, a patient who

previously required 40 visits may need as few as five.

In addition to reducing the number of treatments required, the KIM technology reduced the side effects commonly experienced after treatment due to the lower toxicity and less frequent treatment.

To learn more about the TROG 15.01 SPARK 15.01 trial, check out the [journal publication in the International Journal of Oncology](#).

### TROG Cancer Research prepare for another successful virtual ASM

With the [success of their first virtually held Annual Scientific Meeting \(ASM\)](#), TROG Cancer Research is preparing to host its ASM event online again from [23-24 March 2021](#).

The theme of the TROG 2021 Virtual ASM will be "Online and Onwards", with [registration now open](#).

*Contributed by Susan Goode*

## Health Economic Models for Metastatic Colorectal Cancer: A Methodological Review

Colorectal cancer (CRC) imposes a substantial health burden on patients and societies globally due to its relatively high incidence and mortality. About 25% of all CRC patients present with metastatic disease at their initial diagnosis and it is estimated that a similar proportion of patients will develop metastases during the course of their disease. Only about 14% of patients with metastatic CRC (mCRC) are alive 5 years after diagnosis of their metastatic disease.

Degeling et al. (2020) recently conducted a systematic review to provide a comprehensive and detailed review of the structural and methodological assumptions in model-based cost-effectiveness analyses of systemic mCRC treatments and the potential impact of those assumptions on the estimated cost-effectiveness of treatments. (1)

The review searched five databases (EMBASE, MEDLINE, Cochrane Library, Health Technology Assessment and National HealthService Health Economic Evaluation Database) on 26 August 2019 for model-based full health economic evaluations of systemic mCRC treatment. The search yielded 1,418 publications, of which 54 were included, representing 51 unique studies. The Consolidated Health

Economic Evaluation Reporting Standards (CHEERS) checklist was used to assess the reporting quality of included publications (Figure 1).

As shown in Figure 2, most studies focused on first-line treatment (n = 29, 57%), followed by third-line treatment (n = 13, 25%). Model structures were health state driven (n = 27, 53%), treatment driven (n = 19, 37%), or a combination (n = 5, 10%). Cohort-level state-transition modelling (STM) was the most common technique (n = 33, 65%), followed by patient-level STM and partitioned survival analysis (both n = 6, 12%). Only 15 studies (29%) reported some sort of model validation. Health economic outcomes for specific strategies differed substantially between studies. For example, the calculated cost for first-line treatment with fluorouracil, leucovorin and oxaliplatin (FOLFOX) ranged from US\$8,125 to US\$126,606. Most studies adopted the healthcare payer perspective (n = 44, 86%). The primary analysis in most studies was a cost-utility analysis with QALYs as

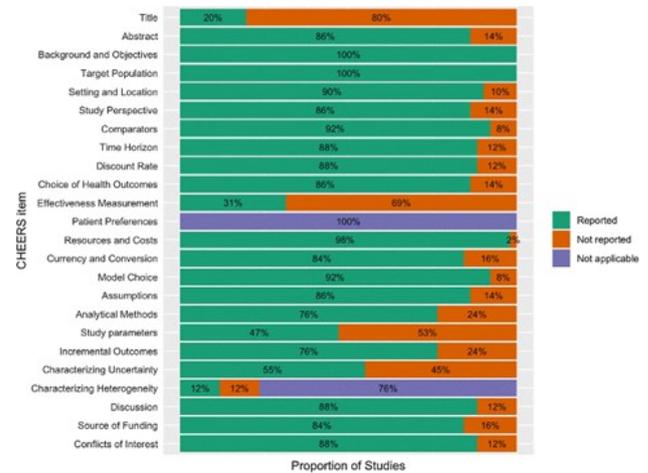


Figure 1: Assessment using CHEERS checklist

health outcomes (n = 41, 80%). The time horizons adopted by the studies ranged from 22 weeks to lifetime.

The study concluded that model-based cost-effectiveness analyses of systemic mCRC treatments had adopted varied modelling methods and structures, resulting in substantially different outcomes. The focus of most models on first-line treatment without consideration of downstream treatments resulted in uncertainty in the cost-effectiveness of therapies across treatment lines. The authors stated that future model-based analyses need to appropriately represent the course of treatment of mCRC (i.e. treatment sequences), reflect the impact of local treatment of metastatic disease, adopt a treatment-driven structure and select an appropriate control strategy.

Contributed by Terence Khoo

1. Degeling K, Vu M, Koffijberg H, Wong HL, Koopman M, Gibbs P, IJzerman M. Health Economic Models for Metastatic Colorectal Cancer: A Methodological Review. *Pharmacoeconomics*. 2020 Jul;38(7):683-713. <https://doi.org/10.1007/s40273-020-00908-4>

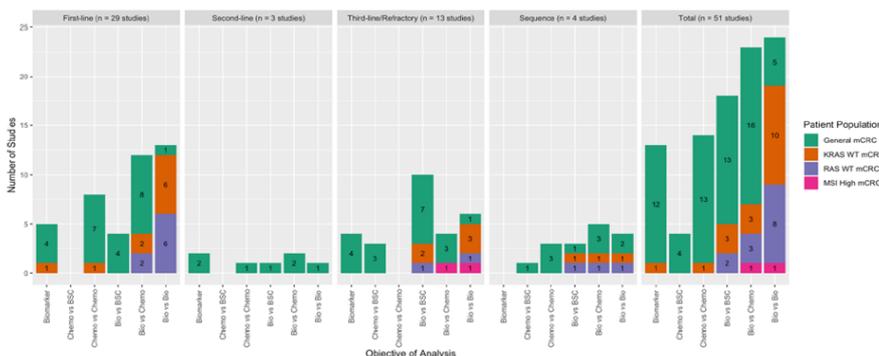


Figure 2: Number of studies based on the objective of analysis for different lines of treatment and patient populations

## Primary Care Collaborative Cancer Clinical Trials Group (PC4)



The Primary Care Collaborative Cancer Clinical Trials Group (PC4) has continued to support the advancement of high-quality cancer research in primary care.

Our first webinar in collaboration with The Cancer and Primary Care Research International Network (Ca-PRI) was held on Thursday 1st October and was a great success. The interactive event was an opportunity to connect with and hear from members about their research on the impact of COVID-19 on cancer diagnosis and care.

Speakers presented from the USA, Europe, and Australia and the event was facilitated by Professor of Primary Care Oncology at the University of Leeds - Richard Neal. Associate Professor Sanja Percac-Lima spoke on *the impact of COVID-19 on patient navigation program for community health centers' patients*. Dr Koen Degeling spoke on *estimating the mortality and health economic impact of delayed access to cancer services*. Professor Henk van Weert spoke on *effects of COVID-19 on cancer care and early diagnosis*.

Our monthly podcast, **Research Round-up**, returned after a COVID-19 induced hiatus. **Research Round-up** has had some excellent guests over the last six months with PC4's Dr Kristi Milley diving into current research and how this impacts primary care.

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

The 2019/20 financial year was a huge success for PC4. We celebrated a record year of funding with over \$10 million received. This funding will support 15 new cancer in primary care studies.

Our Annual Report highlights PC4's key achievements and milestones. It is also a celebration of our community. PC4 would like to thank all our committee members and consumers for their hard

work in helping PC4 thrive and continue to grow. We look forward to another successful year in 2020/21. The report is able to be downloaded [here](#).

In late 2020, we welcomed some familiar and some fresh faces on both our Advisory and Scientific Committees. We're looking forward to collaborating with our new members to develop new cancer in primary care research. You can view our Advisory Committee [here](#) and our Scientific Committee [here](#).

*Contributed by Carmody Forbes*

## Interested in cancer in primary care research?

### SUBSCRIBE TO PC4'S RESEARCH ROUND-UP

A monthly podcast conversation that deep dives into recently published cancer in primary care research.

VISIT [PC4TG.COM.AU/PODCASTS](http://PC4TG.COM.AU/PODCASTS)



## Breast Cancer Trials (BCT)

### New Clinical Trials

Breast Cancer Trials (BCT) opened three new clinical trials in 2020:

- ◆ **CAPTURE** – This is an Australian clinical trial which will enrol 140 patients. It is open to both women and men diagnosed with estrogen-receptor (ER) positive and human epidermal growth factor receptor 2 (HER-2) negative breast cancer that has returned after treatment with a CDK4/6 inhibitor (such as ribociclib, palbociclib, abemaciclib). The CAPTURE clinical trial will investigate if treatment with a PI3K inhibitor (alpelisib), in combination with fulvestrant, will improve outcomes for patients with metastatic breast cancer when compared with standard treatment. The Study Chair is Professor Sarah-Jane Dawson.
- ◆ **Breast MRI Evaluation** – This is an Australian study which will enroll at least 400 patients. It is open to women diagnosed with breast cancer and where the medical treatment team suggest that a scan using magnetic resonance imaging (MRI) of the breast will help plan treatment. This study aims to find out if having a breast MRI after being diagnosed

with breast cancer might change plans for treating the breast cancer and how this might affect patient outcomes. The Study Chair is Professor Christobel Saunders.

- ◆ **Neo-N** - Neo-N is an international clinical trial which will enroll up to 108 participants. It is open to both women and men diagnosed with unilateral triple negative early breast cancer. The Neo-N clinical trial will investigate if using an immunotherapy drug alone prior to the combination of immunotherapy and standard chemotherapy is safe and effective in treating breast cancer before surgery. The BCT Study Chair is Professor Sherene Loi.

### New Board Director

Professor Sherene Loi was elected to the BCT Board of Directors this year and is a member of BCT Scientific Advisory Committee. Professor Loi is a Medical Oncologist specialising in breast cancer treatment as well as a clinician scientist with expertise in genomics, immunology and drug development. She is the Head of the Translational Breast Cancer Genomics and Therapeutics laboratory at the Peter MacCallum Cancer Centre, Melbourne, as well as Consultant

Medical Oncologist in the Breast Service and head of the Breast Cancer Clinical Trials Unit.

### Save the Date – Annual Scientific Meeting



*Professor Sherene Loi*

The 2021 Annual Scientific Meeting will be held from 28-30 July 2021. More details about the event will be available in the new year.

### The Breast Cancer Trials Podcast

Stay up to date with research news and breast cancer topics by listening to the Breast Cancer Trials Podcast. You can search for BCT podcasts on Apple Podcasts or Spotify, or they are available on our website at [www.breastcancertrials.org.au](http://www.breastcancertrials.org.au).

*Contributed by Anna Fitzgerald*



## Australia New Zealand Gynaecological Oncology Group (ANZGOG)



Improving life for  
women through  
cancer research

2020 has been a good year for ANZGOG and its research portfolio, although definitely challenging at times coping with COVID-19. We have more trials underway than at any prior time. During the year we opened two new trials – STICs and STONES and IGNITE – and completed recruitment on the MOCCA study. We were excited with the news that three ANZGOG-led studies were awarded grants totalling \$4.3m by the Medical Research Future Fund - HyNOVA, ADELE and PARAGON II. In addition to this, our translational research initiative TR-ANZGOG was officially launched in October with aims to accelerate future gynaecological cancer research.

ANZGOG also passed its milestone of conducting clinical trials in Australia and New Zealand for 20 years, with a number of other milestones achieved with over 1,065 members; 60 studies supported over this time including 37 clinical trials with over 4,000 patients.

### TR-ANZGOG LAUNCHES

Translational ANZGOG, 'TR-ANZGOG', is a significant ANZGOG research initiative and will support ANZGOG's goal to develop world-class translational research in gynaecological cancers. The initiative was officially launched by Professor Anna DeFazio at ANZGOG's first virtual Annual General Meeting on 22 October.

In consultation with sector experts across diverse specialities, TR-ANZGOG has developed the key processes, policies and resources needed to integrate TR-ANZGOG with prospective ANZGOG trials.

Find out more about TR-ANZGOG [here](#).

### ANZGOG'S ANNUAL SCIENTIFIC MEETING 2021

ANZGOG invites you to join us at the ANZGOG Virtual Annual Scientific Meeting 2021. The conference will be held over two days, Friday 5 February for the popular Pure Science Symposium, and Friday 12 February for the main conference program.

Three distinguished international speakers will join from overseas:

- ◆ 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).

The ANZGOG Virtual ASM 2021 program theme is:

***From Research to Clinical Practice - Patient-Reported Outcomes in Gynaecological Cancers***

We look forward to bringing this interesting and dynamic program to you virtually in 2021.

Early bird registration closes 21 December, register your place [here](#).

Despite the difficulties this year presented, ANZGOG and its members have plenty to look forward to in 2021 with promising new trials in the pipeline, an exciting endometrial cancer initiative and our Virtual Annual Scientific Meeting.

I wish to thank our many committed members who give their time voluntarily and our staff for helping to ensure ANZGOG has continued to conduct its trials during this difficult time.



*Contributed by Associate Professor Philip Beale, Chair of ANZGOG*

## Cancer Symptom Trials (CST)

### Clinical challenges in malignant wound management

CST is pleased to be collaborating with Professor Liz Harry, Professor of Biology at the ithree institute, to seek innovative treatments for managing wounds for people living with cancer

On Thursday 19 November, Professor Harry, facilitated a CST-hosted virtual workshop to explore study ideas seeking to better manage malignant wounds.

Malignant wounds can be challenging to manage as well as distressing for patients and families. At the workshop, an engaged group of researchers and

clinicians heard presentations of new study ideas as well as work in progress from national and international researchers.

The workshop highlighted the importance of setting priorities to better management malignant wounds. The IMPACCT Rapid Program will shortly be launching a new series on malignant wound management to better understand current wound management practices around the world, which will inform research priorities for malignant wound management for CST.

*Contributed by Linda James*



*Professor Liz Harry*

## PaCCSC and CST Annual Research Forum 2021



The PaCCSC and CST Annual Research Forum is our principal annual event. Past forums have supported new study ideas, provided networking opportunities and forged new collaborations.

We're back in 2021 with the theme Clinical Trials in a Changing World. This will be a joint forum for both PaCCSC and CST, bringing together leaders in palliative care and cancer symptom management.

Don't miss this chance to hear from our keynote speaker, Dr R Sean Morrison, Director of the National Palliative Care Research Center in New York. More information about the program and speakers will be updated at the link below in the coming weeks.

### Event details

- Date/time: Thursday 11 March 7.30am – 6.00pm AEDT  
Friday 12 March 7.30am – 10.00am AEDT
- Where: Online via Zoom
- More info: [PaCCSC and CST Annual Research Forum 2021](#)
- Register: [Forum registration](#)
- Contact: [PaCCSC@uts.edu.au](mailto:PaCCSC@uts.edu.au)

## Is prostate specific membrane antigen (PSMA) PET/CT imaging cost-effective in prostate cancer: an analysis informed by the ProPSMA trial

The recently published [proPSMA randomised controlled trial](#) showed that the use of PSMA-PET/CT was more accurate than conventional imaging (CT and bone scan) for the detection of nodal and distant metastases in men with high-risk prostate cancer. Before integrating PSMA -PET/CT into routine care, it is important to assess if the benefits justify the differences in resource use.

A cost-effectiveness analysis was developed by de Feria Cardet et al<sup>1</sup> utilising data from the proPSMA study. proPSMA included patients with high-risk prostate cancer assigned to conventional imaging or 68Ga-PSMA-11-PET/CT with planned health economics data collected. The cost-effectiveness analysis was conducted from an Australian societal perspective using a decision tree analysis of the cost per accurate diagnosis.

The results showed that PSMA -PET/CT was dominant, having both better accuracy and a lower cost at \$1,203 per scan compared with \$1,412 per scan for conventional imaging. This was largely due to the difference in the time required for uptake of the contrast media. The results were most sensitive to variations in the number of men scanned for each 68Ga-PSMA production. Further research is required to assess how the use of PSMA-PET/CT impacts on the costs and outcomes of longer term care.

*This work has been accepted for publication in the journal European Urology, and was awarded the Best of the Best Oral Presentation at the 2020 ANZUP mini-ASM. Congratulations to the proPSMA team!*



Figure 1: Difference in costs

<sup>1</sup> de Feria Cardet, Hofman, Segard, Yim, Williams, Francis, Frydenberg, Lawrentschuk, Murphy, De Abreu Lourenco, Is prostate specific membrane antigen (PSMA) PET/CT imaging cost-effective in prostate cancer: an analysis informed by the ProPSMA trial, European Urology, Accepted December 2020, Forthcoming.

This work was funded by Movember and Prostate Cancer Foundation of Australia and co-badged by ANZUP.

## The Psycho-oncology Co-operative Research Group (PoCoG)

With COVID-19 disrupting many PoCoG research projects underway, in the second half of 2020 we focused on new research studies exploring the impact of COVID-19 on cancer care in Australia.

These studies are exploring the experiences and perspectives of cancer patients/survivors and their family members, health professionals working in cancer care, and non-government cancer services, with a focus on treatment decisions during the COVID-19 pandemic and the longer term impact of COVID-19; and psycho-oncology clinicians' experiences delivering psycho-oncology services using telehealth to identify the barriers and enablers to implementation. This will inform future implementation strategies for use of telehealth as a model of care in psycho-oncology.

We're also proud to report that PoCoG SAC Chair A/Professor Dhillon was successful in leading an MRFF grant application totalling almost \$5million, addressing the needs of people with brain cancer.

This represents the largest research grant achieved by PoCoG and reflects

the work of a partnership with the Cooperative Group in Neuro-Oncology (COGNO), Cancer Symptom Trials Group (CST) and Primary Care Collaborative Trials Group (PC4).

The BRAINS program (Brain cancer Rehabilitation, Assessment and Intervention for survivorship Needs) will deliver care that encompasses implementing screening for needs assessment and symptoms; exploring optimal models of survivorship care; addressing information needs of patients and carers; caring for caregivers and examining rehabilitative and supportive care interventions in this population.

Over the last six months our special interest groups have hosted a lunchtime webinar series. This exciting and informative series has explored a wide range of topics including

- ◆ New intervention models to boost access to FCR treatments
- ◆ Cutting edge South Australian ECR research
- ◆ Agility and adaptation: Expanding best practice palliative care to vulnerable groups among trying

global times

- ◆ Maintaining track record for ECRs
- ◆ Implementation science in psycho-oncology
- ◆ Clinicians in psycho-oncology research
- ◆ Cancer prevention during and beyond Covid-19

All of these webinars are available to watch on the PoCoG YouTube channel.

The strong interest from PoCoG members as well as the wider oncology community highlights the importance of our special interest groups as forums for building collaboration and setting the psycho-oncology research agenda. We now have groups for psychosocial research among AYAs, clinician's research, early career researchers, end of life care, fear of cancer recurrence, implementation science, cancer prevention as well as a dedicated group for researchers and clinicians working in South Australia.

To learn more about PoCoG activities and to join visit [www.pocog.org.au](http://www.pocog.org.au)

*Contributed by Bonnie Laxton-Blinkhorn*



Psycho-oncology Co-operative Research Group

## Australia New Zealand Urogenital and Prostate (ANZUP)

### Trial News

In 2020 ANZUP's ENZAMET clinical trial (ANZUP 1304) continues to be recognised. On 1 December 2020, ENZAMET scooped the pool at the ACTA Trial of the Year Awards Ceremony. ENZAMET won the 2020 ACTA Trial of the Year Award, the ACTA STInG Award for Excellence in Trial Statistics and the Consumer Involvement Award. A fantastic achievement and the first trial to win all three awards!



Winners of ACTA Trial of the Year Awards: Ian Davis, John Zalberg, Anne Kelso L-R)

Our DASL-HiCaP trial (ANZUP 1801) continues to open more sites across the country and recently opened its first overseas site in New Zealand, bringing the total to 24. The trial has recruited 75 patients since opening on 30 April, and set to open in US, Canada, UK and Ireland in early 2020.

Another exciting announcement is that the UNICAB trial (ANZUP 1802) has brought on its first teletrial site at Goulburn Valley Hospital (Shepparton) under Border Medical Oncology (Albury). This marks an ANZUP first and we look forward to ever expanding the availability of our trials to rural and regional patients.

Other studies to spotlight include the ENZA-p trial (ANZUP 1901). The team have continued their momentum since opening in August and have recruited 12 patients so far. Congratulations also to the P3BEP team who recruited 144 patients and are approaching their

accrual target of 150 participants for stage 1 of the study. Our PCR MIB study (ANZUP 1502) has just 6 more patients to recruit to reach its accrual target.

Congratulations to all the ANZUP trial teams for their great achievements during the many challenges faced in 2020.

### #ANZUP2020 Mini Annual Scientific Meeting (ASM)

ANZUP also just hosted their first ever virtual ASM on 29 and 30 November with over 300 attendees. We had an impressive two-day program, including a stellar international speaking line-up featuring Cristiane Bergerot, Alison Birtle, Robert Bristow, Felix Feng, Silke Gillissen, Alicia Morgans, Tom Powles, Chris Sweeney and Bertrand Tombal. Popular sessions included the Nurses and Allied Health Session, MDT Master Games, ANZUP Symposium, ANZUP in Conversation, trial updates, the hotly anticipated ANZUPx sessions, as well as virtual poster discussant rooms.

We continue to plan and hope that our 2021 ASM will see us back to a face-to-face meeting. We are planning to hold the ASM in Adelaide from 18-20 July, ably led by our 2021 convener A/Prof Nick Brook. So save the date and we hope we can see you in person!



First virtual Annual Scientific Meeting (ASM)

### Asia Pacific Advanced Prostate Cancer Consensus Conference

On Monday 26 October ANZUP hosted



Advanced Prostate Cancer Consensus Virtual Conference Asia-Pacific 2020

the 2nd Advanced Prostate Cancer Consensus Conference (APCCC), Asia-Pacific (APAC) Satellite Symposium, meeting and the first time held virtually. The meeting involved 25 multidisciplinary clinicians from 14 countries: Australia, Hong Kong, India, Indonesia, Japan, Malaysia, New Zealand, Philippines, Singapore, South Korea, Taiwan, Thailand, Turkey and Vietnam.

The meeting was a great success and focused on five topics discussed at APCCC viewed as most critical for the Asia-Pacific region, as well as an additional discussion about the impact of COVID-19. We are in the process of preparing a paper from the discussions to be submitted for publication in the BJUI.

### Below the Belt #YourWay Challenge

In September ANZUP held our inaugural virtual Below the Belt #YourWay Challenge. During the month 237 challengers and 43 teams ran, walked, cycled and swam 72,783 kms across Australia, New Zealand, UK and beyond, and raised an extraordinary \$173,000 for 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.

Contributed by Nicole Tankard

## Australia and New Zealand Sarcoma Association (ANZSA)

With COVID-19 cases stabilised across Australia, which resulted in easing of restrictions, the Australia and New Zealand Sarcoma Association (ANZSA) continues to operate in this ‘new normal’ with our research and clinical trials as a priority.

### **ANZSA Virtual ASM 2020**

While it was unfortunate that we were unable to organise a face-to-face Annual Scientific Meeting (ASM) this year due to COVID-19, we held our first virtual ASM via Zoom Webinar this year.

It was a success where we hosted over 250 local and international delegates over two days (8th and 9th October). This year’s ASM theme was “Sarcoma: What’s New in 2020”.

This year, we had our inaugural “The Professor Martin Tattersall Lecture” (in honour of Prof Martin Tattersall AO), delivered by Dr Angelo Paolo Dei Tos, Professor of Pathology, University of Padua School of Medicine and Director, Department of Pathology, Azienda Ospedaliera Universitaria di Padova, Italy.

Dr Paolo’s lecture titled: “What’s new in 2020 (WHO classification of soft tissue tumours)” provided an update on the classification of soft tissue sarcomas followed by a panel discussion with pathologists from Australia and New Zealand.

The second day of the ASM saw Dr Kristy Weber, the Chief of Orthopaedic Oncology at Penn Medicine and the Director of the Sarcoma Program at the Abramson Cancer Center, USA, and first woman president of the American Academy of Orthopaedic Surgeons (AAOS), speak on “Kids, dogs, lesions, and lumps: Current challenges and future directions in sarcoma”.

Throughout the two ASM days, we had local sarcoma specialists from various disciplines and researchers providing updates in the field of their expertise on the challenges and advancement of sarcoma diagnosis and treatment.

We thank all our ASM sponsors, organising committee, speakers and delegates (local and international) for making this first virtual ASM a success.

### **Sarcoma Guideline Working Group**

ANZSA is currently working on updating and refreshing the Sarcoma Guidelines for clinical practice using NHMRC and GRADE methodology to ensure high-quality guidelines based on current evidence. A working group is represented by a multidisciplinary team of sarcoma specialists and consumers to provide a comprehensive take on the guideline topics.

### **Database Working Group**

A Sarcoma Database Working Group (DBWG) was formed in Q1 2020 after a constructive discussion at the preceding Scientific Advisory Meeting, acknowledging the importance of having a committed driving force behind database-related projects and research output. This group consists of five medical oncologists, one surgeon,

one radiation oncologist and four data managers from four sarcoma referral centres in Australia. The group will meet quarterly to generate research questions to build into multi-site studies and to track the progress of active studies. As the sarcoma data from seven sarcoma services across five states and territories mature, many more opportunities will arise to generate patient-centred evidence on oncological care that can better guide treatment decisions and policies.

Looking at the year we have had, we are grateful that ANZSA is in a fortunate position to work on our goals and vision, albeit with some minor disruption. We are thankful that the sarcoma community (clinical specialists, researchers, consumers, etc.) stuck together in unity to ensure that our clinical trials and research goals were met.

We also want to thank all our partners, philanthropic groups and members for their continued support, generosity and trust in us and the work we do. Happy Holidays and Merry Christmas in advance!

*Contributed by Dr Denise Caruso, CEO of ANZSA*



**ANZSA**  
Australia and New Zealand  
**Sarcoma Association**

## What has CREST been up to?

### Trial Group Collaborations:

Participated at the ACORD Virtual Meeting September – October 2020.

Attended the AGITG Upper and Lower GI Working Party Meetings – October 2020.

Participated at the GCCTI Workshop – October 2020.

Participated at various ANZUP Subcommittee meetings & Concept Development workshops - October & November.

Attended the ANZUP ASM – November 2020.

Attended the AGITG Idea Generation Workshop – November 2020.

Participated in PC4 Concept Development workshop – December 2020.

Participated in POCOG Concept Development Workshops – December 2020.

Attended TROG Scientific Committee Meeting – December 2020.

### Other Activities:

Ongoing correspondence with Clinical Trial Groups.

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

Scheduled meeting with Executive Officers of various Clinical Trial Groups and other Technical support services to discuss Health Economic needs and identify areas of collaboration.

**CREST wishes you and your family the warmest wishes for a wonderful holiday!**

