



Polygenic risk scores (PRSs) can be used to estimate an individual’s risk of developing particular conditions. In the cancer space, there has been much interest in using PRSs in cancer risk assessment, prevention and screening, which can assist with early detection in those individuals who are high risk. PRSs are currently being investigated in breast and colorectal cancer screening, but until now there had been no research that investigated what attributes of PRSs most likely influenced the choice to undertake a PRS test in Australia.

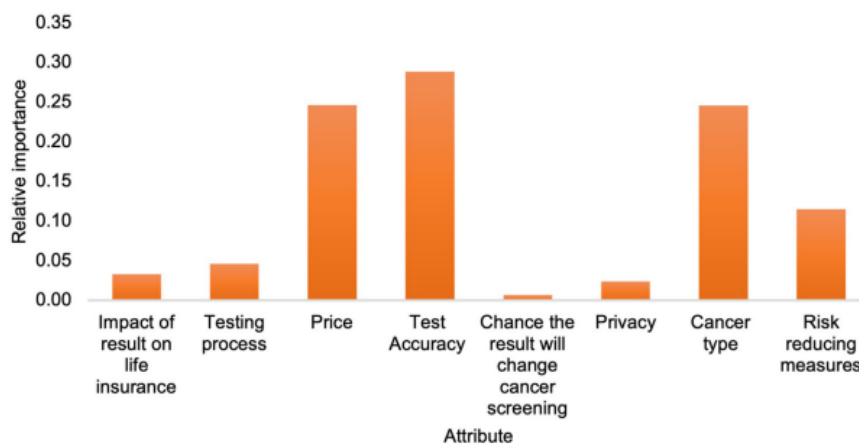
In their research, Venning & colleagues identified 8 attributes of a PRS and developed a discrete choice experiment (DCE) to investigate what influences individuals decisions to participate in PRS testing. In a DCE participants complete a series of tasks in which they choose between different alternatives, across a variety of questions, to determine the individuals preferences across the different alternatives. The 8 PRS test attributes that were investigated in this study were:

1. testing process (e.g., at home, through a primary care provider, or through a genetic specialist),
2. price,
3. test accuracy,
4. chance the result will change cancer screening,
5. privacy,
6. cancer type, and
7. risk reduction measures that are available to reduce risk (e.g, lifestyle changes, surgery, medication)
8. impact of result on qualifying for life insurance/life insurance premiums.

From the results of 1002 participants, the researchers found “test accuracy” and “cancer type” were most often ranked as the most important attributes, “privacy” and “impact of result on life insurance” were ranked as the least important attributes.

Participants preferred a test for cancer in which they would reduce their risk through lifestyle interventions, screening or medication, over cancers were there were no preventative measures or surgical interventions. There was also preference for testing through a primary care provider, e.g., general practitioner, over testing at home or through a genetic specialist. Participants also opted for tests that were highly accurate, assessed risk of multiple cancers, but did not affect life insurance. Higher prices had a negative impact on choice to undertake a test.

This study provided an overview of the factors that influenced Australian’s decision to participate in a PRS. This patient data can be used to inform the implementation and influence uptake of PRS testing in Australia. Some potential areas of further investigation identified by the researchers, include the need to upskill primary care providers to provide PRS testing, and assessing the clinical implications of PRS testing in cancer types where preventative measures are not available (e.g., pancreatic cancer).



Source: Venning, B., Saya, S., De Abreu Lourenco, R., Street, D. and Emery, J., 2022. Preferences for a polygenic test to estimate cancer risk in a general Australian population. *Genetics in Medicine*, Article in Press.

Figure 1: Relative attribute importance for a PRS test to estimate cancer risk

Contributed by Lutfun Hossain

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Australasian Gastro-Intestinal Trials Group (AGITG)

Annual Scientific Meeting

The AGITG's first in-person Annual Scientific Meeting in three years is nearly upon us, taking place at the Pullman Melbourne, Albert Park between 14-17 November.

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. The opening and closing plenaries are set to be highlights of the meeting:

- Big data, precision oncology and artificial intelligence with presentations by Prof Håvard Danielsen, Dr Eugene Koay and Prof Tim Pawlik
- Improving equity, diversity and inclusion in clinical trials: Introduction by Prof Dorothy Keefe, CEO Cancer Australia followed by a panel discussion with Prof Gail Garvey, A/Prof Reema Harrison, Dr Narayan Karanth, Dr Abhijit Pal and Dr Sabe Sabesan.

Our conference engages members with new research concepts, trial developments, diverse panel discussions and Q&A sessions. The ASM also offers several opportunities to secure development and funding for new trial concepts. [Join the AGITG membership](#) today to take advantage of these great opportunities.

Clinical Trial Portfolio

AGITG members continue to work tirelessly, to find better outcomes for people with cancer. We currently have 18 trials open to recruitment. Please consider referring patients to the following trials.

Pancreatic cancer:

[NEO-IMPACT](#), Prof 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 Zalberg and A/Prof Sumi Ananda

Hepatocellular, Gastric:

[ICEMELT](#), Prof Golo Ahlenstiel and Dr Bo Gao (Endorsed)

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 (Endorsed)

Follow us on [LinkedIn](#) or [@GICancer](#) on Twitter for more updates.

Contributed by Rebekka Thompson-Jones



AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP

Australia New Zealand Gynaecological Oncology Group (ANZGOG)

This is a busy time of year for researchers with many international meetings between September and Christmas. Many ANZGOG members are overseas for ESMO in Paris and will be attending ESGO and IGCS in the coming month. ESMO Asia will be held in December and will be another popular meeting.

This is a time for ANZGOG to foster our members education including special events for Fellows, Registrars and early career researchers.

As the COVID-19 pandemic changes and enables more freedom of movement, there is an increase in research projects in development both locally and globally. ANZGOG's international links are a vital way for us to bring new therapies to improve life for people affected by gynaecological cancers. Many local projects are being developed by ANZGOG members and will be considered and further developed as part of our Ideas General Workshop conducted by our Tumour Working Groups in October 2022.

#ImprovingLifeForWomen

ANZGOG Trial Update

ANZGOG has 3 clinical trials in start-up:

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

ANZGOG clinical trials open to recruitment:

- 6 ovarian cancer (Oasis Sign-seeking study – IGNITE and in collaboration with the University of Sydney, NHRMC Clinical Trials Centre we have ECHO, ICON9, SOLACE2, STICs AND STONES and HyNOVA)
- 3 endometrial cancer (EmQUEST and online Quality of Life study, ENDO-3 in collaboration with

Queensland Centre for Gynaecological Cancer and ADELE in collaboration with the University of Sydney, NHRMC Clinical trials Centre.)

- 1 ovarian and endometrial cancer (PARAGON II in collaboration with University of Sydney, NHRMC Clinical Trials Centre)

For more information on ANZGOG's trials, [please visit our website](#).

SAVE THE DATE - ANZGOG 2023 Annual Scientific Meeting

ANZGOG's Annual Scientific Meeting 2023 will be held 22-24 March 2023 at the Hilton Hotel, Brisbane Queensland. Mark your diary now.

We are pleased to announce our distinguished international speakers:

Prof Iain McNeish (Medical Oncologist, Imperial College London, England)

Dr Rene Pareja (Gynaecological Oncologist, Astorga Oncology Clinic in Medellín and National Cancer Institute in Bogotá, Columbia)

The title is "Improving the lived experience of women with gynaecological cancer" for the 2023 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.

ANZGOG's ASM 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.

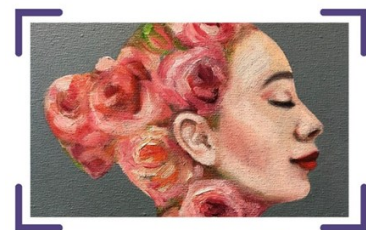
Remember - save the date for ANZGOG's 2023 ASM:

Date: Wednesday 22 to Friday 24 March 2023

Location: Hilton Hotel, Brisbane

We look forward to bringing this dynamic program to you in a safe, face-to-face environment.

Honour Her – Australian Artists Come Together for Gynaecological Cancer Research



HONOUR *Her*

Honour Her is a campaign raising funds and awareness throughout September for ANZGOG's gynaecological cancer research by showcasing the work of emerging artists in an [online art exhibition](#). The initiative engages the community to raise awareness of gynaecological cancer whilst honouring women.

Australian artists have donated pieces of art inspired by themes of Honour Her to be sold to fund ANZGOG's gynaecological cancer research. You can purchase art at the [Honour Her Virtual Gallery](#) (featuring emerging artists).

honourher.org.au



Contributed by
Professor Clare
Scott AM MB BS
PhD

Melbourne FRACP



Improving life for
women through
cancer research

Australia and New Zealand Sarcoma Association (ANZSA)

2022 Research fellowship recipient – Dr Madeleine Strach

Dr Madeleine Strach is a medical oncologist at Chris O'Brien Lifehouse and the Royal Prince Alfred Hospital in Sydney. She is also a PhD candidate at the University of Sydney and Garvan Institute of Medical Research and is currently completing an ESMO Translational Research Fellowship at The Christie Hospital in Manchester, UK.

Dr. Strach has developed a comprehensive research program that evaluates preclinical models of rare peritoneal and intra-abdominal cancers and the genetics of the tumour microenvironment.

By correlating biology with clinical outcomes of patients with these rare cancers, Dr Strach hopes to find important information that helps repurpose existing treatments and develop novel therapies for patients.

The ANZSA Fellowship supports her ongoing dedicated research for patients with intra-abdominal soft tissue tumours in an exciting program of translational research alongside her established clinical role in sarcoma care. The fellowship is co-funded by The Kids Cancer Project and the Rainbows for Kate Foundation.

Sarcoma Awareness Month 2022

July was Sarcoma Awareness Month, a chance for us to highlight all the amazing research being conducted and raise awareness about sarcoma. This year, ANZSA saw some major successes in terms of getting our message out to the public about who we are and what we do.

Our media campaign that ran through the month proved to be successful. Overall, we had an estimated reach of over 25.6 million people worldwide – an incredible result for our organisation.

We also saw the launch of our new Sarcoma Guidelines. Under the leadership of ANZSA Director Dr. Angela Hong, ANZSA has spent the last two years engaged with a multidisciplinary working party to perform rigorous review of scientific evidence to develop specific recommendations for different aspects of sarcoma care.

In addition to this, we held two online webinars to showcase some of the research and trials being conducted in Australia. The first was held on the 18th of July, focusing on Functional Outcomes and Rehabilitation for sarcoma patients while the second was held on the 28th of July shining a light on the STRASS-2 trial in Australia.

With this year's Sarcoma Awareness Month now wrapped up, we will continue to work hard to raise awareness for sarcoma.

Annual Scientific Meeting

Registrations for the 2022 ANZSA Annual Scientific Meeting (ASM) *Optimal Sarcoma Care for Everyone Everywhere* have now opened! This year's ASM will be held as a hybrid event – with both in person and online attendance made available to all who wish to attend.

The event runs on the 4 - 5 November 2022 in Sydney, Queenstown and Online. You can register for the event here (<https://aoa.org.au/events/cem-events/detail/5076247d-995b-4035-9618-d2d67154c4d6>)

We look forward to seeing you in attendance!

Contributed by Harrison Colwell

Cancer Quality of Life Expert Service Team (CQUEST)

CQUEST will be holding a re-run of our zoom workshop on "Choosing PROMs for Cancer Clinical Research" on October 12.

Zoom workshop: Choosing patient reported outcome measures (PROM) for cancer clinical research

Join us for a workshop on how to choose the right patient reported outcome measures for your clinical cancer research.

This workshop is for you if:

- you want to learn more about conceptual frameworks for guiding approaches to PRO measurement; and/or
- you are in the process of developing a study concept and you want advice on the right PROMs to include in your study * Feel free to bring along a concept to discuss in the last part of the workshop.

Note: This event is a re-run of our previous workshop in March 2022.

Event details:

Date: Wednesday 12 October 2022

Time: 5.00PM to 6.30PM AEDT

Where: Online via Zoom

RSVP: <https://events.humanitix.com/choosing-the-right-proms-for-cancer-clinical-research>

Contact: cquest@uts.edu.au

Contributed by Carrie-Ann Ng

An Australia first: best-practice bundle for private breast cancer treatment

The Paying for Value team has been commissioned to evaluate GenesisCare’s Early Stage Breast Cancer Bundle being piloted through St John of God hospital Subiaco in WA. It is open to eligible women insured with HBF or Medibank.

The Bundle was developed by radiology provider GenesisCare, leading breast surgeon Professor Christobel Saunders, and UWA. They identified a need to provide certainty in out-of-pocket costs for women choosing to go through the private system, reduce the stress of navigating their care and improving outcomes through timely access to services.

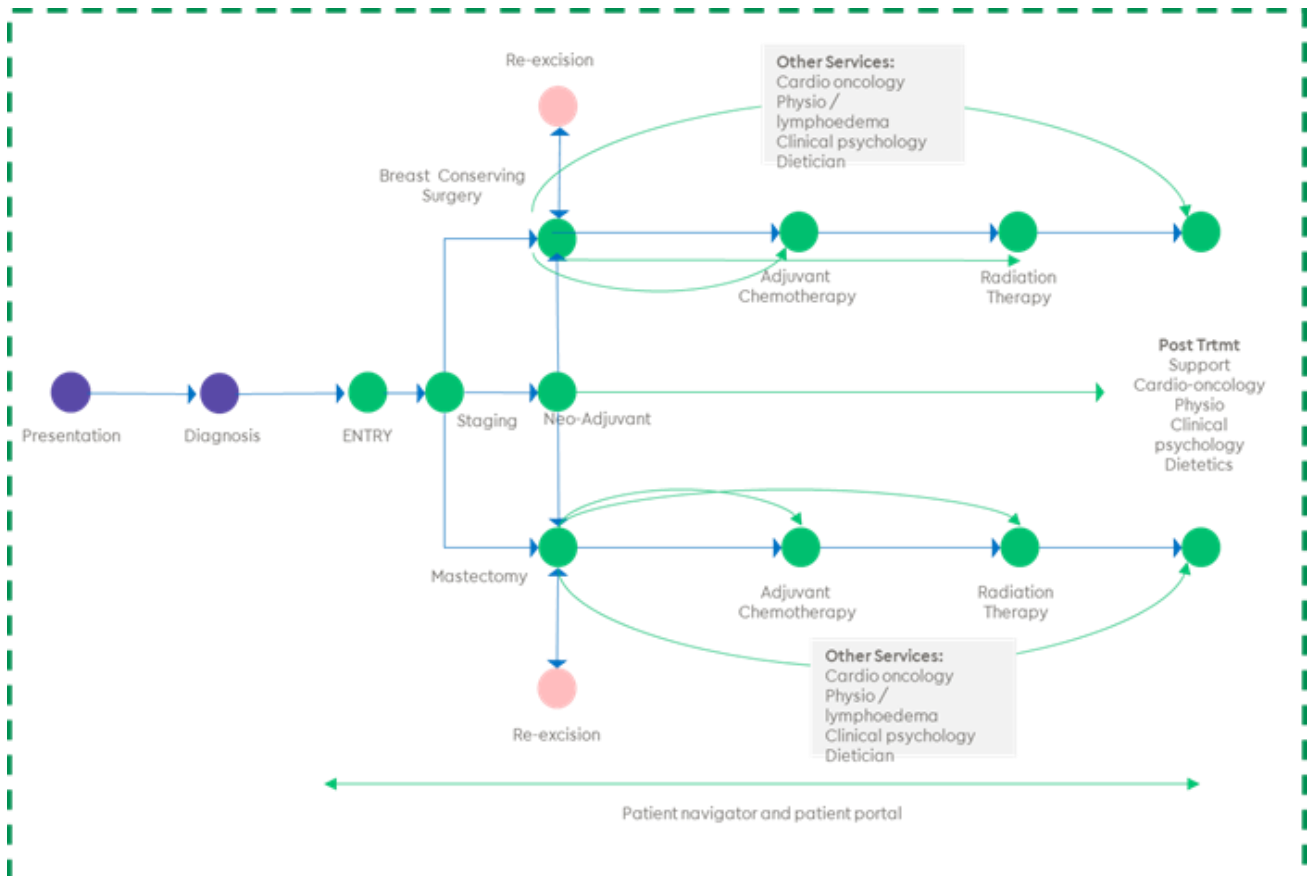
The Bundle works by placing a cap on out-of-pocket costs - \$2,500 for HBF members and \$2,800 for Medibank members. It spans one year of treatment from staging and includes a dedicated patient navigator and the services shown above, regardless of usage (with some limits on the number of allied health consultations).

The evaluation is collecting a uniquely comprehensive set of clinical, service use, and financial data, ICHOM PROMs, EQ-5D, PREMS as well as conducting interviews with patients, providers and insurers. It will compare the outcomes and experience of Bundle patients with those receiving treatment in the same

hospital whose care is organised and paid for in the normal way. It will also assess the financial sustainability and broader applicability of the payment model. We have already completed the first round of provider interviews and gained valuable insights into motivations for payment reform.

Contact sarah.wise@uts.edu.au for more information.

Contributed by Sarah Wise



Australian & New Zealand Urogenital and Prostate (ANZUP)

Some recent ANZUP trial news highlights

ANZUP's trial portfolio continues to grow. We currently have 8 ANZUP-led and 2 co-badged trials in recruitment, as well as 11 in follow-up. You can [read more about our trials on our website here](#).

During 2022, ANZUP re-commenced face-to-face meetings, including our ASM which was held in Adelaide in July.

#ANZUP22 ASM

This year's ASM theme *'No Longer on Mute: Patients, Carers and Our Research Community'* provided a platform to discuss the need for a voice for many groups – the patient, carers, vulnerable communities, other disciplines, and the research community – about clinical trials. It was thrilling to be able to finally come together face-to-face and network, re-ignite old friendships, debate, discuss and appreciate the multidisciplinary group of healthcare professionals in attendance.

We were fortunate to have more than 80 speakers, panellists, session chairs and poster presenters, including a stellar international faculty: Himisha Beltran, Noel Clarke, Christopher Sweeney, Andrew Loblaw, Bertrand Tombal, Samra Turajlic, and Susanne Vahr Lauridsen.

You can watch some videos from the ASM on the ANZUP YouTube channel here:

<https://www.youtube.com/channel/UC8e5-pPWAC4dTDAu7kwSIA/videos>.

Our 2023 ASM is being held in Melbourne from 9-11 July 2023 with the convening committee, ably led by Ben Tran and Renu Eapen. Our theme for 2023 is **"Bouncing Back"**. We look forward to seeing you in Melbourne!

The latter half of 2022 is proving to be another busy time at ANZUP. We are holding a number of events, including the Best of GU, Prostate Cancer Rapid Fire Program and the return of our Sydney Below the Belt Pedalthon.

Best of GU Oncology Evening Symposium, Wednesday 9 November, Pullman Melbourne on the Park

The Best of GU Evening Symposium is a collaboration between ANZUP and the Urological Society of Australia and New Zealand ([USANZ](#)). It features highlights from the ANZUP ASM, including the latest management, and clinical trials research in urogenital and prostate cancers.

For more information and to register please go to our website:

<https://anzup.org.au/best-of-gu-oncology-evening-symposium/>.

Prostate Cancer Rapid Fire Program Friday 18 - Saturday 19 November 2022, Hyatt Regency Sydney

The ANZUP Prostate Cancer Rapid Fire meeting is a multidisciplinary educational program. It has been developed to facilitate further understanding of contemporary oncology management through landmark clinical trials in prostate cancer, whilst providing mentorship from experts in the field.

The return of the Sydney Below the Belt Pedalthon, Tuesday 22 November 2022, Eastern Creek Motorway

The Below the Belt Pedalthon was founded in 2013 to increase awareness of below the belt (testicular, prostate, bladder, penile and kidney) cancers and raise vital funds to improve the lives of so many patients through clinical trials research.

Every cent raised by the Pedalthon goes directly towards clinical trial research to improve the lives of the **33,135** Australian men and women diagnosed with testicular, prostate, kidney, penile or bladder cancer this year.

You can [find more information on our website](#).

2022 Annual Report

Our ANZUP 2022 Annual Report was released in July, reflecting on our activities and achievements of the past year. The report is a great showcase of the tireless commitment of our members, supporters and wider ANZUP community to improve outcomes for genitourinary cancer patients. You can read the report online here:

<https://anzup.org.au/annual-reports/>.

Our membership base is now over 2,050, and these healthcare professionals all take time out of their busy work and personal lives to help support ANZUP and make a difference to the lives of people affected by GU cancers.

Contributed by Nicole Tankard



Learn more on our website:

<https://anzup.org.au/awards-and-grants/anzup-rapidfire/>.

Breast Cancer Trials (BCT)



44th Annual Scientific Meeting – Save the Date

Each year, Breast Cancer Trials hosts an Annual Scientific Meeting (ASM) to discuss the latest news in breast cancer clinical trials research.

The ASM is a great opportunity to network with research colleagues from around Australasia and the world, and to also hear new ideas for clinical trials in the future.

Breast Cancer Trials 44th Annual Scientific Meeting will be held from 26-28 July 2023, in Auckland, New Zealand. Further information including registration will be available towards the end of the year.

The 2023 Robert Sutherland Award



Applications for the 2023 Robert Sutherland Award are now open.

The Robert Sutherland Award for Excellence in Translational Research recognises Translational Researchers and their achievements and contributions to improved patient outcomes as well as scientific excellence.

The recipient of this award will be invited to present a lecture at our 44th ASM and will receive a financial contribution of up to \$10,000 towards their research or professional development. The award is open to Translational Researchers worldwide.

For more information or to apply visit: <https://www.breastcancertrials.org.au/research/the-robert-sutherland-award/>
Please note Applications close 31 October 2022.

New Resource

We now have several animated videos available which help explain key terms used in clinical trials research and common questions that are asked by potential trial participants. These videos were made in collaboration with our Consumer Advisory Panel and can be used by anyone wanting to further understand different types of treatments and the clinical trials process.

We currently have eight videos available on both [YouTube](#) and our [Website](#):

- [What is Informed Consent?](#)
- [What is Tissue Banking?](#)
- [Potential Advantages if Participating in a Clinical Trial](#)
- [What is De-escalation of Treatment?](#)
- [Ensuring Participant Safety in Clinical Trials](#)
- [What is the Approval Process for New Treatments?](#)
- [How does a Medicine get on the PBS?](#)
- [How is Patient Confidentiality Ensured During Clinical Trials?](#)

Translated Resources

We have a number of free brochures available in English, Vietnamese, Korean, Chinese simplified, Chinese Traditional, Arabic, Greek, Korean, Te Reo Māori and a dedicated resource for First Nation Australians.

These resources have been created to help educate everyone in our community about clinical trials and the benefit of participating in this important research.

For more information visit: <https://www.breastcancertrials.org.au/breast-cancer-resources/brochures/>

Neoadjuvant Decision Aid Brochures

Our Neoadjuvant Patient Decision Aid is designed to help women recently diagnosed with breast cancer decide if this is the right treatment choice for them. The information provided in the online decision aid is tailored to each breast cancer patient and factors in what type of breast cancer they have been diagnosed with.

If you would like printed information brochures for your site, including our Neoadjuvant Decision Aid booklets, please email phoebe.trott@bctrials.org.au with the quantity needed and a delivery address.



Contributed by Phoebe Trott

Cancer Symptom Trials (CST)

NSW Cancer Conference 2022

The inaugural [NSW Cancer Conference](#) was held in Sydney on 15 and 16 September.

Dr Vanessa Yenson, Cancer Symptom Trials (CST) Research Assistant-Writer presented the findings of the Cancer symptom management priority setting Delphi survey. This study was designed to identify the most troubling symptoms for people with cancer and their families. The outcomes of the Delphi survey will inform research priorities for CST.



Find out more about the Delphi study here:

<https://www.uts.edu.au/research-and-teaching/our-research/impacct/cancer-symptom-trials/cstprojects>

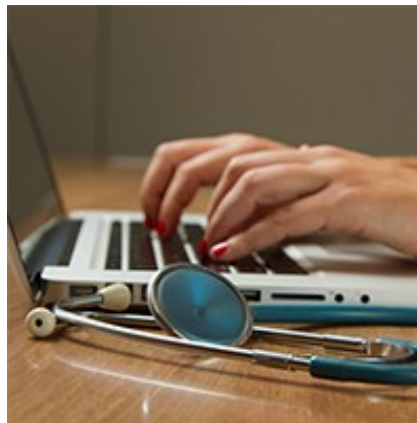
Yinyin Phyto, [IMPACCT Rapid Program](#) Coordinator, also presented. Her talk focused on the Rapid Program and Rapid Series 12, [Cyclizine for nausea](#). Nausea is a core physical symptom for people at the end of life. This Rapid series collected data to better understand the use, efficacy and adverse effects of cyclizine.



To find out more about Cancer Symptom Trials and the IMPACCT Rapid Program, go to www.uts.edu.au/impacct.

Using telehealth for palliative care

During the COVID-19 related lockdowns, healthcare providers in Australia and Aotearoa New Zealand had to swiftly pivot to telehealth consultations to minimise face-to-face interactions. This change enabled palliative care clinicians to provide ongoing care for patients.



A collaboration of researchers from PaCCSC and CST at UTS, the University of Auckland and the Memorial Sloan Kettering Cancer Centre in New York interviewed 21 clinicians from different disciplines across Australian and Aotearoa New Zealand who have provided specialist or generalist care via telehealth.

Read the preliminary findings here: <https://www.uts.edu.au/research-and-teaching/our-research/impacct/news-0/using-telehealth-palliative-care>

IMPACCT Rapid Program

Cyclizine for nausea – series 12

Nausea remains a significant problem for patients towards the end of life, regardless of the illness they have. There are a variety of antiemetics available, but very little research to show which are most effective.

This IMPACCT Rapid Program study was the first to examine real-world use

of cyclizine in palliative care. It demonstrated that cyclizine remains a good option for selected patients in palliative care.



While more studies are needed to directly compare antiemetics, the results of this series are promising.

Read more:

<https://www.uts.edu.au/research-and-teaching/our-research/impacct/news-0/cyclizine-nausea>

You can get involved in the IMPACCT Rapid Program. [Find out how:](#) www.uts.edu.au/rapid.

Save the date! PaCCSC & CST Annual Research Forum 2023

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

Date: 15-16 March 2023

Venue: University of Technology Sydney

#PaCCSCCSTForum23

Contributed by Linda James

Melanoma and skin cancer trials (MASC)

Dutch melanoma patients part of Australian-led trial

Australia and The Netherlands have an alarming statistic in common – melanoma is in their top five most diagnosed cancers. Over 7,500 Dutch and over 17,000 Australians are diagnosed with melanoma each year, and most of these people require surgery to remove the cancer.

Despite melanoma excision surgery being regularly performed in these two countries, they each have different guidelines for the operation. Dutch surgeons typically use a 2cm excision margin for thicker cutaneous melanomas, while Australian surgeons operating on the same size melanoma commonly use a 1cm excision margin.

The melanoma excision margin can have a dramatic impact on a patient's quality of life, as a larger excision margin on the face can lead to disfigurement, or reduced mobility if surgery is required on the hands or feet. However, if the excision margin is too small, the melanoma could return and metastasise.

To determine the optimal excision margin, clinical teams from both countries are contributing to an international surgical trial led by Melanoma and Skin Cancer Trials (MASC Trials). The [MelMarT-II](#) trial is investigating if there is a difference in disease-free survival for patients treated with either a 1cm or 2cm excision margin for stage II primary cutaneous melanoma.

Dutch Principal Investigator from the Zuyderland Medical Centre, Dr James van Bastelaar, is leading the MelMarT-II trial's efforts in The Netherlands, along

with PhD candidate Loeki Aldenhoven.

"Many of our patients who would require reconstructive surgery after a 2cm excision are eager to participate in the trial as it offers them the possibility of downscaling to a 1cm margin and avoiding potential disfigurement," Dr van Bastelaar said.

"We are always seeking to optimise patient care, so participating in such a large, significant multinational trial that contributes towards an international consensus on melanoma excision margins is important to us."

"With such a large number of melanoma cases in The Netherlands, we aim to enrol 800 participants across 10 sites as part of the MelMarT-II trial over the next five years," he added.

The Zuyderland Medical Centre has a specialised melanoma and skin cancer centre where health professionals from many disciplines work closely together to provide the best available treatment for their patients.

As well as contributing to the MelMarT-II trial, the Zuyderland Medical Centre conducts a range of melanoma clinical trials focused on sentinel lymph node biopsy, neoadjuvant immunotherapy, and adjuvant and palliative treatment for other forms of skin cancer.

Australian Trial Co-Chief Investigator, Prof Michael Henderson from the Peter MacCallum Cancer Centre in Melbourne, said this large, multi-centre international trial would provide the evidence required to update clinical practice for melanoma in Australia and world-wide.

"We expect that the MelMarT-II trial results will lead to lower morbidity and guide the management of patients with high-risk primary cutaneous melanoma," Prof Henderson said.

The trial already has over 800 participants from sites in Australia, New Zealand, USA, UK, Canada, Sweden, Slovenia and The Netherlands, and aims to enrol almost 3,000 participants.

Read more information about the [MelMarT-II trial](#).

MASC Trials Annual Scientific Meeting 2023

Date: Thursday, 23 March 2023

Time: 2pm – 5pm (AEST)

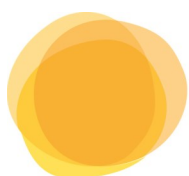
Location: Brisbane Convention and Exhibition Centre

Registrations open soon

The MASC Trials ASM will precede the [Australasian Melanoma Conference 2023](#), also at BCEC.

Our ASM brings together leading figures in melanoma and skin cancer clinical trials to share ideas and foster further innovative research. This meeting is open to anyone interested in our work, from healthcare professionals to consumers.

Contributed by Merrin Morrison



Melanoma and Skin Cancer Trials
Limited

Psycho-oncology co-operative research group (PoCoG)

The final quarter of the year is always busy at [PoCoG](#) HQ, and 2022 is no exception. We are currently planning our first face-to-face [concept development workshop](#) in two years.

This workshop is being hosted by PoCoG's [Fear of Cancer Recurrence Special Interest Group](#) and provides an opportunity for clinicians and researchers working in this area to receive feedback from our Scientific Advisory Committee (SAC) along with our Community Advisory Group and other invited content experts. PoCoG [concept development workshops](#) offer members a supportive forum for receiving intensive input on study design and methods and they often lead to inter-group collaborations. In addition, many studies developed during our concept development

workshops go on to be offered PoCoG Supported Study Status, which means they can continue to access support and feedback from the PoCoG SAC.

PoCoG [Special Interest Groups](#) offer members an opportunity to engage in a range of focused capacity building activities and events. Over the last couple of months SA PoCoG and INSPIRE, the group focused on implementation research, both hosted successful and very well attended webinars. SA PoCoG focused on digital health in SA psycho-oncology research focusing on specific case studies, while the INSPIRE webinar offered strategies for building the dream team for implementation science research projects. Both these webinars are now available on the [PoCoG YouTube channel](#).

In other news, we have just completed a recruitment round for our Community Advisory Group and have appointed five new members to the team. These people will join our four existing members and we will work closely with them to ensure our research best meets the needs and priorities of cancer patients and their families and carers. We look forward to introducing our new community members to you in due course.

To learn more about PoCoG and to join visit pocog.org.au.

Contributed by Bonnie Laxton-Blinkhorn



Psycho-oncology Co-operative Research Group

Quality of life in survivors of breast cancer one, three, and five years post-diagnosis

In Australian women, breast cancer is the most commonly diagnosed cancer. Due to improvements in screening and treatment, there is an increasing number of people living after diagnosis and requiring ongoing care. It has become more and more important to assess the burden of treatment-related toxicities in this population. This can be achieved by assessing long-term patient reported outcomes (PROMs).

The Victorian Comprehensive Cancer Centre implemented questionnaires at 1, 3 and 5 years since diagnosis of breast cancer, of people in the Victorian Cancer Registry aged 18 years and over. The questionnaires investigated response to treatment and disease status, symptoms, presence or absence of long-term conditions other than cancer, care-related factors such as having a written care plan, demographic information, unmet information needs of breast cancer survivors, and quality of life (QoL). QoL was assessed using The EuroQoL 5-Dimension 5-Level (EQ-5D-5L) and

Functional Assessment of Cancer Therapy-Breast (FACT-B).

The EQ-5D-5L assessed QoL over 5 domains: mobility, personal care, usual activities, pain or discomfort, and anxiety or depression. The study found that compared to year 1, individuals had fewer problems with anxiety/depression and pain/discomfort at years 3 and 5. Those who did not have chemotherapy or did not have a long-term health condition had improved QoL.

Through the FACT-B it was identified that people were experiencing problems even at 5 years after diagnosis. Across all three years, approximately one-third of individuals responded not feeling sexually active. Worry about family member's risk of cancer and long-term pain were ongoing issues.

Fear of cancer recurrence and trouble sleeping was commonly reported and did not diminish over time. Fear of cancer spread, fear of dying, fatigue,

and cognitive and emotional problems were reported by between 29.2 and 50.6% of women at 1 year, and remained high (21.9% to 42.2%) at 5 years.

While baseline QoL data was not available, and specific information related to treatment, histological subtypes was not available, this study provided robust patient-reported outcomes in breast cancer survivors.

The availability of these data has many future applications, including their use to assess value for future treatments in breast cancer, and understanding the relationships between QoL assessed by different instruments within the same patient group.

Contributed by Lutfun Hossain

Source: Skandarajah, A., Lisy, K., Ward, A., Bishop, J., Lacey, K., Mann, B. and Jefford, M., 2020. Patient-reported outcomes in survivors of breast cancer one, three, and five years post-diagnosis: a cancer registry-based feasibility study. Quality of Life Research, 30 (2), pp.385-394.

Australasian Leukaemia & Lymphoma Group (ALLG)

ALLG's Scientific Research Strategy

This important plan will guide the conduct and direction of the ALLG's clinical trial research program; and focuses on four key areas:

Clinical trials to find better treatments to improve the lives of patients with blood cancers;

Translational research to understand the biology of blood cancers and their therapies;

Dynamic support to facilitate an efficient and vibrant clinical research program; and

Improving clinical practice by translating research outcomes into everyday patient care.

ALLG's Scientific Advisory Chair appointment



A/Prof Peter Mollie [pictured above] has now stepped down from the position as Chair of the ALLG's Scientific Advisory Committee (SAC) after leading this group for the last five years.



The newly elected Chair, Professor Judith Trotman [pictured] has been an ALLG Member for 22-years. Prof Trotman is Head of Haematology at Concord Repatriation General Hospital, where she was the Founding Director of the Clinical Research Unit 2005-2019. She provides global leadership in charting the role of PET scanning in lymphoma.

Future ALLG Leaders

This year saw the launch of the ALLG Early Career Clinician Researcher program that enables junior members interaction with SAC members, Scientific Working Party leaders and other key ALLG committees to provide accelerated exposure to all aspects of clinical trial design and conduct.

Our first two awardees [pictured L-R]: Dr Georgia McCaughan from St Vincent's Hospital, Sydney and Dr Katharine Lewis from Sir Charles Gairdner Hospital, Perth.



If you are interested in this program, www.allg.org.au email info@allg.org.au

AMLM26 INTERCEPT – first site opened.



The first site (Alfred Hospital) has been activated for the ALLG AMLM26 INTERCEPT [Investigating Novel Therapy to Target Early Relapse and Clonal Evolution as Pre-emptive Therapy in AML] study – treatment arms MBG453+/- Azacitidine. The trial is designed to target rising measurable residual disease in acute myeloid leukaemia (AML).

This is a world first in AML trials that aims to radically change the way AML therapy is determined. It will introduce a range of new medicines and new technologies to measure residual disease, which will aid in the early detection of AML relapse.

The innovative platform nature of the trial study represents a world first in its design, scope and precision-based approach to AML. New treatment arms and new biomarker driven domains can be seamlessly added to the trial framework moving into the future.

A big thank you to Chief Investigator Prof Andrew Wei [pictured] and to the ALLG Clinical Trial Office team for reaching this milestone! All sites will open by October 2022.

Contributed by Tanya Carter

Trans Tasman Radiation Oncology Group (TROG)

TROG cancer research recruits its 15,000th participant!

TROGs 15,000th participant was recruited this year to the TROG 19.06 DECREASE trial. Over 15,000 patients have benefited from participation in TROG clinical trials, but importantly, an amazing 15,000 participants have worked with us to achieve research results that change lives. TROG could not be more proud of this milestone. TROG would like to thank all of the amazing participants, clinicians, trial chairs, coordinators and members for their commitment to TROG and its research over the last 30 years.

BIG 307/TROG 07.01 DCIS trial published in The Lancet

Findings from the **BIG 307/TROG 07.01 DCIS Trial** (A randomised phase III study of radiation doses and fractionation schedules in non-low risk ductal carcinoma in-situ (DCIS) of the breast) have been recognised on a global scale in the leading medical journal, The Lancet. This trial was a randomised phase III study of radiation doses and fractionation schedules in non-low risk ductal carcinoma in-situ (DCIS) of the breast.

After a five-year analysis period, Chaired by world-renowned clinical and academic leader in cancer research, Prof. Boon Chua MB BS, PhD, FRANZCR, the trial sheds the spotlight on radiotherapy treatment options for DCIS as potentially invasive breast cancer.

Considered mostly non-invasive, DCIS has attracted little research compared with invasive breast cancers. With the

risk that DCIS can develop into invasive breast cancer, these findings are imperative to improve the diagnosis and treatment of DCIS patients.

The publication of this journal is a testament to the hard work, analysis, and coordination of the entire BIG 307/TROG 07.01 Trial team and we congratulate them on this important achievement.

[Access the full journal here](#)

TRIAL IN FOCUS

TROG 20.01 CHEST RT: Chemotherapy and Immunotherapy in Extensive Stage Small cell lung cancer with Thoracic Radiotherapy

CHEST RT is a single arm, phase II trial that aims to determine the safety, feasibility, and efficacy of a combination of chemotherapy, immunotherapy (Durvalumab) with chest radiation therapy for the treatment of extensive stage small cell lung cancer.

Lead by A/Prof Paul Mitchell and Dr Eric Hau, and supported by TOGA, CHEST RT aims to recruit 35 participants with extensive stage small cell lung cancer from 8 trial sites over the next 2½ years. The trial is currently open at Austin Health VIC, Princess Alexandra Hospital QLD, Royal Brisbane and Women's Hospital QLD, Westmead Hospital NSW and Blacktown Hospital NSW.

Contact CHESTRT@trog.com.au for further details.

What is CREST up to?

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.

Save the date for the CREST health economics workshop!

CREST is pleased to announce it will be holding an 'Understanding health economics in Cancer Research' workshop. The workshop will be held via Zoom on Friday 18th November. Save the date!

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

Trial Group Collaborations

CREST presentation at Breast Cancer Trials ASM

AGITG Working Party meetings.

ANZUP ASM

COGNO ideas generation workshop

TROG TMC 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.

UPCOMING CREST WORKSHOPS

Health Technology Assessment – WEBINAR SERIES

This webinar series is for those interested in understanding economic evaluations as applied to health technologies. The three-part webinar will explain the principles and methods of economic evaluation for new health technologies, look at how consumer inputs are used in health technology assessments, and how trials are used in health technology assessments.

Session 1: WHAT is health technology assessment?

Date: 10:30 am – 12:30 pm, Wednesday 12th October 2022

Register for Session 1 [here](#)

Session 2: HOW are consumer inputs used in HTA?

Date: 10:30 am – 12:30 pm, Wednesday 26th October 2022

Register for Session 2 [here](#)

Session 3: HOW are trials used in HTA?

Date: 10:30 am – 12:30 pm, Wednesday 9th November 2022

Register for Session 3 [here](#)

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

These webinars are designed as a series. Therefore, we recommend where 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 webinars, please contact Lutfun Hossain
(Lutfun.Hossain@uts.edu.au)

For more information about CREST, please visit our website:

www.crest.uts.edu.au