

## Using choice to understand cancer patient preferences towards anxiety and depression screening programs in cancer care.



People living with a diagnosis of cancer often experience high levels of anxiety and depression (A&D), and this has been observed across different demographic backgrounds, cancer types, and stages. Comorbid A&D experienced by cancer patients is strongly associated with poorer quality of life, poorer survival, and an increased risk of suicide. In busy cancer services, patients with A&D are often undetected or underestimated, and many patients report unmet needs for psychosocial care.

A&D are treatable, and a strong evidence base for interventions exists. Early identification and treatment of A&D not only results in improved psychological outcomes but also greater cancer treatment adherence, improved doctor-patient communication, and fewer clinic calls and visits. Despite this, few Australian cancer services routinely screen patients for A&D, and if screening does occur, patterns of referral, treatment, and follow-up are highly variable.

The Australian Clinical Pathway for the Screening, Assessment, and Management of A&D in Adult Cancer Patients (ADAPT-CP) is the first model of psycho-oncology care in Australia and was developed by the Psycho-oncology Co-operative Research Group (PoCoG).

Based on the ADAPT-CP, Yim & colleagues conducted a discrete choice experiment (DCE) to determine the features of an A&D screening program cancer patients value most, which can inform decision makers about ways to improve patient uptake and the provision of patient-centred care. In a DCE, respondents complete a series of choice tasks in which they choose from two or more alternatives. The choices made by respondents allows for the quantification of their preferences.

In their DCE, Yim et al presented options for A&D screening described by varying the

To encourage patient uptake of screening...



### Screening

Routinely offered  
Done face to face at regular intervals  
Cancer nurse



### Post-screening

Care and follow-up delivered by the psycho-oncology team within the cancer service

following 8 attributes (characteristics) of a possible program: access to a screening program; the screening health professional; method of screening; regularity of screening; time it requires to be screened; wait time to be screened; who will provide follow-up care; and cost of follow-up care.

A total of 294 cancer patients participated in the online survey. The results from a mixed logit analysis demonstrated that cancer patients on average prefer a screening program that is routinely offered and done face-to-face with a cancer nurse with follow-up care provided by the specialist psycho-oncology team within the cancer service. Low cost and waiting time were also preferred.

A subsequent latent class logit analysis revealed 2 groups of respondents; Group 1 (73%) prefer screening to be done with a cancer nurse at regular intervals and Group 2 (27%), characterised by higher proportions of tertiary educated females, prefer once-off screening with a psychologist. Although most participants fit within Group 1, there are still more than a quarter that fit within Group 2, demonstrating that there are distinct groups with different preferences. On a clinical level, this means that health services should implement a screening program that matches the preferences of Group 1, and if possible, flexibility in clinical service delivery should be made available to suit those in Group 2.

This study presents cancer patient preferences towards anxiety and depression screening programs in cancer care. The findings can be used to design evidence-based and patient-centred screening services for cancer patients. The authors cautioned that the results reflect the preferences of Australian adults with cancer and without validation, these results may not be generalisable to cancer patients in other countries owing to differences in how health systems are organised and operated.

Contributed by Jackie Yim

Source: Yim J, Arora S, Shaw J, Street DJ, Pearce A, Viney R. Patient Preferences for Anxiety and Depression Screening in Cancer Care: A Discrete Choice Experiment. *Value Health*. 2021 Dec;24(12):1835-1844. doi: 10.1016/j.jval.2021.05.014. Epub 2021 Aug 31. PMID: 34838282.

Figure 1: Schema of patient preferences for A&D screening program

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## Australian & New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP)

### Some recent ANZUP 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 12 in follow-up. We also have a number of new trials ready to open in the coming months. You can read more about our trials on our website [here](#).

ANZUP re-commenced face-to-face events seeing the second half of the year particularly busy with the return of the Annual Scientific Meeting (ASM) in Adelaide in July, the Best of GU, the Prostate Cancer Rapid Fire and the return of our Below the Belt Pedalthon to name a few!

### Best of GU Oncology Evening Symposium

We held our Best of GU Evening Symposium on Wednesday 9 November in Melbourne. The Best of GU is a collaboration between ANZUP and the Urological Society of Australia and New Zealand (USANZ). It featured highlights from 2022 meetings, including the latest management, and clinical trials research in urogenital and prostate cancers. Henry Woo was the Convenor with a fantastic line up of speakers including Declan Murphy, David Pook, Louise Emmett, Natasha Roberts, George Hruby, Ciara Conduit and Renu Eapen covering all aspects of GU cancer research. Many thanks to our sponsors who these events would not be possible without: Astellas, AstraZeneca, Bayer, BMS, Ipsen and the Merck Pfizer Alliance.



### Prostate Cancer Rapid Fire Program



On Friday 18 and Saturday 19 November 2022 we held our inaugural Prostate Cancer Rapid Fire in Sydney. The meeting was developed to facilitate further understanding of contemporary oncology management through advances in clinical trials and will cover landmark clinical trials in prostate cancer, whilst providing mentorship for trainees from experts in the field. The Convenor Jarad Martin was joined by Co-Convenors Ciara Conduit and Cameron McLaren. The mentors (Lisa Horvath, John Attia, Renu Eapen, Michael Hofman, Anis Hamid, Tanya Holt, Mark Sidhom and Matt Roberts) were from all disciplines and provided invaluable insights for the trainees. Thanks to our sponsors: Astellas, AstraZeneca, Bayer and MSD.

### The return of the Sydney Below the Belt Pedalthon

After a 3 year break, the Sydney Pedalthon finally returned to Eastern Creek on Tuesday 22 November. 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.



This year's event has raised over \$50,000 to date with donations still coming in. We are incredibly grateful to the riders, donors and supporter of our Below the Belt Pedalthon which has raised over \$2million since its inception in 2014. 100% of these funds are directed to our Below the Belt Research Fund which provides much needed seed funding to support ANZUP members to progress new trial ideas to the point of becoming full scale studies. Thanks to our Bronze sponsor Pfizer Oncology, as well as all our sponsors who help make this event a success.



On Sunday 26 March 2023, our Pedalthon will also return to Melbourne. You can find more information on our [website](#).

### #ANZUP22 – 9-11 July 2023

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! You can find more on our website.

*Contributed by Nicole Tankard*



## Australasian Gastro-Intestinal Trials Group (AGITG)

As 2022 draws to a close, we reflect on highlights and noteworthy achievements at AGITG.

The Annual Scientific Meeting (ASM) focused on Big Data, Artificial Intelligence and Precision Oncology. The ASM featured renowned international and local invited faculty, and was truly a meeting of minds. We were proud to have welcomed a record number of delegates, over 500, including an online streaming option. The meeting opened and closed with a panel session on strategies to improve equity, diversity, and inclusion in clinical trials, a priority for AGITG to address over the next few years.

An exciting part of our ASM is the AGITG Awards and Grants presentation during the Gala Dinner. Congratulations to all this year's winners:

- John Zalberg OAM Award for Excellence in AGITG Research - Prof Eva Segelov, in recognition of her significant and outstanding leadership contribution to our research over a sustained period.
- Member Fundraiser of the Year Award - Dr James Dickson
- Inaugural Early Career Researcher Award - Dr Christina Teng
- Christine Aiken Memorial Award for Excellence in AGITG Study Coordination - Hui Ling Lau for her outstanding work on AGITG trials at Fiona Stanley Hospital.

Outstanding Site Award was offered in two categories:

- Metropolitan Site Award - Royal Brisbane and Women's Hospital, QLD.
- Regional, Rural and Remote Site Award - Bendigo Health, VIC.

For the first time, the Innovation Grant opened to two categories:

- Innovation Grant for Clinical Trials - Dr Trang Pham.
- Innovation Grant for Translational Research - Dr Daniel Cox.
- Best New Concept Award - Dr Sonia Gill.
- Best Poster - Dr Melanie McCoy.
- Best Fast Forward Presentation Award - Dr Rachel Purcell.

For more information about the 2022 ASM, please [click here](#), and we look forward to seeing you in Christchurch, New Zealand, 13-16 November 2023.

The next Idea Generation Workshop will focus on late-stage colorectal cancer with Convenors A/Prof Cherry Koh and Dr Matthew Burge, held 19 May 2023, 9am – 12pm AEST. You can submit your idea [here](#).

Finally, we recognise the important work that CREST does in the development and refinement of the Health Economic components of all AGITG concepts. The collaboration between AGITG and CREST can best be demonstrated by listing their contribution as follows:

- 7 concept reviews for our Upper GI Working Party
- 7 concept reviews for our Lower GI Working Party
- 1 protocol review for our STOPNET and Neo-POLEM studies
- A/Prof Richard De Abreu Lourenco presented at the AGITG ASM on value-adding sub studies
- Provision of ongoing access to monthly walk-in clinics for CTG investigators

We are very grateful for all that you do and are very much looking forward to a productive 2023!

*Contributed by Rebekka Thompson-Jones*



AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP

## Australasian Leukaemia & Lymphoma Group (ALLG)

### ALLG Scientific Meeting

The Australasian Leukaemia and Lymphoma Group (ALLG) Scientific Meetings provide ALLG members with the opportunity to obtain valuable insights and exposure to the latest developments in clinical research, and for members to seek out peer review for new research ideas to advance clinical trials in haematological malignancies. ALLG's October Scientific Meeting's international guest speakers included:

- Dr Vikas Gupta, MD, Site Group Lead Leukemia Program, Princess Margaret Cancer Centre, Toronto, Canada. He presented 'Evolving therapeutic landscape for Myelofibrosis'.
- Dr Salvatore (Sam) Fiorenza, Haematologist and post-doctoral scientist, Turtle Lab, Fred Hutchinson Cancer Research Center, Seattle, USA. He presented 'Targeting the Membrane-Proximal Domain of CD33 for Optimized CAR-T Cell Therapy of Acute Myeloid Leukemia'.

**Keynote speaker, Cancer Australia Chief Executive, Professor Dorothy Keefe** presented 'Australian Cancer Plan development, progress and next steps'. Prof Keefe is leading the development of the Plan at Cancer Australia. The Plan is a key national initiative that ALLG has been strongly engaged in. Prof Keefe said, "The ALLG's research work is vital to achieving the cancer plan and overall goals, through your work on the Blood Cancer Taskforce and Optimal Care Pathways,

and we appreciate the ALLG's continuous support to cancer and clinical trials in Australia."

### ALLG 2022 Annual Review

The ALLG recruited patients to more game-changing trials than ever before in the last financial year, on target and often ahead of schedule. Learn more in the ALLG 2022 Annual Review 'Global Leaders, Global Impact: Delivering beyond expectations'; available to download now at [www.allg.org.au](http://www.allg.org.au)



ALLG Supportive Care Scientific Working Party co-chairs A/Prof Zoe Mcquillen and Dr Robert Weinkove pictured above.

### Celebrating 50 Years of ALLG in 2023

The ALLG is Australia's and New Zealand's (ANZ) only not-for-profit blood cancer clinical trial group, and the oldest group of its kind in ANZ. Members include more than 1,000 physicians and haematologists, nurses, scientists and professional support staff from across ANZ.

Established in 1973, today the ALLG is supporting more of the blood cancer research sector's future leaders with mentoring across the group's clinical trial endeavours both locally and with international partners.

The ALLG will turn 50 in 2023. We look forward to celebrating five decades of progress in blood cancer treatments through ALLG clinical trials in Australasia.

To keep informed about ALLG's 50th Year initiatives, visit: <https://www.allg.org.au/news/> throughout 2023 and follow ALLG on Twitter, LinkedIn, and Facebook.

<https://twitter.com/ALLGtrials>  
<https://www.linkedin.com/company/allg-clinical-trials/>  
<https://www.facebook.com/ALLGtrials>

*Contributed by Tanya Carter*

**Pathways to diagnosis of endometrial and ovarian cancer in the 45 and Up Study**

Endometrial and ovarian cancers are the two most common gynaecological cancers in Australia. Gynaecological cancers represent 10% of cancer diagnoses for women in Australia. Endometrial cancer is typically diagnosed at an earlier stage and the 5-year survival is 82%. Ovarian cancers are typically diagnosed at a later stage with a 5-year survival of 46%. This difference may be attributed to the difference in specificity of symptoms with endometrial cancer patients presenting with more specific symptoms (e.g. abnormal bleeding) and ovarian cancer patients presenting with less specific symptoms (e.g. abdominal pain).

Yap et al (2022) investigated patterns of healthcare utilisation in the 18 months prior to endometrial and ovarian cancer diagnosis and compared it with a historical control of patients with no cancer diagnosis. They used the Sax Institute’s 45 and Up study cohort and linked this database to: 1. the NSW Cancer Registry; 2. Australian Coordinating Registry Cause of Death Unit Record File and Registry of Births, Deaths, and Marriages; 3. Admitted Patient Data Collection; 4. Emergency Department Data Collection; and 5. Medicare Benefits Scheme data.

Recommendations for the diagnosis of endometrial cancer include: a general and pelvic examination, referral for a transvaginal pelvic ultrasound (TVUS), routine blood tests, and to a specialist gynaecologist if TVUS is abnormal or there is clinical suspicion. The investigators found that in the 13–18- and 7–12-months pre-diagnosis for endometrial cancer cases, healthcare utilisation was generally similar to matched controls, except for significantly higher proportion of TVUS in both periods and of gynaecologist/gynaecological oncologist visits in the 7–12-months pre-diagnosis. This suggests that for a small number of cases, symptoms may present as early as 7-12-months prior to diagnosis but a ‘watch and wait’ approach may have been recommended. In the 0–6- and 0–1- pre-diagnosis, gynaecologist/gynaecological oncologist visits, CA125 tests, abdominal CT scans and TVUS were significantly higher in the endometrial cancer cohort than matched controls. While CA125 tests are not generally recommended they may have been ordered to investigate for extrauterine disease.

Recommendations for the diagnosis of ovarian cancer include a general and pelvic examination, referral for a TVUS and to a specialist gynaecologist/gynaecological oncologist within 2 weeks of a suspected diagnosis. The investigators found that in the 13–18- and 7–12-months pre-diagnosis for ovarian cancer cases, healthcare utilisation was similar to the matched control group. However in the 0–6-months and 0–1-months pre-diagnosis, ovarian cancer cases had significantly higher gynaecologist/

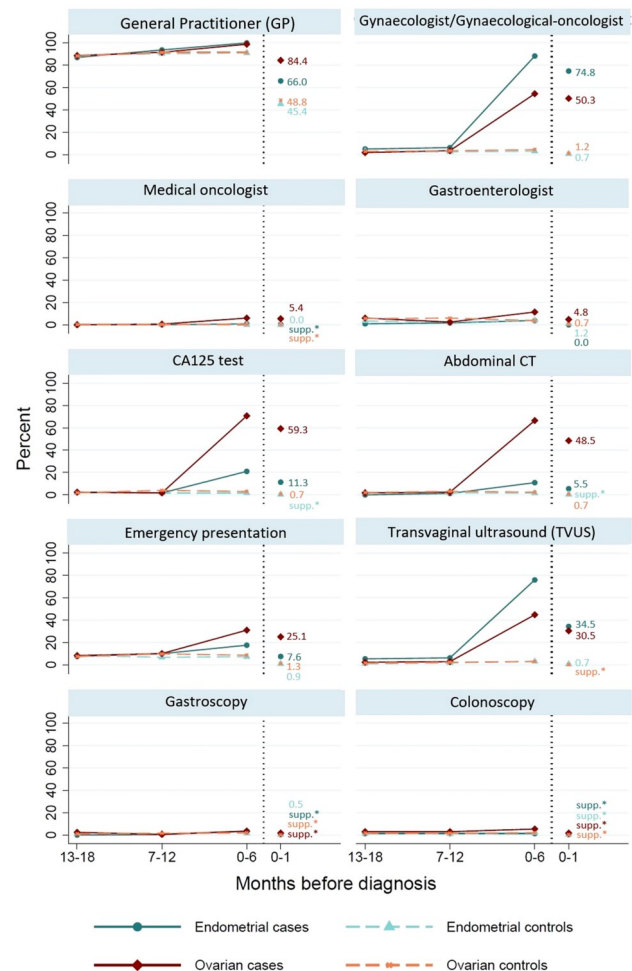


Figure 1: Percentage of ovarian and endometrial cancer cases and matched controls who received each health service at least once during each time interval prior to diagnosis. Yap et al (2022)

gynaecological oncologist, CA125 tests, abdominal CT scans, TVUS, GP visits, medical oncologist visits and emergency department visits. This reflects rapid investigation and referrals.

This study demonstrates the benefits of administrative data in not only understanding the costs of care, but pathways to diagnosis. The findings highlight some potential future directions for gynaecological cancer care research and action. Further research could focus on specialist services referrals and access to investigate diagnostic experiences. The higher rate of department visits in patients with ovarian cancer is interesting and may require further research. Overall, the results showed that patterns of referral and work up are aligning with best practice recommendations.

Contributed by Lutfun Hossain

Source: Yap, S. et al. (2022) "Pathways to diagnosis of endometrial and ovarian cancer in the 45 and up study cohort," *Cancer Causes & Control* [Preprint]. Available at: <https://doi.org/10.1007/s10552-022-01634-2>.

**Trans Tasman Radiation Oncology Group (TROG)**

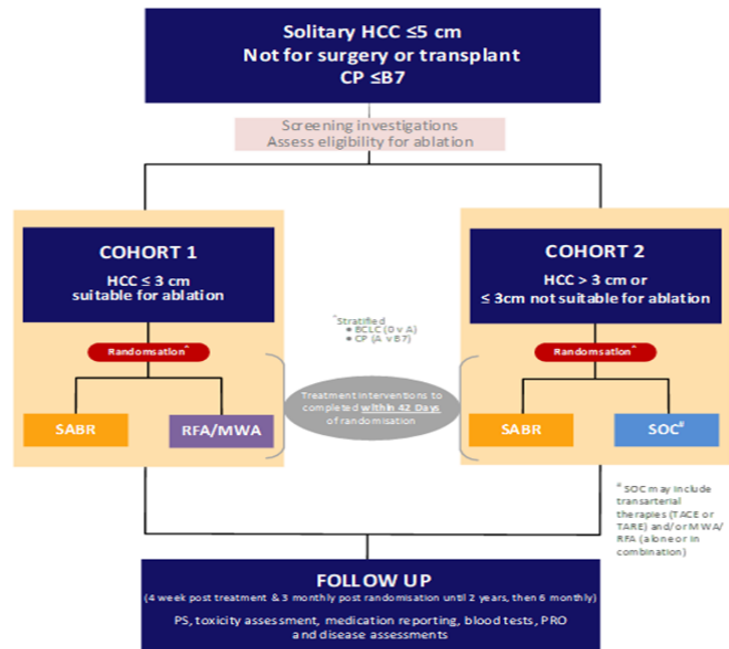
**TROG 21.07 SOCRATES HCC: A randomised controlled trial of Standard Of Care versus RadioAblation in Early Stage HepatoCellular Carcinoma; NOW OPEN**

For patients with inoperable, early stage, solitary, hepatocellular carcinoma (HCC) not planned for transplant, thermal ablation or transarterial therapies are the current treatments offered. There is a lot of emerging data about the effectiveness of Stereotactic Ablative Body Radiotherapy (SABR) in the treatment of early-stage HCC, with local and international series reporting impressive local control rates, but there is no randomised controlled data comparing SABR versus current treatments.

TROG Cancer Research is excited to announce that the RCT TROG 21.07 SOCRATES HCC is now open for recruitment! Lead by Prof Alan Wigg and A/Prof David Pryor, supported by AGITG, GESA and ARGANZ, SOCRATES HCC will compare SABR to other current treatments in the first line setting for non-surgical candidates with solitary ( $\leq 5\text{cm}$ ), early-stage HCC.

SOCRATES HCC aims to recruit 218 participants from 17 trial sites over the next 3 years and is currently open at Flinders Medical Centre, Royal Adelaide Hospital and Princess Alexandra Hospital. The success of this trial will benefit future early-stage HCC patients by giving them access to more effective/non-invasive treatments and by improving access to cancer treatment, with more centres offering liver SABR across Australia.

Contact [SOCRATES\\_HCC@trog.com.au](mailto:SOCRATES_HCC@trog.com.au) for further details.



HCC: Hepatocellular carcinoma | CP: Child Pugh score | BCLC: Barcelona Clinic Liver Cancer staging | RFA: Radiofrequency Ablation | MWA: Microwave ablation | SABR: Stereotactic Ablative Body Radiotherapy | SOC: Standard of Care | TACE: Transarterial chemoembolization | TARE: Transarterial radioembolization | PS: Performance Status | PRO: Patient Reported Outcomes

**TROG 13.01 SAFRON II: Single-Fraction vs Multifraction stereotactic Ablative Body Radiotherapy for Pulmonary Oligometastases; EFFECTIVENESS PODCAST**

International Journal of Radiation Oncology - Biology - Physics (IJROBP) has highlighted TROG 13.01 SAFRON II in its December 2022 Podcast: Oligometastasis - The Special Issue. Editor-in-Chief Dr. Sue Yom hosted A/Prof. Shankar Siva, Trial Chair to discuss the May 2022 article "Cost-Effectiveness of Single- versus Multi-Fraction SABR for Pulmonary Oligometastases - The SAFRON II Trial". Wonderful recognition of TROGs first collaboration with CREST!

Listen to the podcast [here](#).

**TROG 18.06 FIG Study; Prospective, multicentre trial evaluating FET-PET in Glioblastoma (FET-PET in Glioblastoma) – BEST SCIENTIFIC PAPER**

Congratulations to A/Prof Eng-Siew Koh, Prof Andrew Scott and the [TROG 18.06 FIG Study](#) team for being awarded the Chris Atkinson Award (Best Scientific Paper Presentation in Radiation Oncology) and the Elekta Award Advances in the Use of Technology in Radiation Therapy (Best Scientific Paper) at the recent RANZCR ASM. This is fantastic recognition of the substantive work in relation to the FIG trial credentialing program.

The FIG Study is open to recruitment. Contact [FIG@trog.com.au](mailto:FIG@trog.com.au) for further details. Read the abstract here: <https://onlinelibrary.wiley.com/doi/10.1111/1754-9485.13478>

Contributed by Rebecca Montgomery

## Australia and New Zealand Sarcoma Association (ANZSA)

## Cancer Symptom Trials (CST)

### 2022 Annual Scientific Meeting

The theme for the 2022 ANZSA Annual Scientific Meeting was Optimal Sarcoma Care for Everyone Everywhere. Discussions at the event covered a wide range of topics in relation to the theme - including current challenges, innovations, and the latest in sarcoma research and treatment - with international keynote speakers and local sarcoma professionals leading the conversations. Our keynote speakers included:

- Dr. Alessio Gronchi - Surgical Oncologist (Milan, Italy)
- Dr. Silvia Stachiotti - Medical Oncologist (Milan, Italy)
- Dr. Peter Ferguson - Orthopaedic Oncologist (Toronto, Canada)
- Prof. Dorothy Keefe – CEO of Cancer Australia
- Richard Vines – CEO of Rare Cancers Australia
- Prof. David Currow - Deputy Vice-Chancellor (Health and Sustainable Futures) at The University of Wollongong

The meeting saw great audience participation and gave an insight into the current progress of sarcoma treatment in Australia and New Zealand as well as where improvements can be implemented in the years to come.

### Sarcoma Guidelines

In July this year, ANZSA launched our official Sarcoma Guidelines with the aim to inform the best management of patients with sarcoma using scientific evidence.

For the past two years, ANZSA has

engaged a multidisciplinary working party to perform rigorous review of scientific evidence to develop specific recommendations for different aspects of sarcoma care. The working party has been led by ANZSA Director Prof. Angela Hong, consists of independent experts include doctors, and researchers — and consumer representatives — such as patients who have had sarcoma treatment and their carers.

There are three clinical questions that have already been addressed in this series 1 of new guidelines:

- Clinical Question 1: Does radiotherapy at a specialised sarcoma centre improve outcomes?
- Clinical Question 2: Does surgery at a specialised sarcoma centre improve outcomes?
- Clinical Question 3: Does delayed surgical resection of the primary tumour impact on outcome for pelvic Ewing sarcoma?

The content of the guidelines will continue to be updated in accordance to new published research when it becomes available.

The next group of questions from the second series of the Sarcoma Guidelines is set to be released for public consultation in early 2023.

*Contributed by Harrison Colwell*



Palliative Care Clinical Studies Collaborative (PaCCSC) and Cancer Symptom Trials (CST) are focused on developing collaborative cross-disciplinary clinical trials to ensure better quality-of-life outcomes for people living with cancer and life-limiting illnesses.

Join us for the PaCCSC & CST Annual Research Forum in Sydney on 15 and 16 March 2023 to be part of the conversation. Find out more and register: [www.uts.edu.au/paccsc-cst-forum-2023](http://www.uts.edu.au/paccsc-cst-forum-2023)

### Key dates

- 3 February 2023:** Abstract submissions
- 28 February 2023:** CST Emerging Trialist Award Nominations
- 5 March 2023:** Forum registrations close

*Contributed by Linda James*



## Australian and New Zealand Children's Haematology/Oncology Group (ANZCHOG)

### ANZCHOG Annual Scientific Meeting 2022 Highlights

More than 350 participants gathered in 'real life' in Sydney for the ANZCHOG Annual Scientific Meeting at the end of July. After two years of virtual conferences, there was a renewed sense of energy and enthusiasm as attendees not only enjoyed three days of collaborative professional learning but also the opportunity to catch up with peers and build new connections.

Global pioneers in the field of children's oncology gave the cohort an opportunity to collaboratively discuss paediatric palliative care, fertility preservation, solid tumours, patient experience and much more. Multiple sessions covered the very latest thinking and research, including a session tackling the controversial prospect of 'you should ask that'. Professor Marcus Vowels delivered the ANZCHOG Foundations Lecture on a history of paediatric stem cell transplantation in Australia.

An enthralling panel discussion regarding 'Ava's journey' was moderated by the ever-popular political commentator Annabel Crabb with experts Prof David Ziegler, Dr Justin Baker, Prof Mary Chiarella, Ben Charlton and Maryanne Larkin contributing their thoughts around decision making in the age of early phase trials.

The pre-conference nursing workshop was also extremely well attended, with nurses joined by colleagues from other disciplines both as participants and speakers.

The fantastic opening session featured international keynote speaker Dr Justin Baker (from St Jude's Children's Research Hospital in Memphis) who talked about the importance of communication for patients and ensuring that nurses also take time to look after themselves as 'selfcare is not selfish'. This is an important message often forgotten in practice!

The diverse program offered a blend of acknowledgement to the past, what's currently happening and what the future holds in paediatric haematology/oncology. We are now looking forward to 2023 ASM in Perth.

### Save the Date: ANZCHOG ASM 24 – 26 August 2023

ANZCHOG's 2023 Annual Scientific Meeting (ASM) will be held from Thursday 24 to Saturday 26 August 2023 in Perth. Join us as national and international leaders in the field showcase latest developments in diagnosis and management of cancer and blood disorders. More details to come, check out the ASM website here and sign up for updates:

<https://anzchogASM.com/>

### Research Updates

**METMED: An international clinical trial examining if treatment with metformin can improve cognition in children who have undergone treatment for medulloblastoma is now open in Australia.**

Medulloblastoma is a brain cancer which occurs most commonly in children under the age of 10, with 20-30 Australian children diagnosed each year. Through intensifying treatment

strategies, survival rates have improved to 75-80%, but this comes at a great cost for patients. Many children who survive medulloblastoma experience devastating treatment-related cognitive impacts for the rest of their lives, including impaired memory, IQ and verbal comprehension skills. There is a desperate need to limit the long-term cognitive side effects for these patients.

MET-MED is a phase III clinical trial developed by Canadian and Australian researchers, based on promising data demonstrating that stimulating regenerative brain growth can improve cognitive recovery after an injury or insult. More information about this trial can be found here: <https://anzchog.org/metmed-new-clinical-trial-available-for-children-who-have-undergone-treatment-for-medulloblastoma/>

**PNOC-022: An international clinical trial testing the latest promising drugs for children diagnosed with a deadly brain cancer is now open in Australia and will open soon in New Zealand.**

Diffuse midline gliomas (DMGs) are a group of brain tumours which are extremely aggressive and grow rapidly, impacting critical brainstem functions. Despite years of research and much knowledge gained about the underlying biology, little progress has been made to improve outcomes for children diagnosed with these types of tumours.

Surgery is usually not possible due to the location of the tumour. Rapid treatment is essential to try to control the growth of the tumour and maintain quality of life for as long as possible. In most cases, radiation therapy is given



## Australian and New Zealand Children's Haematology/Oncology Group (ANZCHOG)

as an initial treatment and usually combined with chemotherapy. Although tumour control can sometimes be achieved, DMGs tend to progress within a year, and the limited treatment options available at this point are even less effective.

PNO-022 has been developed by the Pacific Pediatric Neuro-Oncology Consortium (PNO), a brain cancer clinical trial consortium based in the United States. For more information, please visit: <https://anzchog.org/new-clinical-trial-now-open-for-children-with-deadly-brain-cancers/>

### September was Childhood Cancer Awareness Month

Childhood cancer impacts over 950 Australian and New Zealand families every year. In September, the paediatric oncology community aims to raise awareness about the devastating impact of a cancer diagnosis, and how we are supporting children and families through care, treatment and research.

During September, our partners held some amazing events to both fundraise and raise awareness about childhood cancer. You can find some of the highlights here:

<https://anzchog.org/september-was-childhood-cancer-awareness-month/>

Contributed by Penny Molnar

## Cancer Quality of Life Expert Service Team (CQUEST)

### CQUEST/CST Estimands workshop

What are estimands?

Trials in cancer have numerous challenges, such as worsening function, high mortality and treatment discontinuation. These post-randomisation events are particularly salient for patient-reported outcomes (PROs). Even with identical objectives, different trials produce variable results due to inconsistencies in how these events are handled.

Appropriate reporting of treatment effects is critical for the translation of findings to practice and policy. There has been a new effort to align trial objectives, design and analysis, improve communication, and clarify interpretation of the effect of treatment known as the estimand framework. Estimands offer researchers the opportunity to address these well-known issues.

### The workshop

This workshop will include two sessions:

Morning session (via Zoom or in-person at UTS) - introduction to estimands, covering how to define and document trial estimands based on internationally agreed guidelines.

Afternoon session (in-person at UTS only, with attendance at the morning session a requirement) - an opportunity to apply the estimand framework to example trials in hands-on exercises. Attendees can bring their own concepts for trials or use examples provided.

### Presenters

Dr Jessica Roydhouse, Select Foundation Senior Research Fellow in Health Services Research, Menzies

Institute for Medical Research, University of Tasmania

Sabine Braat, Senior Research Fellow (Biostatistics), Melbourne School of Population and Global Health, The University of Melbourne

Dr Anneke Grobler, Senior Research Fellow (Biostatistics), Clinical Epidemiology & Biostatistics (CEBU), Murdoch Children's Research Institute

This is a joint workshop between CQUEST and Cancer Symptom Trials (CST).

**Date:** Wednesday 8 February 2023

**Time:** 9.30AM to 4.00PM AEDT

**Where:** UTS Building 10, Level 7, Seminar Room 2 (CB10.07.102)

**RSVP:** <https://bit.ly/3g0CWIM>

**Contact:** [cquest@uts.edu.au](mailto:cquest@uts.edu.au)

For an introduction to estimands and their application to a palliative care clinical trial, please see the following articles by the presenters:

*Roydhouse J, Floden L, Braat S, Grobler A, Kochovska S, Currow DC, et al. [Missing data in palliative care research: estimands and estimators](#). *BMJ Supportive & Palliative Care*. 2022;bmjpcare-2022-003553.*

*Grobler AC, Lee KJ, Wong A, Currow DC, Braat S. [Handling missing data and drop out in hospice/palliative care trials through the estimand framework](#). *Journal of Pain and Symptom Management*. 2022;:jpainsymman.2021.12.022*

Contributed by Carrie-Ann Ng

## Australia New Zealand Gynaecological Oncology Group (ANZGOG)

### ANZGOG Trial Update

During October, ANZGOG held its annual Research Development Day in Sydney. Excitingly, this was the first time in a number of years that the meeting took place face-to-face. More than 70 ANZGOG committee members attended the development day to focus on new research ideas.

We are fortunate to have active and engaged members working locally and globally to bring new trials to Australia and New Zealand for participation by women with a gynaecological cancer:

### ANZGOG clinical trials open to recruitment:

- 2 ovarian cancer trials: ECHO and HyNOVA in collaboration with the NHRMC Clinical trials Centre, at the University of Sydney
- 2 endometrial cancer trials: ENDO-3 in collaboration with Queensland Centre for Gynaecological Cancer and ADELE in collaboration with the NHRMC Clinical trials Centre, at the University of Sydney
- 1 ovarian and endometrial cancer trial: PARAGON II in collaboration with NHMRC Clinical Trials Centre, at the University of Sydney

### ANZGOG clinical trials in start-up:

- 1 ovarian and endometrial cancer trial: EPOCH
- 1 cervical cancer trial: ITTACc
- 1 Quality of Live/End of life study: PEACE

For more information on ANZGOG's trials, [please visit our website](http://www.anzdog2023.org).

### EPOCH – A new tubo-ovarian and uterine carcinosarcoma study

ANZGOG is pleased to announce that EPOCH will be opening to recruitment soon. EPOCH is a phase II open labelled study comparing the use of single agent eribulin versus eribulin in combination with pembrolizumab in relapsed tubo-ovarian or uterine carcinosarcoma. The EPOCH study aims to improve our biological understanding of these rare cancers and has the potential to change the standard of clinical care for these cancers in the future. It will provide patients with ready access to a combination therapy which otherwise would not be available to them with a higher likelihood for clinical benefit compared to currently available standard chemotherapeutic options.

The EPOCH study plans to open at 4 sites in Australia, 1 site in Canada and 1 site in the UK, with a target of recruiting 30 participants.

### Register Now - ANZGOG 2023 Annual Scientific Meeting

*"Improving the lived experience of patients with gynaecological cancers"*

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

We will review the key advances over the last 5-10 years in gynaecological cancers that have defined new standards of care, improved survival and quality of life. Major challenges remain in optimising patient care and meeting the needs of all patients, including culturally diverse and marginalised populations. We can and will rise to the challenge.

We are pleased to announce our distinguished international speakers:

- Prof Iain McNeish (Medical Oncologist, England)
- Dr Rene Pareja (Gynaecological Oncologist, Columbia)
- Dr Ina Jürgenliemk-Schulz (Radiation Oncologist, Netherlands)

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

Early bird registration is available until 1 February. We look forward to bringing this dynamic program to you in a safe, face-to-face environment.

[www.anzdog2023.org](http://www.anzdog2023.org)

#IMPROVINGLIFEFORWOMEN

*Contributed by Professor Clare Scott AM, MB BS PhD Melbourne FRACP*



Improving life for women through cancer research



### Breast Cancer Trials (BCT)

#### 44th Annual Scientific Meeting – Save the Date

Each year, Breast Cancer Trials (BCT) 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.

Our international speakers include:

- A/Professor Sibylle Loibl – Chair of the German Breast Group and Associate Professor of obstetrics and gynecology at the Goethe University of Frankfurt.
- A/Professor Philip Poortmans – Radiation Oncologist at Iridium Network and the University of Antwerp in Belgium.
- Professor Alastair Thompson – Professor Surgery and Associate Director of the Dan L Duncan Comprehensive Cancer Centre, Baylor College of Medicine.

Further information, including registration and the program, is available at [www.bct2023.org](http://www.bct2023.org).

**New Chair of the Scientific Advisory Committee** Dr Nicholas Zdenkowski has been appointed the new Chair of BCT's Scientific Advisory Committee (SAC).



Nick is a Medical Oncologist with a strong interest in breast cancer clinical practice and research. He is a Visiting Medical Officer at Maitland Private

Hospital and Lake Macquarie Private Hospital, and is Conjoint Senior Lecturer in the Faculty of Medicine at the University of Newcastle. He completed a Bachelor of Medicine at the University of Newcastle in 2005, and was awarded a PhD in 2018 by the University of Sydney. His doctorate focussed on patient-centred care with neoadjuvant systemic therapy and shared decision making with patients newly diagnosed with breast cancer.

Nick first became a member of BCT in 2010 and his role in clinical trials has included Chief Investigator, Study Chair, Co-Investigator, Steering Committee Member and external reviewer. In 2018 he became BCT's Medical Advisor, assisting with the genesis of trials through to reporting of results. He has demonstrated a sustained and strong ability to evaluate and develop research opportunities, and has worked with our collaborators locally, regionally and internationally.

#### The Perfect Christmas Gift

If you're looking for that perfect stocking filler, look no further than the Australian Women's Health Diary. Not only is this a lovely gift but you will be helping to support the life saving research of Breast Cancer Trials.

The diary will not only help organise busy lives but it also has the latest in expert advice on health and wellbeing, financial and mental health, along with diet, exercise, skincare and lots more!

At only \$19.99, you can buy a copy of the diary at [www.breastcancertrials.org.au](http://www.breastcancertrials.org.au), at newsagents or participating Post Offices.

*Contributed by Anna Fitzgerald*



### Upcoming CREST/ CQUEST workshop

#### Joint CQUEST and CREST workshop on quality of life in cancer research

The Cancer Quality of Life Expert Service Team (CQUEST) and the Cancer Research Economics Support team (CREST) are hosting a joint workshop on quality of life in cancer research.

This one-day face-to-face workshop will:

- explain the rationale for assessing health related quality of life (HRQoL) in clinical studies;
- describe methods of measuring and valuing HRQoL, and how these differ;
- describe the role of HRQoL in economic evaluation; and
- introduce quality-adjusted life-years (QALYs) and the use of generic and cancer specific measures for estimating QALYs.

The workshop includes lecture-based learning and group exercises.

**Date:** Friday 10 February 2023

**Time:** 9.00AM to 4.00PM AEDT

**Where:** UTS (venue to be confirmed)

**RSVP:** <https://bit.ly/3fx77KR>

We look forward to seeing you there!

*Contributed by Carrie-Ann Ng*



## Thoracic Oncology Group Australasia (TOGA)

### One step closer to lung cancer screening

MSAC has positively recommended low dose CT screening for lung cancer in high-risk individuals aged 50-75 years.

Lung cancer is the 5th commonly diagnosed cancer but contributes the highest cancer deaths, primarily due to the late stage of most diagnoses that limits curative treatment options.

In 2020, Cancer Australia compiled the Lung Cancer Screening Enquiry report and estimated that in a 10 year national program, over 70% of all screen-detected lung cancers would be diagnosed at early stage, 12,000 deaths would be prevented and up to 50,000 QALYs would be gained. A recent publication <https://www.nature.com/articles/s41416-022-02026-8> supported this cost-effectiveness and QALY gain, providing additional evidence for the MSAC decision.

Research continues on appropriate program implementation, while the Federal government considers the commencement of funding.

### November is Lung Cancer Awareness Month

This month we have distributed almost 200 handmade lung cancer awareness ribbons to create opportunities to educate about lung cancer and eliminate misconceptions about the inextricable link to smoking. This assumed link with smoking heightens the psychological distress experienced by those living with lung cancer, even for the 1/5 (or 1/3 in females) diagnosed who have never smoked.

### Networking in November

With the return to face to face events, TOGA hosted a Research Concept Development Workshop focusing on SCLC, advanced NSCLC and mesothelioma. This year we have established our translational research working group and it was exciting to see our researchers incorporating laboratory-based

research into trial designs.

We also welcomed the return of our face to face Lung Cancer Preceptorship, where trainees and junior fellows present a practice-changing paper in lung cancer, and improve their knowledge of clinical lung cancer management and critical appraisal of research. The two-day event also provides networking, mentoring and career development. It was fabulous to see our preceptees contributing, and the honest accounts of preceptors' early careers demonstrated that everyone starts somewhere.

### TOGA Clinical Trial Program

Our trial program continues to recruit well, spearheaded by our ASPIRATION study that offers molecular testing to newly diagnosed metastatic NSCLC patients to identify oncogenic driver mutations that can be treated with targeted therapies. We have also opened "SHERLOCK", a Phase II single arm clinical trial in first line treatment that investigates the addition of Sotorasib, targeted to the KRASG12C oncogenic driver mutation in metastatic NSCLC, delivered in combination with carboplatin pemetrexed chemotherapy and a bevacizumab biosimilar. More details <https://thoraciconcology.org.au/clinical-trials/>

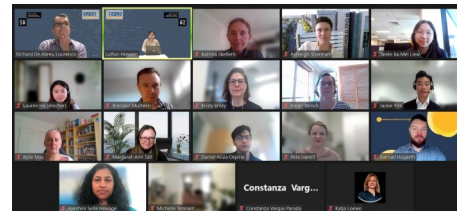
*Contributed by Megan Sanders*



## What is CREST up to?

### A successful CREST health economics workshop

In November, CREST hosted its second iteration of the Introduction to Health Economics Workshop; this time as a virtual session.



*A snapshot of attendees at the November Introduction to Health Economics workshop.*

Attendees from ALLG, ANZCHOG, PoCoG, TOGA, TROG, PC4 and MASC were provided with pre-workshop materials on health economics in cancer care, allowing them to engage more interactively in group discussion, practical examples and exercises in health economic evaluations.

CREST proposes holding a similar combination of face-to-face and online sessions for its Introduction to Health Economics Workshop series in 2023! Thanks to all who attended.

### Trial Group Collaborations

CREST presentation at AGITG ASM

CREST presentation at PoCoG Consumer Advisory Meeting

CREST attended the ANZGOG Research Advisory Meeting, AGITG working party meetings, ANZUP subcommittee meetings, COGNO SAC meeting, PC4 Concept Development Workshop

### Other Activities

Provided ongoing mentoring and guidance for those partaking in the CREST Structured Training Opportunity.

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.

## Melanoma and skin cancer trials (MASC)

## From CREST

### Artificial intelligence a promising tool for improving early melanoma diagnosis

If caught early, melanoma and skin cancer can be cured, but diagnosis can be challenging as Australia's chronic shortage of dermatologists and additional pressures on General Practice are significant barriers to accessing life-saving early intervention.

One solution is to better equip GPs so they can accurately assess suspicious moles and lesions, and artificial intelligence (AI) technology could be a crucial part of their toolkit.

In a pilot study published by the Journal of the American Academy of Dermatology, digital photography combined with the newly developed MoleMap AI algorithm was shown to have substantial agreement with a treating dermatologist's face-to-face assessment of whether a lesion was benign or malignant, and accuracy that compares favourably to that of a dermatologist's remote (telehealth) assessment.

The 'SMARTI' trial was conducted across two Melbourne dermatology clinics, the Victorian Melanoma Service at The Alfred and the Skin Health Institute, and examined images of 743 skin lesions from 214 participants.

Lead investigator, A/Prof Victoria Mar of Melanoma and Skin Cancer Trials said the trial was the first step in developing improved early detection technologies for GPs, telehealth clinics and skin cancer clinics.

"With only 550 practicing dermatologists in Australia, mostly in metropolitan settings, we urgently need to ensure all Australians can

access reliable diagnostic advice, regardless of where they live," A/Prof Mar said.

"The SMARTI trial's results are very promising and give us confidence to further examine this AI tool in a larger cohort across more Australian sites and in the General Practice setting."

"The SMARTI trial's results are very promising and give us confidence to further examine this AI tool in a larger cohort across more Australian sites and in the General Practice setting."

**A/Prof Victoria Mar**  
Chief Investigator,  
SMARTI Trial



"Testing this technology in regional Australia would also provide more equitable access to cutting-edge early interventions and help obtain the large-scale data we need to be confident that the algorithm will have a positive impact on improving patient outcomes," she added.

The AI algorithm was developed by MoleMap and the Monash eResearch Centre. The trial was coordinated by Melanoma and Skin Cancer Trials (MASC Trials) at the Monash University School of Public Health and Preventive Medicine, with funding contributions from the Victorian Medical Research Acceleration Fund and MoleMap. Alfred Health and Skin Health Institute were participating sites. Since the trial, the algorithm continues to be developed under the new technology group known as Kāhu.

A/Prof Mar is director of the Victorian Melanoma Service at The Alfred and an Early Career Fellow at the School of Public Health and Preventive Medicine, Monash University.

*Contributed by Merrin Morrison*

*CREST wishes you and your families a very happy and safe holiday season. All the best for 2023!*

