



In this edition:

- New EQ-5D-5L Aust. value set | P1
- Health economics clinic | P1
- CAR-T Therapy | P2
- AGITG update | P3
- HTA Webinars | P3
- ALLG update | P4
- What CREST has been up to | P4
- ANZGOG update | P5
- HTA appraisal article | P6
- CREST Structured Training Opp. | P6
- ANZSA update | P7
- TOGA update | P7
- ANZUP update | P8
- QoL workshop with CQUEST | P9
- QoL resources | P9
- Health Economics Workshop | P9
- TROG update | 10
- MASC update | 11

## New EQ-5D-5L Australian value set

The EQ-5D-5L is widely used in cost-utility analysis (CUA) in Australian Health Technology Assessment. In a CUA, overall survival and quality of life are combined to calculate quality-adjusted life year (QALY) as the main outcome measure.

Country-specific value sets are important to allow decision makers to reflect the views of their community in their decisions. Norman et al conducted a study to explore how Australians value different components of quality of life. To do this, they conducted a discrete choice experiment, an online survey in which people were asked to choose the best and worst options between three choice sets consisting of two hypothetical health states plus death. This experiment captured people's preferences between different health states.

Until now, decision makers either used to estimate QALYs as part of international value sets, or the pilot Australian value set, both of which were potentially unrepresentative of broader Australian community attitudes. This study reports local values and therefore reflects the preferences of the Australian population for potential trade offs between the length of life and quality of life associated with health care. The new value set can now be used to estimate QALYs as part of health technology assessment in Australia.

Access the Australian value set here

[CREST fact sheets](#) >

Want to know more? Click below

[Read the paper](#) >

### ONLINE CLINICS

## Health economics drop-in clinic

CREST has scheduled **FOUR** drop-in Health Economics clinics for researchers that are aligned with upcoming MRFF and NHMRC grant opportunity deadlines. If you have any questions about incorporating health economics into your ideas/concepts/protocols, or would like health economics input into your grant, please bring your research proposal and questions along.

The drop-in clinics are:

- Online via Zoom
- Facilitated by members of CREST
- Aligned with grant deadlines
- FREE!**



20 April 2023 (aligned with NHMRC Ideas Grant Opportunity)



1 June 2023 (aligned with Consumer-Led Research Grant Opportunity)



15 June 2023 (aligned with Early to Mid-Career Researchers Grant Opportunity & Clinical Trials Activity Grant Opportunity)



17 July 2023 (aligned with Primary Health Care Research Grant Opportunity; Applied Research in Health Grant Opportunity; International Clinical Trial Collaborations Grant Opportunity)



3.00pm - 4.00pm



<https://zoom.uts.edu.au/j/89698456710>

For more information, contact us: [crest@uts.edu.au](mailto:crest@uts.edu.au)



# A Systematic Review of Health Technology Assessments of Chimeric Antigen Receptor T-cell (CAR-T) Therapies in Young Compared with Older Patients

CAR-T therapy is a novel technology for the treatment of B-cell malignancies, including leukaemia and lymphoma. CAR-Ts have curative potential due to their mechanism of action, involving genetic changes to a patient's T-cells to attack cancer cells. Around the world, these novel therapies have been registered on the basis of single-arm clinical trials and early observations of outcomes. Treatment with CAR-T involves a single infusion at a very high cost. Consequently, the results of cost-effectiveness analyses have been associated with a high level of uncertainty.

Our review looked at cost-effectiveness analyses of CAR-Ts considered by major health technology assessment (HTA) agencies, including the Canadian Agency for Drugs and Technologies in Health (CADTH), the Australian Medical Services Advisory Committee (MSAC), the UK's National Institute for Health and Care Excellence (NICE), Norwegian Medicines Agency (NoMA), and the Institute for Clinical and Economic Review in the US. From those analyses, we compared the economic modelling approaches, outcomes in terms of costs, life years (LYs) and quality adjusted life years (QALYs), and recommendations regarding cost-effectiveness, focusing on differences in the use of CAR-T between young and older patients.

A total of 14 HTA evaluations were identified for tisagenlecleucel and axicabtagene ciloleucel in young patients with relapsed or refractory acute lymphoblastic leukaemia (ALL) and in adult patients with diffuse large B-cell lymphoma (DLBCL). Evaluations were based on naïve comparisons of data from prospective, single-arm studies for CAR-T compared with retrospective cohort studies for the relevant comparators. The structure of the economic models considered was similar, with the majority using partitioned survival models (PSM), although the extrapolation approaches differed.

The results differed between economic evaluations, particularly in terms of long-term benefit and this was especially apparent in young patients with ALL (Figure 1). Incremental QALYs gained ranged from 3.67 to 10.6 and ICERs varied from USD 39,146 to USD 98,450 per QALY. In adult DLBCL incremental QALYs were more consistent across the models, although the ICER variation was high (USD 57,046 – USD 268,415), largely driven by the differences in incremental costs. While differences in costs were not an unusual finding, as healthcare costs are expected to vary between countries, the large differences in modelled benefit,

particularly for young patients with ALL, was surprising given the consistency in the clinical evidence. This was likely attributable to the different extrapolation approaches applied, as well as different discount rates being used across countries, and was most apparent in a young population due to the high potential to benefit and length of extrapolation required over a lifetime analysis.

Due to the methodological challenges in assessing the cost-effectiveness of CAR-Ts, HTA agencies' recommendations for funding were mostly conditional on ongoing follow-up and reviews of cost-effectiveness. The high variability in the modelled benefit of CAR-T in young patients suggests a need for alternative approaches to assessing value for money for these types of therapies, particularly where the upfront cost of therapy is high, but the extent of evidence available is limited.

Contributed by: Amy Gye

Source: Gye A, Goodall S, De Abreu Lourenco R. A Systematic Review of Health Technology Assessments of Chimeric Antigen Receptor T-Cell Therapies in Young Compared With Older Patients. *Value Health*. 2022;25(1):47-58. doi:10.1016/j.jval.2021.07.008

[Read the paper >](#)

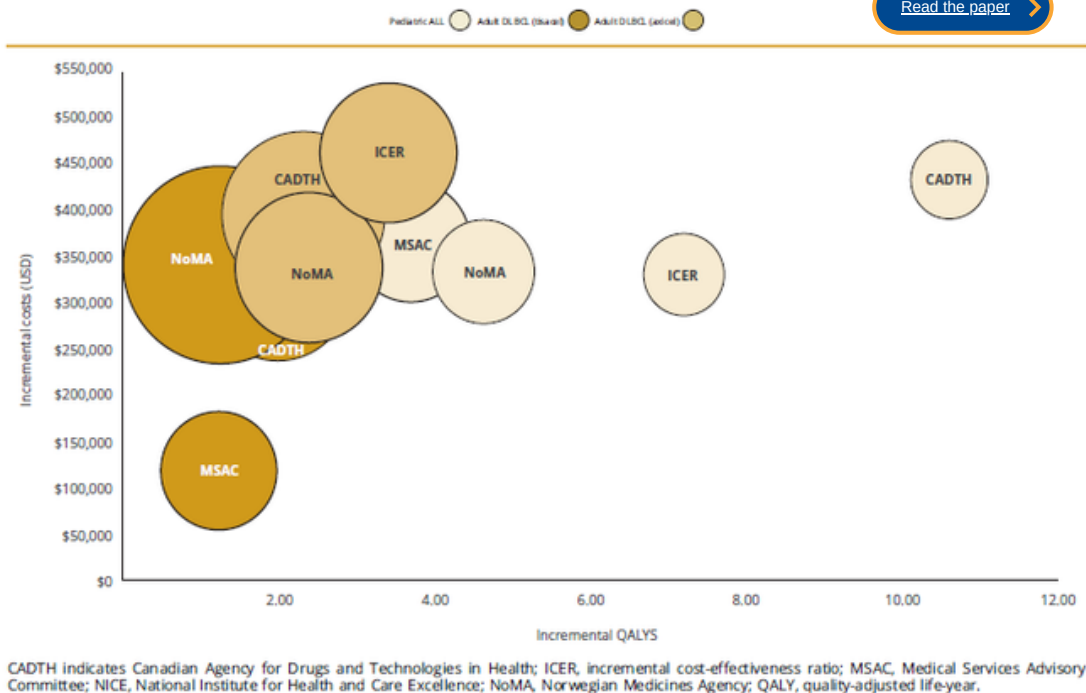


Figure 1. Scatter plot displaying the relationship between incremental costs, QALYs and ICERs by indication and CAR-T therapy. Note: Circle size is proportional to the ICER value; NICE data are not displayed because of lack of reporting of costs and QALYs. Where a range was reported, the higher value was included.

# Australasian Gastro-Intestinal Trials Group (AGITG)

## Upcoming Idea Generation Workshop

AGITG is hosting an Idea Generation Workshop focusing on late-stage colorectal cancer to help improve outcomes for the more than 15,000 Australians diagnosed each year. Gaps in current knowledge or embryonic ideas for future AGITG-led clinical trials, particularly phase III designs, in late-stage colorectal cancer are encouraged for submission.

The online Workshop will be convened by:

- A/Prof Cherry Koh and
  - Dr Matthew Burge,
- on Friday 19 May 2023, 9am-12pm AEST.

Submissions close 6 April.

[Learn more and submit an idea](#)

## Raising funds for GI Cancer Research

Congratulations to the Blue Mountains Gutsy Challenge team! Led by AGITG members Dr Andrew Parsonson and Dr Lauren Bradbury, our 18 trekkers raised more than \$37,000 for the Innovation Grant. A special shout out to the AGITG Research Team - Nisha, Laura, Louise and Sukanya - who raised over \$12,000!

Join one of our [upcoming Gutsy Challenges](#):

- Grampians led by Professor Robert Ramsay, 10-13 May
- Blue Mountains 1-day trek, 16 September
- Hump Ridge Wilderness Trek NZ, 8-11 November
- Southern Alps Trek NZ, 6-11 November



SAVE THE DATE | AGITG ASM | 13-16 Nov 2023

Our 25th ASM will be held in Aotearoa New Zealand for the first time. This ASM, we're tackling the theme of equity, diversity and inclusion in clinical trials. The theme stems from the pressing need to extend access and increase equity to therapeutic options across regional, rural and remote areas, as well as culturally diverse and First Nations populations.

The ASM is a major highlight of the year, providing an opportunity for increased involvement in our scientific activities as well as networking opportunities with members and AGITG leaders. Day one of the program is a workshop day, followed by three-days of dedicated program reflecting all disciplines of the group. This includes patient perspectives, Keynote sessions featuring international and local Invited Faculty, symposia and trial presentations, with a focus on those that are demonstrating equitable or patient facing research.

Registrations open in April, along with several Grant and Award opportunities.



## Our Clinical Trial Portfolio

AGITG members continue to work tirelessly, to find better outcomes for people with cancer. We currently have [14 trials open to recruitment](#) across pancreatic, colorectal, hepatocellular, gastric and oesophageal cancers and GIST. Please consider referring your patients to these trials where relevant.

## Stay up to date with AGITG

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

Contributed by: Erin Burgess

## HTA Webinars

### CREST UPDATE

CREST hosted the 'Understanding Health Technology Assessment – Webinar Series' between February and March 2023.

The series was designed to help participants understand the use of health technology assessment as applied to cancer. The three-part webinar looked at:

- The principles and methods of health technology assessment
- How consumer inputs are used in health technology assessment
- How trials are used in health technology assessment

Special thank you to our guest speaker, Jo Watson (Deputy Chair of the PBAC; Chair of the Health Technology Assessment Consumer Consultative Committee, Deputy Chair of the Consumers Health Forum) for sharing their knowledge, experience, and insights!

Missed out? Don't worry, the recording from the workshops will be made available on the [CREST Resources page](#). Watch this space!



# Australasian Leukaemia & Lymphoma Group (ALLG)



Better treatments...  
Better lives.



## SCIENTIFIC MEETING

PARK HYATT, MELBOURNE  
16 - 19 MAY, 2023



### ALLG May 2023 Scientific Meeting

The ALLG's May Scientific Meeting in Melbourne will bring together ALLG Members to discuss the latest findings from clinical trials and research into blood cancers, and to share ideas that can improve therapies for patients to have better treatments and better lives.

Scientific Meetings are for ALLG Members. We welcome new and current haematologists and professionals to the activities of the ALLG. [Learn more about ALLG's Scientific Meetings](#) and how to [join ALLG](#).

### National Blood Cancer Taskforce update

ALLG is a critical organisational member of the Government's National Blood Cancer Taskforce; to help bring the Australian blood cancer community together to identify the issues facing patients and health professionals. The Taskforce collectively advises the government on the most efficient and effective ways to address blood cancers.

Important progress has been made against each of the key strategic objectives since the Taskforce was established in 2019, according to the latest "State of The Nation: Blood Cancer in Australia" report released in February. In particular, the development of six [Optimal Care Pathway](#) guides to set national standards of care and treatment for blood cancer patients across Australia.

Progress and efforts to accelerate high-impact research is outlined in the report. It also highlights the ongoing work required to increase access to care and clinical trials to improve outcomes for all those affected by blood cancer. You can download a [copy of the report here](#).

### Celebrating 50 Years of ALLG

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

Established in 1973, our members' trials have contributed to what are now standard treatments in Australia and New Zealand in AML and other conditions. Several ALLG trials have resulted in new internationally adopted treatment protocols, expanded indications for existing treatments and increased international focus on Australia's position as a leader in the blood cancer field.

Over the [past five decades](#), the ALLG has had:

- 222 publications in peer-reviewed journals
- 293 presentations of trial results at local and international conferences
- Over 12,500 patients that have been supported by ALLG trials, including all ALLG trials, projects and registries
- Over 160 trials conducted

Looking to the future, ALLG's comprehensive [scientific research strategy](#) will drive the change needed to achieve better blood cancer treatments.

Learn more about ALLG's [5 decades of impact](#).

Contributed by: Tanya Carter



Better treatments...  
Better lives.

## What has CREST been up to?

CREST has been busy scheduling our annual planning meetings with each of the CTGs. During these meetings we have been discussing trial group updates, any health economics needs CREST can meet as well as upcoming CREST activities. It has been a great opportunity to catch up with everyone face to face after two years of ZOOM meetings!

### Trial Group Collaborations

- ANZUP Subcommittee meetings
- CREST External Advisory Committee meeting
- AGITG Upper and Lower GI Working Party meeting
- ANZUP Ideas Generation Workshops
- ANZGOG Research Advisory Committee meeting
- PC4 Peer Review Workshop
- CREST presentation at IMPACCT Consumer Advisory Group Meeting

### Other Activities

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

## Trial Update

ANZGOG is 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:

- one ovarian cancer trial: HyNOVA in collaboration with the NHRMC Clinical trials Centre, at the University of Sydney
- two 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
- one ovarian + endometrial cancer trial: PARAGON II in collaboration with NHMRC Clinical Trials Centre, at the University of Sydney
- one quality of life/end of life study: PEACE in collaboration with the Nordic Society of Gynaecological Oncology – Clinical Trial Unit

ANZGOG clinical trials in start-up:

- three ovarian + endometrial cancer trials: EPOCH, DOMENICA, XPORT-42
- one cervical cancer trial: ITTACC

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

## ANZGOG 2022 Annual Report

We are pleased to provide you all with ANZGOG's [2022 Annual Report](#).

The report is online and interactive, on one web page across six sections, and features trial summary videos by investigators, visual summaries of our achievements and commentary from our committee leaders throughout the document. By using the dropdown menus, pop-up buttons and sliders, you will be able to see all the additional information throughout the report.

## New Quality of Life Trial Opens to Recruitment

ANZGOG's new study for patients with advanced gynaecological cancer, PEACE, has officially opened to recruitment after activating its first site. Led by Principal Investigator Dr Alison Davis in Australia, the international study plans to open at 3 sites in ANZ, with a target of recruiting 73 participants globally.

The main purpose of this study is to determine the feasibility of collecting information from women with advanced gynaecological cancer about their satisfaction and expectations of care once their disease has become incurable and treatment options more limited or have ceased altogether.

Women may be eligible for this study if they are aged 18 or older, with any advanced gynaecological malignancy and a life expectancy of approximately 4 months as estimated by their treating physician.

Contact [john.andrews@anzgog.org.au](mailto:john.andrews@anzgog.org.au) for more information.

## ECHO Closes to Recruitment

ECHO, ANZGOG's first ever exercise-intervention trial, has now closed to recruitment after recruiting 524 participants since the study opened in 2017. ECHO is a Phase III randomised, controlled trial of exercise during chemotherapy for patients commencing first line treatment for ovarian cancer.

"ECHO is a unique trial world-wide – only one of 4 trials poised to evaluate the effect of exercise on survival following cancer and the only trial being conducted involving women with gynae cancer." said Principal Investigator – Prof Sandi Hayes.

"This time next year we will have completed the implementation phase of the study and be on the final stretch for completing data collection. The scene is set for outcomes to be analysed and reported from 2025."

The completion of patient accrual represents a major milestone in the development of more effective treatments for ovarian cancer. ANZGOG is grateful to the many patients who participated, as well as the clinical and research teams who supported the study.

#ImprovingLifeForWomen

**Contributed by:** Prof Clare Scott AM (ANZGOG Chair)

## ANZGOG ASM 2023

**Convenor:** Dr Michelle Harrison and Professor Claire Scott  
<https://www.anzgogasm.org.au/>

"Improving the lived experience of patients with gynaecological cancer" is the theme for ANZGOG's ASM 2023. The meeting enables attendees to learn about the latest developments in gynaecological cancer and provides education and capacity-building opportunities. The Pure Science Symposium is the forum for scientists to learn about the cutting-edge research and developments in the pre-clinical and translational space.



ANZGOG | 2023 ASM  
BRISBANE, 22-24 MARCH  
17th ANZGOG Annual Scientific Meeting  
Hilton Brisbane

Improving the Lived Experience  
of Patients with Gynaecological Cancers

# How do HTA agencies report on their reimbursement decisions for oncology medicines?

Many countries that have a public healthcare system rely on health technology assessment (HTA) to make decisions about funding of medicines. Pharmaceutical companies make a submission to a HTA agency (like the Pharmaceutical Benefits Advisory Committee in Australia), which usually includes information related to the safety and efficacy of the new medicines, economic evidence, and usually, the financial impacts on the health system. In many countries, once the HTA agency has reviewed this information, a summary of their appraisal and the corresponding decision is made publicly available.

Ball et al investigated whether HTA agencies in Canada, UK and Australia were consistent in their reporting and appraisal of the economic evaluations submitted by pharmaceutical companies for oncology medicines. The authors investigated all publicly posted reimbursement recommendations for all oncology medicines with the same indication by the Canadian Agency for Drugs and Technologies in Health (CADTH) in 2019 and 2020, and for the National Institute for Health and Care Excellence (NICE) in the UK till December 2021 and for the Pharmaceutical Benefits Advisory Committee (PBAC) in Australia, till December 2021.

One hundred and eight appraisals representing 36 indications were considered by all three HTA agencies. The investigators found important differences in reporting by the HTA agencies.

The three HTA agencies' methodological criticisms of the submissions by pharmaceutical companies were grouped into a set of seven categories:

(1) time horizon; (2) treatment benefit; (3) utility (quality of life) values; (4) comparator; (5) subgroups; (6) progression-free survival estimates; (7) overall survival estimates; (8) costs; and (9) extrapolation of survival data. Incremental costs and quality adjusted life years (QALYs) were re-calculated by the three HTA agencies. The key similarities and differences are summarised in Table 1.

While the pharmaceutical companies had to follow similar guidelines when preparing their submissions, variations were observed in the reporting by the HTA agencies. This suggests that common reporting templates for HTA reimbursement decisions should be developed. In Australia, the PBAC were generally found to make fewer positive recommendations than the CADTH or NICE. More extensive and consistent reporting will allow better understanding behind the rationale for these decisions, and more insightful comparisons of reimbursement decisions between different HTA agencies.

All PBAC decisions are publicly available here:

<https://www.pbs.gov.au/pbs/industry/listing/elements/pbac-meetings/psd>

Contributed by: Lutfun Hossain

Reference: Ball, G. et al. (2022) "Appraisals by Health Technology Assessment Agencies of economic evaluations submitted as part of reimbursement dossiers for oncology treatments: Evidence from Canada, the UK, and Australia," *Current Oncology*, 29(10), pp. 7624–7636. Available at: <https://doi.org/10.3390/curroncol29100602>.

[Read the paper >](#)

## TRAINING & MENTORING

### CREST STRUCTURED TRAINING OPPORTUNITY

Being hands on is a great way to build skills and knowledge. This applies to building skills in the use of **health economics methods** for the analysis of clinical trials and similar projects.

To facilitate that learning, CREST has a program of Structured Training Opportunities available to members of Cancer Australia Clinical Trial Groups (CTG).

Through this structured training opportunity you will receive:

- Guidance from a CREST health economist for your eligible project
- 30 to 40 hours of mentoring (typically across a 3 month period)
- Face-to-face session at the CREST office (complemented by online, phone and email contact)

If you are a member of a CTG, have a project with a health economics component, and interested in discussing whether it might be suitable as a Structured Training Opportunity project, please contact us:

[crest@uts.edu.au](mailto:crest@uts.edu.au)

**Please note:** CREST is unable to sponsor individuals for participation in these training opportunities.

Similarities in reporting of	Differences in reporting of
<b>Basic characteristics of the economic models</b> i.e., the: <ul style="list-style-type: none"> <li>• type of economic analyses,</li> <li>• model structure,</li> <li>• time horizon,</li> <li>• treatment of uncertainty, and</li> <li>• use of indirect treatment comparison used by the manufacturers.</li> </ul>	<b>Detail and transparency for the rationale behind the funding decision</b> (NICE provided more extensive documents than PBAC or CADTH)
	<b>Instrument to derive utility values</b>
	<b>Equity issues</b>
	<b>Analysis that deals with uncertainty</b>
	Both NICE and the PBAC often <b>redacted key outcomes</b> (e.g., QALYs and ICERs).
	<b>Criticisms of the submitted models and extent of the reanalysis undertaken.</b>

Table 1: Similarities and differences in reporting by the HTA agencies

## 2023 ANZSA Annual Scientific Meeting

Save the date for our 2023 Annual Scientific Meeting. The theme of this year's meeting is *Using Data to Improve outcomes: lessons learnt and future directions*.

The meeting will take place in Melbourne this year on the 10th – 11th of November, with both in-person and online attendance available to all who wish to attend.

We are delighted to have secured two very high-profile international guest speakers confirmed for the event this year:

**Jason Hornick** - The Director of Surgical Pathology and Immunohistochemistry at Brigham and Women's Hospital, Professor of Pathology at Harvard Medical School, and a consultant at the Dana-Farber Cancer Institute. He is a senior pathologist with expertise in soft tissue tumor pathology, gastrointestinal pathology, endocrine pathology, and diagnostic immunohistochemistry.

**Ajay Puri** - The chief of Orthopaedic Oncology and the Professor and Head of the Surgical Oncology Department at the Tata Memorial Centre & Homi Bhabha National Institute. He has been affiliated with 24 national and international professional organisations and serves as the Chairman of Indian Orthopedic Association (Oncology) and also has been on the International Editorial Board of Bone & Joint – 360, Sarcoma and Frontiers in Orthopedic Surgery.

Look out for the call for abstracts in the coming weeks.

## 2023 ANZSA Virtual Sarcoma Journal Club

The ANZSA Virtual Sarcoma Journal Club has returned for 2023 after a successful 2022. The Journal Club is a forum for the review of journal articles and papers from sarcoma experts from around the world. The journal club is open to all medical professionals - not just ANZSA members - with the invitation open to anyone in a respective multidisciplinary team who may be interested.

Papers that are to be discussed are released two weeks before the meeting date and a recording is made available to all registrants who cannot attend on the day. There are four sessions still to be held in 2023:

**Wed, 5 April 23 | 5pm**

Host: Prof. Richard Carey Smith, Perth Children's Hospital  
[Register to attend](#)

**Wed, 21 June 23 | 5pm**

Host: Prof. Wayne Nicholls, Queensland Children's Hospital  
[Register to attend](#)

**Wed, 2 Aug 23 | 5pm**

Host: Dr Angela Hong, Royal Prince Alfred/Chris O'Brien Lifehouse  
[Register to attend](#)

**Wed, 20 Sept 23 | 5pm**

Host: Dr Susie Bae, Peter MacCallum Cancer Centre  
[Register to attend](#)

We look forward to seeing you in attendance at our Journal Club sessions.

Contributed by: Harrison Colwell

# Thoracic Oncology Group Australasia (TOGA)

## Positive recommendation for small gene panel testing for NSCLC

MSAC has positively recommended reimbursement of small gene panel test(s), a type of next generation sequencing (NGS), for NSCLC. These panels, also called 'hot spot' panels, enable screening of multiple oncogenic driver mutations from the same biopsy tissue, saving time and enabling more mutations to be detected, as therapy options to treat a greater number of 'druggable targets'. Patients on these targeted treatments can live for many years, with milder and very manageable side effects, and while resistance to treatment can emerge, drug development programs continue to identify subsequent generation treatments that overcome the resistance mutations to an earlier generation drug.

These targeted treatments provide such an enhanced survival benefit in NSCLC that we had already seen Australian sites implementing 'hot spot' panels, and either absorbing the extra cost or passing the cost onto patients.

While the Federal Government is still considering when MSAC funding will commence, this positive recommendation will lead to this testing becoming available for all non-squamous NSCLC patients.

Since 2020, TOGA has offered the opportunity for all Australian newly-diagnosed metastatic NSCLC patients to obtain comprehensive genomic profiling (CGP) through the ASPIRATION study. Over 800 patients have benefitted from a more advanced form of NGS that detects mutations from a single test like the 'hot spot' panels but also provides more extensive molecular information that may aid treatment decisions as research advances. We are expecting ASPIRATION to close mid-year, and hope there will be almost a seamless transition to small gene panels, rather than reverting briefly to sequential single gene testing.

For those that want to learn more about NGS in lung cancer, we released a



[December podcast](#) discussing the implementation of this testing, and we plan to run a workshop, aimed at clinicians, on 19 July, Melbourne, in conjunction with our ASM.

## TOGA Annual Scientific Meeting

The [TOGA ASM](#), with the theme "Shifting the dial in lung cancer- it takes a village" will be held in Melbourne and via live stream 20-21 July. Once again, the program will feature multidisciplinary topics relevant to thoracic cancer care in Australia and New Zealand. We are pleased to welcome international speakers, Karen Kelly, medical oncologist, University of California and CEO of International Association for the Study of Lung Cancer (IASLC), and Stephen Swisher, Professor & Division Head of Surgery, MD Anderson Cancer Centre.

Registrations will open in April.



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

## Some recent ANZUP new highlights

At the recent ASCO #GU23 held in San Francisco in February, ANZUP had three posters featured: DASL-HiCaP (ANZUP 1801), P3BEP (ANZUP 1302) and EVOLUTION (ANZUP 2001). You can view these and other presentations and posters on the [ANZUP website](#).

Earlier this year our EVOLUTION Trial reached 50% recruitment. Congratulations to Study Co-Chairs Shahneen Sandhu and Louise Emmett and everyone involved on reaching this great milestone.

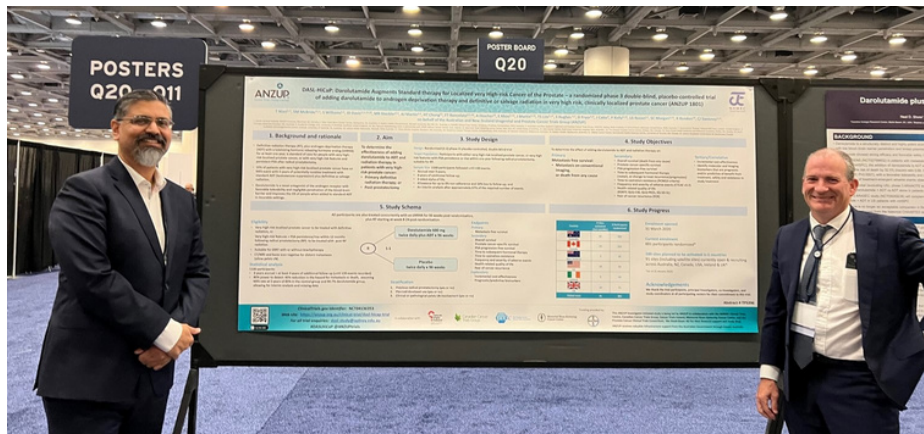
Our DASL-HiCaP trial continues its steady recruitment rate and early this year recruited their 900th patient, with less than 200 to go till we reach the target of 1,100 patients. Thanks to Study Co-chairs Chris Sweeney and Tamim Niazi and all the site investigators and trial teams across the regions.

The BCG+MM (ANZUP 1301) trial is close to randomising their last patient. As of 1 March, they have just 9 patients left to reach full recruitment. Well done to Study Chair Dickon Hayne and everyone involved in this trial.

Congratulations to Study Chair Craig Gedy, Deputy Chair Laurence Krieger and their respective trials teams as well as HMRI staff for activating and randomising the first three Australian participants on the ANZadapt study (ANZUP 2101). You can read more about this collaborative study in our [media release](#).

**Pain-free TRUS B trial wins the BJUI Global Prize 2023 for article of the year**

On Sunday 26 February, Dickon Hayne accepted the BJUI Global Prize for 2023 for the [Pain-Free TRUS B article that featured in BJUI](#) in 2022, at the USANZ meeting in Brisbane.



This prize is given to an author/ authors outside of America & Europe selected by a BJUI panel as the best paper in terms of quality and potential impact on practice. You can read more in our [media release online](#).



## The Melbourne Pedalthon returns this month!

On Sunday 26 March 2023 the Melbourne Pedalthon returns! now is the time to dust off your bikes, get your lycra ready and join us for a fun-filled day at Sandown Racecourse.

We're delighted to welcome Pedalthon ambassador Michael Milton, OAM. Michael is an Australian Paralympic skier, Paralympic cyclist, and para-triathlete with one leg. With 6 gold, 3 silver, and 2 bronze medals he is the most successful Australian Paralympic athlete in the Winter Games. Michael has had cancer twice which has impressed upon him the need for community support to raise awareness and vital funds for cancer research.

Register today and join Michael, the Melbourne community, seasoned cyclists, and those new to cycling, as well as families and friends for a day of competition, fun, camaraderie, great prizes, food, refreshments, entertainment, and all the excitement you know and love.

## #ANZUP23 – 9-11 July 2023

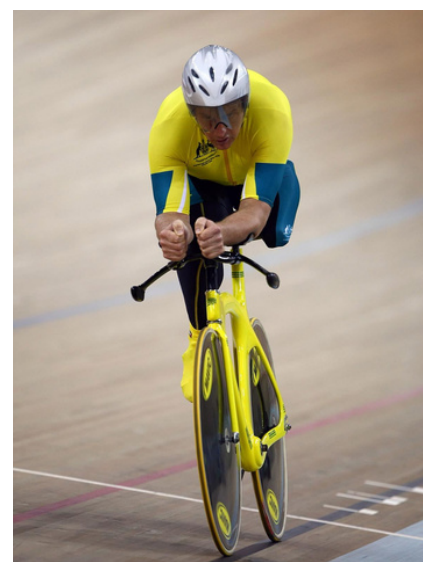
Our 2023 ASM is being held in Melbourne from 9-11 July 2023 with the convening committee, ably led by Ben Tran and Renu Eapen. Our theme for 2023 is "Bouncing Back". We look forward to seeing you in Melbourne! We have confirmed an exciting International Faculty: Andrea Apolo, Darren Feldman, Alex Wyatt, Sima Porten, Rebecca Martin and Ananya Choudhury.

[Early bird registrations are now open](#), and we invite you to register for this face-to-face event.

We are also [inviting abstract submissions](#) from all professional disciplines and groups involved in researching and treating genitourinary cancers for admission into the program for 2023.

**Abstract submissions close: Monday 1 May 2023, 9am, AEST.**

Contributed by: Nicole Tankard





# A productive joint workshop with CQUEST

## Quality of life in cancer research

On 10 February 2023, CREST held a face-to-face joint workshop with the Cancer Quality of Life Expert Service Team (CQUEST).

We educated CTG attendees on the methods of assessing and valuating quality of life in cancer research, and provided practical strategies on choosing patient-reported outcome measures (PROMs) and multi-attribute utility instruments (MAUIs) in cancer clinical trials.

The workshop featured interactive elements, including an activity for attendees to score and value their own quality of life in the context of economic evaluations.

We were delighted to have Prof Madeleine King as a guest speaker, who provided expert insights on cancer-specific MAUIs derived from commonly used cancer-specific PROMs.

Overall, the workshop was an informative and valuable experience, which we hope will enhance the quality of future cancer clinical trials. We look forward to holding another iteration of this workshop in the next year.


Contributed by: Carrie-Anne Ng




## SAVE THE DATE | 9 June 2023 Understanding Health Economics in Cancer Research Workshop

As part of its capacity building services, the Cancer Research Economics Support Team (CREST) is pleased to announce it will be holding a workshop at the Centre for Health Economics Research and Evaluation (CHERE), UTS:

### Understanding health economics in cancer research

 Friday, 9 June 2023

 9.30am - 4.30pm

 TBC

This workshop is for those working or interested in cancer research who may encounter health economics in research papers or policy documents, or who would like to consider how health economics may be incorporated into their own practice or research.

### Workshop program

The workshop will use a series of workshop-style seminars and exercises to provide theory and practical examples to cover:

- An introduction to health economics and economic evaluation in research
- Study design for economic evaluation in oncology research
- Identifying, valuing and measuring outcomes
- Identifying, valuing and measuring costs
- Interpretation of results of economic evaluations

Participants at the workshop will receive a USB with course notes, including copies of the slides presented on the day, references used as examples throughout the workshop, and additional useful readings. Lunch and refreshments will be provided.

CREST is able to offer travel assistance for this workshop to one participant from each CTG.

If you are interested in registering for the workshop, please contact us: [crest@uts.edu.au](mailto:crest@uts.edu.au) for further information.

## Health-related quality of life resources

To help measure patient quality of life in cancer research, you can find a number of resources on both the CREST and CQUEST websites.

[CREST resources](#) >

[CQUEST resources](#) >

If you have any suggestions for resources, or are searching for specific information, please reach out to the respective teams for further support.

CREST: [crest@uts.edu.au](mailto:crest@uts.edu.au)

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

# TransTasman Radiation Oncology Group (TROG)



## TROG Annual Scientific Meeting 19-22 June 2023

TROG Cancer Research are hosting our 35th [Annual Scientific Meeting \(ASM\)](#), from 19 – 22 June 2023 at the Adelaide Hilton, South Australia. The theme “Accelerating Forward”, encompasses our vision to keep moving forward in cancer research and work together to explore emerging and innovative topics in radiation medicine research. The ASM will host over 250 delegates, making for an excellent networking and research engagement opportunity.

The [program](#) includes scientific sessions showcasing ongoing clinical trials, discussion of new clinical trials and future research strategies.

[Early Bird Registration](#) is open until Monday, 17 April 2023.

## Clinical Research Education Workshop 19 June 2023

Run alongside the ASM, on Monday 19 June 2023 TROG will host the annual [Clinical Research Education Workshop \(CREW\)](#) facilitated by professional trainer, Eleanor Allan from Caledonian Clinical Training. This full day workshop will focus on clinical trial coordination challenges, managing remote activities and tele-trial sites, documentation and compliance. All research staff from any institution or organisation are welcome to join. [Register now.](#)



## TROG Concept Development Workshop (CDW), 31 May 2023

TROG Cancer Research is holding a one-day virtual Concept Development Workshop on Wednesday 31 May 2023, hosted by A/Prof Puma Sundaresan (Convenor) and A/Prof Sasha Senthil (Chair TROG Scientific Committee) along with Senior Research Fellows (Biostatistics) Chris Brown and Kristy Robledo.

The CDW will encourage and support early to mid-career clinical cancer researchers to bring ideas for new clinical research projects/concepts to TROG Cancer Research and to have these ideas workshopped in a multidisciplinary, collaborative and supportive manner.

We invite all early to mid-career TROG members to submit their research idea for consideration.

- [Submit an idea](#)
- [More information](#)

## Climb For a Cause: Trek4TROG

Come join the Trek4TROG Kosi Challenge 01 to 03 December 2023!

Commencing at the Ski Rider Hotel in Wilsons Valley, this is an amazing opportunity to climb the highest point in Australia, Mt Kosciuszko while helping to fundraise for TROG Cancer Research. Trekker's will experience three days of exploration, viewing Australia's natural landscapes and awe-inspiring scenes.

[More information about joining the trek.](#)

Can't make the hike? [Sponsor a hiker or team today!](#)

## TROG Independent Data and Safety Monitoring Committee (IDSMC)

TROG is seeking a Radiation Oncologist to join the IDSMC, which meets twice per year to monitor the progress of TROG late phase II and phase III clinical trials in relation to quality processes and procedures. It ensures the safety of patients and that wherever possible, that each trial meets its primary objectives.

[More information](#) | [Express your interest](#)

Contributed by: Rebecca Montgomery



# Melanoma and Skin Cancer Trials (MASC)

## Fundraising boost for new melanoma trial offers hope to patients with brain metastases

A \$110,000 donation to a new trial treating melanoma brain metastases will help open additional research sites around Australia, offering hope to patients, like Peter Wilson, who have melanoma that has spread to the brain.

The donation is the second made by the [Australian Skin Cancer Foundation](#), with the \$210,000 total funding being raised through the Foundation's Mission Melanoma campaigns, in which hundreds of Australians walked thousands of kilometres in the name of melanoma research.

The clinical trial receiving the funds, called the [BETTER trial](#), is examining whether a combination of immunotherapy drugs and targeted radiotherapy will improve outcomes for patients with melanoma brain metastases, who have neurological symptoms or who are taking steroids to control these symptoms.

Peter Wilson, one of the thousands of Australians with melanoma brain metastases, said his shock diagnosis was devastating for his family.

"I'd had a small red lump removed from my back nine years ago which turned out to be melanoma. After it was removed, I had regular six-monthly check-ups to monitor my skin which were all fine. In July 2021, whilst I was at work, I collapsed and was rushed to hospital. Scans showed I had 11 spots in my brain and a large lung mass which were subsequently confirmed to be melanoma," Mr Wilson said.



## Melanoma and Skin Cancer Trials Limited

"It was just impossible to comprehend. To go from feeling completely healthy to being told it was a coin flip whether I'd survive for even just another five years was truly shattering for my wife, kids and me. It was a whirlwind of brain surgery, stereotactic radiation, and immunotherapy drugs within weeks of my diagnosis."

"Fortunately, I responded well to the treatment, but I was one of the lucky ones. Clinical trials like this are so important to move towards eliminating the chance of other people going through what my family and I did; hearing those terrible odds, having to endure the side effects of treatment, and living with the fear it might not work. Research is the only way to improve the chances for others who may become victims of this cruel disease," Mr Wilson added.

Melanoma that spreads to the brain occurs in more than a third of patients with an advanced melanoma diagnosis. Once melanoma metastasises in the brain, patients often have a poor prognosis and a short life expectancy.

Dr Malaka Ameratunga, Co-Chair of the BETTER trial and head of Molecular Oncology and Rare Cancers at The Alfred, said the trial, being run at the hospital, could change how people like Peter are treated all around the world.

"Melanoma brain metastasis is so severe and complex that many patients are unable to participate in clinical trials, resulting in limited treatment options," Dr Ameratunga said.

"Current treatments, including immune-suppressing steroids, have long-term side effects and may reduce the effectiveness of immune therapy. We are hopeful that the BETTER trial will not only improve outcomes but also offer much better quality of life for patients while they undergo treatment."

"This is the first time anyone has investigated a combined treatment of immunotherapy drugs nivolumab and ipilimumab with bevacizumab and targeted radiotherapy. If participants respond well, we are hoping to expand the trial to more sites, with more participants, so we can gather more data and change how we treat this deadly disease," Dr Ameratunga added.

Australian Skin Cancer Foundation (ASCF) Founder, Mr Jay Allen OAM, said the group was thrilled [its first major fundraising initiative](#), which received 1,770 donations, kickstarted research for a group of melanoma patients that are typically underrepresented.

"ASCF is excited to support this landmark trial with a second donation. We can't wait to follow the BETTER trial as it begins recruiting and gathering that all important data," Mr Allen said.

"To paraphrase Carl Sagan, 'something incredible is waiting to be known' and that's what clinical trials do. They help us discover that incredible thing that can literally change the world and what we know about it."

"Melanoma research is an incredibly emotional but exciting space and Australia is lucky to be at the forefront, thanks to our fantastic researchers and organisations like Melanoma and Skin Cancer Trials, who are behind the BETTER trial," Mr Allen said.

The initial phase of the BETTER trial will commence at the Westmead Hospital in Sydney and The Alfred in Melbourne.

More information about the trial, including eligibility, can be found [here](#).

