



In this edition:

An Economic Analysis of SC.24 in Canada | P1 -2

CREST Workshop | P2

MASC Trials updates | P3

TROG update | P4

ANZUP update | P5

JMRS - Call for papers | P6

AGITG update | P7

ALLG update | P8

CREST resources | P8

Colorectal cancer survivor's experiences and views of shared and telehealth models of survivorship care | P9

CQUEST workshops | P10

Structured Training Opportunity | P10

ANZGOG update | P11

CST update | P12

ANZSA update | P13

CREST FAQ Page | P13

TOGA update | P12

CRICOS Provider No 00099F | TEQSA Provider ID PRV12060

This email was sent by University of Technology Sydney, PO Box 123 Broadway NSW 2007, Australia. To unsubscribe, email crest@uts.edu.au

An Economic Analysis of SC.24 in Canada: A Randomized Study of SBRT Compared with Conventional Palliative RT for Spinal Metastases

SC.24 was a Canadian-led, multicentre, randomised controlled trial (RCT) conducted in 229 patients with vertebral body bone metastases. Patients with painful spinal metastases were randomised to either 24 Gy/2 stereotactic body radiation therapy (SBRT) or 20 Gy/5 conventional external beam radiation therapy (CRT).

The primary endpoint was met which showed that patients who received SBRT therapy had a higher incidence of 3-month complete pain response (CR), than patients who received CRT. An economic evaluation of 2 fraction SBRT vs 5 fraction CRT in SC.24 was conducted, by calculating the incremental cost per QALY.

Since SC.24 had a 6-month follow up, long-term patient-level outcome data were obtained from a sub-cohort of 137 Canadian RCT patients from the Sunnybrook Odette Cancer Centre (in Toronto, Ontario) who were enrolled in SC.24. The outcome of interest was overall survival (OS). In SC.24, 6-month OS was 73% [95% CI, 64%-81%] with CRT and 77% [95% CI, 68%-84%] with SBRT; $p = 0.42$). The Sunnybrook Odette Cancer Centre data had a median follow-up of 11.3 months. 12-month survival rate from the Sunnybrook cohort was 61% (47%-74%) (there was no difference in survival between the treatment arms at 12 months).

The other outcome of interest was quality of life (QoL). The EORTC QLQ-C30 was used to calculate utilities using the EORTC QLU-C10D algorithm, applying Canadian population utility weights. No significant differences were observed in the baseline or post-treatment utility values. Post-treatment utility value of 0.55 (0.45, 0.65) was used in the analysis, irrespective of the treatment allocation. The only exception was patients with local failure who did not go on to retreatment. Based on the literature, it

was assumed that these patients would have a utility value of 0.35.

The economic analysis was based on a Markov Model in which patients progressed through a series of 5 health states after receiving radiation therapy (1. no local failure, 2. local failure and retreatment, 3. local failure and vertebral compression fractures [only in SBRT], 4. local failure and no retreatment, and 5. death) in 3-month cycles (1-year probabilities were converted to 3 months assuming a constant rate) throughout the lifetime of the patient. Allocation of costs and outcomes in the model was dependent on the proportion of patients who transitioned into a state of pain relief without local failure, or local failure with or without retreatment following the initial study intervention.

Costs for the delivery of SBRT and CRT were taken from the Canadian health care system perspective. Costs were attributed to the percentage of an employee's time spent on a particular activity. Given that both SBRT and CRT delivery used similar personnel, equipment, and space in the delivery of SBRT and CRT, the main differentiator of costs in the analysis was employee time associated with treatment delivery. RT costs included time-based remuneration of personnel task/workload attributed to RT reception/booking, radiation oncologists, medical physics, and RT staff required for computed tomography (CT) simulation, dosimetry, quality assurance (QA) work, and RT delivery, informed by published expert consensus regarding process maps and time estimates. Outpatient costs were excluded because they were similar between both arms.

Costs and utilities were discounted at a rate of 1.5% per year. (*cont. page 2*)

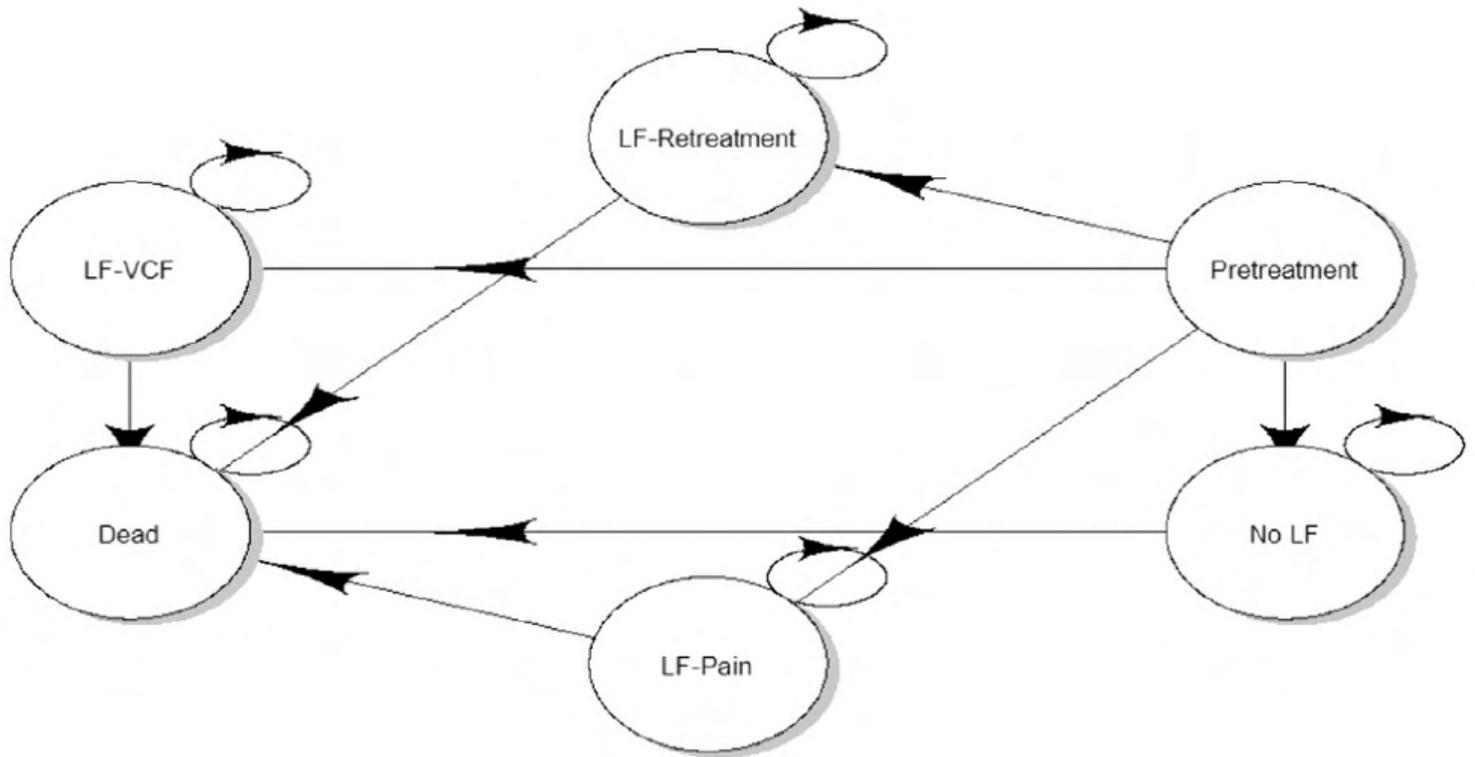


Figure 1. SC.24 schematic Markov model of patient progression through health states. Abbreviations: LF = local failure; VCF=vertebral compression fracture.

SBRT was found to have an ICER of \$9,040CAD/QALY gained for the base case scenarios compared with CRT. In the context of a threshold of \$100,000CAD/QALY, SBRT was found to be cost-effective in Canada for the palliation of painful spinal metastases.

Source:
 Kerba, M. et al. (2024) 'An economic analysis of SC24 in Canada: A randomized study of SBRT compared with conventional palliative RT for spinal metastases', International Journal of Radiation Oncology*Biolog*Physics [Preprint]. doi:10.1016/j.ijrobp.2023.12.052.

CREST WORKSHOP

Understanding Health Economics in Cancer Research Workshop

Friday, 7 June 2024

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:

-  Friday, 7 June 2024
-  9.00am - 4.30pm AEST
-  UTS - Room 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

CREST is able to offer travel assistance for this workshop to one member from each CTG. All travel assistance must be endorsed through the CTG Executive Officer.

[REGISTER NOW](#) 



Melanoma and Skin Cancer Trials (MASC Trials)

Upcoming events

2024 AOMA Virtual Summit

The 2024 Australasian Ocular Melanoma Alliance (AOMA) Virtual Summit will bring together international and Australian ocular melanoma healthcare professionals, researchers, and consumers to share the latest discoveries, treatment advances, and consumer experiences for this rare and aggressive cancer.

Date: Saturday, 15 June 2024

Time: 9am – 5pm AEST

Where: Online

Cost: FREE

[Register here](#)



2024 Australasian Ocular Melanoma Alliance Virtual Summit
Saturday 15 June 2024
Registrations open

AOMA AUSTRALASIAN OCULAR MELANOMA ALLIANCE

Melanoma and Skin Cancer Trials Limited

2024 Annual Scientific Meeting

Join us in Sydney for the 2024 Melanoma and Skin Cancer Trials Annual Scientific Meeting - a satellite meeting of the 2024 Australasian Melanoma Conference.

Key dates:

- 24 October - Melanoma and Skin Cancer Trials Annual Scientific Meeting
- 25-26 October - Australasian Melanoma Conference (AMC)

Registrations are open for one or both meetings through the AMC registration portal. Seats are limited so get in early! [Register here](#).



Melanoma and Skin Cancer Trials Limited

Annual Scientific Meeting
24 October 2024
Sydney

Registrations open

Auctioneers choose Melanoma and Skin Cancer Trials as 2024 Charity

Australian Livestock and Property Agents Association (ALPA) has chosen Melanoma and Skin Cancer Trials as its 2024 charity. ALPA is the national peak industry body for livestock and property agents and represents over 1,200 agency businesses across Australia. With many ALPA members and their families working in the outdoors, melanoma and skin cancer are significant health issues for this community. [Read more](#).

Become a member

Melanoma and Skin Cancer Trials membership is open to anyone interested in our clinical research, from healthcare professionals to consumers. Applying is simple and free. Learn more about membership benefits and [apply here](#).

Sign up for eNews

Stay up-to-date with the latest Melanoma and Skin Cancer Trials news and events. Sign up for our monthly [eNews here](#).

www.masc.org.au

Concept Development Workshop

Our Concept Development Workshop held this month provided investigators with peer-review critique on their research proposals from our Discipline-Specific Advisory (DSA) members, who are experts in their fields. Facilitated by Dr Sam Hogarth, Melanoma and Skin Cancer Trials Research and Development Officer, the workshop included input from Consumer Advisory Panel Chair Alison Button-Sloan and National Technical Services representatives (CREST and CQUEST). An NHMRC representative also shared information on upcoming grant opportunities.



Melanoma and Skin Cancer Trials Limited

TransTasman Radiation Oncology Group (TROG)

FASTRACK II Results

TROG would like to extend our congratulations to the entire **TROG 15.03/ANZUP 16001 FASTRACK II** team on the momentous achievement of having their study results featured in [The Lancet Oncology](#).

Initiated in 2016, FASTRACK II trialed Stereotactic Ablative Body Radiotherapy (SABR), as an alternative treatment option for patients with renal cell carcinomas who were not suited to surgery, challenging conventional approaches.

Implemented across 8 centres in Australia and the Netherlands, this study investigated the effectiveness of SABR and assessed its associated side effects.

This accomplishment is a testament to the collective dedication, expertise, and collaborative spirit of the team and their unwavering commitment to advancing medical research and enhancing outcomes for patients with kidney cancer through the FASTRACK II clinical trial.

The publication of the study in The Lancet Oncology not only acknowledges the significance and impact of the study but also underscores its contribution to advancing medical knowledge and improving patient care worldwide.

We commend the team for their outstanding perseverance, dedication, and tireless efforts throughout the duration of the trial. Their groundbreaking work will undoubtedly inspire future advancements and innovations in the field, ultimately benefiting countless patients and communities.

The FASTRACK II trial signifies a turning point in progress for treatment of kidney cancer, presenting a compelling avenue for future advancements in radiation oncology.



TROG 15.03 / ANZUP 16001
FASTRACK II
Stereotactic Ablative Body Radiotherapy (SABR) for Primary Kidney Cancer

TROG | CANCER RESEARCH

Trek4TROG 2024 is on!

Following the successes of last year's trek, we are excited to announce that Trek4TROG is back again in 2024. Come join us on the 25th – 27th of October 2024 as we traverse the Jamison Valley in the Blue Mountains, from Katoomba Falls to Wentworth Falls, to raise funds for cancer research.

Join the TROG team to experience the spectacular Blue Mountains from atop its towering escarpments, visiting numerous vantage points offering uninterrupted views of the natural wonders of this unique area – The Three Sisters, Mount Solitary and Narrow Neck Plateau.

We are looking for a team of 40 trekkers to join us to beat last year's total amount raised of \$30,000. Registrations are now live for anyone interested in joining us.

[Register now.](#)



TROG | CANCER RESEARCH
TREK4TROG 2024
BUSHWALKING THE BLUE MOUNTAINS
25 - 27 OCTOBER 2024



TROG | CANCER RESEARCH

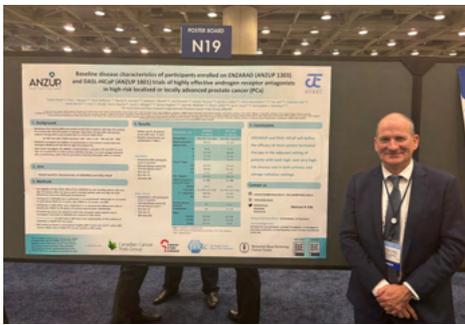
Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP)

Some recent ANZUP news highlights

At the recent ASCO #GU24 held in San Francisco in January, ANZUP had four posters featured:

- ENZARAD (ANZUP 1303) and DASL-HiCaP (ANZUP 1801),
- UNICAB (ANZUP 1802),
- ENZAMET (ANZUP 1304) &
- P3BEP (ANZUP 1302).

You can view these and other presentations and posters on the [ANZUP website](#).



The Melbourne Pedalthon returns next month!

On Sunday 21 April 2024 the Melbourne Pedalthon returns to Sandown Racecourse.

[Register today](#) and join our Pedalthon ambassador Michael Milton OAM, 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.



#ANZUP24 –21-23 July 2024

Our 2023 ASM is being held in the Gold Coast from 21-23 July 2024 with the convening committee, ably led by Matt Roberts and Aaron Hansen. Our theme for 2024 is "Making Waves". The meeting will provide attendees with a forum to discuss and present the latest updates in GU cancer treatment, research and supportive care and to learn more about existing and planned ANZUP trials. We already have some great international speakers confirmed: Paul Nguyen, Rob Hamilton, Ravindran Kanesvaran, Elena Castro, Bertrand Tombal and Cristiane Bergerot.

[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 2024. Abstract submissions close: Tuesday 7 May 2024, 9am, AEST.

Retirement of ANZUP CEO, Marg McJannett

Our wonderful CEO, Marg McJannett, is transitioning to retirement in the near future.

Marg has been with ANZUP for over 13 years and has seen it grow from a small and fragile group into one of the world's powerhouse cooperative cancer clinical trials groups. Marg has brought together enormously diverse groups of people and united them under a common goal: working together to improve the outcomes for people affected by genitourinary cancers.

Thanks Marg, for so many things

New ANZUP CEO, Samantha Oakes

ANZUP is delighted to announce the appointment of A/Prof Samantha ("Sam") Oakes as the new ANZUP CEO, who will take up her position from 18 March 2024. Sam was previously the Director, Research Investment, National Breast Cancer Foundation, and brings with her a wealth of experience in research, academia, grants, funding and other resource challenges, university and research institutes, and leadership of diverse groups of people.



Journal of Medical Radiation Sciences (JMRS) invites authors to submit articles to a special themed issue on Value Based Medical Radiation Sciences

BACKGROUND

Value based healthcare is ensuring healthcare is delivered to maximise outcomes that matter the most to the people receiving and delivering the healthcare, and balancing the costs to achieve those outcomes. A value based approach is not about "budget-cutting" but rather focussed on ensuring that the care we provide is of value to patients, health care professionals and the health system. The demand for medical radiation sciences (MRS) services, including medical imaging and radiation therapy, is expected to rise as advances in medicine has led to earlier disease detection and treatment. Coupled with the continued introduction of new MRS technologies, increased demand has implications on experiences in delivering and receiving care as well as costs. Value based MRS practices can ensure that we maximise the resources available to deliver care that meets the needs of the patient/population, and the health services/systems. This special edition will explore value based MRS practices through the perspectives of the patient, MRS professional and the health system.

THEME

MRS professionals play a significant role in the healthcare system and it is important that we look for ways to provide care that is valuable to the patient, health professionals, and the health system. Value based MRS provides a broad scope of possible avenues to explore and report on. Both quantitative and qualitative work will be sought for inclusion to present an issue that encompasses a wholistic view of value in MRS.

TOPICS

Potential topics include, but are not limited to:

- Assessing the value of new technologies, compared to standard practices (e.g. use of AI-enabled diagnostic imaging equipment to reduce repeated images, decreasing both dose and time for the patient)
- Patient-centred initiatives (e.g. evaluating and incorporating patient preferences in MRS departmental planning)
- Improvements in care delivery (e.g. a dedicated radiation therapist coordinator role to increase patient understanding and compliance)
- Changes in education programs and professional practices (e.g. advanced practice roles impacting value-based care through increased patient throughput; or virtual simulation in the university sector preparing MRS students for real-world scenarios)

All manuscript types will be considered, including original research articles, review papers and case studies. Before submission, authors should carefully read over the Journal's Author Guidelines, which are available at: www.jmrsjournal.com

On the cover page/letter, please state that your manuscript is to be considered for the special themed issue.



jmrsjournal.com

WILEY

SUBMISSION DEADLINE:
31 JULY 2024

FOR MORE INFORMATION

Contact Dr Jackie Yim –
jackie.yim@health.nsw.gov.au



GUEST EDITORS:

Dr Jackie Yim

Radiation Therapist Consultant, NSW Health
Research Fellow, CHERE University of Technology Sydney

Amy Brown

Health Research Fellow, Queensland Health

Dr Scott Jones

Senior Radiation Therapist, Queensland Health

Professor Rachael Moorin

Health Economics & Data Analytics, Curtin School
of Population Health, Curtin University

To find out more and contribute to this special edition visit jmrsjournal.com

Australasian Gastro-Intestinal Trials Group (AGITG)

Call for new anal cancer research ideas

AGITG is hosting an Idea Generation Workshop focusing on anal cancer. Gaps in current knowledge or embryonic ideas for future AGITG-led clinical trials, particularly phase III designs, in anal cancer are encouraged for submission.

The online Workshop will be convened by Associate Professor Puma Sundaresan, radiation oncologist, and Dr Michelle Thomas, colorectal surgeon, on Friday 17 May 2023, 9am–12pm AEST.

Submissions close 4 April.

[Learn more and submit an idea](#)



Save the date for our ASM: 18-21 November 2024

Our 26th ASM will be held in Brisbane, Australia. This year's Meeting theme, Thinking Outside the Box, will encourage delegates to think beyond traditional trial approaches and challenge the norm.

As a follow-on from our 2023 Meeting, *Navigating Paths to Equity in GI Cancer Research*, this year's theme underscores the significance of equitable and diverse trials, encourages contributors and delegates to explore innovative trial designs, and aims to expand collaborations across diverse regions for greater global impact.

We are thrilled to have renowned international GI experts joining the Meeting to lead workshops on Monday 18 November, followed by extensive involvement through the main conference program on 19–21 November:

- Prof Cynthia Sears, translational research



- Prof Cihan Gani, radiation oncology
- Prof Deborah Schrag, medical oncology
- Prof Matthew Katz, upper GI surgery
- Dr Rodrigo O Perez, lower GI surgery

[Learn more about our international faculty.](#) Registration opens in April, along with grant and award opportunities.

Research News

We are pleased to say the ASCEND pancreatic cancer trial recently achieved and exceeded its target accrual. 158 patients enrolled in the trial which is investigating the safety and efficacy of adding CEND-1/LSTA1 to first-line treatment for metastatic PDAC.

A research paper based on our FORECAST-1 study was recently published in *Cell Reports Medicine*. The article is titled 'Unified framework for patient-derived, tumor-organoid-based predictive testing of standard-of-care therapies in metastatic colorectal cancer', and is open access. [Read the paper](#)

Our portfolio continues to grow, with [trials open to recruitment](#) across pancreatic, gallbladder and biliary tract, colorectal, stomach and oesophageal cancer. Please consider referring your patients to these trials where relevant.



Take on a Gutsy Challenge in 2024

Join one of our [upcoming Gutsy Challenges](#) and help raise funds for new GI cancer research:

- Kakadu: 6-day trek, 16–22 June
- Blue Mountains: 1-day trek, 7 September

Stay up to date with AGITG

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



Australasian Leukaemia & Lymphoma Group (ALLG)

ALLG Trial Updates

ALLG members continue to work locally and internationally to bring new trials to patients with blood cancers across Australia and New Zealand.

New Trials Open to Recruitment

NHL39 POLAR BEAR

NHL39 POLAR BEAR is an international clinical trial in collaboration with the Nordic Lymphoma Group, for elderly patients with diffuse large B-cell lymphoma (DLBCL).

The NHL39 trial is investigating a new treatment combination for DLBCL that includes polatuzumab-vedotin. Outcomes for patients with DLBCL have improved markedly over recent years, with the exception of elderly patients. Led by Associate Professor Matthew Ku, the NHL39 trial will open at 20 Australian hospitals in the coming months.

MM26 NORM

MM26 NORM is a new platform clinical trial in collaboration with the Asian Myeloma Network. This innovative trial is investigating treatments for "orphan" groups of myeloma patients who have previously not been eligible for clinical trials, including patients with non-measurable disease, impaired renal function, extramedullary relapse or central nervous system (CNS) myeloma. The trial will evaluate a combination treatment of selinexor, pomalidomide and dexamethasone.

MM26 is led by ALLG Myeloma Scientific Working Party Co-Chair Professor Hang Quach.

ALLG's MDS Trial Awarded MRFF Funding

ALLG's MDS05 MYDAST trial has been awarded a \$827,000 grant from the Australian Government's Medical Research Future Fund (MRFF).

This funding will establish a new treatment arm on the MDS05 platform clinical trial. Led by Associate Professor Anoop Enjeti, this Phase 2 treatment arm will evaluate a combination treatment of SNT-5505 with chemotherapy in patients with low and intermediate risk MDS.



ALLG May Scientific Meeting

ALLG is holding our next biannual Scientific Meeting from 21 – 24 May 2024 at the Hilton Adelaide. ALLG Scientific Meetings are for ALLG Members, and we welcome new and current haematologists and professionals to join the activities of the ALLG.

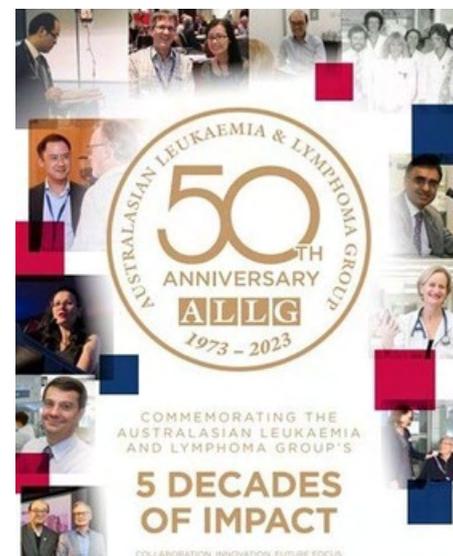
[Learn more about ALLG's Scientific Meetings](#) and how [to join ALLG](#).

ALLG's Five Decades of Impact

In 2023, ALLG celebrated our 50th anniversary and marked five decades of impact in blood cancer research by our members.

ALLG clinical trials have advanced many treatments for blood cancers over the last 50 years, contributing to what are now standard treatments in Australia and New Zealand.

Patients' lives are at the centre of what we do, and we remain dedicated to our mission to create Better Treatments... Better Lives for patients with blood cancer. [Learn about ALLG's Five Decades of Impact.](#)



DID YOU KNOW?

CREST RESOURCES

Did you know we have a dedicated section on our website full of resources to help investigators incorporate health economics and pharmacoeconomic analyses into trial protocols?

On our page we have available:

- Proforma documents for conducting an economic evaluation
- How to collect data
- How to estimate QoL scores
- Various factsheets and templates
- Video recordings of past workshops and webinars such as using Medicare data and HTA
- A number of useful links

If you have any suggestions for resources, please feel free to discuss with us by emailing crest@uts.edu.au

[Resources](#) >



Better treatments...
Better lives.



uts.edu.au/crest



crest@uts.edu.au

Colorectal cancer survivors' experiences and views of shared and telehealth models of survivorship care

Survival rates for patients with colorectal cancer (CRC) is increasing. These patients however, continue to experience physical and psychosocial long-term effects, including fatigue, bowel, and sexual dysfunction, depression and anxiety. Current models of survivorship care, which are usually oncologist-led are unsustainable as it continues to place a burden on the hospital system. Alternative models of care, including shared care between general practitioners (GPs) and hospital-based providers, are being explored.

The SCORE RCT was designed to evaluate shared care for CRC survivors. Patients with early-stage colon or rectal cancer treated with curative intent were randomised to usual care follow-up (hospital-based visits 3, 6, 9 and 12 months following end of treatment) or to shared care, which substituted the 3 and 9 month visits with GP visits and added an early GP visit soon after treatment ended. The trial was disrupted by the COVID-19 pandemic with follow-up care shifting from face-to-face to telehealth consultations in both arms of the study.

While telehealth is timely and cost-effective for patients and healthcare workers, some clinicians are concerned that telehealth can impact patient outcomes, through impaired communication and absence of physical examination.

The SCORE trial evaluation team thus conducted a study to explore patients' experiences receiving survivorship care during the COVID-19 pandemic, to support the implementation of this shared care model.

20 participants were interviewed to understand the acceptability and appropriateness of the SCORE shared care intervention from the patients' perspectives, and their preferences for follow-up care. 5 themes with respect to the barriers and facilitators to implementation were identified (Figure 1).

While the shared care model was generally found to be acceptable, the study identified areas for refinement. Some participants perceived there was poor communication between specialists and their GPs, and were concerned that their follow-up care needs were not being met. Survivors were often concerned about their GP's knowledge of cancer survivorship, and doubted their ability to provide effective survivorship care. The quality of the patient-GP relationship was found to be both a facilitator and barrier to shared care, depending on whether it was perceived to be "good" or "poor".

With respect to telehealth, most patients felt comfortable and believed telehealth saved travel and hospital

waiting times. Patients believed that unless they required a physical examination, there was no perceptible difference in quality of care, though some cited difficulties with setting up the technology.

The authors make four recommendations to support future implementation of shared or telehealth-delivered survivorship care:

1. Personalise pathways of care based on individual characteristics, preferences, health care settings and existing relationships with their GP.
2. Utilise a care coordinator and IT systems to facilitate use of survivorship care plans (SCPs), manage appointments and follow-up schedules.
3. Provide direct lines of communication including shared electronic medical records between GPs and specialists.
4. Prepare patients at the outset about pathways of survivorship care and the role of the GP in providing holistic health care.

Reference: Gore, C. et al. (2023) 'Colorectal cancer survivors' experiences and views of shared and telehealth models of Survivorship Care: A qualitative study', *Psycho-Oncology*, 33(1). doi:10.1002/pon.6265.

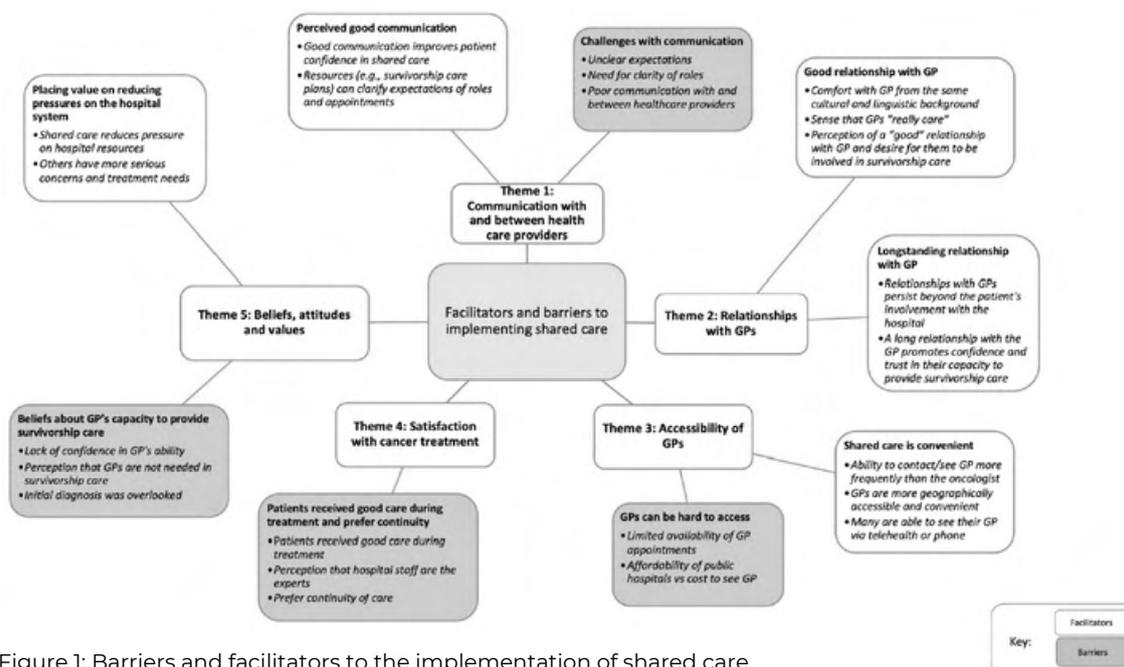


Figure 1: Barriers and facilitators to the implementation of shared care

Cancer Quality of Life Expert Service Team (CQUEST)

©2023 Provider No. 802997 / ©2023 Provider No. 802997

VIRTUAL WORKSHOP
Adding value to Phase I and II Trials with Qualitative Sub-studies
WEDNESDAY, 3 APRIL 2024 | 4 - 5 PM AEDT



UTS University of Technology Sydney UTS University of Technology Sydney UTS University of Technology Sydney

Adding value to Phase I and II Trials with Qualitative Sub-studies Wednesday, 3 April | 4 – 5 pm AEDT

This one-hour workshop is a collaboration between CQUEST and the Cancer Symptoms Trials (CST) Group / Palliative Care Clinical Studies Collaborative (PaCCSC) Qualitative Research Subcommittee, and will introduce the benefits of including a qualitative sub-study in early phase trials, along with some practical considerations. Expressions of interest will be invited for attending a further, more in-depth workshop helping you develop a qualitative sub-study for your particular trials.

[Register today](#) 

THURS, 2 MAY 2024 | 1.00 PM 2.00 PM AEST

VIRTUAL WORKSHOP
Innovations in Measuring Quality of Life in Cancer Trials



UTS Cancer Quality of Life Expert Service Team (CQUEST)

Innovations in Measuring Quality of Life in Cancer Trials, Thursday, 2 May 2024 | 1 - 2 pm AEST

The increasing emphasis on PROs and methodological advancements in recent years have driven significant development in methods to effectively measure quality of life in healthcare. These include the use of computer adaptive testing, short-forms and the PRO-CTCAE. This one-hour online workshop will introduce and explore these methods in the context of cancer clinical trials.

[Register today](#) 



TRAINING & MENTORING

CREST STRUCTURED TRAINING OPPORTUNITY

The CREST Structured Training Opportunity (STO) will help you build skills in the use of health economics methods for the analysis of clinical trials and similar projects.

Discover a hands-on approach to building your health economics skills and knowledge. If you're working on a clinical trial or cancer research, understanding health economics components is vital. The Structured Training Opportunity program by CREST, is design exclusively for members of Cancer Australia Clinical Trials Groups (CTGs).

As a STO participant, you'll receive:

- Expert guidance from a CREST health economist for your eligible project
- 30 to 40 hours of mentoring (typically across three months)
- Face-to-face sessions at the CREST office (complemented by online, phone and email support).

If you're a CTG member with a project featuring a health economics component, and you're keen to explore its suitability for the STO program, reach out to us at crest@uts.edu.au.

Please note: CREST is unable to sponsor individuals for participation in this opportunity.

Australia New Zealand Gynaecological Oncology Group (ANZGOG)

ANZGOG 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 our community with a lived experience of gynaecological cancer.

ANZGOG clinical trials open to recruitment:

Ovarian cancer trials:

- **HyNOVA** in collaboration with the NHRMC Clinical Trials Centre and ANZGOG.
- **ROSELLA** a global study sponsored by Corcept Therapeutics with local sponsor, George Clinical managing the study.

Endometrial cancer trials:

- **ENDO-3** in collaboration with Queensland Centre for Gynaecological Cancer and ANZGOG.
- **ADELE** in collaboration with the University of Sydney, NHRMC Clinical Trials Centre.
- **DOMENICA** a global study sponsored by ARCAGY-GINECO in collaboration with ANZGOG.
- **XPORT-EC-42** a global study led by Karyopharm Therapeutics (Global Sponsor), in collaboration with ANZGOG, European Network of Gynaecological Oncological Trial Groups (ENGOG) and GOG Foundation.
- **EN.10/TAPER** a global study led by Canadian Cancer Trials Group (CCTG) (International sponsor) in collaboration with ANZGOG.

Combined ovarian + endometrial cancer trials:

- **PARAGON II** in collaboration with the University of Sydney, NHRMC Clinical Trials Centre and
- **EPOCH** a global study led by ANZGOG in collaboration with Imperial College London, UK and Princess Margaret Cancer Centre, Canada.

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:

- one survey study: **EXPRESSION IX**

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

[#AdvancingResearchSavingLives](#)

ANZGOG 2024 ANNUAL SCIENTIFIC MEETING: 22-24 APRIL 2024

We are holding our first Annual Scientific Meeting in Aotearoa New Zealand in 2024 on April 22-24. The program will shine a light on the cultural, socioeconomic and regional diversity of our patients and how through research into treatments and health practice, we can overcome the increasing cancer burden, inequities of access to care and outcomes for our patients.

Bringing an international focus to the theme of 'Breaking Down Barriers in Gynaecological Cancer Care' are four distinguished international speakers:

- Prof Emma Crosbie (Gynaecological Oncologist from the UK)
- Prof Akila Viswanathan (Radiation Oncologist, joining virtually from the USA)
- Prof Isabelle Ray-Coquard (Medical Oncologist from France)
- Dr Gemma Eminowicz (Radiation Oncologist from the UK)

The meeting is attended by over 300 delegates (close to a third of ANZGOG membership).

The popular first day is a series of specialty workshops providing education and insight into various areas of gynaecological cancer care. A high of this day is the Pure Science Symposium a forum for scientists and clinicians to learn about the cutting-edge research and developments in the pre-clinical and translational space.

We look forward to seeing you in Wellington in April for a landmark meeting.

Register now -

<https://www.anzgogasm.org.au/>



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

ANZGOG | Advancing research
saving lives

Breaking Down Barriers in
Gynaecological Cancer Care

Kia ōrite te ratonga hauora mō tātou katoa
'Let the provision of health be the same for everyone'

#ANZGOG2024ASM

Cancer Symptom Trials (CST)

Facing Fatigue Seminar Series

This free, online seminar series features national and international presenters with expertise in fatigue. Through this series, we are aiming to build researcher and clinician capacity to better manage fatigue for people living with, or after cancer.

A recent Delphi study conducted by CST researchers found that fatigue is the uniting cancer symptom that consumers and healthcare professionals agree has the most impact on daily life. This series aims to continue the conversation started by the study.

If you are a clinician or researcher in any health discipline, and you are interested in building your knowledge and understanding of cancer related fatigue, this free online seminar series is for you.

Find out more and register:

uts.edu.au/facingfatigue

Diversity and inclusion in cancer clinical trials



Dr Rayan Saleh Moussa, CST Postdoctoral Research Fellow and Acting PaCCSC/CST National Manager is leading a program of work to investigate the underrepresentation of culturally and linguistically diverse (CALD) communities in cancer clinical research in Australia.

We want to understand why people with cancer from culturally and linguistically diverse (CALD) communities do and don't participate in cancer clinical research and whether they are given the opportunity to do so.



These insights will help inform the design and implementation of inclusive and culturally appropriate cancer clinical trials.

Our aim is to understand the barriers and enablers of cancer clinical trial participation in CALD communities.

Read more about this research:

uts.edu.au/cst/cald

Aotearoa Australia Pancreatic Enzyme Replacement Therapy (ASPERT)



Led by Dr Amanda Landers, the ASPERT Research Group is a collaborative of researchers working to address the lack of access to Pancreatic Enzyme Replacement Therapy (PERT) by people with pancreatic cancer in Aotearoa New Zealand and Australia.

Cancer Symptom Trials (CST), the University of Otago Department of Medicine and Nurse Maude Hospice are working in collaboration as the ASPERT Research Group to address the perceived lack of access of Pancreatic Enzyme Replacement Therapy (PERT) by people with pancreatic cancer in Aotearoa New Zealand and Australia.

We want to understand the prescribing of and compliance with PERT by investigating current practices in both countries with a view to highlighting the current gaps.

Read more about this research:

uts.edu.au/asperit



Australia and New Zealand Sarcoma Association (ANZSA)

Annual Scientific Meeting

Join us this year for the 2024 ANZSA Annual Scientific Meeting (ASM) on the 10th – 11th of October in Brisbane!

This year's meeting will feature both in-person and online attendance for all who wish to attend. Our 2024 Annual Scientific Meeting will run alongside the 22nd International Society of Limb Salvage (ISOLS) General Meeting 2024.

Event Details:

- **When:** Thursday 10th – Friday 11th of October 2024
- **Venue:** Brisbane Convention and Exhibition Centre, Merivale St, South Brisbane QLD 4101

This is a chance to hear from researchers and sarcoma specialists — from Australia and New Zealand as well as from around the world — about the most up to date multidisciplinary research in the sarcoma field. We will also be hosting our first ever consumer-led summit on the Thursday.

Stay tuned for registration, speaker and program details which will be made available shortly.

Research Fellowship

This year we are excited to be offering a two-year clinical research fellowship!

The fellowship is funded by The Tie Dye Project and The Kids Cancer Project and must have AYA and/or paediatric patient cohort involvement in the proposed study, with funding available from July 2024 to undertake a significant sarcoma clinical research project.



The Fellowship will provide 0.4EFT salary for protected research time and associated on-costs. The applicant must also have a 0.4 EFT clinical appointment in an endorsed ANZSA sarcoma specialist centre.

The Fellowship is AU\$60,000 per year plus on-costs for salary and additional limited funds for research costs to improve early detection and therapy for sarcoma. The aim is to support a promising junior clinical researcher, under the mentorship of an experienced ANZSA sarcoma researcher, to conduct a sarcoma clinical research study or clinical trial.

Applications for the ANZSA Sarcoma Clinical Research Fellowship must reach the ANZSA Office by 5pm, Friday, 12th April 2024 via email.

[Visit our website for more information and to find the application form.](#)

NEW!

CREST FAQ PAGE

CREST have recently published a new FAQ page covering the following topics:

- What do I need to know before planning an economic evaluation?
- What outcomes should I consider for an economic evaluation?
- The comparator
- I need help with data
- How is quality of life used in economic evaluations?
- Making sense of the economic evaluation.

[FAQs](#)



Thoracic Oncology Group Australia (TOGA)

OCEANiC: Researchers Seek Participants for Targeted Lung Cancer Treatment

TOGA's latest trial open to recruitment, OCEANiC, is a study that follows on from the ADAURA study which showed a significant improvement in DFS and OS compared to placebo.

OCEANiC will provide free access to a TKI inhibitor and aims to evaluate if chemotherapy can be omitted in patients with EGFR mutant NSCLC who are at low risk of recurrence following complete surgical resection.

A call for potential patients is open to recruitment. Patients would need ctDNA collected within 28 days of surgical resection. Additional information and participating sites can be found [here](#).

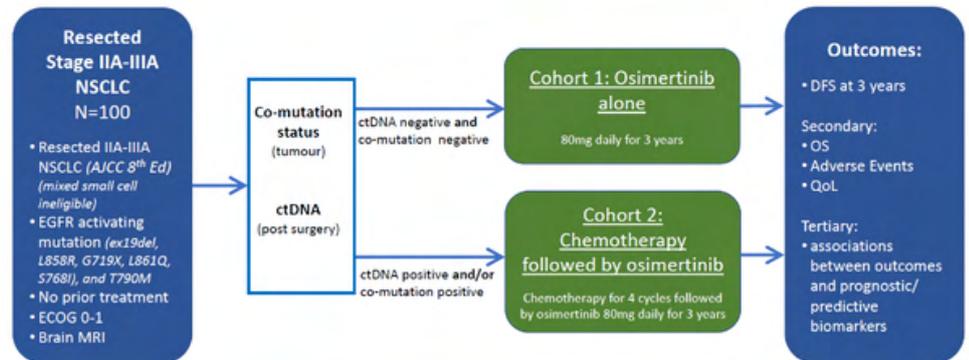
[Learn More](#)

Mark Your Calendars: TOGA Set to Address Latest Thoracic Cancer Advancements at Annual Scientific Meeting

TOGA is thrilled to announce the Annual Scientific Meeting for 2024. This year's TOGA ASM will be held on 1-2 August, with a pre-event workshop on 31 July.

This hybrid event will focus on 'Charting New Horizons: A Multidisciplinary Approach to Lung Cancer Screening and Care' to promote the developments in thoracic cancer treatment, care, and screening program.

[Dr Tracy Leong](#), the ASM Chair shares "at this exciting time of advances in the field of lung cancer, the TOGA ASM represents a key meeting to learn from international and national experts, develop collaborations with colleagues, and connect with valued members of the lung cancer community. Together with a stellar multi-disciplinary organising team, I greatly look forward to welcoming you in August to inspire and be inspired."



Charting New Horizons:
A Multidisciplinary Approach to Lung Cancer Screening and Care

Annual Scientific Meeting
Pre-event Workshops: 31 July 2024
ASM: 1-2 August 2024
Sheraton Grand Sydney Hyde Park

TOGA
Thoracic Oncology Group Australasia

TOGA is privileged to welcome [Professor Philip Crosbie](#) from the University of Manchester as the International Speaker at the TOGA 2024 ASM. Professor Crosbie's main clinical and research interest is lung cancer with a specific focus on early detection and screening. He will share his expertise and valuable insights into the UK's experience with lung cancer screening.

The TOGA ASM will be the event to feature multidisciplinary topics relevant to thoracic cancer care in Australia and New Zealand. Registrations to attend the ASM will open soon.

[Keep up to date](#) with the latest on the TOGA ASM 2024.

Members and those part of the TOGA community are encouraged to play an active part of the scientific program by presenting work at the ASM. Those who submit an abstract for inclusion to the program will have the opportunity to present to peers and be in the running for awards and prizes for successful abstract presentations.

TOGA
Thoracic Oncology Group Australasia