Welcome to the August 2012 edition of the Australian & New Zealand Urogenital and Prostate Cancer Trials Group Ltd (ANZUP) newsletter.

ANZUP’s mission is “To conduct clinical trial research to improve treatment of Bladder, Kidney, Testicular and Prostate Cancers.” We are here to ask the right questions, generate the right evidence and apply it in the right way in order to improve outcomes for our patients. A key part of this is to ensure we are inclusive and collaborative and to provide opportunities for clinicians, researchers and the community to contribute. I am very proud to be part of an organisation that is able to do this so successfully.

Our team continues to work tirelessly (OK, occasionally a little tired) and in this newsletter you will hear about many of these activities.

Annual Scientific Meeting
The much-anticipated ANZUP Annual Scientific Meeting was held on 15-17 July 2012. Previously we had held small one-day meetings that were well-attended but left everyone wanting more. Our partnership with COSA in 2011 gave a taste of what we might be able to achieve with a more comprehensive program. Our 2012 meeting was our first stand-alone Annual Scientific Meeting and by any measure was a success beyond what we had hoped. You will read more about this later in the newsletter but we had over 190 delegates, about 90 trainees, an education session for our Consumer Advisory Panel, a community engagement forum, presentations of original research, a vigorous brainstorming session for future trials, opportunities for trainees to present their work, wonderful national and international speakers, and a fantastic social atmosphere including our conference dinner. The Federal Minister for Health, the Hon Tanya Plibersek, formally opened the meeting and showed that she had a great understanding of why we are here. We are very grateful to her for taking the time to do this, and of course to the Federal Government for its ongoing support through Cancer Australia.

Most gratifying of all was the feedback all of us received about the atmosphere of friendship, collegiality, openness and welcoming that characterised the meeting and is such a part of ANZUP’s philosophy. Our international speakers commented several times about this, saying that it was unique and something to be treasured. I cannot help but agree.

These things do not happen by accident and I am very grateful to our outstanding organising committee: Peter Grimison, Amy Hayden and Paul Sved. Shomik Sengupta brilliantly coordinated the trainee day, which will become an annual event. Our project officer Yi Feng kept things ticking over well and was ubiquitous with her camera. As always our Executive Officer Marg McJannett was the mastermind behind it all and we cannot thank her enough for all her great work.

Our international faculty was superb and we are grateful to the following companies/organisations for their additional support to cover the costs of their attendance:
• Dr Donna Berry – CNSA and ANZUP
• Prof Michel Bolla – Ipsen
• Dr Daniel Heng – Pfizer Oncology
• Dr Sharokh Shariat – ANZUP

We are also grateful to –
• Novartis for once again supporting the ANZUP/Novartis Travel Grants;
• Bayer for sponsoring the Barista and Café Bar (thank goodness!!); and
• Astellas for the Best of the Best Oral and Poster Awards.

Thank you to our exhibitors: Bayer Australia; GlaxoSmithKline; Healthscope; Hospira; & MSD.

ANZUP Trainee Day
Our thanks to Abbott Australasia for providing financial support for the trainee day. We are also once again very grateful to Amgen Oncology for supplying the interactive touch pads to allow for active participation on the day for our trainees.

We also acknowledge the valuable support we receive from Cancer Australia.

ASM 2013
Information about the 2013 ASM will be circulated soon so make sure you put this key date into your diaries as soon as possible and make sure you and your friends, colleagues and trainees are able to attend.

Annual General Meeting
ANZUP is a company limited by guarantee and is required to have an Annual General Meeting, which was held during the ASM on Monday 16 July 2012. I reported on the status of the organisation, its activities and its financial health. Our financial health is very good but in order to do what we want to do we will always need more resources

(continued)
and this is a priority of the Board. The AGM also saw amendments
to the Constitution passed, clarifying several areas including
membership provisions. Lastly Guy Toner and I were re-elected as
Deputy Chair and Chair respectively.

Other meetings
An ANZUP-badged session was held at the USANZ Annual Scientific
Meeting in Darwin on 24 April 2012. This again gave us the
opportunity to showcase ANZUP to some urologists who might
not have been aware of us. We presented updates of our trials and
some key areas for advancement. We plan to continue and grow our
association with USANZ and continue to look for more opportunities
to work together.

Movember ASAP initiative
Movember has long been a key supporter of prostate cancer research
through its fundraising and provision of funds for the Prostate
Cancer Foundation of Australia research grants, as well as support
for BeyondBlue. Movember has now launched a new initiative called
com/news/view/id/3007/category/local/). The first “A” was
initially “Australian” but the process has now become international
and the name adjusted accordingly. Movember has committed
$6.5 million to ASAP. Recently a call was made for expressions of
interest to participate in the ASAP Network that will be responsible
for developing the solutions and the management structure to
administer and apply them. ANZUP put in an application and was
successful, our team comprising Scott Williams, Jon Emery, Henry
Woo and me. ASAP will move quickly and a weekend meeting was
held on 3-5 August to ensure that this happens. I will keep you
up to date with developments through this newsletter and other
communications. Meanwhile ANZUP will continue to work with
Movember and other funders to ensure that other aspects of mens’
health are not forgotten. We also have not forgotten our female
patients, don’t worry!

Membership
Membership continues to grow and we welcome new members. We
have increased our membership by more than 20% since the last
newsletter and our total membership is now over 480 and continuing
to increase. Please continue to promote ANZUP to your friends,
colleagues, institutions and professional organisations. Membership
of ANZUP continues to be free of charge so get them all to join
now at www.anzup.org.au. We offer something for everyone and
your involvement can be as great or as little as you like. Why not
participate more directly in one of our subcommittees?

Consumer Advisory Panel
As mentioned above, the CAP had a great presence at the ASM
and we welcome its participation and input at all levels of the
organisation. The membership of the CAP has recently been expanded
to include representative for each of the major cancers we study.
We also now have a broad range of representation in terms of
background, experience and expertise. CAP members might not be
health professionals but they are experts in their own areas, not
least their unique understanding of what it is like to live with cancer
or care for someone with cancer. Perhaps this point was made most
strikingly with the simple but heartwrenching story that Belinda Jago
presented to the ASM about her daughter Bec’s journey with renal cell
carcinoma. Thanks to Belinda for her courage in doing this; it once
again crystallised our reason for being part of ANZUP.

Strategic planning and fundraising
The ASM showed the power and value of bringing our members
together and also produced a number of great concepts that might
move ahead into fully fledged ANZUP trials, if resources can be found.
We are continuing to work on promoting the group to philanthropic
and other funding organisations. A key step forward has been our
new corporate partnership initiative and we welcome our new
corporate partners: Sanofi, Amgen, Pfizer and Ipsen. Much remains to
be done, however.

ANZUP now has appropriate donor gift recipient and fundraising
status in all Australian states and territories. You may have links to
people in business or finance. Many of these organisations might be
interested in supporting cancer research, not forgetting that we look
after some male-specific cancers but that women also get bladder and
kidney cancers. New opportunities to tap into philanthropic sources
like these will be very useful to us. If you have any suggestions or
ideas, or if you know someone who might be interested in supporting
us, please call (02) 9562 5033 or email us at margaret@anzup.org.
au. Donations over $2 are tax-deductible. We are grateful to those of
you who have chosen to donate your honoraria to ANZUP and don’t
forget that we are able to invoice on your behalf if you wish.

Web site
The new look ANZUP web site was launched at the ASM. It is a much
cleaner look and is easier and more intuitive to use than the previous
version. It contains quite a bit of new material and is well worth
checking out: www.anzup.org.au

Clinical trials and related research
As always, you will find in this newsletter information about our
ongoing programs of clinical and translational research across all
genitourinary cancer types and involving all disciplines. I would
encourage you all and in particular all trainees to join and participate
actively.

As you can see, we remain very active and we are growing steadily
in both numbers and activity. Thanks as always to Marg MCJennett
and our project officer Yi Feng for their great work, and to you all for
everything that you do for ANZUP.

IAN DAVIS
Chair, ANZUP
ANZUP ASM 2012 Report

Our highly successful and first stand-alone Annual Scientific Meeting was held in Sydney on 15-17 July 2012 and was convened by Peter Grimison, Amy Hayden and Paul Sved; with the wonderful and tireless support of Marg McJannett and the assistance of our project officer Yi Feng. Over 190 delegates attended a feature packed program, including the contribution of our four outstanding international speakers: Daniel Heng, Shahrokh Shariat, Michel Bolla and Donna Berry. The interaction amongst attendees was very encouraging, and we hope will lead to several future research collaborations and ANZUP trials.

Pre-conference Meetings

Kicking off on the Sunday was our Trainee Day coordinated by Shomik Sengupta and Paul Sved with sponsorship from Abbott and Amgen Oncology. This was based on the highly successful CPD initiative run jointly by ANZUP and the COSA Urologic Oncology group at the ASM in Perth in 2011. Many thanks to the chairs, panelists and of course the attendees. We plan to make this an annual event.

Sunday also saw an educational forum for the ANZUP Consumer Advisory Panel, followed by the ANZUP Community Engagement Meeting was held in Sydney on 15-17 July 2012 and was convened by Peter Grimison, Amy Hayden and Paul Sved; with the wonderful and tireless support of Marg McJannett and the assistance of our project officer Yi Feng. Over 190 delegates attended a feature packed program, including the contribution of our four outstanding international speakers: Daniel Heng, Shahrokh Shariat, Michel Bolla and Donna Berry. The interaction amongst attendees was very encouraging, and we hope will lead to several future research collaborations and ANZUP trials.

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Sunday also saw an educational forum for the ANZUP Consumer Advisory Panel, followed by the ANZUP Community Engagement Forum entitled, “A little below the belt.” This forum showcased both consumers and clinical leaders and was intended to improve awareness of clinical trials and to facilitate community involvement.

The forum was followed by an open meeting of the ANZUP Scientific Advisory Committee which was extremely well attended and saw lots of good discussion.

Plenary Sessions

The second day of the ANZUP ASM 2012 began with an early morning breakfast session with presentations from two of our international faculty, Dr Daniel Heng, who presented an update on the International Metastatic Renal Cell Carcinoma (mRCC) Database Consortium. This was followed by an enlightening talk by Dr Sharokh Shariat on a less common malignancy – upper tract urothelial carcinomas.

Following a welcome by me as meeting Convenor and the chair of ANZUP- Prof Ian Davis, the ASM was officially opened by the Federal Minister for Health, the Honorable Tanya Plibersek, who acknowledged the importance of cooperative trials groups in progressing cancer research in Australia.

The first plenary session of the day was a highlight with presentations from our international and local experts. Dr Shariat discussed the importance of multi-disciplinary cooperation in the optimal treatment of bladder cancer, which was a theme carried through in several other presentations during the meeting. Our own A/Prof Guy Toner, covered the changing management paradigm in the treatment of Stage I testicular cancer. Dr Donna Berry (Harvard) presented research into a unique decision support tool for prostate cancer patients, emphasising the importance of individualised patient information and Prof Michel Bolla discussed the ongoing controversies in the role of post-prostatectomy radiotherapy, some of which may be answered by the ongoing Australian RAVES study.

The theme for the Monday afternoon session was minimising the adverse effects of treatment. Adverse effects of prostate cancer therapy may significantly affect men’s quality of life. Dr Chris McMahon discussed sexual rehabilitation for these patients, and A/Prof Jim Denham presented preliminary results on toxicity and quality of life in men treated with androgen deprivation therapy on the TROG RADAR study. Treating patients with co-morbidities is frequently challenging, and Dr Daniel Heng discussed the safe use of tyrosine kinase inhibitors in patients with organ failure.

Day two kicked off with a breakfast session focussing on the optimal use of androgen deprivation therapy in prostate cancer, with presentations from Dr Donna Berry and Prof Michel Bolla.

The Australian research showcase was a highlight of the day, with thought provoking presentations from some of our best researchers from around the country. The session concluded with a very moving presentation from Belinda Jago, one of our new ANZUP CAP members, who gave us some insight into her experience of being involved in clinical trials, though as the mother of her daughter Bec, who was diagnosed with metastatic renal cell carcinoma at the age of 15 and died at 19.

Tuesday afternoon was focussed on new frontiers of prostate cancer treatment. A/Prof Howard Gurney gave an overview of the exciting developments in the systemic treatment of castrate-resistant prostate cancer, and Dr Ron Shnier covered the other end of the disease spectrum – the role of prostate MRI in active surveillance of prostate cancer. The afternoon concluded with an entertaining debate between Michel Bolla and Sharokh Shariat on the optimal treatment of prostate cancer, which in the end, demonstrated that there is more agreement than disagreement, and that a patients focussed, multi-disciplinary approach is key.
Research Presentations

A highlight of the meeting was the research presentations. Monday afternoon saw a very vigorous concept development session, which demonstrated the value of the ANZUP membership and international faculty in refining study proposals that we hope will be translated into ANZUP studies. There were four disease-specific research sessions which saw updates of ANZUP trials and research collaborations across prostate cancer, renal cell cancer, germ cell tumours, and bladder cancer. The Best of the Best abstracts showcased recent research by outstanding Australian investigators. There was also a very successful poster walk-around session on the Monday evening which gave presenters an opportunity to interact with the attendees and develop future collaborations.

Awards and Social Events

A welcome reception followed the pre-conference meetings on the Sunday, and set the stage for keen conversations between attendees. The Monday concluded with the ANZUP ASM 2012 conference dinner in the Ballroom. It was an evening of great food & wine, ongoing multi-disciplinary collaboration, with several attendees dancing into the small hours. Prof Ian Davis had the honour of presenting the Novartis Travel Grants to:

- Bavanthi Balakrishnar
- Ben Tran
- David Pook
- Jeremy Grummet
- Marion Fournier
- Mun Sem Liew
- Peter Fox
- Renu Eapen
- Rob McDowall
- Siva Shankar
- Trina Yeadon
- Visalini Nair-Shalliker
- Weranja Ranasinghe

We are very grateful to Novartis for their generous support of these travel grants to support our member’s attendance to the ANZUP ASM.

The meeting closed with presentation of the awards, generously supported by Astellas. Congratulations to:

Reuben Broom Best of the Best Oral
Weranja Ranasinghe Best of the Best Poster
Rob McDowall Best of the Best Nursing/Allied Health
Mum Sem Liew Best of the Best Trainee/Fellow

Acknowledgements

We are very grateful to our meeting sponsors: Janssen (platinum sponsor); Pfizer Oncology and Sanofi (gold sponsors); Ipsen, Amgen Oncology, Novartis and the Prostate Cancer Foundation of Australia (silver sponsors); and AstraZeneca and Cancer Institute NSW (bronze sponsors).

Our international faculty was superb and we are grateful to the following companies / organisations for their additional support to cover the costs of their attendance:

- Dr Berry – CNSA and ANZUP
- Prof Michel Bolla – Ipsen
- Dr Daniel Heng – Pfizer Oncology
- Dr Sharokh Shariat – ANZUP

We also acknowledge the valuable support ANZUP receives from Cancer Australia and of the ANZUP corporate supporters: Sanofi, Amgen, Pfizer and Ipsen.

ANZUP ASM 2013 and ANZUP membership

The ANZUP ASM once again highlighted the wonderful depth and breadth of research and collaboration across genitourinary cancers with the buzz and verbal feedback very positive.

We will be circulating details of ANZUP’s 2013 ASM shortly so please make sure you mark in your diary! The ASM will also become a great opportunity for future networking.

Membership of ANZUP continues to be free of charge so join now at www.anzup.org.au.

PETER GRIMISON
Dr Daniel Heng was an enthusiastic contributor across the 3 days of the ASM program.

Our ASM convenor Peter Grimison welcomes delegates and the Hon Tanya Plibersek to ANZUP’s first stand-alone ASM.

Delegates included Suzanne Chambers, Chair of ANZUP’s Supportive Care and QoL Subcommittee, Stefano Occhipinti and ANZUP Board member Linda Martin.

The concept development session chaired by Scott Williams with Declan Murphy discussing Jeremy Grummet’s concept.

The final session saw an entertaining debate on what is the optimal management of high risk prostate cancer. Opposing views were put forward by Shahrokh Shariat and Michel Bolla with George Hruby acting as facilitator.

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The delightful Fritha Hanning, ANZUP’s SAC New Zealand representative.

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Stay tuned for details about next year’s ASM!
Anzup Trainee Day 2012: ‘Challenging cases in uro-oncology, a multi-disciplinary approach’

The 2012 ANZUP ASM was preceded by a trainee day, aiming to build on the success of the concept last year. Yet again, there were sessions devoted to the major diseases of interest, a session on quality of life and one on research in GU oncology. Audience participation, particularly by means of electronic responder panels (provided generously by Amgen) was central.

The morning kicked off with the prostate cancer session, chaired by Amy Hayden. The panel included Jeremy Grummet, Andrew Kneebone, Paul de Souza, James Kench, Senan Nagaratnam and David Sandoe. The two cases discussed highlighted the opposite ends of the prostate cancer spectrum, one being low-risk cancer initially treated by active surveillance, the other metastatic disease with local symptoms. As expected, the debate was vigorous, highlighting the controversies in current practice.

After morning tea, David Goldstein chaired the kidney cancer panel, which included Mark Frydenberg, Shankar Siva, Geoff Watson and Senan Nagaratnam. The presence of Prof Daniel Heng in the audience, one of the meeting’s international faculty, was very fortunate, and his expertise was utilized frequently during the discussion. The cases highlighted the difficulties in managing oligo-metastatic disease and technical aspects of nephron-sparing surgery for a localized renal mass.

The second half of this session was devoted to germ cell tumours, chaired by David Eisenger. The panel consisted of Jarad Martin, Guy Toner, Jame Kench, Senan Nagaratnam, Julie Hunter and myself. Discussion centred around optimal chemotherapy and surgery for metastatic NSGCT and the management choices for stage I seminoma.

Following lunch was the session titled starting research in GU cancer, in which Martin Stockler presented valuable insights into the process of turning ideas into clinical trials, with reference to the specific example of the ANZUP accelerated BEP study. Additionally, Kate Mahon shared the fascinating account of her PhD in translational research.

The bladder cancer panel followed in the second half of this session, with Paul Sved as chair. Panelists were Mohan Arianayagam, Ben Hindson, Ben Tran, Geoff Watson, Senan Nagaratnam and Kath Schubach. The cases included high-risk NMIBC, highlighting treatment choices and management of failure, and MIBC – treatment choices, including options for diversion.

The final session of the day was a psycho-oncology/QoL forum on bladder cancer, chaired by Haryana Dhillon. The panel included Kath Schubach, Jemma Gilchrist and Kim Hobbs. Haryana started with an overview of the literature in the area, and followed up with a case discussion derived from the main bladder cancer session, honing in on the psycho-social issues.

The day was very well attended and feedback has only been positive – reinforcing ANZUP’s commitment to continue running such trainee days in the future. The multidisciplinary nature of the discussions was felt to be unique and enjoyed by all.

I would like to take this opportunity to again thank all participants who made the day a success, and particularly the convening committee of Peter Grimison, Amy Hayden and Paul Sved, who put a lot of effort into the development of the cases. Our thanks to Abbott Australasia for providing financial support for the trainee day. We are also very grateful to Amgen Oncology for once again supplying the interactive touch pads to allow for active participation of the trainees.

SHOMIK SENGUPTA
Convenor

THE PROSTATE SESSION INCLUDED PANELISTS: JEREMY GRUMMET; ANDREW KNEEBONE; PAUL DESOUSA; JAMES KENCH; SENAN NAGARATNAM AND DAVID SANDOE AND WAS ABLY CHAIRED BY AMY HAYDEN

KIM HOBS, JEMMA GILCHRIST AND KATH SCHUBACH WERE PANELISTS AT THE PSYCHO-ONCOLOGY/QOL FORUM FACILITATED BY HARYANA DHILLON (NOT SEEN)

GERM CELL SESSION CHAIRED BY DAVID EISINGER WITH PANELISTS: SHOMIK SENGUPTA; SENAN NAGARATNAM; JARAD MARTIN; JULIE JUNTER; GUY TONER AND JAMES KENCH.
Consumer Advisory Panel (CAP)  
ASM Morning session

The much-anticipated ANZUP CAP members meeting dawned on a stunning Sydney Sunday. Both new and existing CAP members were joined by ANZUP chair Ian Davis, deputy chair Guy Toner, EO Marg McJannett and a number of guests and ANZUP members. John Stubbs, chair of the CAP, opened the meeting with a warm welcome, outlining what the morning session would bring.


Participants had the opportunity to introduce themselves with a brief overview of their personal history and their interest in involvement with the ANZUP CAP. It was great to see representatives from a range of backgrounds, locations and GU cancer domains, all keen to add their expertise to the CAP group.

The purpose of the morning’s session was to educate the group, many of whom are new to community advocacy, on what was expected of CAP members becoming involved with ANZUP. Our guest speakers assisted and educated the CAP group on a range of topics. Special thanks go to Leonie Young for sharing her wealth of knowledge on consumer involvement in clinical trials, and consumer advocacy, gained from years of experience and as chair of the Consumer Advisory Panel (CAP) for the ANZ Breast Cancer Trials Group. We also thank Ian Davis for his interactive education session on research outlines and his consumer concept review form, as well as his ongoing passion and support of the ANZUP CAP. The sample study covered the “Effectiveness of topical broccoli in big toe cancer”; an entertaining way for CAP members to understand the considerations needed when reviewing “real” concepts and trial design documents.

The swift morning session ended with some action items for the CAP to address as we move forward as a group in support of ANZUP research activities.

BELINDA JAGO  
Consumer Advisory Panel

Community Engagement Forum  
– ‘A little below the belt’

Sunday afternoon we convened our first community engagement forum attracting approximately 50 attendees (8 apologies). We are very grateful to all our presenters: Ian Davis – ANZUP Chair, Ian Roos, Matthew Carr, Pam Sandoe, John Stubbs, and Leonie Young who did an outstanding job highlighting the importance of clinical trials and providing some personal insights into the impact that a diagnosis of a prostate, bladder, kidney or testicular cancer can have on a person and their family.

The last session of the day saw a thought provoking and stimulating panel discussion facilitated by the ever-enthusiastic Eva Segelov. Prior to the day, Eva had called on those who had registered to consider and submit questions relating to clinical trials to ensure there was audience participation. Questions put to the panel included issues around:

- Access to clinical trials in rural and regional areas;
- Barriers to participation, including travel, financial costs and accommodation;
- Patients’ expectations of trials;
- And, the potential collection of additional data outside of the scope of specific clinical trials to enable research at later dates.

Ian Davis closed the Forum thanking the speakers and attendees for participating in our first Community Engagement Forum. He reinforced ANZUP’s commitment to obtaining consumer feedback to inform ANZUP’s direction, enlisting consumer support to raise community awareness, lobbying government to improve resources and funding, further networking with stakeholders, and expediting and streamlining clinical trials processes.
Scientific Advisory Committee (SAC)

Many thanks once again to our hardworking SAC members and subcommittee members. The SAC advises the Board on scientific issues and sets strategic directions for ANZUP’s research. The SAC consists of consumers and members representing the major disciplines relevant to ANZUP. Its membership is reviewed by the Board annually on the advice of the relevant professional organisations. In addition, Subcommittee chairs elected by the subcommittees also take a seat on the SAC, allowing the SAC to receive input from as broad a group of representatives as possible and to be able to promote input of fresh thoughts and ideas. The SAC meets quarterly and plans to have at least one face to face meeting per year, usually at the ASM.

Membership of the SAC is reviewed regularly. Recently we farewelled Martin Berry who has been a staunch supporter and welcomed Jarad Martin in his place to represent radiation oncology.

The SAC held an open meeting at the ASM on 15 July 2012 and any ANZUP member was welcome to attend. Many thanks to those of you who were able to attend and participate. As always the meeting was vigorous and covered a wide range of issues. Standing agenda items include overseeing current and proposed clinical trials and mechanisms by which we can ensure multidisciplinary engagement. Input from the community through the Consumer Advisory Panel occurs at the SAC and will now occur at the subcommittee levels as well as to the Board. The SAC agenda on this occasion also included several items of general strategy to which several non-SAC members also spoke.

You will find more information from the subcommittee chairs outlining each of the group’s activities throughout this edition. This is where much of the fun stuff happens in ANZUP. When you joined ANZUP you had the option of participating in one or more of these committees; if you did not but now would like to become involved please let us know. We look forward to your engagement at as much or as little a level as you wish, but we do encourage you to participate and to bring your colleagues and trainees along also.

IAN DAVIS
Chair, ANZUP Scientific Advisory Committee

Bladder Cancer

The bladder cancer subcommittee has a number of clinical trials that we are currently in the process of developing. The BCG+MMC study is a randomised trial comparing BCG plus maintenance to sequential BCG and Mitomycin for high risk NMIBC. This study has been submitted for funding through Cancer Australia and are awaiting the outcomes of review.

Another study, NAB-paclitxel is a phase II trial as second line chemotherapy for metastatic urothelial carcinoma is also in the process of being developed. We will be looking for funding avenues soon.

A third study under evaluation is the evaluation of cisplatin chemotherapy dosing in patients with advance urothelial carcinoma.

The bladder cancer sub-committee is also collaborating with the QoL sub-committee in developing a program of research into QoL in NMIBC. At this stage we are completing a review of QoL studies in NMIBC, which will them form the basis for future interventional studies on the subject.

The bladder cancer sub-committee is always looking for more interested members to join and new research proposals are always very welcome.

MANISH PATEL
Chair, ANZUP Bladder Cancer subcommittee

Germ Cell

The germ cell sub-committee achieved an important milestone in July 2012, when the Chemotherapy and Cognition study reached its target accrual recruitment and ceased accrual. This is the final study developed under the auspices of the Australia and New Zealand Germ Cell Trials Group to complete recruitment. We now have a real urgency to develop further germ cell studies under the auspices of ANZUP, and call for further concepts and support from the membership.

Studies led by other groups

Eight sites from Australia and New Zealand have agreed to contribute to an international retrospective registry of patients with advanced germ cell tumours with brain metastases, under the auspices of the G3 Global Germ Cell Trial Group. The register involves completion of a simple 3-page questionnaire for eligible patients between 1990 and 2010, and could generated valuable insights including relevant prognostic factors. Please contact me if you are able to identify 1 or more suitable patient, and would like to be involved (data due by end of 2012).
Germ Cell continued

Updates from studies in follow-up

1. “Chemotherapy and Cognition”: this study led by Ian Olver is prospectively monitoring cognitive function in patients managed with and without chemotherapy for testicular cancer. 150 patients, including 50 patients for surgery only (+/- radiation) and 100 patients for chemotherapy (23 carboplatin, 77 other) were recruited between 2008 and July 2012 from 14 sites in Australia and New Zealand. We thank all investigators and trials staff who diligently recruited patients, answer data queries, and continue follow-up. Initial results from the study are expected in 2013. We thank investigators and trials staff who have diligently recruited to this important study, and answered queries relating to data integrity.

Leaderboard as at completion of recruitment in July 2012:

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2. Phase II study of accelerated BEP for advanced germ cell tumours: Results of a combined analysis with a related phase I trial of accelerated BEP conducted in the United Kingdom were presented at a poster-discussion session of the American Society of Clinical Oncology Annual Meeting, June 2012.

3. Single-arm phase II study of aprepitant to reduce nausea and vomiting in patients receiving cisplatin-based chemotherapy for advanced germ cell tumours: A manuscript led by Ian Olver is currently under review.

4. “Understanding the psychosocial sequelae of surviving testicular cancer”: This study, conducted in collaboration with the Psycho-oncology Co-operative Research Group (PoCoG), identified higher levels of anxiety and depression, and a number of psychological and sexual unmet needs. A manuscript led by Ben Smith from PoCoG is currently under review.

Future studies

We are awaiting the outcome of a project grant application to NHMRC for funding by Cancer Australia to initiate the proposed international randomised trial of Accelerated BEP versus standard BEP for intermediate and poor-risk advanced germ cell tumours, with notification outcomes expected at the end of 2012. Several international trial groups involved in germ cell research across the spectrum expressed significant interest at ASCO 2012 to participate in this trial.

In collaboration with PoCoG, the Germ Cell Sub-Committee is developing an online intervention to address the psychosocial and sexual needs of survivors of testicular cancer. A number of patients in the recently completed survivorship study have expressed interest in helping to develop and pilot the intervention, which would then be subjected to a randomised trial.

Other concepts currently under consideration include a comprehensive follow-up program for patients with stage I testicular cancer undergoing surveillance (led by Dr Fritha Hanning from Auckland), a national database with tissue for germ cell tumours (led by Dr Ben Tran from Melbourne), and development of novel predictors of bleomycin toxicity.

ANZUP ASM

There was a strong profile for germ cell tumours at the ANZUP ASM in Sydney, July 2012. This included a germ cell session on the trainees day. The expert panel included David Eisinger, Shomik Sengupta, Jarad Martin, Guy Toner, James Kench, Senan Nagaratnam, Julie Hunter.

Guy Toner presented a plenary session on stage I testicular cancer, and Jarad Martin presented on stage II seminoma. There were also research presentations by Ben Tran on outcomes of translational research conducted during a fellowship in Toronto, and predictors of toxicity for germ cell chemotherapy; and Peter Grimison on accelerated BEP.

Finally, Marion Fournier from the NHMRC Clinical Trials Centre presented a substudy for the chemotherapy-cognition study investigating the prevalence of hypogonadism amongst study participants, and its correlation with quality of life. A surprising finding was that at 12 months, hormone assays revealed biochemical hypogonadism (testosterone<LLN and/or LH>ULN) in 33%, and low-normal testosterone (LLN<testosterone<12nmol/L) in 24%, and high-normal testosterone. This raises the questions as to whether these patients should be considered for testosterone replacement because they are at increased risk of metabolic syndrome, cardiovascular disease and impaired fertility.

Call for new members

The Germ Cell Sub-committee welcome new members who will contribute to research activity. Please encourage your interested colleagues and trainees to join the sub-committee. We are a multi-disciplinary group, and we encourage participation of members not only from medical oncology, but also from surgery, radiation oncology, nursing, psycho-oncology and basic science.

PETER GRIMISON
Chair, ANZUP Germ Cell subcommittee
Prostate Cancer

The prostate subcommittee continues to be dynamic and expanding. We presently contribute to three active cobadged studies being led by several trials groups. The ProCare study (PC4 lead) is a randomised study of methods of follow-up in men following radical therapy for prostate cancer. It is open at several centres now and is supported by several ANZUP members. The RAVES study (TROG lead) is a randomised study comparing adjuvant to early salvage radiotherapy in men with a high recurrence risk after prostatectomy. Over 200 men of an anticipated 480 are now accrued. A randomised decision aid project has recently been rolled out which investigates the role of patient information on accrual to the study. I encourage ANZUP members to be mindful of men suitable for RAVES (pT3 or margin positive and PSA<0.1). Lastly, the NHMRC-funded randomised trial of a mindfulness intervention for men with advanced prostate cancer led out of Griffith University is on the verge of opening in several centres presently.

As a testament to the enthusiasm of our members, we also have four protocols under funding review at NHMRC, Cancer Australia and PCFA. These range from a small randomised trial in collaboration with the Prostate Cancer Clinical Trials Consortium of North America, to an early phase study of a locally-developed novel compound with anticancer properties, and a randomised study of a novel compound neoadjuvant to radiation. We have also strongly supported development of novel concept around the psychological wellbeing of men in minority groups with prostate cancer. Those at the recent ASM will have also seen a concept for a randomised trial of analgesia methods for prostate biopsy presented which will be a focus for this committee in the coming months.

Many thanks to all those participants in the committee to date. It continues to grow and new members are continually welcome.

SCOTT WILLIAMS
Chair, Prostate Cancer Subcommittee

Renal Cell Cancer

The RCC subcommittee continues to oversee two currently active trials, both of which contain significant substudies. The committee is also well advanced in development of another concept that was discussed at the ASM but is otherwise not yet ready for wide dissemination; we hope to have more information on this for you soon. The committee is also considering several other potential studies including: correlation of outcomes with clinical and pharmacokinetic parameters; intermittent dosing; radiation questions; and non-clear-cell RCC strategies.

Our two current trials are SORCE and EVERSUN:

1. SORCE (adjuvant sorafenib vs placebo in intermediate- or high-risk resected RCC). SORCE has now accrued 136 patients or 68% of its ANZUP recruitment target of 200 patients. ANZUP is the highest-recruiting site outside the UK and many individual ANZUP centres have accrued more patients than certain whole European countries. The two substudies are (i) the TRANSORCE substudy of blood and tissue collection, and (ii) the “PAS in SORCE” patient preferences substudy, developed by ANZUP researchers (Prunella Blinman and Martin Stockler). PAS in SORCE is open at all Australian centres and now at several UK sites also, and is accruing well. It is likely to remain open until mid 2013.

2. EVERSUN. EVERSUN is the flagship ANZUP first-line RCC study and aims to assess the safety and feasibility of alternating sunitinib and everolimus. At the time of writing this report we still have one patient remaining to reach our target of 55 participants. We hope that by the time you read this the study will be complete and that preliminary data will be available by the end of 2012. The EVERSUN-T substudy involves assessment of a range of potential serum biomarkers and is also measuring circulating tumour cells with the support of Colleen Nelson’s laboratory.

Thank you all for your participation in the RCC subcommittee. Please continue to recommend ANZUP and its committees to your colleagues and trainees.

IAN DAVIS
Chair, RCC subcommittee

Quality of Life and Supportive Care

Living Well with Prostate Cancer: A Randomised Controlled Trial of a Mindfulness Intervention for Men with Advanced Prostate Cancer

The Living Well with Prostate Cancer Project led by Suzanne Chambers and conducted in collaboration with ANZUP has now received ethical approval from a NHMRC-certified ethics committee and the project team is in the process of submitting governance reviews for each of the participating sites in QLD, NSW, VIC and WA. The therapy resources for the mindfulness intervention are nearly finalised and trained facilitators have been identified in each State to deliver the intervention to participants. Over the coming months, the project team will be arranging recruitment processes at each site, continuing to develop the project database and preparing the remainder of the project materials so that recruitment can commence in September.

SUZANNE CHAMBERS
Chair, Quality of Life and Supportive Care Committee
SPECIAL EDITORIAL

Defrosting: Returning from a clinical research fellowship at Princess Margaret Hospital, Toronto, Canada

As some of you may be aware, I am a medical oncologist with interests in urological cancers, drug development and colorectal cancer. I have recently returned from a clinical research fellowship at Princess Margaret Hospital (PMH) in Toronto, Canada, lasting almost two years. I came away with great experiences, from both a research and a social perspective.

While formally a drug development fellow, I was lucky enough to have the opportunity to also be part of the GU group where I worked closely with Ian Tannock. However, most of my GU related research centred around testis cancer, under the mentorship of Malcolm Moore. While PMH has been very productive in testis cancer research, mainly through the use of a comprehensive database (eTestis), this has largely been led by radiation oncologists (e.g. Padraig Warde) and urologists (e.g. Michael Jewett). When I arrived at PMH, no one had used eTestis to study chemotherapy treated patients, the domain of medical oncologists, and I saw this as a perfect opportunity for me.

In my short time at PMH, I conducted five studies examining different aspects of chemotherapy treated testicular cancer as described below:

1. After observing that venous thromboembolism (VTE) appeared to occur predominantly in chemotherapy treated testis cancer patients with large retroperitoneal lymph nodes (RPLN), I examined a cohort of patients and demonstrated that RPLN >5cm was significantly associated with increased risk of VTE. This finding was validated in an external cohort and I presented the results at a poster discussion at ASCO this year and was lucky enough to be awarded a Merit Award.

2. Understanding that the accelerated BEP regimen was gaining momentum at home in Australia, and aware that the use of G-CSF had potential to increase the risk of bleomycin induced pneumonitis, I again used eTestis and demonstrated that G-CSF use slightly increased the severity of bleomycin pneumonitis but not the risk, consistent with preclinical data. These results were presented at GU ASCO this year, where I was also lucky enough to be awarded a Merit Award.

3. Predictors of platinum resistance in testicular cancer patients have yet to be examined. Using the eTestis database and Nanostring technology, I conducted a translational case-control study that examined for gene expression changes that might predict for platinum resistance in testicular cancer. Unfortunately, tumour heterogeneity proved a problem and a significant predictor was not found. However, secondary analyses examining differences between primary and metastatic tumour revealed reduced expression of OCT4 may be important.

4. A recently published study identified germline single nucleotide polymorphisms (SNPs) in the bleomycin hydrolase gene (BMLH) as a predictor of poorer outcomes in patients receiving BEP chemotherapy. Using prospectively collected data and germline DNA samples, we aimed to confirm this finding and also examine the impact of BLMH SNPs on bleomycin toxicity. Data are currently being analysed.

5. While PMH has used retrospective data to generate surveillance protocols for stage I seminoma and non-seminoma, the ideal regimen for surveillance of patients following complete remission from first line chemotherapy had not yet been examined. Using eTestis, I examined the timing, method of detection and sites of relapse follow first line chemotherapy with a view to generate surveillance protocols. Data are currently being analysed.

Outside of the GU tumour stream, my research centred around early phase clinical trials. I had the opportunity to lead several phase I and II clinical trials, including a phase II trial of cedirinib and dasatinib in third line castrate resistant prostate cancer. This study continues to accrue.

Perhaps my greatest research opportunity came in the form of cancer genomics. Under the mentorship of Lillian Siu and Janet Dancey, I led a novel study examining the feasibility of using next generation sequencing (NGS) for real time molecular profiling (MP) in patients with advanced cancers. The primary objective of this study was to determine whether MP results from NGS could be produced within 3 weeks of a tumour biopsy. Secondary objectives included examining how these results impacted clinical decision making, whether the use of NGS provided added value over somatic mutation genotyping and the extent of heterogeneity between archival and fresh tumour biopsy samples. Results from this study have been presented at several meetings and currently, the manuscript is undergoing peer review.

Since arriving home, I have taken up a position primarily at The Royal Melbourne Hospital where my focus lies in urological cancers, drug development and colorectal cancer. While trying to build a clinical and translational research portfolio, I have found my involvement in ANZUP to be extremely helpful and rewarding; already, I have received excellent feedback and assistance with several projects, and I hope I can do the same for others in the future. While a fellowship at PMH provided me with excellent research opportunities in Canada, I believe involvement within ANZUP in Australia will do the same for me here in Australia.

BEN TRAN MBBS, FRACP
Medical Oncologist, The Royal Melbourne Hospital
OTHER NEWS & EVENTS

Ball-da-Dash

Saturday 20 October 2012
9:30 AM to 4:00 PM (EST)
Lake Neanger, Simpsons Road, Eaglehawk VIC

Bendigo’s Bill McIlrath was last year diagnosed with advanced testicular cancer, suffered a massive brain haemorrhage which left him in a coma for several weeks and underwent eight rounds of debilitating chemotherapy …but against all the odds, he’s still here.

And he wants to make a difference. That’s why he and his wife, Lauren, and small volunteer committee, are planning a charity half-marathon, to be held at Eaglehawk’s Lake Neanger on Saturday, October 20, 2012.

The event – which will feature a 21-kilometre half-marathon, a 10km walk/run and a short kids’ race around the lake –will raise money for the critical work of the Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP) and the Bendigo Oncology unit.

ANZUP’s Chair Ian Davis treated Bill. All proceeds from ticket purchases, which start at $10, will go to ANZUP. Any other additional money raised on the day via raffles etc will be donated to the Bendigo Oncology unit. ANZUP members/colleagues please consider participating or supporting this event.

For more information about the event, visit the website www.balldadash.eventbrite.com or search “Ball-Da-Dash” on Facebook.

FROGG New Genitourinary Trials Session

The FROGG meeting in Hobart on 9-10 November 2012 will feature a session dedicated to helping develop and promote the next generation of genitourinary trials which feature a radiotherapy component. It is envisaged that a maximum of 4 trial proposals will be presented, with approximately 15 minutes for presentation, 10 minutes for an expert discussant, and 5-10 minutes for questions. This forum is intended to build interest in a trial at an early phase, as well as assisting the principle investigator with multidisciplinary advice and future recruitment.

Trial proposals can be for any genitourinary tumour site (eg prostate, bladder, testes, renal, urethral etc), but should involve radiotherapy as a key modality within the study. The study can be at any stage of development, although early concepts would be preferred. This forum would provide an intermediate step to build momentum prior to presentation to other cooperative groups such as TROG or ANZUP.

At this stage we would ask for a maximum of a 2 page outline addressing the following points. Please e-mail to jarad.martin@calvarymater.org.au by Friday 14 September 2012. Applicants will be informed within 2 weeks of submission if they will be invited to present at the Hobart meeting.

Information to consider including in the application:
Title
Principle Investigator
Trial Schema
Eligible Patient Population
Background, including rationale for the proposed study
Primary Hypothesis
Endpoint
Sample Size
Feasibility
Current Status (eg concept only, protocol available, funding secured)

On behalf of the FROGG executive I encourage you to consider participating in this opportunity.

Yours Sincerely,
Dr Jarad Martin

COSA Annual Scientific Meeting

COSA will be partnering with the International Psycho-Oncology Society (IPOS)

Brisbane Convention and Exhibition Centre
13-15 November 2012
www.cosa-apos.org

10th International Congress of Andrology 2013

23-26 February 2013, Melbourne, Victoria, Australia

Website: www.ica2013.com Email: ica2013@wsm.com.au

Congratulations Trevor!

Congratulations to Trevor (ANZUP AOPM), Alyson & Angus who welcomed little James on June 30