In Focus: Dr Peter Black

INTERNATIONAL GUEST SPEAKER AT THE 2017 ANZUP ASM

Dr. Peter Black is a Urologist based at the Vancouver Prostate Centre in Canada. Dr Black trained with one of the premier bladder cancer research groups in the world at M.D. Anderson Cancer Center in Houston, Texas, and has now established a research group at the Prostate Centre focused on targeting growth factor receptors in urothelial carcinoma of the bladder.

ANZUP’s Associate Professor Arun Azad, Chair of the Translational Research Subcommittee, interviewed Dr Black ahead of the 2017 ANZUP ASM.

Tell us about why you got into medicine and then urology?

My Dad is a doctor and my Mum an RN, so I never thought of doing anything else. I ended up at Med School in Germany because my wife was there, and the university I was at had a large and reputable Urology department with a charismatic chairman from Vienna. I was fascinated by the surgeries for urinary diversion and so did a rotation. Never looked back.

How did you develop your interest and expertise in urothelial cancer?

During residency I recognized I wanted to do translational research in the lab. One of the best places for combined research and clinical training in urologic oncology is MD Anderson – and they happen to have a major focus in bladder cancer. At the time there was very little “new” going on in bladder cancer, so there was tremendous opportunity. There was already a lot going on in prostate and kidney cancer.

Can you share some insights on recent studies that have molecularly sub-typed urothelial bladder cancer?

The first real crack at classifying tumours into different subtypes based on RNA expression patterns was conducted by the group in Lund, Sweden in 2012 – but it did not gain immediate traction. In early 2014 the Cancer Genome Atlas (TCGA) consortium published a comprehensive molecular characterization of muscle invasive bladder cancer, that included a classification into 4 clusters, based also primarily on RNA expression (but also a bit of proteomics and genetic alterations). Within about 1 month two additional independent papers were published that also described subtyping methods. One compared directly to the basal/luminal tumours familiar from breast cancer, which seemed to give the classification some immediate face validity. The other noted a correlation between subtypes and response to chemotherapy, which highlighted clinical relevance. All four systems have been shown to be similar in many ways, which underscores biologic basis of the subtyping.

CONTINUED OVER
What role does immunotherapy currently have in the management of non-muscle invasive urothelial bladder cancer?

BCG is the original cancer immunotherapy - it was introduced first in melanoma and then for intravesical therapy of bladder cancer in 1976. It remains the standard of care for intermediate and high risk NMIBC. Sometimes it is combined with intravesical interferon in the second line setting.

There are several trials testing new immunotherapies in patients who have failed BCG (BCG-unresponsive high risk NMIBC). These include tumor cell vaccines, oncolytic virus therapy, and gene therapy with the interferon gene delivered by adenoviral vector. Systemic checkpoint inhibition in the form of pembrolizumab and atezolizumab is being tested also in this setting.

What exciting new developments are on the horizon for immunotherapy in urothelial bladder cancer?

Other than the movement of immunotherapy into earlier disease states (pre- and post-radical cystectomy and for non-muscle invasive disease), there are a lot of novel strategies being developed to enhance patient outcomes. Immune checkpoint inhibitors are being combined in various trials - including especially CTLA-4 inhibitors with PD-1/PD-L1 inhibitors. This is being done in the first and second line metastatic settings. Chemotherapy and chemoradiation are also being combined with PD-1/PD-L1 therapy. The advance of immunotherapy has been so pervasive, that a lot of new agents are being tested or will be tested in combination with these drugs. Furthermore, there are several new checkpoint inhibitors under clinical development that target different checkpoint molecules. One can easily imagine in the near future having a number of checkpoint inhibitors to use, that are selected for administration to an individual patient based on immune and non-immune markers - either alone or in combination. Biomarker development is also a hot topic.

What other areas are you doing research on in urothelial cancer?

I have three main areas of focus:

1. We were the first to identify Notch2 as an oncogene in bladder cancer. Others reported that Notch1 is a tumor suppressor. We are now working on targeting of Notch2 for therapy, and on figuring out the differences in signalling that determine differences between Notch 1 and Notch2.

2. The molecular subtypes of bladder cancer are heavily dependent on immune infiltration - one can recapitulate the same subtyping with immune markers alone. At the same time, subtyping determines response to both chemotherapy and immunotherapy. We are working to define the immune environment of each subtype that determines response to both chemotherapy and immunotherapy.

3. We continue to study genomic biomarkers in bladder cancer.

Tell us an interesting fact about Peter Black ‘the man’ (as opposed to the urologist).

I did German in high school and went on exchange to Germany in grade 11 at age 16. A German boy stayed with my family for three months and I stayed with his family for three months. This boy’s sister is now my wife. A boy two houses down in the same street in Germany went to Australia at the same time and later married his exchange partner. So be careful where you let your children travel!
Hello and welcome to ‘UPdate’

Contents:

In Focus: Dr Peter Black ........ 1
Message from the Chair ........ 2
2017 ANZUP Below the Belt Pedalthon ..................... 3
2017 ANZUP ASM Convenor’s Report ............... 6
Fellowships, Scholarships and Awards ................... 7
2017 ANZUP Member Survey ...... 8
Conference Reports ............... 10
Updates from SAC and Subcommittees .................. 12
Upcoming 2017 Events ............ 17
Concept Development Workshops ..................... 20
Other News ....................... 21
Thanks to our 2017 Corporate Partners and Supporters ...... 23
2017 ANZUP ASM ............... 24

Welcome to this latest edition of UPdate, the newsletter of the Australian & New Zealand Urogenital and Prostate Cancer Trials Group Ltd (ANZUP).

ANZUP exists to improve outcomes for people affected by genitourinary cancers, by performing clinical trials to generate the evidence we need to do better in all that we do. Every day we see people whose lives are drastically affected or shortened by these diseases. We do the best that we can for them, but so often we find ourselves in an area where there is no evidence to guide us. The person in front of us might have other conditions that mean they would not have been included in a clinical trial; there might be reasons why certain treatments or schedules should not be used; it might be a rare condition; there might be a need to combine treatments; or perhaps the work simply has not been done.

Pharmaceutical companies understand this and are continually trying to improve outcomes. This makes sense for them: they develop and sell products, and if they work then the company will do well. This might be even more successful if it is a shiny new technology that can capture the imagination. However, these trials can only go so far, and sometimes can be driven by imperatives other than the clinical needs that we see before us all the time.

Cooperative group investigator-initiated trials are different. We see the clinical needs all the time. We know that we could do better if we knew how to use the tools we have more effectively. We know that sometimes improvements might require multiple different types of approaches and that we might need to go to more than one source to get these. We know that some of our most effective treatments are not patented, like surgery, radiotherapy, or supportive care; very few companies are working in these areas. We see great need and often a great lack of work being done in those areas. Our job is to understand the needs, understand the science, ask the right questions, and make sure we can fill those evidence gaps.
Message from the Chair

ANZUP has a highly successful clinical trials program in genitourinary cancers (cancers of the prostate, kidney, bladder or testis). You will read more about these elsewhere in this newsletter. Some of these trials are major international initiatives involving hundreds or thousands of patients and groups all over the world, addressing major questions in common cancers. Other trials are much smaller, aiming to generate the evidence we need to take the next step, or working with rare cancers. Other trials do not involve shiny new drugs or technology but rather aim at addressing the psychological or supportive care needs of our patients. All of these things are critically important.

ANZUP’s scientific direction is set by its Scientific Advisory Committee, made up of representatives from a wide variety of disciplines. The Scientific Advisory Committee oversees four disease-specific subcommittees covering the various genitourinary cancers measured above; as well as a Translational Research subcommittee and a Quality of Life and Supportive Care subcommittee, which span across the activities of all the groups. We have very valuable input and two-way communication at every level through our Consumer Advisory Panel.

Clinical trials can be hard work. We must find the ideas, incubate and grow them, get input from multiple stakeholders, develop concepts, approve the work to go ahead, flesh out the documents into the actual working versions, write the grant applications, scrounge the funding, battle with health services for scant research resources and space, submit to ethics, open the trial, recruit the patients, manage all their needs, collect the data, clean up any data errors or discrepancies, produce a report, present at conferences, and publish the papers. And that is the beginning. The real work then commences: once that new evidence is generated, we then have a responsibility as clinicians to see it incorporated into health care policy and practice. This is not a direct activity of ANZUP but is a function in which all of us must participate.

This work is time consuming and expensive. ANZUP is blessed to be made up of highly motivated and dangerously intelligent people who care deeply about what they do. They generously donate their time and expertise to make everything work. Many go even further than that, contributing very directly to the fundraising that we need to do in order to support the work. We could not do our extraordinary work without them and I am extremely grateful to everyone who participates.

ANZUP is directly involved in many other activities as well, aiming to support its members and to grow the next generation of clinician/researchers to carry on the work. Some of our activities are described in this newsletter. Over the course of the last 12 months we have held concept development workshops for our subcommittees, an MDT Masterclass, a prostate nurses’ forum, a highly successful Annual Scientific Meeting, our Below-the-Belt Pedalthon, a second GU prostate cancer preceptorship, a best of GU evening, contributed to numerous other scientific group meetings, published newsletters and magazines, and held our annual Community Engagement Forum. We have raised and distributed funds for fellowships, research projects and travel grants. We have built new links and found new opportunities and challenges. Much of our activity is held by teleconference and email but there is no substitute for meeting face to face and actually Getting Stuff Done. All of this activity is supported by our various fundraising endeavours and by the tireless efforts of our office staff and volunteers, headed by the ANZUP CEO Marg McJannett.

Don’t forget our upcoming Annual Scientific Meeting, to be held in Melbourne on 16-18 July 2017 with the theme of ‘The Art & Science of Best Practice.’ Our international speakers include: Silke Gillessen (medical oncologist, St Gallen Switzerland; and Chair of the EORTC GU Group); Robert Lee (Radiation Oncologist, Duke University, USA); Alex Kutikov (Associate Professor of Urologic Surgical Oncology, Fox Chase Cancer Centre, Philadelphia); Bente Thoft Jensen (Senior Researcher, Department of Urology, Aarhus University, Denmark); and Peter Black (Urologist, Vancouver Prostate Centre, Canada). The program is now virtually complete and includes a sample of the amazing local speakers and presenters as well. Lock it into your diary and make sure your colleagues and trainees are there! Congratulations to our convenor Carmel Pezaro and the hardworking convening committee who have brought it all together. We will once again be making travel grants available and more information about these is available on the website.
Message from the Chair

For those of you involved in ANZUP trials: thank you. We will keep coming back to you because we continue to need your input and expertise. Don’t forget that once a trial finishes accruing there is still a great deal of work to be done. We need to continue to follow our patients and collect good quality data until the trial is finally closed. Some of our trials are looking at endpoints of overall survival, which means we will be following those participants for the rest of their lives. This is a huge commitment and is the only way in which we will get the answers we need.

For those of you who are interested but not directly involved: there is a place for you too! You might be the one with the next brilliant idea for a trial or a better way to do things. You might have abilities or suggestions that will help us work more effectively or to meet our fundraising goals. You might be early in your career and uncertain if you can add much: be assured, you can! Our subcommittees are open to any ANZUP member who is interested in attending. If you are not on the mailing list and want to be then simply let us know and we will add your name.

Thanks once again to our great team: my fellow Board directors; the ANZUP staff; our CEO Marg McJannett; our Fellows; the SAC and subcommittee chairs, deputy chairs and members; our wonderful Consumer Advisory Panel; our volunteers Lesley Tinkler and Jo Stubbs; our colleagues and collaborators at NHMRC CTC, BaCT and elsewhere; our corporate supporters, sponsors and donors; and everyone else who contributes at so many levels.

We exist to support our patients and their families. We do this by doing the research that needs to be done, and by building expertise and evidence. We support our junior members and want to encourage their participation across the board. We have well over 1100 members now, an inspiring number, but in many ways also just a start. There is much more to be done. Thank you all for your parts in it.

Please enjoy this edition of UPdate.

IAN DAVIS
Chair

Riding to defeat 4 cancers
Testicular, prostate, kidney & bladder cancers

Whether you’re an avid cyclist, new to the sport or just looking for a challenge – the ‘Below the Belt Pedalthon’ is the race for you. Teams of up to 6 are challenged to ride as many laps as possible within 3 hours, with a sprint challenge for the last hour for those speed demons. All at one of Sydney’s finest closed track racing circuits.

All funds raised from the event will go into the ANZUP Below the Belt Research Fund to support our members in the development of investigator initiated studies in urogenital cancer.

To find out more and register, go to www.belowthebelt.org.au

www.belowthebelt.org.au   #BTBPedal17
2017 ANZUP ASM Convenor’s Report

The ASM Convening Committee has been hard at work on what is shaping up to be an outstanding program for the 2017 ANZUP ASM – ‘The Art & Science of Best Practice.’ This year’s theme will provide a platform to discuss innovations in research and practice that facilitate the delivery of top-quality care for people with genitourinary cancer.

Delegates will have the opportunity to interact with and learn from five international experts and numerous national leaders in the management of GU cancers. The international faculty includes: Silke Gillessen (medical oncologist at Kantonsspital, St. Gallen Switzerland and Chair of the EORTC GU Group); Robert Lee (radiation oncologist at Duke University, Durham, North Carolina, USA); Alex Kutikov, (Professor of Urologic Surgical Oncology, Fox Chase Cancer Center, Philadelphia, USA); Bente Thoft Jensen (Senior Researcher, Department of Urology, Aarhus University, Denmark); and Peter Black (Urologist and Senior Research Scientist, Vancouver Prostate Centre, Vancouver BC, Canada).

The ASM is a truly multidisciplinary meeting - there are sessions to suit everyone working in GU cancers. This year the main program will be complemented by an exciting new translational research symposium, as well as the return of the PCFA ANZUP Nurses Symposium, providing a great networking opportunity for prostate cancer specialist nurses and featuring a brand new interactive workshop ‘Taking an Idea to Concept - A Nurse’s Perspective’. Updates on current local ANZUP trials and the opportunity to bring forward and develop new trial concepts will be available through the ‘ANZUP in Action’ session and Concept Development Workshop, while the popular and interactive MDT Masterclass is back to challenge our multidisciplinary panel of experts and educate all with real-life clinical case studies. The informative Community Engagement Forum, ‘A little below the belt’ will also take place on Sunday 16 July.

In keeping with this year’s ASM theme, the Evening Symposium will feature two of our impressive international speakers, Robert Lee and Silke Gillessen, discussing how to communicate science and research outcomes and implement research into practice. The theme for the Evening Symposium is ‘The Art of Getting Science into Best Practice.’

For those members who have never attended one of ANZUP’s ASMs (as well as those who have), I would encourage you to register and come along.

Earlybird registration ends on 9 May, so register now! To see the preliminary program and for more information, go to http://anzup.org.au/content.aspx?page=asm-home

CARMEL PEZARO
2017 ASM Convenor

Thanks to our ASM Sponsors
Fellowships, Scholarships and Awards

With the support of our industry partners, we are pleased to advise the following Fellowships, Scholarships and Awards are available to support our members in 2017.

ANZUP/Bayer Travel Scholarships

The ANZUP/Bayer 2017 Travel Fellowships assist members who have had an abstract accepted for either an oral or poster presentation to attend the ASM. Applications close on Friday 21 April, 2017.

ANZUP Study Coordinator Scholarships

ANZUP encourages and supports our Study Coordinators working on ANZUP trials through the provision of complimentary registration to the ASM. To be considered eligible for a scholarship you must be an ANZUP member. Applications close on Friday 21 April, 2017.

2017 Tolmar ANZUP Uro-Oncology Clinical Research Fellowship

Tolmar Australia and ANZUP are delighted to again partner to support the 2017 Uro-Oncology Clinical Research Fellowship (CRF) valued at $60,000. The Tolmar ANZUP CRF supports an early/mid-career clinician or researcher of any health care discipline. This year’s Tolmar will be announced at the 2017 ANZUP ASM. Applications close on Friday 2 June, 2017.

Astellas Young Investigator of the Year

The Astellas Young Investigator of the Year Award will recognise an outstanding early career researcher in prostate cancer clinical trials research. The Young Investigator of the Year Award is intended to support attendance at an international and national scientific meeting with a focus on urogenital cancer clinical trials research. Applications close on Friday 2 June, 2017.

Astellas Best of the Best Awards

The awards are open to ANZUP members who have successfully submitted an abstract and have been selected to present an oral or poster presentation at the ASM. Awards will be given based on the content, degree of innovation, significance, and quality of the presentation, and will be judged by an independent panel. Winners are announced at the 2017 ANZUP ASM. More information on how to apply will be available shortly at http://www.anzup.org.au/content.aspx?page=awardsandfellowships.
Thank you to all those who took part in our Member Survey, we were overwhelmed with the response. Your input assists us to better target and support members through our communications. Check out the key findings from the survey.

116 RESPONDENTS

RESPONDENTS PROFILE

18% MEDICAL ONCOLOGISTS
18% RNs
11% UROLOGISTS
9% CLINICAL TRIAL COORDINATORS
OTHER

92% WOULD RECOMMEND ANZUP MEMBERSHIP TO OTHERS
80% WOULD ENCOURAGE PATIENTS/CONSUMERS TO JOIN THE FRIENDS OF ANZUP PROGRAM

97% RATE ANZUP AS COMMUNICATING MODERATELY TO VERY EFFECTIVELY
94% BELIEVE THEY ARE GETTING THE RIGHT AMOUNT OF INFORMATION
82% SAY COMMUNICATION FROM ANZUP IS MOSTLY TO ALWAYS RELEVANT
CONTENT

CONTENT OF MOST INTEREST TO MEMBERS:

TRIAL UPDATES  PROFESSIONAL DEVELOPMENT  AWARDS/SCHOLARSHIPS/GRANTS  MEETING INFORMATION  LATEST MEDICAL NEWS  UPDATE NEWSLETTER

CONSUMER MAGAZINE – ‘A LITTLE BELOW THE BELT’

“A great quality magazine with interesting content”

92%

SEE THE CONSUMER MAGAZINE AS A SOMEWHAT VALUABLE OR ABSOLUTELY VALUABLE RESOURCE FOR THEIR PATIENTS/CONSUMERS

WEBSITE

MOST POPULAR SECTIONS:

ANZUP CLINICAL TRIALS  CALENDAR OF EVENTS  MEMBER ONLY RESOURCES

ANZUP EVENTS

59%

HAD ATTENDED AN ASM

“ANZUP events are some of the most organised, well run events. Good choice of topics; speakers; inclusive; up to date”
ASCO GU, ORLANDO

ASCO’s Genitourinary Cancers Symposium brings together GU specialists from all fields, including urology, medical oncology and radiation oncology. This year the Symposium was held in Orlando from 16-18 February. Despite the long distance for Australians to travel, ANZUP was well represented at the event.

The educational value of this annual meeting is highly regarded. Some key highlights of the program for me included sessions on active surveillance for prostate cancer and novel biomarkers that might help select patients for definitive treatment. Internationally recognised immunotherapy expert, Professor Charles Drake, gave an fascinating talk about the latest developments in immunotherapy in prostate cancer.

There was a large focus on developments in bladder cancer research and treatments this year. A large portion of time was dedicated to the topic of molecular profiling of muscle invasive bladder cancer, and how different subtypes have varying responses to neoadjuvant chemotherapy. One interesting upcoming study stratifies patients with cT0 response post neoadjuvant chemotherapy and the right biomarker, to active surveillance, over radical cystectomy! No doubt this was met with disdain from our urology colleagues! Larry Einhorn gave a great keynote lecture on germ cell cancer, and a medical student presented interesting work on surveillance for small renal masses – very impressive.

Next year, ASCO GU will be held in San Francisco. I suspect the ANZUP contingent will be even larger then!

DR BEN TRAN
Deputy Chair of ANZUP Germ Cell Committee


Free ClinTrial Refer ANZUP App

The ClinTrial Refer ANZUP app provides a current list of clinical research trials conducted in cancer centres in Australia and New Zealand. Designed for oncologists, general practitioners, research unit staff and patients, ClinTrial Refer ANZUP has searchable clinical research trial details, hospital locations and contacts, and inclusion and exclusion criteria.

Available for download from
USANZ 2017, CANBERRA

The annual Urological Society of Australia and New Zealand (USANZ) ASM took place from the 24 - 27 February in Canberra, with the theme ‘Capitalising on our Strengths’.

ANZUP had a solid presence at the conference, with two sessions included in the Program.

On the Friday, Shomik Sengupta, USANZ 2017 Scientific Program Director, along with Martin Stockler, Andrew Martin, Dickon Hayne, Jeremy Grummet presented the workshop session ‘ANZUP: From an idea to a clinical trial: A surgical concept development workshop’ (sponsored by AstraZeneca). The interactive session was very well received and encouraged lots of discussion of ideas and knowledge.

On the Saturday, Henry Woo and Nick Buchan chaired the USANZ/ANZUP Joint Session, a very informative afternoon session with a brilliant (and humourous) introduction to ANZUP and update on trials from Venu Chalasani.

The Australia New Zealand Urological Nurses Society (ANZUNS) conference was once again held in conjunction with the USANZ ASM, marking more than 20 years of collaboration. The event provides a valuable opportunity for urology nurses to present their work, share knowledge and network with others in the field.

Twitter

Did you know ANZUP is now tweeting to over 1300 followers?

Our community are sharing trial updates and news across Twitter. We’re always interested in retweeting your thoughts, stories and insights with the rest of our followers. At our ASM our #ANZUP16 thread made over 1.2 million impressions in 3 days. Follow @ANZUPtrials and start communicating with leading professionals today.
The ANZUP Scientific Advisory Committee comprises representatives from a broad range of disciplines. This ensures that we have many minds from many backgrounds and perspectives constantly scanning the horizon for evidence and recognising areas of clinical need. The SAC sets ANZUP's scientific strategic direction and oversees the work we do to achieve our goals. It prioritises based on our strategic plan and also acts as a strong resource for those preparing concepts or more mature documents.

The SAC meets quarterly by teleconference. We hold an open face to face meeting at the ASM every year and all ANZUP members are invited and welcome to attend. We held another face to face planning meeting in November to discuss strategic planning and how best to implement or improve processes. This was highly productive and will give us a useful structure for future work.

I am delighted to announce that Professor Bertrand Tombal, current chairman of the Clinical Trial Division of the European Organization for Research and Treatment of Cancer (EORTC), will be joining the SAC as one of our international members. The SAC also farewells Dr Martin Gleave – we sincerely thank him for his contribution to the committee. On that note, thank you to all the members of the SAC for the generous donation of your time and expertise.

IAN DAVIS
Chair, ANZUP Scientific Advisory Committee

Scientific Advisory Committee (SAC)

We are very pleased to have many of our subcommittee Deputy Chairs contributing reports this year in UPdate. Along with the subcommittee Chairs, the Deputy Chairs play a very important role in supporting the functions and outputs of the subcommittees and we thank them for their ongoing contributions.

Save The Date!

2017 ANZUP GU Preceptorship in Prostate Cancer

3-4 November 2017, Novotel Glen Waverley, Melbourne

This 1 ½ day workshop will cover landmark clinical trials in prostate cancer. Our target participants are trainees and junior specialists (first 5 years of practice) in urology, radiation oncology, medical oncology and imaging. Successful applicants will be supported to attend this exciting new initiative. Areas to be covered include screening, multimodality management of early, locally advanced and metastatic disease and supportive care. Further information will be provided soon.
The Bladder Cancer Subcommittee continues to be very active, with sincere thanks to all who have contributed to the existing and forthcoming trials. As always, we are keen for others to join our activities, whether it be assisting in the referral and recruitment of participants into existing trials or developing and implementing new trials.

**Current trials**

- **PCR-MIB (Pembroluzimab with chemo-radiotherapy for muscle-invasive bladder cancer):** is now open at 4 sites, and actively seeking participants. Interested clinicians are urged to refer suitable patients to their accessible centres for consideration.

- **BCG-MM (BCG vs BCG alternating with Mitomycin for high-risk non-muscle invasive bladder cancer):** is open at 12 sites and has just accrued the 104th participant. Planned accrual for stage 1 of the trial (130 participants) should be reached shortly, leading onto eagerly awaited preliminary results. Further progress of the trial will depend on these results as well as ongoing funding, an application for which is in advanced stages of preparation.

- **BL-12 (Nanoparticle albumin-bound (NAB)-Paclitaxel vs. Paclitaxel as second line in metastatic urothelial cancer):** This trial, run in collaboration with the National Cancer Institute od Canada (NCIC), has just reached its recruitment target, with 39 of 199 participants from Australia and New Zealand.

- **NMIBC-SI (Non-muscle invasive bladder cancer symptoms index),** an ANZUP co-badged study, is open and recruiting at a number of sites.

- The ANZUP co-operative multi-centre cystectomy database has started data collection at the Fiona Stanley hospital in WA, and ethics applications are in preparation for other sites. Clinicians interested in contributing data should contact Dickon Hayne or Shomik Sengupta.

**Concept Development Workshop**

The bladder cancer concept development workshop will take place in Sydney on 21 April. As usual, vigorous discussion is anticipated around interesting questions raised on the management of bladder cancer. Future ANZUP bladder cancer trials may be developed and taken forward as a result of this workshop as well as upcoming subcommittee teleconferences (refer to ANZUP website for dates).

All members are encouraged to get involved in some way – contributing ideas, joining discussion, protocol development, developing grant applications – there are many ways in which you may be able to contribute.

SHOMIK SENGUPTA
Deputy Chair Bladder Cancer Subcommittee

“Friends of ANZUP” is a new initiative connecting people whose lives have been impacted by prostate, kidney, bladder or testicular cancers.

**Membership aims to provide:**

- Information about the benefits of clinical trials and how to access them
- Support from people who understand the challenges
- Information about research conducted by ANZUP
- Biannual community magazine, ‘A little below the belt’
- Invitation to Community Engagement Forums
- Practical resources and regular e-news

Concept Development Workshop 10 May 2017

The Germ Cell Concept Development Workshop will be held at the Pullman Hotel near Sydney Airport on Wednesday 10 May. We encourage concept submissions and attendance to discuss novel clinical trial ideas in the germ cell tumour space!

Phase III RCT of Accelerated BEP (plus translational sub study) - open at 27 sites and 36 patients recruited.

This randomised trial of chemotherapy with accelerated BEP versus standard BEP for patients with intermediate or poor-risk advanced germ cell tumours is supported by Cancer Council Australia and Cancer Australia, and is currently open at 27 ANZ sites. 36 patients have been recruited.

We continue to work with collaborators from Cambridge Clinical Trials Unit and Children’s Oncology Group to open the study in the UK and USA. Version 3.0 of the protocol, which allows recruitment of paediatric patients aged 11 years and over, and female patients, has been approved at most Australia and New Zealand sites.

If you have any questions in relation to this study, then please email p3bep@ctc.usyd.edu.au.

ANZUP Stage I Testicular Cancer Follow-up Recommendations

Evidence-based recommendations for the follow-up of stage I testicular cancer are now available on the ANZUP website http://anzup.org.au/. They include a clinician guideline, patient handout, and excel calculator (which generates a personalised schedule). Developed by Andrew Weickhardt, Nicola Lawrence, Annie Yeung and Fritha Hanning, with the assistance of the ANZUP Germ Cell Subcommittee and Consumer Advisory Panel; they have been endorsed by the Medical Oncology Group of Australia, and promoted by the Oncology Network Newsletter. The germ cell subcommittee are developing methods to further promote and evaluate the impact of the recommendations, which aim to reduce unnecessary variance and radiation exposure in this group of patients, and would welcome input from members.

Studies in development

e-TC 2.0: a prospective study of an eHealth intervention for testicular cancer (TC) survivors led by Drs Ben Smith and Louise Heniger, in collaboration with PoCoG, builds on the successful e-TC study. The study team are making excellent progress. The website is now finalised. A pilot study for patients with significant anxiety and/or depression will be completed by quarter 3 of 2017. Louise is stepping down from her role as project officer; we thank her for her excellent management of this study. Thankfully, she will remain on the advisory group!

TIGER: Movember is generously supporting ANZUP’s participation in the TIGER study. This very important international randomised trial for refractory and relapsed germ cell tumours, of high-dose chemotherapy with Ti-CE versus conventional dose chemotherapy with TIP, is led by Alliance. ANZUP continues to work with the CTC and Alliance to open the study at up to 7 Australia and New Zealand sites in 2017.

INTERNATIONAL COLLABORATIONS

Translational Research Projects (Movember GAP5)

Dr Ben Tran is leading ANZUP’s involvement in two important translational research projects. The first is the GAP5 Translational Research Project, funded by Movember, which aims to identifying the biological drivers of platinum resistance in this cohort of men. The study remains in development. It is hoped that ANZUP and its Australian collaborators will have the opportunity to participate in these projects.
IGCCCG 2.0
A/Prof Guy Toner, ANZUP Co-Chair, together with ANZUP fellow Dr Nicola Lawrence and ANZUP statistician Dr Andrew Martin are coordinating the provision of data to an EORTC-led international collaboration to update clinical prognostication in metastatic germ cell tumours, ‘IGCCCG 2.0’. Data from the ANZ Germ Cell Trials Group ‘Good prognosis’ study and the ANZUP Phase II study of accelerated BEP are being provided.

Updates from studies in follow-up
‘Chemotherapy and Cognition’: Prof Ian Olver is leading the preparation of manuscripts for this study which prospectively monitored cognitive function in patients managed with and without chemotherapy for testicular cancer.

Call for new members
The Germ Cell Subcommittee always welcome new Germ Cell members including trainees who will contribute to research activity. Please encourage your interested colleagues and trainees to join the subcommittee. We are a multidisciplinary group, and we encourage participation of members not only from medical oncology, but also from surgery, radiation oncology, nursing, psycho-oncology, and basic science. Again I thank the efforts of investigators, staff from ANZUP and the CTC, and patients for these achievements.

BEN TRAN
Deputy Chair, Germ Cell Subcommittee

The Renal Cell Cancer Subcommittee completed the 2017 Concept Development Workshop in March. The workshop was well attended and several interesting proposals were discussed and feedback was given by clinicians and patient advocates.

One focus of the subcommittee continues to be on expanding the role of immuno-oncology drugs in groups of patients where trials are lacking. We are pleased to report that industry funding has been approved for UNISoN, which is a sequential trial of nivolumab and then ipilimumab + nivolumab in patients with untreated metastatic non-clear cell renal carcinoma. At present, in Australia, there are no funded treatment options for non-clear cell renal carcinoma even though one in six cases of kidney cancer fall into this group.

Another area of focus is improving the response rate of immunotherapy by exploring novel combinations of treatment. Immunotherapy can provide excellent responses for patients with kidney cancer but many patients do not respond. KeyPAD is a phase II trial in TKI refractory metastatic clear cell renal carcinoma to test the combination of the PD-1 inhibitor, pembrolizumab with denosumab, a RANK ligand inhibitor which is already licenced for the treatment of bone metastases for breast and prostate cancer. Denosumab appears to have an immune modulating effect so this may be an effective way to increase the efficacy of pembrolizumab. Funding has been approved for this trial and patient recruitment will begin in the next few months.

FASTRACK II, a co-badged ANZUP study with TROG, is now open and recruiting. This study aims to evaluate the activity and efficacy of Sterotactic Ablative Body Radiotherapy (SABR) for the treatment of kidney cancers. For more information on this study, contact Rebecca Montgomery at the TROG Trial Coordinating Centre on 02 4014 3910 or email FASTRACKII@trog.com.au.

DAVID POOK
Deputy Chair RCC Subcommittee
The prostate subcommittee continues to operate at full strength, with encouraging trial activity and an interesting portfolio of new concepts in development.

With the generous support of the ANZUP-PCFA Partnership Grant initiative announced last year, prostate subcommittee members are looking forward to supporting the selected concept: a phase 2 trial evaluating the use of Lutetium-177 PSMA radionuclide therapy in men with advanced prostate cancer. Development of the clinical trial protocol continues and we look forward to providing further updates in the near future.

The Prostate Concept Development Workshop was held on 5 April at the Pullman, Sydney Airport. It was a fantastic day with a record 15 concepts presented, spanning the varied clinical research disciplines and range from initial prostate cancer diagnosis through to advanced disease. There was great interest and excellent discussion of the concepts among the 35 plus participants in the room. A summary of the workshop will be provided through subcommittee meetings and we hope that these concepts will lead to new trials, helping to address current unmet needs in the management and support of men and their families.

Our studies continue to be very dynamic. We are thrilled to advise that ENZAMET has just reached its recruitment target of 1,100 patients, which is a testament to the commitment of the study team, ANZUP clinical sites and partner organisations. Results from our ENZAMET trial are eagerly awaited by the international clinical community and we are very proud to be at the cutting edge of research. Alongside the clinical trial, we have a large repository of valuable translational samples that have been collected. Once again, we encourage everyone to submit ideas for translational studies.

ENZARAD recruitment is over halfway and continues solidly, with 442 men (of the planned 800) now enrolled. Our EORTC partner sites are beginning to open and we anticipate that this will boost our rate of recruitment over the coming months. Again, ENZARAD will address highly relevant research questions and we thank sites for their ongoing commitment.

The Pain-Free TRUS-B study is well underway, with steady enrolment and 63 men randomised to date. This trial will determine whether the addition of inhaled methoxyflurane to local anaesthesia improves the pain, discomfort and experience of TRUS biopsy. We aim to recruitment 420 patients, so please continue your enrolment efforts - we still have a way to go!

As always, we encourage the proposal of new concepts through the subcommittee. Opportunities for ANZUP to join co-badged studies are also discussed as they are bought to the subcommittee, with the members providing useful feedback. As always, we remain open to new subcommittee members and welcome anyone with a prostate cancer interest to join and contribute.

CARMEL PEZARO
Deputy Chair, Prostate Cancer Subcommittee

Below the Belt Research Fund

In line with ANZUP’s strategic plan and with the support of the Below the Belt Pedalthon, the Below the Belt Research Fund was established to support our members in the development of investigator initiated studies. Grants of up to $50,000 are available for successful applicants.

Submissions are due by 12 May, 2017 and should be sent to anzup@anzup.org.au. For more information and to apply for a Below the Belt Research Fund Grant, go to http://www.anzup.org.au/content.aspx?page=btbresearchfund
The Translational Research Subcommittee, led by myself as Chair and Anthony Joshua as Deputy Chair, continues to be an active contributor to ANZUP.

This year’s ANZUP Annual Scientific Meeting will feature for the first time a Translational Research Symposium. We have assembled a fantastic group of speakers led by Peter Black, an internationally renowned bladder cancer expert from Vancouver, as well as numerous Australian uro-oncology clinicians and researchers. We have put together a very exciting program that I am confident will be well received by our diverse membership. Many thanks to Anthony Joshua, Ian Vela, Lisa Butler, Carmel Pezaro (this year’s ASM Convenor) and of course Marg McJannett and her fantastic team for all their efforts in putting together the Translational Research Symposium.

In regards to existing trials, biospecimen collection continues for several studies including P3BEP, BL.12, ENZAMET, ENZARAD and BCG-MMC. Potential research proposals are already being fielded for analysis of specimens collected on some of these trials. Please approach either the relevant study PIs or myself if you have any ideas that you would like to develop. Precious patient samples + great ideas = a strong chance of success with grant proposals! Thanks as always to Sonia Yip for her ongoing work with all of these studies.

In terms of upcoming studies, as you would be aware, there are several kidney cancer trials being led by Craig Gedye that will have key translational endpoints. Craig and his team have done a fantastic job designing some very sophisticated translational sub-studies and we will continue to support them as these trials are rolled out.

We are also working on new translationally-focused clinical trials and research studies. There are exciting opportunities for ANZUP to lead studies such as neoadjuvant trials in localised prostate cancer, where pre- and post-treatment tissue can be easily obtained and profiled. Lisa Horvath and I are also co-PIs for a prostate cancer blood biomarker program spanning multiple centres in Melbourne and Sydney, which we plan to co-badge as an ANZUP study.

Lastly, I would like to strongly encourage any ANZUP member with an interest in translational research to please approach myself or Anthony Joshua if you have a research proposal that you would like to take forward. I look forward to providing you all with more updates on the Translational Research Subcommittee in the next newsletter.

A/PROF. ARUN AZAD
Chair Translational Research Subcommittee

21 APRIL
ANZUP Bladder Concept Development Workshop, Sydney

10 MAY
ANZUP Germ Cell Concept Development Workshop, Sydney

2 – 6 JUNE
ASCO Annual Meeting, Chicago http://am.asco.org.au

16 – 18 JULY

2 – 4 AUGUST
MOGA ASM https://www.moga.org.au/education/annual-scientific-meeting

19 SEPTEMBER
ANZUP Below the Belt Pedalthon, Sydney http://www.belowthebelt.org.au/

11 - 13 OCT
NZ Section Meeting (USANZ) http://www.usanz.org.au/new-zealand/

13 – 15 NOV
COSA ASM https://www.cosa.org.au/events/annual-scientific-meeting/

17 – 20 NOV
ESMO Asia http://www.esmo.org/Conferences/ESMO-Asia-2017-Congress
CRE Prostate Cancer Survivorship

The NMRC funded prostate cancer survivorship centre focuses on four themes: psychosocial and psychosexual health, exercise medicine, the economic costs of prostate cancer, and geographic inequalities in prostate cancer outcomes. The centre has already commenced its first major piece of work led by CI Professor Chambers and other leading ANZUP members. The inaugural face-to-face meeting for the CRE will be held at ANZUP Annual Scientific Meetings 2017 (16-18 July 2017, Melbourne, Australia). A website for the centre is currently under development with this work being led by the Prostate Cancer Foundation of Australia. For more information about the prostate cancer survivorship centre, please email enquiries@prostatecancersurvivorship.org.au.

Support Needs of Men with Advanced Prostate Cancer

Qualitative research about the areas where men with advanced prostate cancer would like better support and how we can best deliver this support is in progress. In the first phase of this project, 39 men completed a mailed survey about their support needs. Of these men, 28 consented to participate in an in-depth interview at the second phase. Analysis of interview transcripts is currently underway. For more information about this research please contact Dr Melissa Legg on (07) 3634 5191 or m.legg@griffith.edu.au.

MASH-PC

The Men and Sexual Health – Prostate Cancer (MASH-PC) Study is an international longitudinal survey that seeks to better understand the impact of prostate cancer and its treatment on men’s concerns about their sexual health, their decisions to seek support, and from whom they prefer to receive this support.

To date, 626 men have enrolled in the study from Australia, Ireland, New Zealand and Canada. So far, 156 of these men have completed the six month follow up. For more information about this study, please visit www.menandprostatecancer.org or contact the Project Manager, Ms Kirstyn Laurie, on (07) 3634 5115 or email kirstynlaurie@cancerqld.org.au.

Exercise in ENZRAD

Through the early part of 2017, our subgroup worked up a proposal to implement an exercise program for participants in the ENZRAD study at some of the larger participating sites. The intention was to evaluate the feasibility and implementation of such a program, as well as assessing the impact of a structured exercise program on the fatigue of study participants, comparing outcomes of those from exercise sites to other study sites. Despite a high level of interest from investigators and Astellas, the global funding freeze meant it won’t go ahead at this time. However, there may be opportunities into the future for us to work this into an implementation study within other projects, the effort is never wasted.

Quality of Life in ANZUP Studies

As you are all aware ANZUP has been very active in the inclusion of quality of life end points and data collection within its clinical trials. Right now we have a bank of quality of life data that could be used to describe the quality of life trajectory for some tumour groups and stages of disease where this information is currently under reported. After some detailed exploration by Howard Chan, we have a summary of the trials, instruments, and status of the data. The Committee is now working on proposals to use this data.

SUZANNE CHAMBERS
Chair, Quality of Life and Supportive Care Subcommittee
It is hard to believe that the first quarter for the year has gone! The first couple of months for the CAP were pretty quiet as we enjoyed some downtime but as March arrived so did the opportunities for the CAP to get itself into gear!

After receiving the wonderful news that the KEYPAD study had been funded, the CAP has reviewed, discussed and provided collective input into the protocol and Patient Information and Consent Form (PICF). As I am writing this we are looking forward to hearing back from the Principal Investigator and them regarding our suggestions.

We are now looking forward to reviewing the UNISON PICF as funding has now been confirmed for this study. As one of our CAP members commented, it is great to see some trials coming through for patients with poorer outcomes and rarer subtypes of 'below the belt cancers.'

The RAMPART PICF along with the Patient Preferences sub-study will then be next for the Panel’s review and input.

The CAP are very pleased to have the opportunity to take part in this year’s round of Consumer Development Workshops (CDWs) for each of the disease specific sub-committees. A couple of CAP members have already participated in the Renal Cell and Prostate CDWs – excellent days full of discussion and a great learning opportunity for the CAP members who actively contributed to the workshop.

Matt Leonard and Jason Gray have been busy working on the e-TC project and Matt on the Phase II BEP TMC and both have been complimented on the value that they have bought to these studies. We also congratulate Jason on the birth of Hugo on the 20 February – now a family of four, hope you are now getting some sleep.

On that note, a reminder to members to continue to promote the Friends of ANZUP Program, consumer magazine ‘A little below the belt’ and the upcoming Community Engagement Forum to your patients, family and friends.

BELINDA JAGO
Chair, Consumer Advisory Panel
Renal CDW
15 March 2017

The Renal Cell Cancer Subcommittee completed the 2017 Concept Development Workshop in March. The workshop was well attended and several interesting proposals were discussed and feedback was given by clinicians and patient advocates. One focus of the Subcommittee continues to be on expanding the role of immuno-oncology drugs in groups of patients where trials are lacking. We are pleased to report that industry funding has been approved for UNiSoN, which is a sequential trial of nivolumab and then ipilimumab + nivolumab in patients with untreated metastatic non-clear cell renal carcinoma. At present, in Australia, there are no funded treatment options for non-clear cell renal carcinoma even though one in six cases of kidney cancer fall into this group.

Another area of focus is improving the response rate of immunotherapy by exploring novel combinations of treatment. Immunotherapy can provide excellent responses for patients with kidney cancer but many patients do not respond. KeyPAD is a phase II trial in TKI refractory metastatic clear cell renal carcinoma to test the combination of the PD-1 inhibitor, pembrolizumab with denosumab, a RANK ligand inhibitor which is already licenced for the treatment of bone metastases for breast and prostate cancer. Denosumab appears to have an immune modulating effect so this may be an effective way to increase the efficacy of pembrolizumab. Funding has been approved for this trial and patient recruitment will begin in the next few months.

ANNE WOOLLETT
ANZUP Clinical Trials Project Manager

Prostate CDW
5 April 2017

The 2017 Prostate Concept Development Workshop took place on 5 April with a record number of participants in attendance and concepts presented! There were 38 people, from a range of clinical research disciplines and stages in their careers, as well as representatives from the ANZUP Consumer Advisory Panel, at the full day session. A record 15 concepts were presented, with discussion and feedback provided to each presenter by the combined expertise in the room. Concepts covered a range of treatment types and the different disease stages.

RICHARD DE ABREU PRESENTS HIS CONCEPT AT THE PROSTATE CDW

PROSTATE SUBCOMMITTEE CHAIR SCOTT WILLIAMS AND HARRIET GEE LEADING DISCUSSIONS FOLLOWING HER CONCEPT PRESENTATION
OTHER NEWS

Upcoming Concept Development Workshops

**Bladder Cancer CDW**
- **Date:** Friday 21 April, 2017; 9:30am - 4pm
- **Venue:** The Pullman, Sydney Airport
  191 O’Riordon Street, Mascot NSW

**Germ Cell CDW**
- **Date:** Wednesday 10 May, 2017; 9:30am - 4pm
- **Venue:** Chris O’Brien Lifehouse, 119-143 Missenden Rd, Camperdown NSW

Trial Milestones

**ENZAMET Recruitment Target of 1100 patients achieved!**

ENZAMET Study Co-Chairs Ian Davis and Chris Sweeney were thrilled to recently announce our ENZAMET study has now reached its target to recruit 1100 patients!

This was the first study of this size that ANZUP has led globally with patients being recruited from 83 participating sites across Australia, New Zealand, the USA, Canada, Ireland and the UK.

Whatever the outcome of this trial, future men with metastatic prostate cancer will have the benefit of the evidence we generate.

**BCG+Mitomycin Study recruits 100th patient!**

Congratulations to A/Prof Shomik Sengupta and the Austin site for recruiting the 100th patient in to the BCG + Mitomycin study!

Currently 12 Australian sites have been activated for recruitment, with the overall recruitment target of 500 patients.

Cannabis for chemotherapy-induced nausea and vomiting: NSW Health/CTC Pilot Trial

Chemotherapy-induced nausea and vomiting (CINV) remains a challenge in commonly used chemotherapy regimens. This 2-stage, multi-site randomised controlled trial funded by NSW Health will determine the efficacy of an oral cannabinoid-rich cannabis extract for the secondary prevention of CINV.

The study population for this trial is adult patients experiencing nausea/vomiting during the most recent cycle of moderate or highly-emetogenic intravenous chemotherapy for any malignancy of any stage AND ≥ 3 cycles of the same regimen planned; ECOG performance status 0-2; no concurrent oral chemotherapy/radiotherapy and no disease-related nausea/vomiting.

This trial is now recruiting at multiple centres across NSW. Study Chair, A/Prof Peter Grimison (Chair of the ANZUP Germ Cell subcommittee), encourages members to refer on any patients that may be eligible. For further information on this trial contact the coordinating centre NHMRC CTC on 02 9562 5000 or email cannabisCINV@ctc.usyd.edu.au.

New Kidney Cancer Resource

Kidney Health Australia have recently released the ‘My Kidney Cancer, My Health’ handbook, designed for people diagnosed with advanced kidney cancer and their carers.

This resource aims to help patients understand advanced kidney cancer and its treatments, while providing information about how patients and carers can look after themselves physically and emotionally.

You may wish to refer any patients/carers to the Kidney Health website where it can be downloaded for free [http://kidney.org.au/about-us/resources-library/booksandpublications](http://kidney.org.au/about-us/resources-library/booksandpublications) or call 1800 454 363 to order a free printed copy.
Hello and Welcome

**Professor Bertrand Tombal joins the SAC**

The SAC is delighted to welcome a new international member - Professor Bertrand Tombal. Prof. Tombal is Chairman of the Division of Urology and Professor of Urology at the Université catholique de Louvain (UCL), Cliniques universitaires Saint-Luc, Brussels, Belgium. Prof. Tombal is also the current chairman of the Clinical Trial Division of the European Organization for Research and Treatment of Cancer (EORTC), the leading European academic research organization in the field of cancer. His primary clinical interest is the treatment of advanced stages of prostate cancer, and particularly hormonal treatment and development of new biological agents.

**Dr Namrata Nayer**

We’re pleased to welcome Dr Namrata Nayer, ANZUP’s new Clinical Research Fellow. Namrata is a medical oncologist and will be working between ANZUP and AGITG.

Of the opportunity, Namrata says: “I feel a research fellowship with ANZUP will enable me to enhance my understanding of the design and conduct of clinical trials and understand operational aspects of large collaborative trial groups. This fellowship will provide me a platform to develop expertise in writing trial protocols and grant applications and also provide opportunities to do systematic reviews and research and publish them in high ranking journals. This experience will build a foundation to develop my portfolio in clinical trials and research and conduct high-quality independent research in coming years.”

**Nina Olle**

Nina is ANZUP’s new Internal Communications and Project Manager. She comes to us with over 10 years of experience working in both journalism and communications roles. Nina’s career started in print media and radio, where she worked as a producer for the Australian Broadcasting Corporation. In more recent years, Nina has specialised in communications and stakeholder management in the community and health sectors. She looks forward to supporting and working closely with ANZUP members.

**Gillian Bailey**

Gillian has joined the ANZUP team as the Communications Officer. Coming from a healthcare communications background, Gillian has spent the past 12 years living and working in London. For 10 years she worked in healthcare communication agencies helping pharmaceutical firms develop and roll out events as well as marketing and educational materials. Prior to her return to Australia she was a Senior Communications Officer at The Department of Health, UK within the infection control team.

**Goodbye**

**Dr Martin Gleave**

We say goodbye to Dr. Martin Gleave who leaves the ANZUP Scientific Advisory Committee (SAC). Dr Gleave is a clinician-scientist and urologic surgeon, who is also a Distinguished Professor and Head of the Department of Urologic Sciences at the University of British Columbia (UBC), Director of the Vancouver Prostate Center, Chief Scientific Officer of PHiX, and a British Columbia Leadership Chair. We thank him for his contribution to the SAC and wish him well with his future endeavours.
OUR THANKS

Thank you to our 2017 Corporate Partners and Supporters

We are very grateful for the infrastructure support we receive from Cancer Australia, however, the funds are not sufficient to support ANZUP’s increasing research activities. In 2012 we established our Corporate Supporter program and are delighted this program has continued to grow. Through this program we have made significant inroads to supporting and facilitating better engagement with our members. We thank our partners Air New Zealand, Active Display Group and The Saturday Paper and our fantastic corporate supporters:
Program highlights will include:

- State of the art presentations from leading international and Australian experts;
- Up-to-date management and research for prostate and other genitourinary cancers;
- PCFA ANZUP Nurses Symposium;
- Inaugural Translational Research Symposium;
- Clinical trial Concept Development Workshop;
- Overviews of current and planned ANZUP trials;
- ANZUP MDT Masterclass where delegates have the opportunity to have questions answered by expert panels;
- Community Engagement Forum: A little below the belt;
- Travel Fellowships available for ANZUP members!

We have an outstanding international faculty including:

Silke Gillessen
Medical Oncologist at Kantonsspital, St Gallen Switzerland and Chair of the EORTC GU Group

Robert Lee
Radiation Oncologist at Duke University, Durham, North Carolina, USA

Alex Kutikov
Associate Professor of Urologic Surgical Oncology, Fox Chase Cancer Centre, Philadelphia, USA

Bente Thoft Jensen
Senior Researcher, Department of Urology, Aarhus University, Denmark

Peter Black
Urologist and Senior Research Scientist, Vancouver Prostate Centre, Vancouver BC, Canada

Please check our ANZUP website for updates www.anzup.org.au