The Directors of ANZUP Cancer Trials Group Limited (‘ANZUP’) are pleased to submit the Annual Report for 2018.
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2017/18 HIGHLIGHTS

MEMBERSHIP

- Membership: 1,333* members (up >30% since 2015)
- 2015: 729
- 2016: 2,337
- 2017: 1,711

ANZUP AND CO-BADGED TRIALS
(RECRUITING AND IN FOLLOW UP)

- 2015: 6
- 2016: 9
- 2017/18: 13*

TOTAL TRIAL PATIENTS
(ANZUP ONLY)

- 2015: 1,333*
- 2016: 729
- 2017: 1,711

ASM DELEGATES

- 2015: 290
- 2016: 297
- 2017: 335

PRECEPTORSHIP ATTENDEES

- 2015: 36
- 2016: 35
- 2017: 36

MDT MASTERCLASS ATTENDEES

- 2015: 118
- 2016: 156
- 2017: 156

BEST OF GU ATTENDEES

- 2015: 40
- 2016: 70
- 2017: 60

*AS AT 31 MARCH 2018
2017/18 HIGHLIGHTS

CONCEPT DEVELOPMENT WORKSHOPS
- 1 in 2015
- 4 in 2016
- 4 in 2017

CORPORATE SUPPORTERS
- 8 in 2016
- 6 in 2015

IN-KIND SUPPORTERS
- 5 in 2016
- 2 in 2015

ANZUP CLINTRIAL APP
- Screen views:
  - 463 in 2015
  - 71 in 2016
  - 1,446 in 2017

WEB PAGE VIEWS
- 2015: 72,580
- 2016: 119,020
- 2017: 140,912

TWITTER FOLLOWERS
- ANZUP: 1,000+ in 2015
- 1,268 in 2016
- 1,665* in 2017/18

ASM TWITTER IMPRESSIONS
- 1.28M in 2015
- 1.22M in 2016
- 2.65M in 2017

ANZUP FELLOWSHIPS, SCHOLARSHIPS AND AWARDS
- 27 in 2015
- 40 in 2016
- 47 in 2017

BELOW THE BELT RESEARCH FUND GRANTS
- 3 in 2016

*AS AT 31 MARCH 2018
On behalf of the ANZUP Board I am pleased to provide this report of ANZUP’s activities over the last year.

ANZUP aims to improve outcomes for our patients and their families who are affected by genitourinary cancers. We conduct clinical trials to generate new evidence that will inform clinical practice and allow better decision making by clinicians and their patients. Our activities are directed towards improving access to clinical trials for our patients; building collaborations especially across disciplines; providing opportunities for clinicians, researchers, patients and organisations to participate in research; building and improving systems; fostering a culture of research amongst those involved in the care of these patients; providing training opportunities; and facilitating translational and other studies to add value to our trials. This all takes place in the context of effective communication and engagement based on a clear understanding of the clinical needs and the emerging science.

Our Strategic Plan 2016–18 outlines the broad areas and specific objectives we have set in place for ANZUP. Our progress against the Strategic Plan is reported at the Annual General Meeting and in the Achievements section of this Annual Report. We have achieved most of what we have planned to do, and unfilled gaps are either works in progress or under review. Our specific strategic priorities are:

1. Expand, diversify, maximise quality trials (page 17)

We now have trials in all of our disease types, encompassing the range of disease states for each condition, and including the various disciplines involved in their care. We have strengthened links in New Zealand and continue to try to build more opportunities. We have successfully involved rural and regional sites. Importantly, our influence now extends beyond our region, with a key leadership role in a global community of genitourinary cancer clinical trial groups. ANZUP trials now have included thousands of patients and we are frequently mentioned on the international stage. We continue to develop new ideas, strategies, and collaborations.

2. Increase engagement (page 21)

The Board and the Scientific Advisory Committee (SAC) have spent considerable time thinking about how to improve opportunities for members to engage in our processes. We have introduced full-day annual Concept Development Workshops while also streamlining systems for submission and development of trial ideas through the subcommittees. Our Translational Research and Quality of Life & Supportive Care subcommittees, and the Consumer Advisory Panel, are all actively involved across all aspects of our research and increasingly are driving research questions of their own. We have strengthened our internal and external communications and this has already resulted in excellent feedback and new links within the ANZUP community as well as outside it. Our membership continues to grow rapidly, reflecting a broad recognition of the relevance of ANZUP to many people and the value people derive by being part of it. ANZUP continues to grow its non-trial activities, such as research or travel fellowships, preceptorships, Best of GU symposia, nursing symposia, community forums, and other events. In March 2018, ANZUP hosted a meeting of Asia-Pacific key opinion leaders to discuss the 2nd St Gallen Advanced Prostate Cancer Consensus Conference recommendations and their relevance in our region. This meeting was highly successful and a manuscript is currently in preparation. Perhaps even more importantly, this first APAC APCCC meeting boosted the profile of ANZUP in the region and might open doors for trials across the various groups.
3. Develop sustainable and innovative funding (page 24)

This is a challenge for all organisations similar to ours, particularly those going through substantial expansion as we have done in the last few years. Each of our trials requires specific funding and we cannot use our Cancer Australia infrastructure support for trial activities. Support for ANZUP’s broad range of activities that are not directly related to specific trials mainly comes from the Annual Scientific Meeting, fundraising, and donations. Our eventual goal is to become as independent as possible from the uncertainties of grant funding, allowing us to initiate and even complete trials using our own resources. We have not yet achieved this long term goal but we have made good progress towards it, as evidenced by the initiation in 2018 of the TheraP prostate cancer trial. TheraP resulted from a joint fundraising exercise between ANZUP and the Prostate Cancer Foundation of Australia, with support from ANSTO and Endocyte. ANZUP is committed to re-investment of its resources back into the organisation to support its activities. An excellent example is the Below the Belt Research Fund, which ensures all of the money raised through the Sydney and Melbourne Pedalthons is used to support research that is intended to lead to future ANZUP trials. The costs of these events are not taken from donations, sending a very strong message to our donors. The Board continues to look at other potential avenues to generate revenue, enable us to expand our activities further, and become less dependent on the ASM and Pedalthon initiatives. We have previously used term deposits to gain additional value for surplus funds, but in 2017, the Board engaged Perpetual to assist in a carefully thought out investment strategy. This commenced late in our financial year and the impact will not yet be reflected in our financial statement, however we continue to monitor this carefully and are seeing returns at a level higher than occurred with the term deposit strategy. Our continued growth is essential but must be managed carefully.

4. Maintain and enhance mutually beneficial relationships with key stakeholders (page 27)

Our main stakeholders are our members. Annual membership survey information is reviewed carefully by the Board and used to formulate plans for specific activities and areas of growth or change. We also have links with other organisations including universities, government, non-government organisations, other trials groups and networks, our corporate supporters, and ultimately the broader community for which we exist. None of this is static and we must continue to work to maintain and grow these links to ensure we are responsive, relevant and aligned with our overall mission and objectives.

5. Expand and broaden ANZUP’s profile (page 31)

The value in this is that it helps us when we argue for more resources, ask for specific project support, or engage the community in advocacy for clinical research as well as direct participation in our trials. Our website has been enhanced and is continually reviewed and refreshed. The ANZUP ClinTrial Refer app is widely used both by clinicians and researchers as well as in the community. Our regular UPdate newsletter and other member communications are well received and often passed on. Our community magazine ‘A little below the belt’ is an extremely high quality publication that has drawn many favourable comments. Our social media presence is growing and has considerable influence, especially around events such as the ASM or the Pedalthons.

All of this is remarkable enough in itself. It is even more so when you consider we are only now entering our tenth year of existence. The Board met in December 2017 to review and refresh the Strategic Plan. It was clear that much of what we had been doing needs to be continued, that some priorities might change, and some new initiatives will be needed. We are well placed to move into this next stage. We are grateful to Trevor Back who once again gave up his time to facilitate this day. Our financial position remains strong and we have clear plans to keep this sustainable and growing. Our team is also evolving and growing, and we are very fortunate to have people of such extraordinary calibre and capability working with us. Our membership is engaged and supportive, and we want to continue to develop opportunities for people to become involved.

Thanks once again to my fellow Board directors (Nick Buchan, Martin Dowling, Joe Esposito, Glenn Ferguson, Linda Martin, Shomik Sengupta, Guy Toner and Henry Woo); our great management team (Marg McJannett, Anne Woollett [farewelled in 2018], Lucy Byers, Christine Garforth, Gillian Bailey, Michelle Bowers, Nima Amatya and Simran Chawla [to commence in April 2018]; our Consumer Advisory Panel; our Scientific Advisory Committee (SAC) and subcommittees; our volunteers (especially Lesley Tinkler and Jo Stubbs); our corporate supporters and donors; our colleagues and collaborators at NHMRC Clinical Trials Centre and the Centre for Biostatistics and Clinical Trials; and to all our members who contribute in so many ways.

I commend to you this 2018 Annual Report of ANZUP Cancer Trials Group.

IAN DAVIS
Director and Chair of the ANZUP Board
From humble beginnings, ANZUP is now recognised nationally and internationally for its genitourinary clinical trials.

ANZUP was formed 10 years ago by the merger of the Australian Prostate and Urogenital Cancer Group (APUG) and Australia & New Zealand Germ Cell Trials Group (ANZGCTG). Since then, ANZUP has come a very long way. We have grown from 150 members in 2008 to more than 1,300 members across more than 20 disciplines in 2018.

We have active clinical trials across all of the cancers we represent. We work closely with those doing basic or translational research, supportive care research, health economics and other health outcomes work, and many others. We have established collaborations with trials groups in Australia, New Zealand, Ireland, UK, Europe, USA, Canada, and others planned. We have built relationships with key stakeholders including those involved in community support, advocacy and fundraising. We are frequently and visibly present at major national and international meetings, sharing and promoting our work.

Our strategic direction is expertly guided by our hard working and highly effective Board, led by Chair Prof Ian Davis and Deputy Chair A/Prof Guy Toner, with Dr Nick Buchan, Mr Martin Dowling, Mr Joe Esposito, Mr Glenn Ferguson AM, Ms Linda Martin, Prof Shomik Sengupta and Prof Henry Woo. We are grateful to each Board member for generously investing their time and expertise into ensuring the continued success of ANZUP.

Strategic and business planning

In December 2017, the ANZUP Board met to evaluate the organisation’s achievements against the 2016–18 Strategic Plan (see pages 15–33) and set the direction for the next three years (see page 16).

Finances

ANZUP continues to receive infrastructure funding from the Australian Government through Cancer Australia. We value this ongoing financial and in-kind support from Cancer Australia however independent funding is required for each clinical trial. By their very nature, clinical trials are expensive and time-consuming. It is therefore critical to develop sustainable and innovative funding to allow us to instigate trials and support funding applications more effectively (see page 24).

ANZUP continues to build a solid financial base to support members and their research endeavours. This is made possible through the guidance and support of the Board, and our Finance and Audit Committee. I would like to acknowledge and thank all our donors, sponsors, corporate supporters, pharmaceutical partners, funders and collaborators, including the Prostate Cancer Foundation of Australia, Movember and Cancer Australia, who play such a significant role in helping us achieve our mission.

For details on the group’s financial position please see pages 49–67.

Data and quality

ANZUP works closely with the coordinating centres (NHMRC Clinical Trials Centre and the Centre for Biostatistics and Clinical Trials) to achieve quality processes on trial development and operations. Each organisation uses quality management systems, standard operating procedures (SOPs) and templates for accuracy and consistency. Data systems undergo vigorous planning, programming and checking processes prior to going live. Monitoring and formal audit processes complement these activities and annual training is provided to significant site staff to ensure data quality is maintained. All procedures and data systems comply with national and international guidelines on the conduct of clinical trials.
ANZUP has also established an Independent Data and Safety Monitoring Committee (IDSMC) to evaluate the plausible benefits and risks associated with patient participation in ANZUP trials, and assess whether this justifies continuing the trials according to their original design. The IDSMC periodically reviews trial data and informs the appropriate Trial Management Committee (TMC) and Scientific Advisory Committee (SAC) chairs.

Staffing

Growth in the organisation is reflected in our management team, which has seen considerable change during the year. The team brings together a diverse range of skills and experience in internal and external communications and marketing, member engagement, event production and promotion, sponsorship, fundraising, corporate supporter relationships, clinical trials management and database coordination and support.

I am grateful to our small and dedicated team and our wonderful volunteers (Lesley Tinker and Jo Stubbs) who work tirelessly to support our membership and ANZUP’s expanding clinical trial research activities.

Education and mentoring

The future of research in Australia depends on bringing young scientists and clinicians together to set the research agenda to ensure we continue to improve treatments and outcomes for those affected by GU cancers (see page 27). The cornerstone of this is ANZUP’s Annual Scientific Meeting (ASM) which provides a platform to discuss and present the latest updates in cancer diagnosis, treatment, research and supportive care. The 2017 ASM in Melbourne (see page 24) delved into ‘The Art of Science & Best Practice’ with sessions to suit everyone working in GU cancers including a highly successful new Translational Research Symposium, the popular MDT Masterclass, an expanded PCFA ANZUP Nurses Symposium and the Community Engagement Forum. In 2018, the ASM will return to Sydney to celebrate ANZUP’s 10th anniversary with an exciting program and a truly outstanding international faculty all focused on ‘Putting People First’.

In addition to the ASM, our four annual Concept Development Workshops were well attended by clinicians at all stages of their career along with members of our Consumer Advisory Panel (CAP). The workshops have been held as full day face-to-face sessions since 2015 and are renowned for sowing the seeds for ideas to grow into robust clinical proposals. Our educational program also included the GU Preceptorship in Prostate Cancer in Melbourne and the Best of GU Evening Symposium in Sydney, featuring international mRCC expert Daniel Heng, in November 2017.

The Preceptorship initiative, developed by Eva Segelov, is a novel and highly effective model of learning which exposes delegates to key papers and provides a platform for in-depth discussion with the input of expert preceptors. Following the success of ANZUP’s annual prostate cancer Preceptorship, held since 2015, we are looking to expand this excellent educational initiative to run a non-prostate cancer (bladder, kidney and testicular) Preceptorship in 2018.

Fundraising

The Below the Belt Pedalthon reached a significant milestone last year raising more than $1 million over the four years. Following its success we were approached by two Victorian members who proposed we take the Pedalthon to Melbourne. Well we did, and what a success it was! Despite the conditions that only Melbourne can throw at you, more than 30 teams pumped out 2,120 laps (or 6,572 km) pushing the fundraising total to just over $80,000. All of which will be added to the pooled funds in the Below the Belt Research Fund. We are very grateful to our wonderful event partner, the Melbourne Racing Club Foundation, along with sponsors BMS and Lendlease.

So far the Research Fund has provided 10 ANZUP members with much needed seed funding to progress new trial ideas to the point of becoming full scale studies. 2018 funding applications opened in March and we are excited be able to add more member studies to that list thanks to the ongoing success of the Pedalthon.

As we celebrate our 10th anniversary year and look towards 2018/19 and beyond, I would like to acknowledge and recognise our fearless leaders and pioneers Ian Davis and Guy Toner along with our incredibly hard working Board, SAC, CAP, subcommittees and our membership. Without your generosity and tireless commitment, we would not be celebrating this milestone 10th anniversary. Thank you.

MARGARET MCJANNETT
Chief Executive Officer, ANZUP
ORGANISATIONAL CHART

Stakeholders: members, funders, community

Board

Scientific Advisory Committee (SAC)

ANZUP CEO & Management Team

Finance and Audit Committee

Consumer Advisory Panel (CAP)

Fundraising and Promotion Subcommittee

Trial operations (NHMRC CTC and BaCT)

Trial Management Committees

Operations Executive

Independent Data Security Monitoring Committee (IDSMC)

SAC subcommittees

Prostate

Germ Cell

Renal Cell

Bladder

Translational Research

Quality of Life and Supportive Care
ANZUP Cancer Trials Group Ltd is a collaborative, national and international, urogenital and prostate cancer, clinical trials, and research group. The organisational structure of ANZUP reflects its corporate governance and operational areas of responsibility.

Board
The Board comprises the Directors of the Company and is responsible for financial management, corporate governance, reporting and compliance. The Board consists of five elected Directors and four Appointed Directors. The Board meets by teleconference approximately once every two months and face-to-face several times per year.

Finance and Audit Committee
A committee of the Board. Its main objectives are to assist the Board in the discharge of its responsibility to exercise due care, diligence and skill; and to provide a formal forum for financial management, compliance and control.

Fundraising and Promotion Subcommittee
A subcommittee of the Finance and Audit Committee. Its main objectives are to identify and pursue opportunities for additional revenue through fundraising and production of relevant marketing materials for ANZUP.

Management Team
The Management team comprises the Chief Executive Officer (Margaret McJannett, 1 FTE), Executive Assistant (Christine Garforth, 1 FTE), Marketing and Communications Manager (Lucy Byers, 1 FTE), Internal Communication and Projects Manager (Michelle Bowers, 0.9 FTE), Communications Officer (Gillian Bailey, 0.6 FTE), Clinical Trials Project Manager (Simran Chawla, 1 FTE) and Database and Administration Coordinator (Nima Amatya, 1 FTE). The office is supported by volunteers Jo Stubbs and Lesley Tinkler. The company's registered office is in Sydney.

Consumer Advisory Panel (CAP)
The ANZUP CAP reports to the Board. It comprises consumer/community representatives who contribute at all levels of governance, from the Board and SAC and its subcommittees through to specific trials and research projects. The CAP also provides a conduit for communication from ANZUP back to the community in order to promote clinical trial research. The CAP meets by teleconference quarterly and intends to meet face-to-face at least once per year where resources permit.

Scientific Advisory Committee (SAC)
The SAC consists of a core of members representing the major disciplines relevant to ANZUP, nominated and appointed upon the recommendation of those groups. In addition, Chairs of the SAC subcommittees are members of the SAC by virtue of their appointment as Chair. The SAC meets by teleconference quarterly with one annual face-to-face meeting during the ASM.

SAC Subcommittees
The SAC is advised by disease specific subcommittees (Prostate, Renal, Germ Cell and Bladder) and non-disease-specific subcommittees (Quality of Life & Supportive Care and Translational Research). The disease-specific subcommittees are responsible for oversight of trials within their portfolios, as well as development of new trial concepts. These subcommittees meet by teleconference quarterly and intend to meet face-to-face at least once per year. The non-disease-specific subcommittees are involved as required in trial development and management in order to ensure that maximum value is added to every trial. These subcommittees meet by teleconference as required and intend to meet face-to-face at least once per year.

Operations Executive Committee
This committee consists of representatives from ANZUP and each of its coordinating centres - the NHMRC Clinical Trials Centre at The University of Sydney and the Centre for Biostatistics and Clinical Trials. The committee is responsible for oversight of trials and group operations. This committee meets by teleconference approximately once per month.

Independent Data Security Monitoring Committee (IDSMC)
The broad aim of the IDSMC is to evaluate the plausible benefits and risks associated with patient participation in ANZUP trials. The IDSMC comprises at least three members who are experienced in clinical research and are not conflicted with ANZUP. The committee oversees a number of ANZUP studies and co-opts others onto it when additional advice is required. The IDSMC advises the relevant Trial Management Committee (TMC) Chair(s), Group Chair and Scientific Advisory Committee Chair.

Trial Management Committees (TMC)
Each trial has a TMC that meets approximately quarterly by teleconference to ensure oversight of the trial.
ANZUP ADVISORY COMMITTEE AND SUBCOMMITTEE CHAIRS

SCIENTIFIC ADVISORY COMMITTEE
Ian Davis – Chair
Martin Stockler – Deputy Chair
Arun Azad
Nicholas Buchan
Suzanne Chambers
Warick Delprado
Haryana Dhillon
Joe Esposito
Craig Gedye
Peter Grimison (until March 2018)
Fritha Hanning
Dickon Hayne
George Hruby
Belinda Jago
James Kench
Andrew Martin
Pamela Russell
Shomik Sengupta
Kathryn Schubach
Christopher Sweeney
Bertrand Tombal (commenced April 2017)
Guy Toner
Ben Tran (commenced March 2018)
Scott Williams
Ex-officio
Margaret McJannett
Anne Woollett (until February 2018)
Margot Gorzeman
Kate Ford
By invitation
Nicola Lawrence (until December 2017)
Namrata Nayar (until September 2017)
Alison Zhang (commenced February 2018)
Sonia Yip

FINANCE AND AUDIT COMMITTEE
Joe Esposito – Chair
Bernadette Crennan
Ian Davis
Martin Dowling
Ex-officio
Margaret McJannett

FUNDRAISING AND PROMOTION SUBCOMMITTEE
Joe Esposito – Chair
Ray Allen
Bernadette Crennan
Ian Davis
Belinda Jago
Linda Martin (until May 2017)
Ex-officio
Margaret McJannett
Lucy Byers

CONSUMER ADVISORY PANEL
Belinda Jago – Chair
Raymond Allen – Deputy Chair
Joe Esposito
Jason Gray
Les Land
Matt Leonard
Alastair McKendrick
Colin O’Brien
Peter Stanford
John Stubbs
Leoni Young
Ex-officio
Ian Davis
Margaret McJannett

SUBCOMMITTEE CHAIRS/ DEPUTY CHAIRS
Bladder Cancer:
Chair – Dickon Hayne
Deputy Chair – Shomik Sengupta
Translational Research:
Chair – Arun Azad
Deputy Chair – Anthony Joshua
Germ Cell:
Chair – Peter Grimison (until March 2018)
Deputy Chair – Ben Tran (commenced as Chair March 2018)
Prostate Cancer:
Chair – Scott Williams
Deputy Chair – Carmel Pezaro (until October 2017)
Renal Cell Cancer:
Chair – Craig Gedye
Deputy Chair – David Pook
Quality of Life & Supportive Care: Chair – Suzanne Chambers
Deputy Chair – Haryana Dhillon

ANZUP & NHMRC CLINICAL TRIALS CENTRE (CTC)
Operations Executive Committee:
Ian Davis – Chair
Andrew Weickhardt – Principal Investigator
Craig Gedye – Principal Investigator
Margaret McJannett – ANZUP CEO
Anne Woollett – ANZUP Clinical Trials Project Manager (until February 2018)
Alison Hall – Business Planning and Operations
Laura Galletta – Clinical Trial Manager
Alan Herschtal – Senior Biostatistician

ANZUP & CENTRE FOR BIOSTATISTICS AND CLINICAL TRIALS (BaCT)
Operations Executive Committee:
Ian Davis – Chair
Guy Toner – Deputy Chair
Peter Grimison
Margaret McJannett – ANZUP CEO
Anne Woollett – ANZUP Clinical Trials Project Manager (until February 2018)
Alison Hall – Business Planning and Operations
Laura Galletta – Clinical Trial Manager
Alan Herschtal – Senior Biostatistician

Martin Stockler – CTC Clinical Lead
Margot Gorzeman – Associate Oncology Program Manager (AOPM)
Kate Ford – Associate Oncology Program Manager (AOPM)
Nicola Lawrence ANZUP Research Fellow (until December 2017)
Namrata Nayar ANZUP Research Fellow (until September 2017)
Alison Zhang ANZUP Research Fellow (commenced February 2018)
2018 ANZUP Membership

Number of Members

As at 31 March 2018, ANZUP had 1,333 members which is an increase of 16% since 31 March 2017.

Membership Distribution

By State/Territory

Rest of the World:
- US: 9
- Canada: 5
- UK: 3
- Ireland: 2
- Belgium: 2
- Malaysia: 2
- China: 1
- Denmark: 1
- India: 1
- Singapore: 1
- Switzerland: 1

Australia/New Zealand Total:
- QLD: 198
- NSW: 446
- VIC: 384
- WA: 76
- SA: 70
- NT: 9
- ACT: 24
- TAS: 17
- NZ: 81

Total Members:
1,333

AT A GLANCE

16% increase since last year

Building Our Multidisciplinary Membership

Medical Oncologist: 236
Clinical Trials Coordinator: 194
Registered Nurse: 172
Trainee: 169
Urologist: 161
Radiation Oncologist: 107
Allied health: 61
Scientist: 61
Psychologist: 27
Nuclear medicine: 22
Supportive care: 20
Fellow: 15
Student: 15
Pathologist: 13
Consumer advocacy: 13
Pharmacist: 10
Epidemiologist: 9
Statistician: 8
Radiologist: 5
Endocrinologist: 4
Health economics: 3
Medical physics: 2
Anaesthetist: 2
Surgeon: 3
General Practitioner: 1
2018 MEMBER SURVEY

Surveys play a critical part in helping ANZUP better understand and improve the way members are supported in their research endeavours.

WHAT MEMBERS SAID:

MEMBERS’ MAIN MOTIVATIONS FOR JOINING ANZUP
(AND CONSIDERED THE MOST VALUABLE ASPECT OF MEMBERSHIP)

- Participation in educational workshops and meetings
- Staying in touch with the latest GU research

MEMBERS WANT MORE

- Webinars
- Events in regional areas
- Interaction and education for nurses
- Information about the subcommittees and their purpose, and more mentoring and support to get involved

ANZUP’S EVENTS ARE OVERWHELMINGLY RATED AS EXCELLENT OR GOOD

1. Trial Updates
   Monthly trial updates email, followed by update member newsletter

2. Update
MEMBERS’ PREFERRED COMMUNICATION CHANNEL

1. EMAIL
2. WEBSITE
3. ANZUP CLINTRIAL REFER APP
4. FACE-TO-FACE

THE WEBSITE IS MOST VISITED FOR EVENTS AND TRIALS INFORMATION, FOLLOWED BY ACCESS TO PUBLICATIONS AND MEETING RESOURCES.

THE ANZUP CLINTRIAL REFER APP IS GENERALLY RATED AS EXCELLENT OR GOOD, HOWEVER 2/3 OF RESPONDENTS HAVE NOT USED IT.

24% OF MEMBERS FOLLOW ANZUP ON TWITTER
13% OF MEMBERS FOLLOW ANZUP ON FACEBOOK

A little below the belt 37% WOULD RECOMMEND THE CONSUMER MAGAZINE TO PATIENTS

63% WOULD ENCOURAGE PATIENTS TO JOIN ‘FRIENDS OF ANZUP’

WHAT ANZUP CAN DO:

CREATE AN ANZUP INDUCTION PACK AND SERIES OF SUBCOMMITTEE FACTSHEETS
RAISE AWARENESS OF THE ANZUP CLINTRIAL REFER APP AND ENHANCE ITS FEATURES
CONTINUE TO PROVIDE QUALITY EDUCATIONAL EVENTS, WORKSHOPS AND MEETINGS
EXPLORE WAYS TO REACH MORE REGIONAL MEMBERS
## ANZUP’S HISTORY

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>ANZUP became a company limited by guarantee</td>
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<tr>
<td>2009</td>
<td>Awarded infrastructure funding from Cancer Australia</td>
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<td></td>
<td>Official launch of ANZUP in Sydney</td>
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<td></td>
<td>ANZUP Scientific Meeting held on the Gold Coast with COSA</td>
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<td>2010</td>
<td>First Annual General Meeting</td>
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<tr>
<td></td>
<td>ANZUP Scientific Meeting held in Melbourne with COSA</td>
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<tr>
<td>2011</td>
<td>Phase II study of accelerated BEP (testicular cancer trial) reaches recruitment target</td>
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<tr>
<td></td>
<td>Joint ANZUP/USANZ Scientific Meeting held in Melbourne</td>
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<tr>
<td></td>
<td>Joint Scientific Meeting in Perth with COSA</td>
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<td>2012</td>
<td>First face to face Scientific Advisory Committee meeting</td>
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<td></td>
<td>First Trainee Day (renamed Masterclass in 2014)</td>
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<td></td>
<td>First stand-alone Annual Scientific Meeting (ASM) Sydney</td>
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<tr>
<td>2013</td>
<td>ANZUP accrues highest number of participants outside UK for renal cancer trial (SORCE)</td>
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<td></td>
<td>BCG MM (non-muscle-invasive bladder cancer trial) opens to recruitment</td>
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<tr>
<td>2014</td>
<td>ANZUP completes its first trial (EVERSUN) and presents results at ASCO GU</td>
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<tr>
<td></td>
<td>ANZUP leads global Enzalutamide trials</td>
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<td></td>
<td>Launch of ANZUP ClinTrial Refer app</td>
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<tr>
<td></td>
<td>Inaugural Pedalthon fundraiser Sydney</td>
</tr>
<tr>
<td>2015</td>
<td>Launch of Below the Belt Research Fund</td>
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<tr>
<td></td>
<td>Inaugural ANZUP GU Preceptorship in Prostate Cancer</td>
</tr>
<tr>
<td>2016</td>
<td>ANZUP and PCFA announce new partnership to raise $1.5 million for prostate cancer trial</td>
</tr>
<tr>
<td></td>
<td>First full day Concept Development Workshops held for all disease-specific subcommittees</td>
</tr>
<tr>
<td></td>
<td>ANZUP reaches 1,000 members</td>
</tr>
<tr>
<td>2017</td>
<td>ANZUP’s global ENZAMET trial reaches recruitment target of 1,100 patients</td>
</tr>
<tr>
<td></td>
<td>Sydney Pedalthon raises more than $1 million in four years</td>
</tr>
<tr>
<td></td>
<td>UNISoN (non-clear cell renal cell) and (KEYPAD) clear cell renal cell trials open to recruitment</td>
</tr>
<tr>
<td>2018</td>
<td>ANZUP celebrates 10th anniversary year</td>
</tr>
<tr>
<td></td>
<td>ANZUP PCFA’s partnership sees TheraP nuclear medicine advanced prostate cancer trial open to recruitment</td>
</tr>
<tr>
<td></td>
<td>Inaugural Melbourne Pedalthon</td>
</tr>
<tr>
<td></td>
<td>ANZUP reaches 1,300 members and is involved in 13 active trials</td>
</tr>
</tbody>
</table>
ACHIEVEMENTS

Our Mission

To conduct clinical trial research to improve treatment of bladder, kidney, testicular and prostate cancers.

Objectives

To develop, foster and promote prostate and urogenital cancer research by:

• providing access to clinical trials for all appropriate Australian and New Zealand patients

• increasing involvement of and collaboration with various professional disciplines in clinical and preclinical research

• providing opportunities for clinical research

• building systems to simplify and streamline clinical research of the highest quality

• fostering a culture of research amongst all clinicians involved in the care of patients with urogenital cancers

• providing training opportunities for the next generation of clinical researchers

• providing for translational studies in prostate and other urogenital cancers, including tissue banking from clinical trials for further studies
strategic priorities 2016–18

1. Expand, diversify, maximise quality trials

2. Increase engagement
   - Private sector
   - Community
   - Corporate
   - Other groups

3. Develop sustainable and innovative funding

4. Maintain & enhance mutually beneficial relationships with stakeholders

5. Expand and broaden ANZUP’s profile

The ANZUP Board met in December 2017 to review the organisation’s achievements against the 2016–18 Strategic Plan and set the direction for the next three years. As a result, the Board determined six strategic priorities for 2018–20:

1. Continue to build on and develop high quality cutting edge clinical trials

2. Increase awareness, participation and access to ANZUP trials

3. Strengthen and build our capacity and capability to ensure we can deliver our Strategic Plan

4. Engage, collaborate and enhance mutually beneficial relationships

5. Increase engagement of the membership

6. Broaden ANZUP’s profile in the community – locally, nationally and internationally

ANZUP will report against these new strategic priorities in the 2019 Annual Report.
Goal 1.1 Build on our links in New Zealand

ANZUP continued to develop links with New Zealand in 2017/18 following the appointment of Nick Buchan as a NZ director to the Board in December 2014 and New Zealand consumer, Mat Leonard, joining the CAP in May 2016. Discussions are ongoing with the Prostate Cancer Foundation NZ, Cancer Trials NZ and Clinical Trials NZ to enable NZ patients to partake in ANZUP trials.

ANZUP once again presented at the 2017 NZ section meeting of Urological Society of Australia & New Zealand (USANZ) to increase engagement at a clinical level. ANZUP also met with the Australia & New Zealand Urological Nurses Society (ANZUNS) to help foster further engagement with the NZ nursing community.

The number of New Zealand members increased from 68 as at 31 March 2017 to 81 as at 31 March 2018. These members are represented across all subcommittees, and the Scientific Advisory Committee (SAC) and Consumer Advisory Panel (CAP).

A total of 206 New Zealand patients have been recruited to the following trials: P3BEP, Pain-Free Trus-B, ENZARAD and ENZAMET. NZ has contributed substantially in the recruitment of patients to Pain-Free Trus-B.

In October 2017, ANZUP obtained tax-exempt or ‘charitable status’ in NZ. As a registered charity in NZ, supporters and funders can find detailed information about ANZUP on the Charities Register, and the registration number can be displayed on promotional and identification material.

Goal 1.2 Expand the output of disease specific subcommittees

Regular gap analysis is now undertaken by all subcommittees. Each subcommittee reports on current trials, trials in development and concepts submitted and in the pipeline at quarterly teleconferences. All subcommittee members are encouraged to consider and submit new concepts via the established Concept Development Workshop series across all four tumour streams.

<table>
<thead>
<tr>
<th>Concept development</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total workshops</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Total attendees</td>
<td>85</td>
<td>98</td>
</tr>
<tr>
<td>Total concepts presented</td>
<td>29</td>
<td>22</td>
</tr>
</tbody>
</table>

Monthly trial updates are circulated to all members to help improve patient recruitment to ANZUP trials. In addition, ANZUP also provides regular updates about trial recruitment status using various forms of communication including the ANZUP ClinTrial Refer app, trial specific e-newsletters (introduced in 2018), sessions held at the Annual Scientific Meeting as well as the Trials Management Committees (TMC) meetings.
Goal 1.3 Simplify process of idea to trial development

Clear trial development processes and documentation were developed and endorsed in 2016, and implemented in March 2017. The concept development pathway was streamlined to include a concept outline submission form and guide.

ANZUP has developed additional tools and resources to support members in their research endeavours. This includes utilising Google Docs and establishing a REDCap license to streamline the ACCEPT project (Advancing Cystectomy Care – an Enhanced recovery Pathway) by centralising all information on patient outcomes in the trial to improve transparency. In addition, work has commenced to establish an electronic clinical trials data management system which is expected to go live in 2018/19. As ANZUP takes on more sponsor responsibilities the database will help ensure good governance and provide a more efficient and strategic approach to tracking trial activities.

Goal 1.4 Increase diversity of trial types

ANZUP’s goal is to bring together all the professional disciplines and groups involved in researching and treating GU cancers along with people with personal experience of these cancers.

In the reporting period four new trials opened to recruitment in addition to ANZUP’s current trials portfolio. These new trials are diverse in design and are spread across different cancer types. They utilise varied forms of treatment including radionuclear medicine and online psychotherapy tools:

- Kidney – KEYPAD and UNISoN (see page 39)
- Prostate – TheraP (see page 38)
- Testicular – e-TC 2.0 (see page 36)

ANZUP is also working to ensure junior researchers from all disciplines attend and contribute at workshops and events. Participation is encouraged by inviting junior researchers to attend Concept Development Workshops, the MDT Masterclass, subcommittee meetings, the annual Preceptorship and Best of GU meeting. In addition, junior researchers have access to BMS Travel Fellowships and the Astellas Young Investigator Award to support their attendance at national and international meetings.
Goal 1.5 Invest ANZUP resources in trial development

ANZUP’s Finance and Audit Committee and Board continue to build a solid financial base to support members and their research endeavours.

In 2015 ANZUP established the Below the Belt Research Fund where 100% of funds raised through the Below the Belt Pedalthon are directed towards supporting ANZUP members and their research projects potentially leading to future ANZUP trials. In 2016, ANZUP supported three projects from the Research Fund. Following the success of the 2017 Pedalthon (see page 25), seven more projects were funded.

The successful study concepts include the development of a multi-disciplinary, web-based testicular cancer database to give an accurate overview of current Australian practices and facilitate research, trialling of testosterone injections for metastatic prostate cancer patients, development of a personalised web-based exercise support program for men with metastatic prostate cancer, and the establishment of Australia’s first national database to analyse radical cystectomy (bladder removal) outcomes.

ANZUP’s annual Concept Development Workshops (see Goal 1.2) have been designed to facilitate and support those members who have an idea/concept they would like to put forward for discussion and, if supported, further develop into a future grant application.

ANZUP’s full-time Clinical Trials Project Manager further supports trial development by ensuring all trials are appropriately resourced and managed as the ANZUP trial portfolio expands.

Goal 1.6 Promote involvement of culturally and linguistically diverse (CALD) communities

Involvement and support of CALD participants is an ongoing process. A range of English and non-English consumer trial information and resources is being explored. Resources developed by other groups, such as Cancer Australia, is also being reviewed to ascertain consumer materials that have best supported CALD communities.

Goal 1.7 Improve rural and regional involvement in trials

To date the number of rural/regional sites participating in ANZUP trials totals 231 with 32 patients recruited. ANZUP routinely invites rural members and their patients to provide content for the clinical newsletter UPdate and consumer magazine, ‘A little below the belt’. The magazine is distributed to more than 400 cancer centres, of which 28 are rural/regional.

ANZUP and the National Cancer Clinical Trials Groups have provided funding for the Australasian Tele-trial Model and will further explore participation in the tele trials initiative over the next 12 months. This model is being developed by the COSA Regional and Rural Group, and aims to use telehealth to improve access to clinical trials. The model will not only benefit regional, rural and remote patients, but has the potential to connect centres within the same city to improve the access and recruitment to highly specialised clinical trials, including rare cancer trials.
Goal 1.8 Increase involvement in international cooperative group trials

ANZUP facilitates a biannual International Trials Steering Committee meeting with the international partners involved in ANZUP’s ENZAMET and ENZARAD trials. This meeting provides a platform to consider the GU clinical trials landscape and discuss/explore gaps in research, new concepts and build relationships with the international clinical trial community (see Goal 5.3).

ANZUP’s Scientific Advisory Committee (SAC) is central to the running of the organisation and enables members to discuss new trial ideas and develop proposals into fully fledged protocols. Membership of the SAC has been expanded to include representation from the international clinical community with the appointment of Chris Sweeney and Bertrand Tombal to the SAC in 2016/17.

In 2018 ANZUP hosted the Asia-Pacific Advanced Prostate Cancer Consensus Conference Satellite Meeting. The first of its kind in Australia, the meeting was attended by 20 clinicians from 15 countries strengthening partnerships with the Asia Pacific clinical community.

Goal 1.9 Increase involvement of private sector in clinical trials

A survey of private sites was undertaken to gauge the barriers for trial participation. Infrastructure and a lack of trial support staff were two issues raised. ANZUP is working to engage private urological practices to try and identify the issues, and where possible, work together to develop tools and resources to assist them.
PRIORITY 2: INCREASE ENGAGEMENT

Goal 2.1 Increase subcommittee participation

ANZUP’s subcommittee membership has increased across all cancer types.

<table>
<thead>
<tr>
<th>Subcommittee</th>
<th>Total members</th>
<th>Jan 2017</th>
<th>Mar 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate</td>
<td></td>
<td>377</td>
<td>442</td>
</tr>
<tr>
<td>Bladder</td>
<td></td>
<td>256</td>
<td>302</td>
</tr>
<tr>
<td>Germ Cell</td>
<td></td>
<td>163</td>
<td>190</td>
</tr>
<tr>
<td>Renal</td>
<td></td>
<td>228</td>
<td>274</td>
</tr>
</tbody>
</table>

Regular attendees are asked to encourage colleagues and trainees to join the subcommittee(s) which align with their area of interest and actively contribute to subcommittee meetings (see Goal 1.2). The benefits of ANZUP membership are regularly promoted at external annual meetings including ANZUNS, the USANZ New Zealand Section Meeting, COSA and through the 2018 Asia-Pacific Advanced Prostate Cancer Consensus Conference (see Goal 1.8).

ANZUP’s 2017/18 member survey (see page 12) highlighted the requirement for an ANZUP member and subcommittee induction pack. This will be developed in 2018/19.
Goal 2.2 Improve communication

ANZUP continues to develop and implement communication strategies to engage and support members. This includes subcommittee participation, trial news, trial development, trial management and educational and fundraising events (see Goal 1.2) across various channels including email, print, social media and app updates.

ANZUP is active across a range of social media platforms. ANZUP has profiles on Twitter, Facebook and LinkedIn and YouTube, while the Below the Belt Pedalthon has profiles on Twitter, Facebook and Instagram. Channels such as Facebook and Instagram are predominantly used to target community followers, while ANZUP’s Twitter account has a strong clinical following.

Other external communication strategies include the twice-yearly publication of a 60-page consumer magazine, ‘A little below the belt’ (see Goals 1.7 and 2.3) and the annual Community Engagement Forum. This is for the general public to attend and provides the community with information about clinical trials (see Goal 2.4). The Below the Belt Pedalthon, now held in both Sydney and Melbourne, also raises community awareness of clinical trials, urogenital cancers and the Below the Belt Research Fund (see Goal 3.3).

Opportunities to engage and communicate with corporate and philanthropic groups continue to be explored. ANZUP has established relationships with philanthropic and charity groups including the Paul Ramsay Foundation, Perpetual IMPACT Philanthropy, the Kennedy Foundation, PCFA and PCFNZ, Movember and the Melbourne Racing Club Foundation.

ANZUP utilises community and corporate databases to regularly communicate about the Below the Belt Pedalthon and other fundraising opportunities and events. Links have also been established with respected medical broadcasters and journalists, including Sophie Scott, Jill Margot and Norman Swan, to increase media coverage around ANZUP clinical trials.

<table>
<thead>
<tr>
<th>Network</th>
<th>Established</th>
<th>Target audience</th>
<th>Followers Mar 2018</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANZUP Twitter</td>
<td>July 2012</td>
<td>Healthcare professionals, stakeholders</td>
<td>1,655</td>
<td>↑</td>
</tr>
<tr>
<td>Pedalthon Twitter</td>
<td>May 2014</td>
<td>Supporters, riders, sponsors, stakeholders</td>
<td>234</td>
<td>↑</td>
</tr>
<tr>
<td>ANZUP Facebook</td>
<td>Dec 2013</td>
<td>Supporters, community, stakeholders</td>
<td>1,927</td>
<td>➡</td>
</tr>
<tr>
<td>Pedalthon Facebook</td>
<td>Aug 2016</td>
<td>Supporters, riders, sponsors, stakeholders</td>
<td>145</td>
<td>➡</td>
</tr>
<tr>
<td>Pedalthon Instagram</td>
<td>Aug 2016</td>
<td>Supporters, riders, sponsors</td>
<td>192</td>
<td>➡</td>
</tr>
</tbody>
</table>

**2017/18 MEMBER SURVEY RESULTS**

- **Trial Updates**: 95% ALWAYS OR SOMETIMES READ THE MONTHLY TRIAL UPDATE EMAIL
- **Member Newsletter**: 91% ALWAYS OR SOMETIMES READ THE TRIANNUAL MEMBER NEWSLETTER
- **A little below the belt**: 70% ALWAYS OR SOMETIMES READ THE BIANNUAL CONSUMER MAGAZINE

Email is members’ preferred communication channel, followed by the ANZUP website.

*IAN DAVIS SPEAKING AT THE 2017 COMMUNITY ENGAGEMENT FORUM*
Goal 2.3 Improve engagement by and experience for consumers/CAP

The Consumer Advisory Panel (CAP) membership is reviewed annually to ensure the best mix of individuals on this panel. The CAP is involved across all ANZUP research activities including the Scientific Advisory Committee, subcommittee meetings, Concept Development Workshops and the Annual Scientific Meeting – where they also chair and co-chair sessions.

ANZUP works with the CAP to better understand the consumer perspective on clinical trials research. This includes strategies to increase consumer awareness and communicating trial results/research back to the community. Consumers are supported by dedicated ‘Patients and Carers’ resources on the ANZUP website. Trial information is readily available for consumers in lay terms and resources for the CAP sit on a secure section of the website.

Consumers can also join ‘Friends of ANZUP’ and receive information about clinical trials and research undertaken by ANZUP. The ‘Friends of ANZUP’ community also provides a copy of the consumer magazine and an invitation to the annual Community Engagement Forum.

Development of a Clinical Trial Awareness Campaign began in 2017/18 with members of the CAP sitting on the working group. The campaign seeks to produce a series of digital resources to raise awareness about clinical trials, prompting the public to ask “is there a trial for me?” The campaign will be rolled out in 2018/19.

Goal 2.4 Increase and diversify community links

ANZUP continues to identify clinical members to promote the importance of clinical trials and assist in education in the community.

Community links are maintained and strengthened by the annual public Community Engagement Forum, held as part of the ASM. The free forum provides information and the opportunity to discuss the importance of clinical trials, raise the profile of ANZUP and discuss the impact a diagnosis of ‘below the belt’ cancers can have on a person and their family.

In 2017 the Community Engagement Forum was held in Melbourne attracting more than 80 members of the public. The forum included patient and clinician presentations and panel discussions covering quality of life, treatment choices, survivorship, impacts on intimacy and how to find reliable information online.
Goal 3.1 Support and grow the ASM

ANZUP continues to grow the Annual Scientific Meeting (ASM) by developing and delivering a high quality scientific program. The meeting showcases ANZUP’s research activities and attracted more than 300 delegates in 2017.

When 2017 ASM attendees were surveyed, 96% stated it met their educational needs and 99% said they would recommend the meeting.

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delegates</td>
<td>290</td>
<td>297</td>
<td>335</td>
</tr>
<tr>
<td>International speakers</td>
<td>4</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Submitted abstracts</td>
<td>39</td>
<td>57</td>
<td>83</td>
</tr>
<tr>
<td>Fellowships, scholarships</td>
<td>27</td>
<td>40</td>
<td>47</td>
</tr>
</tbody>
</table>

From the 2017 ASM Convenor

The 2017 theme: ‘The Art & Science of Best Practice’ provided a platform to discuss innovations in research and practice that have facilitated the delivery of top-quality care for people with genitourinary cancer. Delegates had the opportunity to interact with and learn from six international experts and numerous national leaders in the management of GU cancers, always with the collegial spirit that defines ANZUP.

The ASM was truly multidisciplinary – there were sessions to suit everyone working in GU cancers. The program included a highly successful new Translational Research Symposium, the popular MDT Masterclasses (which were made available via webcast for the first time, with live polling via the ASM app) and an expanded PCFA ANZUP Nurses Symposium, which this year included an engaging workshop: ‘Transforming ideas into robust clinical questions’.

We were fortunate to have more than 50 speakers, panellists, session chairs and e-poster presenters take part in more than 20 different sessions throughout the three days. This is a great reflection on the diversity and breadth of ANZUP’s membership. In addition, our international faculty was a highly engaged group, providing a global perspective on many of the key issues facing GU cancer experts.

The ASM closed with the presentation of 47 awards, scholarships and fellowships. These included ASM travel assistance and registration, nursing/allied health and clinical research study funding and support to attend an international GU meeting. In addition, seven Below the Belt Research Fund grants were awarded (see Goal 1.5).

I would like to thank the 2017 convening committee for their tireless efforts, enthusiasm and commitment towards ensuring another highly successful meeting.
Without the generous support of our sponsors we would not be able to provide such a high quality program with a stellar cast of national and international speakers. We thank and acknowledge our platinum sponsors: Prostate Cancer Foundation of Australia and Janssen; gold sponsors: Astellas and Novartis; silver sponsors: Amgen, Bayer, Ferring, Ipsen, Pfizer, Roche and Tolmar; bronze sponsors: BMS, Pfizer and Bayer; as well as MDT Masterclass sponsor Janssen; Translational Symposium sponsor MSD; Travel Fellowships sponsor Bayer; and exhibitors. We are also very grateful for the invaluable support ANZUP receives from Cancer Australia.

With a record number of delegates in attendance, (and a record Twitter engagement with more than 2.65 million impressions and 2,136 tweets during the meeting), I’m delighted this year’s ASM again raised the bar. We look forward to seeing you in Sydney for #ANZUP18.

CARMEL PEZARO
2017 Convenor

Goal 3.2 Support and grow Pedalthon

The annual Below the Belt Pedalthon continues to be ANZUP’s main fundraising initiative with all funds directed straight into the Below the Belt Research Fund. The 2017 Sydney Pedalthon, which was held at Sydney Motorsport Park in September, raised $255,000, bringing the fundraising total to more than $1 million since its launch in 2014. Held on a weekday, the Sydney Pedalthon attracts significant corporate support and participation, with around 30 teams returning to compete every year since its inception.

The Pedalthon continues to build on key relationships with the 2017 event sponsored by Gresham, Pfizer Oncology and Astellas and branding, promotion and prizes supplied by 19 event supporters.

Following the success of the Sydney Pedalthon, the event was held in Melbourne for the first time in March 2018 at Sandown Racecourse supported by event partner Melbourne Racing Club Foundation. In order to target increased community participation, the Melbourne Pedalthon was held on a Sunday and introduced a family challenge to the standard race format. Two major sponsors – Bristol-Myers Squibb and Lendlease – were secured, along with branding, promotion and prizes supplied by 19 event supporters.

<table>
<thead>
<tr>
<th></th>
<th>Sydney 2016</th>
<th>Sydney 2017</th>
<th>Melbourne 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teams</td>
<td>49</td>
<td>48</td>
<td>38</td>
</tr>
<tr>
<td>Riders</td>
<td>248</td>
<td>246</td>
<td>108</td>
</tr>
<tr>
<td>Sponsors</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Supporters</td>
<td>14</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Funds raised</td>
<td>$303,000</td>
<td>$255,000</td>
<td>$80,000</td>
</tr>
</tbody>
</table>

MS PATRICIA FAULKNER AO CHAIR OF THE MELBOURNE RACING CLUB FOUNDATION AND IAN DAVIS LAUNCHING THE MELBOURNE PEDALTHON
Goal 3.3 Engage with health insurance funds

Engaging with health funds to develop mutually beneficial strategies for health fund recognition and support of trial participation remains a work in progress. Health funds have been approached for grants, however this may be assisted by building a relationship with a philanthropist (see Goal 2.2).

Goal 3.4 Engage with sports organisations

ANZUP established a relationship with the Melbourne Racing Club Foundation in 2017 as the event partner for the inaugural Melbourne Pedalthon in March 2018 (see Goal 3.3). A proposal has been submitted to extend this partnership into 2019 and beyond.

Goal 3.5 Engage with Defence

Work to build a partnership with the Australian Defence Force, based on links established by a former Consumer Advisory Panel (CAP) who sadly passed away, is ongoing. ANZUP is continuing to seek further opportunities for potential introductions.

Goal 3.6 Decrease dependence on ASM and Pedalthon

As a not-for-profit organisation, financial viability and sustainability allows ANZUP to support ventures where there is need. In 2017 the Board engaged Perpetual to assist in a carefully considered investment strategy aimed at delivering higher returns than has been previously achieved with term deposits. Early results are positive and will be reflected in the 2018/19 financial statement.

Various avenues are being explored to develop fundraising opportunities for both infrastructure and trial support, e.g. diversification of fundraising.
Goal 4.1 Members

ANZUP has strong relationships with an extensive network of stakeholders – the most critical of which is its multidisciplinary membership (see page 11). For members, ANZUP provides an annual calendar of education and networking opportunities including the ASM, Concept Development Workshops, GU Preceptorship and Best of GU evening symposium.

ANZUP continues to support fellows, trainees and junior researchers through the facilitation of educational workshops and events, grant opportunities, scholarships, fellowships and awards that encourage the next generation of researchers to develop their skills, further explore their research areas, actively contribute to trial development and access experts in their field (see Goal 3.2). ANZUP fellows together with the Clinical Trials Project Manager also contribute to, and where feasible, lead in protocol design, grant preparation, presentations with support and mentoring provided through ANZUP.

Member communication is ongoing with regular email, print, social media and app updates (see Goal 2.2). An annual survey of members is also undertaken to better understand and improve the way ANZUP provides support for members’ research endeavours (see page 12).

Staying in touch with the latest GU clinical trials research, networking and the opportunity to attend educational events consistently rate highly in ANZUP member surveys.

<table>
<thead>
<tr>
<th>Why did you choose to become a member?</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>53% networking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>47% opportunity to attend events and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>learning opportunities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46% access the latest news and research in GU cancers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>63% to stay in touch with the latest urogenital clinical trials research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>62% to participate in educational events and learning opportunities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51% networking</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gender diversity

ANZUP is committed to promoting gender diversity across all its research activities and published a gender diversity policy in August 2016. As at 31 March 2018, the Scientific Advisory Committee comprised 17 males and 6 females. The 2017 ASM international faculty included 4 males and 2 females with the gender balance across the remaining national speakers and session chairs split 38% female, 62% male.
Goal 4.2 PCFA – Prostate Cancer Foundation of Australia

Following the signing of a formal agreement to improve access to and funding for prostate cancer trials in March 2016, ANZUP and the Prostate Cancer Foundation of Australia (PCFA) launched a landmark prostate cancer trial (TheraP ANZUP 1603) in February 2018 (see page 38). Joint media releases issued by ANZUP and PCFA on the study have attracted national broadcast and print coverage.

PCFA continues to be a Platinum Sponsor of the ANZUP Annual Scientific Meeting and hosts PCFA’s annual Prostate Cancer Specialist Nursing Conference in conjunction with the ASM.

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCFA nurses attending ASM</td>
<td>24</td>
<td>31</td>
</tr>
<tr>
<td>PCFA attendees at ASM Nurses Symposium</td>
<td>59</td>
<td>75</td>
</tr>
</tbody>
</table>
Goal 4.3 Other relevant groups and professional bodies

ANZUP currently runs 3 co-badged trials with other Cancer Cooperative Trials Groups (CCTGs) and is a member of the Executive Officers Network (EON) and Clinical Trials Consumer Network (CTCN). The EON provides a forum for sharing resources and ideas to build stronger links between groups while the CTCN shares information between the groups’ Consumer Advisory Panels (CAPs).

In 2017/18 ANZUP collaborated with the NHMRC Clinical Trials Centre (CTC) at the University of Sydney to conduct 8 clinical trials. This long standing working relationship ensures quality processes on trial development and operations.

ANZUP also collaborates with the Centre for Biostatistics and Clinical Trials (BaCT) to coordinate two trials – a muscle invasive bladder cancer study (PCR MIB); and the non-clear cell renal carcinoma study (UNISoN) which opened in October 2017. BaCT provides and coordinates statistical, regulatory and informatics support in the design, planning, conduct, analysis and reporting of clinical research studies.

Key relationships

- Cancer Australia
- Australia & New Zealand Urological Nurses Society (ANZUNS) – represented on the ANZUP SAC by Kath Schubach
- Australian Clinical Trials Alliance (ACTA)
- Cancer Nurses Society of Australia (CNSA) – represented on the ANZUP SAC
- Clinical Oncology Society of Australia (COSA)
- Kidney Health Australia
- Movember
- National Cancer Cooperative Trials Groups
- Prostate Cancer Foundation Australia (PCFA)
- Urological Society of Australia & New Zealand (USANZ)
- Cancer Councils
- Colleges (e.g. RACP, RANCR, RACS)

International partnerships and collaborations

- Alliance for Clinical Trials in Oncology
- Canadian Cancer Trials Group (CCTG)
- Cancer Research UK
- Cancer Trials Ireland
- Children’s Oncology Group (COG)
- European Organisation for Research and Treatment of Cancer (EORTC)
- Dana-Farber Cancer Institute
- Medical Research Council (MRC) UK
- Prostate Cancer Clinical Trials Consortium (PCCTC)
- Prostate Cancer Foundation New Zealand (PCFNZ)
Goal 4.4 Corporate supporters

ANZUP continues to build its corporate supporter program. Twice yearly meetings, in July and December, are held with current and prospective supporters. Despite the challenges of changing corporate budgets, ANZUP’s corporate supporter network has remained strong, with 8 partners in 2017/18 – Astellas, Bayer, Bristol-Myers Squibb, Ipsen, Janssen, MSD, Novartis and Tolmar Australia.

ANZUP has also established relationships with a number of suppliers who have assisted by providing their services pro-bono. These include Active Display Group, AFI Branding, Bloke and The Saturday Paper.

Goal 4.5 Identify and recruit new corporate supporters

ANZUP maintains regular contact with companies involved with GU cancers. New pharmaceutical companies in the GU space are regularly approached and invited to join the corporate supporter program. In addition, organisations not in the pharmaceutical arena, such as the Cancer Institute of NSW, have been approached as potential additional corporate supporters. This is an ongoing process and is directly influenced by organisational budgetary restraints.

THANKS TO OUR 2017 CORPORATE SUPPORTERS

KEVIN THOMAS, LISA MAY KOK AND LILIE HERAWAT FROM MSD
Goal 5.1 Enhance website

A new, responsive, mobile-friendly website was launched in 2016 and is subject to continual review and improvement. The website provides a members-only section, trials information for both healthcare professionals and patients and carers, publications, donor/supporter information and details of ANZUP’s events and awards.

The website is a beneficial resource for members reflected in the feedback collated in member surveys.

<table>
<thead>
<tr>
<th>Which areas of the website do you access regularly?</th>
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<tbody>
<tr>
<td>2016/17</td>
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<tr>
<td>80% access the ANZUP clinical trials section of the site</td>
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<tr>
<td>52% access the calendar of events</td>
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<tr>
<td>39% access the member only resources</td>
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<tr>
<td>33% access publications (annual report, newsletters, research and presentations listings)</td>
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<tr>
<td>2017/18</td>
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<tr>
<td>65% access the ANZUP clinical trials section of the site</td>
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<tr>
<td>64% access information about upcoming ANZUP events (ASM, Best of GU, Pedalthon)</td>
</tr>
<tr>
<td>39% access publications (annual report, newsletters, research and presentations listings)</td>
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Goal 5.2 Celebrity endorsement to champion cause

ANZUP has successfully engaged two sporting ambassadors to raise the profile of the organisation. The ambassadors also work to increase community awareness of clinical trials, promote health messages, encourage a new fundraising stream to support ANZUP research activities, and introduce ANZUP and the Pedalthon to their sporting networks as the face of the Below the Belt Pedalthon brand.

Australian professional track cyclist and two times 2018 Commonwealth Games gold medallist Kaarle McCulloch became the Sydney Pedalthon ambassador in 2015. The relationship with Kaarle continues to develop and she has promoted and attended each Sydney event since 2015, despite her considerable training and competitive commitments.

In 2018, ANZUP also secured a second ambassador for the Melbourne Pedalthon with Australian professional road bicycle racer, ex-Tour de France cyclist and testicular cancer survivor Jonathan Cantwell joining the team.

In addition to these endorsements, ANZUP’s greatest champion is its growing member network. ANZUP utilises internal communication channels to encourage and support members in promoting their research, the trials available to patients, the resources provided by ANZUP and the fundraising initiatives that require donors, supporters and participants to succeed (see Goal 2.2).
Goal 5.3 International organisations / collaborations

ANZUP has established an International Trials Steering Committee (see Goal 1.8) to provide scientific oversight of the conduct, analysis and reporting of trials when there is international involvement (e.g. ENZARAD and ENZAMET prostate cancer trials). The group meets twice yearly to:

- optimise trial accrual, conduct, quality, and reporting
- review and consider feedback from regional representatives
- review and consider recommendations from the Independent Data Security Monitoring Committee (IDSMC)
- review the results of other studies and data that may affect the trial
- recommend, consider and review proposed modifications to the study design, protocol, or reporting and analysis plan.

In February 2018 ANZUP hosted Australia’s first Asia-Pacific Advanced Prostate Cancer Consensus Conference (APCCC) Satellite Symposium. The meeting brought together 20 experts from 15 APAC countries to discuss real-world application of consensus statements from the APCCC held in St Gallen, Switzerland in 2017. Feedback from the invited delegates was overwhelmingly positive with many commenting on the success of the meeting and their commitment to future international collaboration led by ANZUP.

The quality of the international faculty continues to be a highlight of ANZUP’s Annual Scientific Meeting. Leading global clinicians are carefully selected and invited to share their highly regarded views and experiences with an Australian audience while also furthering their own knowledge of ANZUP’s work. The international faculty has grown from 4 speakers in 2015 and 2016, to 6 speakers in 2017.
The ANZUP Scientific Advisory Committee (SAC) is in place to provide broad scientific direction to ANZUP, taking into account perceptions of areas of clinical need as identified by the various professional groups and the community, and with an understanding of the developing evidence and potential research opportunities in each field. The members of the SAC are appointed by the Board on the recommendation of their various professional bodies, and the ANZUP subcommittee chairs are also full members of the SAC. SAC membership is reviewed annually by the Board, and membership changes over time as some members move on or stand down. This year we welcomed Bertrand Tombal as a new international member, replacing Martin Gleave who has been a member since the inception of the SAC. We thank Peter Grimison, who has stepped down as chair of the Germ Cell Subcommittee having served with great distinction and overseen the continued growth of this key part of ANZUP’s portfolio. We welcome the previous deputy, Ben Tran, into his new role as chair of the Germ Cell Subcommittee and hence to SAC membership. Other changes at subcommittee level include the stepping down of Carmel Pezaro as deputy chair of the Prostate Cancer Subcommittee. Carmel has supported that committee with distinction, as well as serving in many other roles for ANZUP including chairing the most recent Melbourne ASM, and we thank her also.

The SAC meets regularly by teleconference and has held an open face-to-face meeting at the Annual Scientific Meeting every year, to which all ANZUP members are invited. The open meeting will not be held in 2018, as the SAC is devoting an entire day to a strategic planning meeting. This is intended to refresh the SAC members and to ensure the agenda is more relevant to them and the organisation. Outcomes from this meeting are likely to include changes to the way information is communicated to and from ANZUP to its various partners and supporters, and also to allow more direct input from each discipline into the setting of ANZUP’s overall research directions. The SAC suggested and the Board has agreed to establish an “executive” that will allow rapid review and approval of time-critical projects outside the timing of the normal SAC meetings, while also allowing engagement by the full SAC membership as appropriate. SAC members also contribute in various other ways, such as in the programs of the ASM and other meetings, abstract review, concept review, grant review, and mentoring.

The four disease-specific SAC subcommittees (prostate, renal, bladder (urothelial) and germ cell) continue to be active and productive. Membership of these subcommittees is open to any interested ANZUP member. The committees meet quarterly by teleconference, and information is often exchanged out-of-session as well if necessary. The work of the subcommittees has been enhanced and substantially increased since the institution of the annual face-to-face Concept Development Workshops (CDWs), which last took place between March and May 2017 and are planned for April and May 2018. The CDWs are intended to be an additional resource for researchers to use to sound out ideas for future trials. They complement but do not replace the other mechanisms available through the subcommittee meetings. Some projects require further development and others have been directed towards applications for Below the Belt Research Fund support to allow further development. Each disease-specific subcommittee and the SAC itself are richly supported by input from the Translational Research Committee, the Quality of Life and Supportive Care Committee, and the Consumer Advisory Panel. It is encouraging to see new research ideas coming from those groups as well. ANZUP’s members provide extremely valuable in-kind support to the organisation through their work on these various bodies. We would be unable to function without this and we are very grateful.
BLADDERS CANCER SUBCOMMITTEE: DICKON HAYNE

The ANZUP Bladder Cancer Subcommittee strives to promote research activities leading to better outcomes for bladder cancer patients. In addition to our core business of building and diversifying our clinical trials portfolio we are currently extending our activities to include audit, cancer data projects, guidelines and advocacy.

The subcommittee goes from strength to strength and there have been some major wins this year. BL-12 (NAB paclitaxel vs paclitaxel second line in a metastatic setting) has now completed accrual, stage 1 of the BCGMM trial has been completed and the extensively revised and updated Intra-vesical therapy for Non-Muscle Invasive Bladder Cancer Nursing Guidelines (in collaboration with ANZUNS) were finalised and released. There have been other significant achievements with two bladder projects (ANZUP co-operative multi-centre cystectomy database and exercise medicine prior to open radical cystectomy) receiving Below the Belt funding. Both these projects are already making excellent early headway.

Currently recruiting ANZUP trials

**BCGMM:** A randomised phase III trial adding mitomycin C to BCG as adjuvant intravesical therapy for high-risk, non-muscle-invasive bladder cancer

As stated above BCGMM has passed the planned accrual for stage 1 of 130 patients with now more than 157 patients recruited. Seamless recruitment into the second stage was planned and an NHMRC funding application for completion of the trial was submitted in March. We currently have fantastic momentum with accrual edging ahead of projections. Negotiations are ongoing to run a translational sub-study alongside the main trial investigating the role of Cx bladder (a urine borne biomarker test) in this high risk patient group.

**PCR MIB:** Pembrolizumab with Chemoradiotherapy as treatment for muscle invasive bladder cancer

This MSD-supported Phase 1 study is open at 5 sites across Australia with 4 out of the planned 30 patients recruited so far. Recruitment has been challenging largely related to Australasian patterns of care for patients with muscle invasive bladder cancer. Trial communications include encouraging all clinicians to remember this novel and innovative ANZUP trial when discussing patients at their various multidisciplinary team meetings.

**Trials co-badged with ANZUP**

**Patient Reported Symptom Index in Non-Muscle Invasive Bladder Cancer:** (University of Sydney study, formally co-badged with ANZUP)

This study involves developing NMIBC cancer specific quality of life tools which can be used to assess patient experience and compare outcomes in the context of clinical trials. We are now approaching the accrual target of 225 patients (over 213 recruited).

**RAIDER-B:** An international multi-centre phase II study in muscle invasive bladder cancer examining adaptive radiotherapy techniques

RAIDER-B has now opened in 9 UK sites as well as 10 sites in Australia and New Zealand with 13 patients recruited. International recruitment is expected to complete in December 2018.

In the pipeline

The Concept Development Workshops (CDW) are now an integral component of new trials development. They give members a unique opportunity to present new concepts, participate in robust discussion around gaps in research and plan for future grant applications.

Penile cancer is the rarest of all the urological cancers in Australia with an incidence of <1:100000. As there is currently no dedicated ANZUP subcommittee, the Bladder Cancer Subcommittee will address concepts and projects related to this rare cancer. It’s excellent to see the first ANZUP concept related to penile cancer will be presented at the 2018 CDW in April.
The Germ Cell Subcommittee continues to be very productive and welcomes new members including trainees who will contribute to research activity. In early 2018 long standing Chair Peter Grimison announced his decision to step down from his role (but remain an active ANZUP member) and, following a call for expressions of interest, was replaced by former Deputy Chair Ben Tran.

Currently recruiting ANZUP trials

**Phase III RCT of Accelerated BEP (plus translational sub study):** The aim of this Australian-led, international, 2-stage open-label randomised phase 3 trial is to determine if accelerated BEP is more effective than standard BEP as first-line chemotherapy for men, women and children with intermediate- or poor-prognosis advanced GCTs.

The study was initiated in 2013, with 46 participants recruited as of March 2018. Previous funding from Cancer Australia, Cancer Research UK, and Children’s Oncology Group (USA) supported opening of the study at 25 sites in Australia and New Zealand and 4 UK sites, with 15 additional UK and > 200 eligible US sites expected to open in 2018.

A Cancer Australia grant application was submitted this year with the aim to support trial recruitment of a further 200 patients.

**ANZUP Stage I Testicular Cancer Follow-up recommendations:** Evidence-based recommendations for the follow-up of stage I testicular cancer continue to be available on the ANZUP website. They include a clinician guideline, patient handout, and excel calculator (which generates a personalised schedule). The Germ Cell Subcommittee is now reviewing the results of a survey that assesses how the recommendations might have impacted clinical practice.

**e-TC 2.0:** A prospective study of an eHealth intervention for testicular cancer survivors led by Ben Smith and Louise Heniger in collaboration with Psycho-Oncology Co-operative Research Group (PoCoG), building on the successful e-TC study. The website is now available and the pilot study continues to recruit patients with significant anxiety and/or depression.

**Studies in ongoing development**

**TIGER:** Movember is generously supporting ANZUP’s participation in the TIGER study. This 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. After a long and protracted process, the study is now close to opening at several Australian and New Zealand sites.

**iTestis:** iTestis is a detailed database with a user-friendly web-based interface that will facilitate prospective collection of high quality clinical data. Additionally, it will record tissue location data from germ cell tumour patients treated in Australia. In doing so, iTestis will: i) describe the current practice patterns of Australian clinicians; ii) facilitate both local and multinational retrospective research projects; iii) facilitate translational research; and iv) provide a platform from which a series of registry based clinical...
trials can be conducted. iTestis has received ANZUP Below the Belt funding and is now in database development. Once the database is developed, and piloted, iTestis will be rolled out to selected high volume centres with interested and engaged investigators. The vision is for 70% of Australia’s germ cell tumour patient population to have data collected within iTestis, and then to consider rolling out to interested international collaborators.

**Hypogonadism in Germ Cell Tumour patients:**
At the 2017 Concept Development Workshop, there was a lot of enthusiasm to explore the role of testosterone replacement in mild hypogonadal germ cell tumour patients. A meeting was held at the 2017 ANZUP Annual Scientific Meeting following the Germ Cell Masterclass, where medical oncologists, urologists and endocrinologists discussed the pros and cons of testosterone replacement. Currently, a concept is being developed to examine the impact of hypogonadism and the potential benefits of testosterone replacement in selected patients.

**International collaborations**

**Translational Research Projects (Movember GAP5):** GAP5 aims to identify the biological drivers of platinum resistance in chemotherapy treated metastatic testicular germ cell tumour patients. The study aims to identify 100 platinum refractory and 100 platinum sensitive patients, collate their tumour specimens and engage with laboratories across five international sites to identify markers of resistance. ANZUP, through selected high-volume sites, is contributing patient data and specimens to this important project.

**Psychosocial and Peer Support for Testicular Cancer Project (Movember GAP7):** GAP7 is a Movember project designed at developing a tool for patients newly diagnosed with testicular cancer. The aim of the project is to facilitate peer support among testicular cancer patients, and provide a robust resource of information. While it may appear to overlap with e-TC 2.0, the idea is for GAP7 to feed into e-TC, with GAP7 dealing with the immediate stress linked to being newly diagnosed, and e-TC providing support to patients with ongoing anxiety/depression associated with the diagnosis. ANZUP, through selected high-volume sites, is involved in the testing and assessment of this resource.

**IGCCCG 2.0:** ANZUP co-chair Guy Toner, together with ANZUP fellow Nicola Lawrence and ANZUP statistician Andrew Martin are coordinating the provision of data to an EORTC-led international collaboration to update clinical prognostication in metastatic germ cell tumours. Data from the former ANZ Germ Cell Trials Group’s ‘Good prognosis’ study and the ANZUP Phase II study of accelerated BEP are being provided.
Hitting pause to take stock of the past year’s achievement in the Prostate Cancer Subcommittee has been a gratifying experience once again. ANZUP and the subcommittee continue to grow well beyond my expectations in terms of academic achievement, global stature and collegial spirit, especially given our not yet 10 years of existence.

The thrill of completing accrual on the ENZAMET randomised trial last year with 1,125 participants will, I’m sure, not be any less when we soon complete accrual to ENZARAD. We will have accrued over 1,900 men through both of these international studies that are likely to be highly influential on global practice. Along with great accrual there has been excellent contribution to the associated biospecimen resource, meaning there is likely to be a multitude of future questions answered in secondary analyses. An international committee to oversee the bioresource has been convened and has met on several occasions now. ENZAMET continues to be quoted often by international genitourinary academics by virtue of it being the first completed trial of highly active anti-androgen therapy (enzalutamide) that controls for the use of docetaxel chemotherapy. Both studies have also been fantastic in developing a large collective of like-minded and enthusiastic collaborators which we hope to further capitalise on.

Our Pain-Free TRUS B randomised trial of inhaled Penthrox analgesia in addition to local anaesthetic for transrectal prostate biopsy remains strong, with accrual now over the halfway mark. A large upswing in accrual is in no small part related to the building of the study in New Zealand. So strong has been the support that Christchurch-based urologist (and ANZUP Board member) Nick Buchan has taken over as Principal Investigator, continuing the excellent work done by Jeremy Grummet. Jeremy will forever hold the mantle of being the first ANZUP member to take a clinical question to an ANZUP concept session and grow it to an open study fully funded by a national competitive grant process. We are now focussed on supporting accrual in open sites as well as the opening of additional sites.

A standout during the year has been the opening of the TheraP study. This study will assess the role of prostate cancer-targeted radioisotope therapy using 177Lutetium-PSMA as second-line salvage therapy by comparing it in a randomised trial to cabazitaxel chemotherapy in men with metastatic castrate resistant prostate cancer. After an intense period of development, the team of investigators, led by Michael Hofman along with the “backroom” folks at ANZUP and the NHMRC Clinical Trials Centre, have done a fantastic job opening the study at six centres and accruing the first dozen participants. Global interest in this study along with extensive media locally highlights the leadership role that Australia holds with this exciting therapy. Through TheraP, ANZUP is at the forefront of another high profile therapy to challenge the current standard of care in this lethal phase of the disease. This study was supported by an ANZUP-PCFA/Movember clinical trial funding partnership – hopefully the first of many!

We also have a study co-badged with ARTnet and TROG examining the utility of PSMA-PET imaging in the management of newly-diagnosed high risk prostate cancer (the proPSMA trial). Using a randomised design, it aims to accrue 300 (recently increased from 200) cases to either PSMA-PET or conventional imaging as first-line imaging. This study is progressing exceptionally well, with over 165 cases already accrued in around a year.

Another important initiative being managed by ANZUP is in relation to the ICECaP (Intermediate Clinical Endpoints in Cancer of the Prostate) collaboration. This group has conducted an enormous international data collation effort focused on deriving and validating surrogate endpoints in prostate cancer research. One key follow-on project is the analysis of the health economic impact of surrogate markers which is crucial to understanding how best to implement the findings. ANZUP has been tasked with this project and has been successful at garnering industry funding to commence the work. We will be working with our established health economics team to take this forward over the next few years.

We are in the process of planning for the 2018 Concept Development Workshop in May where 12 study ideas will be presented in the aim of developing a path forward to a full clinical trial. The range of ideas constantly coming forward bodes very well for the future of ANZUP.

Lastly, I would like to thank and acknowledge Carmel Pezaro who stepped down as Prostate Subcommittee Deputy Chair during the year. Carmel was a tremendous help in many ways and we look forward to her continued involvement in ANZUP as she moves on to other challenges.

We can now hit unpause and settle back to the usual frenetic pace of the Prostate Subcommittee for another year.
It’s been an incredibly rewarding and busy year for the Renal Cancer Subcommittee. We’ve spoken many times of two clinical trials in preparation and I’m delighted to say we finally have both trials open and recruiting.

KEYPAD (Kidney cancer Pembrolizumab And Denosumab) is a Phase II study testing the hypothesis that addition of RANKL inhibition will hinder tumour immuno-suppression and increase effectiveness of anti-PD1 immunotherapy. Further data supporting this concept has been published from preclinical models and translational studies. KEYPAD is being conducted with coordination by the NHMRC Clinical Trial Centre, University of Sydney, and is supported by Merck Sharpe and Dohme (MSD) and Amgen.

UNISoN (1602) is a Phase II sequential cohort trial of single agent nivolumab, then combination ipilimumab and nivolumab in patients’ metastatic or unresectable non-clear cell renal cell carcinoma. Supported by Bristol-Myers Squibb, this trial aims to test two sets of hypotheses, and may help change our treatment approach to kidney cancer, to one that is agnostic to histology, but instead focused on immunophenotype. Participants with variant-histology renal cell carcinoma (e.g. papillary, chromophobe, pure sarcomatoid, Xp11 translocation tumours etc.) are first offered nivolumab monotherapy, and then if this is unsuccessful, a combination of ipilimumab and nivolumab followed by nivolumab monotherapy. UNISoN is being conducted with coordination by the Centre for Biostatistics and Clinical Trials, Victorian Cooperative Cancer Centre, University of Melbourne, and is recruiting robustly.

FASTRACK is a co-badged study with TROG that is testing the idea of using stereotactic radiotherapy in people with inoperable renal cell carcinoma. This has recruited well and a follow up study has been funded by NHMRC, FASTRACK II.

RAMPART is the Renal Adjuvant MultiPle Arm Randomised Trial (RAMPART) which will test adjuvant therapy in patients with resected primary renal cell carcinoma. ANZUP is collaborating with the Medical Research Council UK. Participants with high-risk resected renal cell carcinoma will be offered one year of blinded treatment with durvalumab monotherapy or durvalumab for one year + tremelimumab (anti-CTLA4) x 2 doses, or active surveillance. Up to 1,750 participants will be recruited. We are hoping that RAMPART will open in Australia later in 2018.

The Renal Cell Concept Development Workshop planned for April 2018 is expected to be well attended with a number of interesting proposals presented, including biomarkers, novel therapeutic combinations and other strategies. With the increasing benefit seen with different drug classes for kidney cancer, we are excited to see this enthusiasm growing and look forward to another busy year!
ANZUP CRE Prostate Cancer Survivorship

The NHMRC funded Centre of Research Excellence (CRE) in Prostate Cancer Survivorship 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 held its inaugural face-to-face meeting on 15 July 2017 as a lead-in to the 2017 ANZUP Annual Scientific Meeting. Chief Investigators and leading ANZUP members met to discuss progress and future research directions for each of the four themes.


The Prostate Cancer Foundation of Australia (PCFA) led development of a website for the centre and this is now live at http://prostatecancersurvivorship.org.au, with accompanying profiles on Twitter @PCaSurvivorship and Facebook http://www.facebook.com/PCaSurvivorship.

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 identified two over-arching themes: men’s lived experience of the disease and the elements of care that were critical for men to feel supported. Within these themes, men’s discussion of their lived experience of advanced disease focused on: regret about late diagnosis and treatment, being discounted in the health system, fear/uncertainty about the future, acceptance of their situation, being a man, and treatment effects. Regarding elements of care, men discussed: communication, care coordination, accessible care, shared experience/peer support, and involvement of their partner/family in their care. The manuscript reporting on these results has been published (http://bmjopen.bmj.com/content/8/2/e019917).

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, 744 men have enrolled in the study from Australia, Ireland, New Zealand and Canada. So far, 441 of these men have completed the six-month follow up. The 12-month follow up has begun with 97 responses from men at this stage.

Quality of life in ANZUP studies

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.

Delivering tailored exercise support to men with metastatic prostate cancer via the internet

Our Below the Belt funded project, which aims to develop and pilot test an online exercise application for men with metastatic prostate cancer, is underway. Exercise is known to be beneficial for improving quality of life among men with metastatic disease but few men have access to specialised guidance needed to optimise benefits and ensure safety. While there are some face-to-face programs available, many men live...
too far away, are too unwell or lack funds to attend face-to-face sessions, especially on an ongoing basis.

The project aims to develop an online system capable of providing automated evidence-based advice based on the extent and location of metastases and other common health issues. The program will also incorporate aspects of exercise psychology, designed to help men adopt and maintain exercise habits.

Exercise medicine prior to open radical cystectomy: feasibility and preliminary efficacy

A second study has also been funded by the Below the Belt Research Fund. Radical cystectomy is an aggressive therapy for those with muscle-invasive or recurrent bladder cancer that is associated with substantial morbidity, complication and readmission rates, and mortality. This study will examine if a short-term program of exercise (combining resistance and aerobic training for up to 4 weeks) prior to surgery is feasible to undertake in these patients and can enhance physical function prior to surgery, and reduce length of hospital stay and complications following surgery. The study has been approved by the Edith Cowan University Human Research Ethics Committee and has been submitted for approval to the Southern Metropolitan Health Service Ethics Committee in WA.

Supportive care intervention for advanced prostate cancer

A new project has commenced to develop a supportive care intervention for men with advanced prostate cancer. In-depth interviews have been completed with 28 men facing this health challenge and a manuscript describing men’s key concerns and preferences for care is under review. Health professional interviews have commenced with a national multidisciplinary sample with the intervention under development.
It has been another busy year for the Translational Research Subcommittee. The inaugural Translational Research Symposium at the 2017 ANZUP Annual Scientific Meeting in July received excellent feedback from delegates. Vancouver-based urologic oncologist Peter Black led a program of nine esteemed presenters which brought together scientists and clinicians. Following on from this success, this year’s symposium (in July 2018) will feature Monty Pal from City of Hope, an internationally renowned researcher in kidney and bladder cancer. He will give two talks focused on kidney cancer genomics and biomarkers and will be complemented by an excellent line up of local speakers showcasing the best of translational uro-oncology research in Australia and New Zealand.

Translational specimen collection has continued for several ANZUP trials including ENZARAD, P3BEP, BCGMM and PCR-MIB. We have also successfully collected biospecimens from recently closed trials including ENZAMET and BL-12. We are collecting correlative samples as part of the recently opened TheraP trial led by Michael Hofman. Being a first-in-field study will enable us to do cutting-edge research using samples from TheraP. We have also been working very closely with Craig Gedye, who is leading the recently opened UNISoN and KEYPAD trials, to support specimen collection and finalise the list of translational assays that will be undertaken using samples from those two exciting kidney cancer trials. The work being done with TheraP, UNISoN and KEYPAD all provide great examples of how the Translational Research Subcommittee is integrating into the core focus of ANZUP, i.e. undertaking high-quality, impactful uro-oncology clinical trials.

Of course, the really enjoyable part of collecting samples is then planning the scientific and laboratory analysis of them. The less enjoyable part is finding the money to do those analyses. We have been working closely with Chris Sweeney and team to finalise a plan of translational assays from the ENZAMET study, and in particular a strategy and timeline for grant submissions to support those assays. We have recently submitted the first large-scale grant based on ENZAMET and have several more in the pipeline for the next 1-2 years.

Participating sites are diligent in obtaining correlative samples from our ANZUP trials. We cannot do great science without getting high-quality samples. Likewise, we are extremely grateful to all the patients (and their families) who enrol on our trials and donate the biospecimens that underpin our translational research.

We look forward to another productive year for ANZUP, and specifically for the Translational Research Subcommittee.
As ANZUP continues to grow, so do opportunities for the Consumer Advisory Panel (CAP) to provide advice to the ANZUP membership on their research activities from a consumer perspective. I am delighted to present this as my sixth annual report on behalf of an engaged and committed CAP.

In 2017 we welcomed the appointment of Leonie Young as an official CAP member. Leonie has worked with the ANZUP CAP since 2012 and has been a fantastic supporter and mentor to the group.

The CAP Education Session at the Annual Scientific Meeting in July is a key highlight. At the 2017 meeting, we were joined by Sarah Lowe and Haryana Dhillon who facilitated a discussion about how the CAP can help ANZUP achieve its strategic objective to increase community awareness and engagement. We identified there are gaps in the availability of good patient information at the various stages in the cycle of a clinical trial and many negative preconceptions and myths still exist. From this meeting, a working group was established and the project has been scoped and funding applied for. It was presented to the Scientific Advisory Committee in March 2018 with the next step formal approval from the Board.

At our first teleconference for 2018 in March, two ANZUP members spoke about their research ideas/activities making for a great discussion and we hope to use our meeting time like this more often.

Other key activities in 2017/18 include:

- Reviewing Patient Information and Consent Forms (PICF) for the UNiSoN kidney cancer and TheraP advanced prostate cancer trials.
- Participating in review panels for the Tolmar Fellowship, Below the Belt Research Fund and the ANZUP Nursing / Allied Health Award.
- Participating in the four disease-specific Concept Development Workshops enabling the CAP to be involved very early on in trial development.
- Active participation in ANZUP Trial Management Committee meetings.
- Continuing to support and contribute to ANZUP’s consumer magazine ‘A little below the belt’ and the Sydney and Melbourne Pedalthons. Congratulations to CAP member Colin O’Brien who organised and rode in a team at the Melbourne event in March 2018.
- Participating in the annual Community Engagement Forum at the Annual Scientific Meeting.

The CAP appreciates the support of the ANZUP Board and management team and looks forward to another busy year ahead.
Infrastructure grants
Funds provided by Cancer Australia to support ANZUP infrastructure are managed by the University of Sydney NHMRC Clinical Trials Centre and therefore not reported in the financial accounts of ANZUP unless transferred in support of specific expenses incurred by ANZUP. Grants contributing to ANZUP infrastructure costs during 2017/18 are outlined below.

Funding
Cancer Australia Infrastructure Grant: 1 July 2013 to 31 March 2018 – $2,350,000 awarded to ANZUP and the NHMRC Clinical Trials Centre. During this reporting period $155,000 was transferred to ANZUP and was reported in the annual accounts.

Research grants
Funds provided by Cancer Australia, the National Health and Medical Research Council and other bodies in support of trial coordination are managed by the University of Sydney NHMRC Clinical Trials Centre and therefore not reported in the financial accounts of ANZUP.

Grants awarded to ANZUP during 2017/18:

**SORCE:** A phase III randomised double-blind study comparing sorafenib with placebo in patients with resected primary renal cell carcinoma at high or intermediate risk of relapse. Funding Medical Research Council, United Kingdom $820,000: 2009–17.

**BCG+MMC:** A randomised phase III trial adding mitomycin C to BCG as adjuvant intravesical therapy for high-risk, non–muscle-invasive bladder cancer. Funding Cancer Australia $354,764, Prostate Cancer Foundation of Australia $242,331: 2015–18.

**Pain-Free TRUS B:** A placebo-controlled, randomised trial of methoxyflurane to reduce the discomfort of prostate biopsy. Funding Cancer Australia $354,764, Prostate Cancer Foundation of Australia $242,331: 2015–18.

**BL.12:** A multicentre randomised phase II trial comparing nab-paclitaxel to paclitaxel in patients with advanced urothelial cancer progressing on or after a platinum containing regimen. Funding NCIC Clinical Trials Group $1,384,662, Specialised Therapeutics $250,000: 2015–18.

**PCR MIB:** Pembrolizumab with chemoradiotherapy as treatment for muscle invasive bladder cancer. Grant funding support from Merck Sharp Dohme (Australia), $455,800 to conduct the study, anticipated to take up to 5 years. No funding was received during the reporting period.

**TIGER:** A randomised phase III trial comparing conventional-dose chemotherapy using paclitaxel, ifosfamide, cisplatin (TIP) with high-dose chemotherapy using mobilising paclitaxel plus ifosfamide followed by high-dose carboplatin and etoposide (TI-CE) as first salvage treatment in relapsed or refractory germ cell tumours (TIGER). Funding from Movember ($630,745: 2016–22). During this period $190,745 was received and is reported in the annual accounts.

**UNISoN:** A phase II sequential cohort trial of single agent nivolumab, then combination ipilimumab + nivolumab in metastatic or unresectable non-clear cell renal cell carcinoma. Funding from Bristol Myers Squibb ($1,681,822: 2017–21). During this reporting period $420,455 was received and is reported in the annual accounts.

**KEYPAD:** A phase II trial using denosumab and pembrolizumab in clear cell renal carcinoma. Funding by Merck Sharpe Dohme and Amgen ($2,454,925: 2017–21). During this reporting period $985,661 was received and is reported in the annual accounts.

**TheraP:** A randomised phase II trial of 177Lu-PSMA617 theranostic versus cabazitaxel in progressive metastatic castration resistant prostate cancer. The study is a collaboration between ANZUP, Prostate Cancer of Australia, Endocyte and the Australian Nuclear Science Technology Organisation. During this reporting period $750,000 was received and is reported in the annual accounts.
PUBLICATIONS AND PRESENTATIONS 2017/18

Publications

BCG+MM

e-TC

Poster presentations

SORCE

ENZARAD


P3BEP


## Participating Centres

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<tr>
<th>BLADDER</th>
<th>GERM CELL</th>
<th>PROSTATE</th>
<th>RENAL CELL</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG+MM</td>
<td>P+R</td>
<td>BC+P</td>
<td>TG</td>
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<tr>
<td>BL12*</td>
<td>F+R</td>
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<td>ENZ+AD+</td>
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<td>TRUS+</td>
</tr>
</tbody>
</table>

### Australia

**NSW**
- Australian Clinical Trials
- Blacktown Hospital
- Calvary Mater Newcastle
- Campbelltown Hospital
- Chris O'Brien Lifehouse
- Coffs Harbour Health Campus
- Concord Cancer Centre
- Concord Repatriation
- Genesis Cancer Care Newcastle
- Gosford Hospital
- Liverpool Hospital
- Macquarie Cancer Clinical Trial
- Nepean Hospital
- Northern Cancer Institute St Leonards
- Orange Health Service
- Port Macquarie Base Hospital
- Prince of Wales Hospital
- Rivervale Cancer Centre
- Royal North Shore Hospital
- Southside Cancer Care Centre
- St George Hospital
- St Vincent's Hospital Sydney
- Sydney Adventist Hospital
- Sunshine Coast University Hospital (formerly Nambour General Hospital)
- Toowoomba Radiation Oncology Centre

**NT**
- Royal Darwin Hospital

**QLD**
- Gold Coast Hospital
- ICON Cancer Care Weely
- Mater Adult Hospital
- Nambour General Hospital
- Princess Alexandra Hospital Brisbane
- Radiation Oncology Services – Mater Centre
- Radiation Oncology Centre - Toowoomba
- Royal Brisbane & Women's Hospital
- Sunshine Coast University Hospital (formerly Nambour General Hospital)
- Townsville Hospital
- Toowoomba Radiation Oncology Centre

**SA**
- Adelaide Cancer Centre
- Australian Urology Associates
- Flinders Medical Centre
- Royal Adelaide Hospital
- Royal Hobart Hospital
- The Alfred Hospital

**TAS**
- Southside Cancer Care Centre
- Western Hospital
- Westmead Specialist Centre
- The Alfred Hospital

**VIC**
- Austin Hospital
- Ballarat Base Hospital
- Bendigo Hospital
- Border Medical Oncology, Munro Private Hospital, Albion Wodonga
- Casey Hospital
- Eastern Health (Box Hill)
- Epping Radiation Oncology Centre (EPROC)
- Epworth Healthcare - Richmond (Main) and Freemasons
- Footscray Hospital
- Frankston Radiation Oncology Centre (FROC)
- Geelong Hospital
- Goulburn Valley Health
- Monash Medical Centre Clayton
- Monash Moorabbin Hospital
- Peninsula Health Frankston Hospital
- Peninsula South Eastern Haematology and Oncology Group
- PMCC – Bandigo
- PMCC - East Melbourne
- PMCC - Mooroobbin Campus
- Ringwood Radiation Oncology Centre (RROC)
- Royal Melbourne Hospital
- Sunshine Hospital
- University Hospital Geelong

**WA**
- Fiona Stanley Hospital
- Sir Charles Gairdner Hospital

---

*BL12 recruitment closed on 7/4/17 and follow up not continuing

**ENZAMET recruitment closed 24/3/17 but is in follow up**
### Participating Centres

<table>
<thead>
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<th>Location</th>
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<td>USA</td>
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### Research Highlights

- BCG+MM
- BIU2*
- PCR MIB
- NMIBC
- P3 BEP
- THERAP
- ENZARAD**
- PAIN FREE TRUS B
- KEYPAD
- UNISON
- FASTRACK II
ANZUP Cancer Trials Group Limited
ABN: 32 133 634 956

Annual Financial Report – 31 March 2018

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General information

The financial statements cover ANZUP Cancer Trials Group Limited as an individual entity. The financial statements are presented in Australian dollars, which is ANZUP Cancer Trials Group Limited’s functional and presentation currency.

ANZUP Cancer Trials Group Limited is a not-for-profit unlisted public company limited by guarantee.

The financial statements were authorised for issue, in accordance with a resolution of directors, on 11 May 2018.
The directors of ANZUP Cancer Trials Group Limited (the company) submit their annual financial report for the year ended 31 March 2018.

Directors

The following persons were directors of the company during the whole of the year and up to the date of this report, unless otherwise stated:

Ian Davis (Chair)
Guy Toner (Deputy Chair)
Nicholas Buchan
Martin Dowling
Joe Esposito
Glenn Ferguson
Linda Martin
Henry Woo
Shomik Sengupta

Information on directors

Professor Ian Davis  
**Chair**

Professor Ian Davis is chair of the ANZUP Board and of its Scientific Advisory Committee. He is a medical oncologist and is Professor of Medicine and Head of the Eastern Health Clinical School, Monash University and Eastern Health, in Melbourne, Australia. He is an NHMRC Practitioner Fellow. He holds honorary appointments with the Olivia Newton-John Cancer Research Institute (formerly Ludwig Institute for Cancer Research) and Austin Health, is an Associate Professor of the University of Melbourne, and Associate of the University of Sydney. His primary clinical interests are in urologic cancer and in melanoma, and his primary research interests are in cancer immunology and the biology of urologic cancers. Prof Davis is a member of the Urology Committee, Skin Cancer Committee and Standing Subcommittee on Research for the Cancer Council Victoria. He is the founder of the Urologic Oncology Group of the Clinical Oncology Society of Australia (COSA) and a member of COSA Council.

Associate Professor Guy Toner  
**Deputy Chair**

Associate Professor Guy Toner is a Consultant Medical Oncologist at Peter MacCallum Cancer Centre and Associate Professor of Medicine at the University of Melbourne. He is a graduate of the University of Melbourne and undertook sub-speciality training in medical oncology in Melbourne before spending 3 years at Memorial Sloan-Kettering Cancer Centre, New York. His clinical and research interests include all urological cancers with a particular interest in testicular cancer, which was the subject of his MD thesis. He has been an active member of other cooperative trials groups including as a past member of the Scientific Advisory Boards of the ANZ Breast Cancer Trials Group and the Australian Sarcoma Study Group. He was Head of the Medical Oncology Unit at Peter MacCallum Cancer Centre from 1993-2007. He was Chair of the ANZ Germ Cell Trials Group from 1995 until it merged to form ANZUP and since then he has been the Deputy Chair of ANZUP.

Dr Nick Buchan

Dr Nick Buchan is a Urologist based in Christchurch, New Zealand and works in both public and private practice. Nicks practice focuses on the diagnosis and management of urological cancers. Nick gained his experience in medical trials while on fellowship at the Vancouver Prostate Centre. The Vancouver Prostate Centre is one of the largest research and clinical centres in the world that focuses on translational research into prostatic diseases, prostate cancer in particular. Currently Nick is director of the Canterbury Urology Research Trust (CURT). CURT is a trust that conducts urological
trials for CROs as well as its own investigator lead trials in urological conditions with the main focus being urological oncology. Nick is also a director of a privately owned hospital in Christchurch, Forte Health and large Urology specialist practice, Urology Associates.

Mr Martin Dowling
Mr Martin Dowling has been an ANZUP Director since 2013 and on the Finance and Audit Committee since 2015. He has held executive and senior management level financial and commercial roles at some of the largest companies in the world in their respective industries. He has a Bachelor of Commerce and MBA degree and is a Fellow of CPA Australia and a graduate member of the Australian Institute of Company Directors.

Mr Joe Esposito
Mr Joe Esposito is a Melbourne director who owns a BOQ (Bank of Queensland) branch in the inner city suburb of Collingwood Victoria. Prior to this he was a management consultant and had over 20 years’ experience in corporate banking in Australia and New Zealand. He was also CEO of ASX listed Jetset Travelworld Limited between 2003 and 2006. Mr Esposito has a close affinity with the objectives of ANZUP and the needs of consumers. He has a Bachelor of Commerce and a Master of Applied Finance. He is a graduate member of the Australian Institute of Company Directors.

Mr Glenn Ferguson AM
Mr Glenn Ferguson is a Solicitor of the High Court of Australia and the Supreme Court of Queensland. He is a past President of the Law Council of Australia and past President of Lawasia the law association for Asia and the Pacific and a past President of the Queensland Law Society. He is also a Senior Counsellor with the Queensland Law Society and has previously chaired their professional standards committee. Glenn is a Founding Fellow of the Australian Academy of Law, a Fellow of the Australian Institute of Company Directors and a Fellow of the Australia and New Zealand College of Notaries. He was appointed the inaugural Adjunct Professor in Law at the University of the Sunshine Coast. He is currently Chair of WorkCover Queensland, Lexon Insurance and a Governor of the College of Law. He has been appointed by both Federal and State Governments to various advisory boards and task forces in the legal, business and immigration sectors. In the 2015 Australia Day Honours, Glenn was made a Member of the Order of Australia “For significant service to the law and to the legal profession, both nationally and in the Asia Pacific region, and to the community”.

Ms Linda Martin
Ms Linda Martin is a senior consultant with BrandQuest, a strategic branding and marketing company. She was previously CEO of MOVE muscle, bone & joint health for seven years. Linda has had roles as a Senior Executive in the Victorian Public Service, working primarily in the health and community service sectors in large scale operational, program and project roles. As Managing Director of management consultancy firm (Martin Bonato and Associates) she worked in diverse industries including banking, insurance, health, aged care, disability and transport safety. She has worked in public, private and not for profit organisations. Linda has also been a lecturer in Social Work at the University of Melbourne, an industry representative on the Monash University, School of Public Health and Preventive Medicine Postgraduate Courses Committee and a Board Director of QEC. Linda’s focus has been on governance, strategic and business planning, project management, change management and the development of strategic alliances. She is passionate about achieving consumer outcomes in health and welfare.

Professor Henry Woo
Professor Henry Woo is a urological surgeon who subspecialises in prostate disease. He is the Director of Uro-Oncology and Professor of Robotic Cancer Surgery at the Chris O’Brien Lifehouse. He is also Professor of Surgery at the Sydney Adventist Hospital Clinical School of the University of Sydney. He has published widely in major urological journals. He is an Associate Editor of the journal Prostate Cancer Prostatic Diseases and serves on the journal editorial boards of European Urology, BJU, Prostate International, Asian Journal of Urology.
and World Journal of Men’s Health. He also serves on the board of the charitable Australian Urological Foundation (AUF) and is a member of the Executive Committee of the Asian Pacific Prostate Society (APPS).

He is passionate about clinical trials and procuring the best evidenced based options for his patients. He also has particular interests in surgical education and the role of social media in learning and health advocacy.

Professor Shomik Sengupta
Professor Shomik Sengupta is a visiting urologist & uro-oncology lead at Eastern Health, and Professor of Surgery at Eastern Health Clinical School, Monash University. Shomik has a practice with a uro-oncology subspecialty interest – including open, laparoscopic and robotic cancer surgery. He is currently the leader of the GU Oncology advisory group within USANZ and is on the Executive Committee of the Clinical Network of the Cancer Council of Victoria. Shomik also has a strong interest in urologic research, including involvement in clinical trials through the ANZUP trials group. He has completed a Masters in Surgery (2002) and a Doctorate in Medicine (2014) through the University of Melbourne and has more than 80 original publications to date.

Company Secretary
Ms Margaret McJannett was appointed secretary on 9 February 2011 and continues in office at the date of this report. Ms McJannett also serves as the company’s Chief Executive Officer.

Meetings of Directors
During the year, five meetings of directors were held. Attendances by each director were as follows:

<table>
<thead>
<tr>
<th>Directors’ meetings</th>
<th>Number eligible to attend</th>
<th>Number attended</th>
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<tr>
<td>Ian Davis</td>
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<tr>
<td>Guy Toner</td>
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<td>Nicholas Buchan</td>
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<td>Martin Dowling</td>
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<td>Joe Esposito</td>
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<td>Glenn Ferguson</td>
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<td>Linda Martin</td>
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<tr>
<td>Henry Woo</td>
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<tr>
<td>Shomik Sengupta</td>
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Principal activity
The mission of the Company is to conduct clinical trial research to improve treatment of bladder, kidney, testicular and prostate cancers.
Objectives of the company

The objectives of the Company are to develop, foster and promote prostate and urogenital cancer research by:

- providing access to clinical trials for all appropriate Australian and New Zealand patients;
- increasing involvement of and collaboration with various professional disciplines in clinical and preclinical research;
- providing opportunities for clinical research;
- building systems to simplify and streamline clinical research of the highest quality;
- fostering a culture of research amongst all clinicians involved in the care of patients with urogenital cancers;
- providing training opportunities for the next generation of clinical researchers;
- providing for translational studies in prostate and other urogenital cancers, including tissue banking from clinical trials for further studies.

The company intends to meet these objectives through performing industry sponsored and other clinical trials, ensuring these trials are widely accessible to patients, creating strong links with Cancer Australia and other peak bodies, engaging professional disciplines at all levels of protocol development and implementation, and securing funding to support clinical research training positions.

Review of operations

The company’s net income for the year was $512,334 (2017: $1,012,541).

At 31 March 2018, the company had net assets of $3,825,957 (2017: $3,336,609).

Changes in state of affairs

There were no significant changes in the state of affairs of the company during the year ended 31 March 2018.

Subsequent events

No matters or circumstance have arisen since the end of the year that have significantly affected, or may significantly affect, the operations of the company, the results of these operations, or the state of affairs of the company in future years.

Future developments

Likely developments in the operations of the company and the expected results of those operations in future years have not been included in this report as the inclusion of such information is likely to result in unreasonable prejudice to the company.

Court proceedings

No person has applied for leave of Court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings.

The company was not a party to any such proceedings during the year.

Environmental issues

The company’s operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a State or Territory.

Indemnification of officers and auditors

The company has paid premiums to insure each director against liabilities for costs and expenses incurred by them in defending any legal proceedings arising out of their conduct involving a wilful breach of duty in relation to the company. The amount of the premium paid during the period was $3,575.

Auditors’ independence declaration

A copy of the auditors’ independence declaration as required under section 307C of the Corporations Act 2001 is set out on the next page.

Signed in accordance with a resolution of Directors.

Ian Davis
Chairman

Sydney, 18 May 2018
As lead auditor of ANZUP Cancer Trials Group Limited for the year ended 31 March 2018, I declare that, to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit.

Paul Cheeseman
Partner

BDO East Coast Partnership
Sydney, 18 May 2018
ANZUP Cancer Trials Group Limited
Statement of Profit or Loss and Other Comprehensive Income
For the year ended 31 March 2018

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<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Revenue</td>
<td>3</td>
<td>3,662,560</td>
</tr>
<tr>
<td>Employee benefits expenses</td>
<td>(624,316)</td>
<td>(523,845)</td>
</tr>
<tr>
<td>Trial and investigation support</td>
<td>4 (a)</td>
<td>(1,435,860)</td>
</tr>
<tr>
<td>Administration expenses</td>
<td>4 (b)</td>
<td>(1,090,051)</td>
</tr>
</tbody>
</table>

### Net income for the year

512,333 1,012,541

### Other comprehensive income for the year

Unrealised losses on financial assets

(22,985) -

### Total comprehensive income

489,348 1,012,541

*The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes.*
ANZUP Cancer Trials Group Limited
Statement of Financial Position
For the year ended 31 March 2018

<table>
<thead>
<tr>
<th>Notes</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Current assets**

| Cash and cash equivalents | 5 | 1,455,325 | 1,070,573 |
| Other financial assets    | 6 | -         | 2,471,993 |
| Trade and other receivables | 7 | 222,024 | 393,348 |
| **Total current assets**  |   | 1,677,349 | 3,935,914 |

**Non-current assets**

| Other financial assets | 8 | 3,688,044 | 2,257 |
| Office equipment       | 9 | 1,409     | -    |
| **Total non-current assets** |   | 3,689,453 | 2,257 |

**Total assets**

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Current liabilities**

| Trade and other payables | 10 | 1,482,666 | 549,483 |
| Employee benefits        |    | 35,532    | 33,545  |
| **Total current liabilities** |   | 1,518,198 | 583,028 |

**Non-current liabilities**

| Employee benefits | 22,647 | 18,534 |
| **Total non-current liabilities** |   | 22,647 | 18,534 |

**Total liabilities**

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Net assets**

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Equity**

| Retained earnings | 3,848,942 | 3,336,609 |
| Financial assets reserve | (22,985) | - |
| **Total equity** |   | 3,825,957 | 3,336,609 |

The above statement of financial position should be read in conjunction with the accompanying notes.
ANZUP Cancer Trials Group Limited  
Statement of Changes in Equity  
For the year ended 31 March 2018

<table>
<thead>
<tr>
<th>Financial Assets Reserve $</th>
<th>Retained earnings $</th>
<th>Total equity $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 April 2016</td>
<td>-</td>
<td>2,324,068</td>
</tr>
<tr>
<td>Net income for the year</td>
<td>-</td>
<td>1,012,541</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td>-</td>
<td>1,012,541</td>
</tr>
<tr>
<td>Balance as at 31 March 2017</td>
<td>-</td>
<td>3,336,609</td>
</tr>
<tr>
<td>Balance at 1 April 2017</td>
<td>-</td>
<td>3,336,609</td>
</tr>
<tr>
<td>Net income for the year</td>
<td>-</td>
<td>512,333</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>(22,985)</td>
<td>-</td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td>(22,985)</td>
<td>512,333</td>
</tr>
<tr>
<td>Balance as at 31 March 2018</td>
<td>(22,985)</td>
<td>3,848,942</td>
</tr>
</tbody>
</table>

The above statement of changes in equity should be read in conjunction with the accompanying notes.
## ANZUP Cancer Trials Group Limited
### Statement of Cash Flows
For the year ended 31 March 2018

<table>
<thead>
<tr>
<th>Notes</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from grants (inclusive of GST)</td>
<td>3,038,546</td>
<td>751,499</td>
</tr>
<tr>
<td>Receipts from sundry income (inclusive of GST)</td>
<td>1,109,983</td>
<td>963,134</td>
</tr>
<tr>
<td>Receipts from donations (inclusive of GST)</td>
<td>633,419</td>
<td>799,685</td>
</tr>
<tr>
<td>Interest received</td>
<td>22,337</td>
<td>59,935</td>
</tr>
<tr>
<td>Dividend, interest and distribution received</td>
<td>48,141</td>
<td>-</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(3,227,443)</td>
<td>(1,770,800)</td>
</tr>
<tr>
<td><strong>Net cash inflow from operating activities</strong></td>
<td>13</td>
<td>1,624,983</td>
</tr>
<tr>
<td><strong>Cash flows from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments for office equipment</td>
<td>(1,195)</td>
<td>(584)</td>
</tr>
<tr>
<td>Net withdrawals/(contributions) in FVTOCI financial assets</td>
<td>(1,239,036)</td>
<td>-</td>
</tr>
<tr>
<td>Investing in long-term bank deposits</td>
<td>-</td>
<td>(917,631)</td>
</tr>
<tr>
<td><strong>Net cash outflow from investing activities</strong></td>
<td>1,240,231</td>
<td>(918,215)</td>
</tr>
<tr>
<td><strong>Cash flows from financing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net cash outflows from financing activities</strong></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Net increase/(decrease) in cash and cash equivalents</strong></td>
<td>384,752</td>
<td>(114,762)</td>
</tr>
<tr>
<td>Cash and cash equivalents at the beginning of the year</td>
<td>1,070,573</td>
<td>1,185,335</td>
</tr>
<tr>
<td>Cash and cash equivalents at the end of the year</td>
<td>1,455,325</td>
<td>1,070,573</td>
</tr>
</tbody>
</table>

The above statement of cash flows should be read in conjunction with the accompanying notes.
Note 1. Summary of significant accounting policies

This financial report covers ANZUP Cancer Trials Group Limited (the company) as an individual entity for the year ended 31 March 2018. The company is limited by guarantee and is incorporated and domiciled in Australia. The financial statements are presented in Australian dollars, which is the company’s functional and presentation currency.

The company’s accounting policies adopted in the preparation of the financial statements are set out below.

New, revised or amending Accounting Standards and Interpretations adopted

The company has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that are mandatory for the current reporting period.

Any new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

Any significant impact on the accounting policies of the company from the adoption of these Accounting Standards and Interpretations are disclosed in the relevant accounting policy. The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the company.

The following Accounting Standards and Interpretations are most relevant to the Company:

- AASB 2014-1 Amendments to Australian Accounting Standards (Parts A to C)

Basis of preparation

This financial report is a general purpose financial report which has been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements, including the Australian Accounting Interpretations and other authoritative pronouncements of the Australian Accounting Standards Board and the Australian Charities and Not-for-profits Commission Act 2012, as appropriate for not-for-profit oriented entities. These financial statements do not comply with International Financial Reporting Standards as issued by the International Accounting Standards Board (‘IASB’).

Historical cost convention

The financial report has been prepared on an accrual basis and is based on historical costs. Cost is based on the fair values of the consideration given in exchange for assets.

Accounting policies

(a) Going concern

The financial report has been prepared on a going concern basis. Refer to Note 18 for considerations regarding economic dependence.

(b) Income tax

The company is exempt from the payment of income tax under section 50-5 of the Income Tax Assessment Act 1997. The company is a deductible gift recipient.

(c) Revenue recognition

Grants received on the condition that specified services are delivered or conditions are fulfilled are considered reciprocal. Such grants are initially recognised as a liability (deferred income) and revenue is recognised as services are performed or conditions fulfilled. Revenue from non-reciprocal grants is recognised when the company obtains control of the funds.

Donations are recognised when received by the company.

Sponsorship revenue is recognised over the period to which the sponsorship relates.

Annual Scientific Meeting (ASM) conference revenue is recognised during the year in which the event takes place. The company contracts a professional events co-ordinator to manage the staging of the ASM conference including the receipt of revenue and payment of expenses in relation to the event. The company has determined that it is impracticable to establish control over the calculation and collection of its share of the net profits relating to the ASM conference prior to entry into the financial records.

Interest revenue is recognised as interest accrues using the effective interest method. Other revenue is recognised in the year to which it relates.

(d) Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is current when: it is expected to be realised or intended to be sold or consumed in normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within twelve months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least twelve months after the reporting period. All other assets are classified as non-current.
Note 1.
Summary of significant accounting policies (continued)

A liability is current when: it is expected to be settled in normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within twelve months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least twelve months after the reporting period. All other liabilities are classified as non-current.

(e) Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions and other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash which are subject to an insignificant risk of changes in value.

(f) Plant and equipment

Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

The depreciation rate used for each class of plant and equipment is as follows: Office equipment – reducing balance at 20%.

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of plant and equipment is derecognised upon disposal or when no further future economic benefit to the company. Gains and losses between the carrying amount and the disposal proceeds are taken to profit and loss.

(g) Trade and other receivables

Trade receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Trade receivables are generally due for settlement within 30 days.

Collectability of trade receivables is reviewed on an ongoing basis. Debts which are known to be uncollectable are written off by reducing the carrying amount directly. A provision for impairment of trade receivables is raised when there is objective evidence that the company will not be able to collect all amounts due according to the original terms of the receivables.

(h) Trade and other payables

These amounts represent liabilities for goods and services provided to the company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

(i) Deferred income

The liability for deferred income is the unutilised amount of grants received on the condition that specified services are delivered or conditions fulfilled. The services are usually provided or conditions usually fulfilled within 12 months of receipt of the grant.

(j) Employee benefits

Short-term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled within 12 months of the reporting date are recognised in current liabilities in respect of employees’ services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

Other long-term employee benefits

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are recognised in non-current liabilities, provided there is an unconditional right to defer settlement of the liability. The liability is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

(k) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the taxation authority. In this case it is recognised as part of the cost of acquisition of the asset or as part of the expense.
Note 1.
Summary of significant accounting policies
(continued)

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the taxation authority is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the taxation authority, are presented as operating cash flow.

(I) Other financial assets

Other financial assets are initially measured at fair value. Classification is determined based on the purpose of the instrument. Financial assets are derecognised when the rights to receive cash flows have been transferred.

Note 2.
Critical accounting judgements, estimates and assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities are discussed below.

Estimation of useful lives of assets

The company determines the estimated useful lives and related depreciation charges for its plant and equipment. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

Employee benefits provision

As discussed in note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.
### Note 3. Revenue

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant income</td>
<td>1,819,988</td>
<td>824,263</td>
</tr>
<tr>
<td>Donations</td>
<td>671,007</td>
<td>799,685</td>
</tr>
<tr>
<td>Honorariums</td>
<td>14,290</td>
<td>13,211</td>
</tr>
<tr>
<td>Corporate Supporter Program</td>
<td>406,605</td>
<td>245,285</td>
</tr>
<tr>
<td>Annual Scientific Meeting</td>
<td>669,204</td>
<td>633,882</td>
</tr>
<tr>
<td>Interest income</td>
<td>22,337</td>
<td>72,789</td>
</tr>
<tr>
<td>Investment income</td>
<td>52,456</td>
<td>-</td>
</tr>
<tr>
<td>Sundry income</td>
<td>6,673</td>
<td>4,144</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>3,662,560</td>
<td>2,593,259</td>
</tr>
</tbody>
</table>

### Note 4 (a). Trial and investigation support

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant funding</td>
<td>1,174,619</td>
<td>267,936</td>
</tr>
<tr>
<td>Grant funding: Below The Belt expense</td>
<td>261,241</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Trial and investigation support</strong></td>
<td>1,435,860</td>
<td>267,936</td>
</tr>
</tbody>
</table>

### Note 4 (b). Administration expenses

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting and auditing fees</td>
<td>32,154</td>
<td>33,563</td>
</tr>
<tr>
<td>Annual Scientific Meeting expense</td>
<td>383,613</td>
<td>266,360</td>
</tr>
<tr>
<td>Consulting fees</td>
<td>58,500</td>
<td>49,272</td>
</tr>
<tr>
<td>Information technology</td>
<td>12,615</td>
<td>20,444</td>
</tr>
<tr>
<td>Insurance</td>
<td>23,555</td>
<td>24,812</td>
</tr>
<tr>
<td>Registration</td>
<td>-</td>
<td>12,849</td>
</tr>
<tr>
<td>Travel and accommodation</td>
<td>86,166</td>
<td>115,872</td>
</tr>
<tr>
<td>Catering and conference</td>
<td>216,447</td>
<td>31,227</td>
</tr>
<tr>
<td>Telephone and teleconferencing charges</td>
<td>23,912</td>
<td>6,904</td>
</tr>
<tr>
<td>Rent</td>
<td>24,000</td>
<td>16,944</td>
</tr>
<tr>
<td>Depreciation</td>
<td>2,043</td>
<td>3,197</td>
</tr>
<tr>
<td>Marketing expenses</td>
<td>56,164</td>
<td>74,431</td>
</tr>
<tr>
<td>Sundry expenses</td>
<td>68,978</td>
<td>65,971</td>
</tr>
<tr>
<td>Pedalthon expenses</td>
<td>101,904</td>
<td>67,091</td>
</tr>
<tr>
<td><strong>Total Administration expenses</strong></td>
<td>1,090,051</td>
<td>788,937</td>
</tr>
</tbody>
</table>

### Note 5. Current assets - cash and cash equivalents

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at bank</td>
<td>1,455,325</td>
<td>1,070,573</td>
</tr>
</tbody>
</table>

### Note 6. Current assets – other financial assets

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term deposits</td>
<td>-</td>
<td>2,471,933</td>
</tr>
<tr>
<td><strong>Total Other financial assets</strong></td>
<td>-</td>
<td>2,471,933</td>
</tr>
</tbody>
</table>

### Note 7. Current assets - trade and other receivables

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade receivables</td>
<td>129,138</td>
<td>299,940</td>
</tr>
<tr>
<td>Other receivables</td>
<td>92,886</td>
<td>93,408</td>
</tr>
<tr>
<td><strong>Total Trade and other receivables</strong></td>
<td>222,024</td>
<td>393,348</td>
</tr>
</tbody>
</table>
ANZUP Cancer Trials Group Limited

Notes to the financial statements

For the year ended 31 March 2018

<table>
<thead>
<tr>
<th>Note</th>
<th>Description</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Non-current assets – other financial assets</td>
<td>Managed funds</td>
<td>3,688,044</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3,688,044</td>
</tr>
<tr>
<td>9</td>
<td>Non-current assets – property, plant and equipment</td>
<td>Office equipment - at cost</td>
<td>14,126</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Less accumulated depreciation</td>
<td>(12,717)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carrying amount at beginning of year</td>
<td>1,409</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Additions</td>
<td>1,195</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Depreciation expense</td>
<td>(2,043)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carrying amount at beginning of year</td>
<td>1,409</td>
</tr>
<tr>
<td>10</td>
<td>Current liabilities - trade and other payables</td>
<td>Trade payables</td>
<td>76,248</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Accruals</td>
<td>133,697</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Deferred revenue</td>
<td>1,272,721</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total current liabilities</td>
<td>1,482,666</td>
</tr>
<tr>
<td>11</td>
<td>Remuneration of auditors</td>
<td>Audit of the financial report</td>
<td>4,320</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other services - assistance with preparation of the financial report</td>
<td>2,310</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total remuneration of auditors</td>
<td>6,630</td>
</tr>
<tr>
<td>12</td>
<td>Key management personnel disclosures</td>
<td>Key management personnel compensation</td>
<td>203,154</td>
</tr>
<tr>
<td>13</td>
<td>Reconciliation of cash flows from operations with net income for the year</td>
<td>Net income for the year</td>
<td>512,333</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Depreciation</td>
<td>2,043</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change in operating assets and liabilities:</td>
<td>171,324</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Increase) / Decrease in trade and other receivables</td>
<td>933,183</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increase/ (Decrease) in trade and other payables</td>
<td>6,100</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increase in employee benefits</td>
<td>1,624,983</td>
</tr>
</tbody>
</table>
14. Related party transactions

Key management personnel

Disclosures relating to key management personnel are set out in note 11.

Transactions with related parties

During the year, the company received honorariums of $14,291 (2017: $13,211). These honorariums were in relation to speaking engagements undertaken by Ian Davis.

Receivable from and payable to related parties

There were no trade receivables, trade payables or loans to or from related parties as at year end (2017: nil).

Note 15. After balance date events

No other matters or circumstances have arisen since the end of the year which may significantly affect the operations of the company, the results of those operations, or the state of affairs of the company in subsequent years.

Note 16. Contingent liabilities and capital commitments

The company has no contingent liabilities or capital commitments as at year end (2017: nil).

Note 17. Members’ guarantee

The company is limited by guarantee. If the company is wound up, each member of the company undertakes to contribute to the assets of the company an amount not exceeding $50 for payment of the debts and liabilities of the company including the costs of the winding up. This undertaking continues for one year after a member ceases to be a member of the company.

At 31 March 2018, the number of members was 1,333 (2017: 1,155).

Note 18. Economic dependence

The company receives valuable infrastructure funding from Cancer Australia to operate the business. At the date of this report, the Directors have no reason to believe that Cancer Australia will not continue to provide funding.

Note 19. Company details

The company’s registered office is:
Level 6, Lifehouse Building
119-143 Missenden Road
Camperdown NSW 2050

The principal place of business of the company is:
Level 6, Lifehouse Building
119-143 Missenden Road
Camperdown NSW 2050
The directors of the entity declare that:

1. The financial statements, comprising the statement of profit or loss and other comprehensive income, statement of financial position, statement of cash flows, statement of changes in equity, and accompanying notes, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act) and:

   a. comply with Australian Accounting Standards – Reduced Disclosure Requirements and the Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013; and

   b. give a true and fair view of the entity's financial position as at 31 March 2018 and of its performance for the year ended on that date.

2. In the directors’ opinion, there are reasonable grounds to believe that the entity will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors and is signed for and on behalf of the directors by:

Ian Davis
Chairman

Sydney, 18 May 2018
INDEPENDENT AUDITOR’S REPORT
To the members of ANZUP Cancer Trials Group Limited


Qualified opinion
We have audited the financial report of ANZUP Cancer Trials Group Limited (the registered entity), which comprises the statement of financial position as at 31 March 2018, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial report, including a summary of significant accounting policies, and the responsible entities’ declaration.

In our opinion the accompanying financial report of ANZUP Cancer Trials Group Limited, is in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

(i) Giving a true and fair view of the registered entity’s financial position as at 31 March 2018 and of its financial performance for the year then ended; and

(ii) Complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

Basis for qualified opinion
Cash donations are a significant source of fundraising revenue for ANZUP Cancer Trials Group Limited. The registered entity has determined that it is impracticable to establish control over the collection of cash donations prior to entry into its financial records. Accordingly, as the evidence available to us regarding fundraising revenue from this source was limited, our audit procedures with respect to cash donations had to be restricted to the amounts recorded in the financial records amounting to $307,563. We therefore are unable to express an opinion whether cash donations ANZUP Cancer Trials Group Limited recorded are complete.

Auditor’s Responsibility
We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor’s responsibilities for the audit of the Financial Report section of our report. We are independent of the registered entity in accordance with the auditor independence requirements of the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board’s APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other information
Those charged with governance are responsible for the other information. The other information obtained at the date of this auditor’s report is information included in the Directors’ report for the year ended 31 March 2018, but does not include the financial report and our auditor’s report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.
INDEPENDENT AUDITOR’S REPORT (continued)

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed on the other information obtained prior to the date of this auditor’s report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of responsible entities for the Financial Report

The responsible entities of the registered entity are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the ACNC Act, and for such internal control as the responsible entities determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, responsible entities are responsible for assessing the registered entity’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the responsible entities either intends to liquidate the registered entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the registered entity’s financial reporting process.

Auditor’s responsibilities for the audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.


BDO East Coast Partnership

Paul Cheeseman
Partner

Sydney, 18 May 2018
GLOSSARY

Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASM</td>
<td>Annual Scientific Meeting</td>
</tr>
<tr>
<td>Below the belt</td>
<td>Relating to the urinary and genital organs</td>
</tr>
<tr>
<td>Genitourinary or GU</td>
<td>The urinary and genital organs (see also urogenital)</td>
</tr>
<tr>
<td>Germ cell tumour</td>
<td>Testicular cancer</td>
</tr>
<tr>
<td>MDT</td>
<td>Multidisciplinary team</td>
</tr>
<tr>
<td>Multidisciplinary</td>
<td>Combining or involving multiple disciplines or professional specialties (including medical, surgical and radiation oncology, nurses and allied health) in an approach to patient care</td>
</tr>
<tr>
<td>Pedalthon</td>
<td>ANZUP’s annual cycling fundraiser</td>
</tr>
<tr>
<td>Renal cell carcinoma or RCC</td>
<td>Kidney cancer</td>
</tr>
<tr>
<td>Urogenital</td>
<td>The urinary and genital organs (see also genitourinary)</td>
</tr>
</tbody>
</table>

Organisations, groups and committees

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANZUP</td>
<td>Australian and New Zealand Urogenital and Prostate Cancer Trials Group Limited</td>
</tr>
<tr>
<td>ANZUNS</td>
<td>Australia and New Zealand Urological Nurses Society</td>
</tr>
<tr>
<td>BaCT</td>
<td>Centre for Biostatistics and Clinical Trials</td>
</tr>
<tr>
<td>CAP</td>
<td>Consumer Advisory Panel</td>
</tr>
<tr>
<td>COSA</td>
<td>Clinical Oncology Society of Australia</td>
</tr>
<tr>
<td>CTC</td>
<td>National Health and Medical Research Council Clinical Trials Centre</td>
</tr>
<tr>
<td>PCFA</td>
<td>Prostate Cancer Foundation of Australia</td>
</tr>
<tr>
<td>SAC</td>
<td>Scientific Advisory Committee</td>
</tr>
<tr>
<td>USANZ</td>
<td>Urological Society of Australia and New Zealand</td>
</tr>
</tbody>
</table>
HOW YOU CAN HELP

**Kick off a pilot study**
Invest in a pilot study to test the feasibility of promising drug therapies, surgical methods, post-operative care and palliative care options.

$50k–$250k

**Support a clinical trial**
Invest in a clinical trial to test the effectiveness, side effects and best dose of potential treatments for urogenital cancers.

$1m–$5m

**Give a grant or fund a scholarship**
Inspire our culture of research by providing a grant or scholarship to clinicians involved in the care of patients with urogenital cancer.

**Be kind in-kind**
Investment and support comes in all shapes and sizes. In-kind donations can include secretariat support, meeting room use and auctionable goods for fundraising.

FIND OUT MORE

Visit us at www.anzup.org.au

- Find out about our trials
- Join Friends of ANZUP
- Donate and help fund a trial
- Read our member newsletter, UPdate
- Read our consumer magazine, A little below the belt

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Search for ANZUP in the App Store or Google Play

Support the Below the Belt Pedalthon
www.belowthebelt.org.au

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- below.the.belt
- ANZUP Cancer Trials Group

10 YEARS OF BELOW THE BELT CANCER RESEARCH