2014 ANNUAL REPORT

Making a difference to the lives of people affected by Bladder, Kidney Testicular and Prostate Cancers
The Directors of ANZUP Cancer Trials Group Limited ("ANZUP") are pleased to submit the Annual Report for 2014.

ANZUP Cancer Trials Group Limited

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ANZUP’S MISSION AND OBJECTIVES

MISSION
To conduct clinical trial research to improve treatment of Bladder, Kidney, Testicular and Prostate Cancers.

OBJECTIVES
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
ANZUP’S HISTORY

The Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP Cancer Trials Group Ltd, “ANZUP”) became a company limited by guarantee on 9 October 2008. The official launch of ANZUP was held on 20 March 2009 in Sydney.

ANZUP is a cooperative and multi-disciplinary organisation including collaborations within Australia, New Zealand and international collaborations. ANZUP was formed as a national cooperative clinical trials group encompassing all urologic cancers (bladder/urothelial, kidney, prostate, testis and other related tumours).

ANZUP brings together multiple professional disciplines and interested people to perform high quality clinical trials in urologic cancers and to facilitate basic and translational research.

ANZUP is primarily funded by Cancer Australia through its Support for Clinical Trials program.

We have representatives from all the relevant professional and scientific disciplines, in all states and territories of Australia and New Zealand, and with an important and growing international presence. Our Consumer Advisory Panel (CAP) provides a mechanism for advice to be offered across all ANZUP research activities as well as ensuring community engagement.
ORGANISATIONAL CHART

IDMC: Independent Data Monitoring Committee
SAC Subcommittees
Disease-specific;
PC: Prostate Cancer  GC: Germ Cell
RCC: Renal Cell Cancer  BC: Bladder Cancer

Non-disease-specific;
C&TR: Correlative and Translational Research
QoL & S/Care: Quality of Life & 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 three Appointed Directors. The Board meets by teleconference approximately once every 2 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.

- **Secretariat:** The secretariat comprises an Executive Officer (Margaret McJannett, 1 FTE), Administrative Officer (Yi Feng; 0.6 FTE) and Marketing and Communications Manager (Liz Thorp; 0.6 FTE). The company’s registered office is located 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; Bladder) and non-disease-specific subcommittees (Quality of Life & Supportive Care; and Correlative 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 from the NHMRC Clinical Trials Centre at The University of Sydney. The Committee is responsible for oversight of trials and group operations. This Committee meets by teleconference approximately once per month.

- **Independent Data Monitoring Committee (IDMC):** Terms of reference for the IDMC have been drafted and discussions are underway in relation to membership. It is anticipated that the IDMC will have oversight of multiple clinical trials.

- **Trial Management Committees (TMC):** Each trial has a TMC that meets approximately quarterly by teleconference to ensure oversight of the trial.
THE BOARD OF DIRECTORS

Chair: Professor Ian Davis
Professor Ian Davis 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 holds honorary appointments with the Ludwig Institute for Cancer Research and Austin Health, and as 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. Professor Davis is a member of the Urology and Skin Committees and the Standing Subcommittee on Research for the Cancer Council Victoria. He is chair of the COSA Urologic Oncology Group and a member of the COSA Board.

Deputy Chair: Associate Professor Guy Toner
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-specialty 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.

Treasurer: Dr Lizbeth Kenny
Dr Liz Kenny graduated in Medicine from The University of Queensland in 1980, and completed her specialty training in Radiation Oncology at The Queensland Radium Institute in Brisbane in 1987.

Dr Kenny is a Senior Radiation Oncologist at The Royal Brisbane & Women’s Hospital. In 2005 she was appointed as Medical Director, Central Integrated Regional Cancer Service and is committed to improving Cancer Services in Queensland. Her main areas of specialty interest are Head and Neck Cancer, Breast Cancer and Urological Malignancies.

Dr Kenny currently serves as the Clinical Lead for the Queensland Health Imaging Program.

Dr Kenny has served as The Dean of The Faculty of Radiation Oncology, The Royal Australian and New Zealand College of Radiologists and The President of The Clinical Oncological Society of Australia. She is a past President of The Royal Australian and New Zealand College of Radiologists. She has been awarded Honorary Membership of The European Society of Radiology, The Radiological Society of North America, an Honorary Fellowship of The American College of Radiology, The British Institute of Radiology and the Royal College of Radiologists.

Mr Martin Dowling
Mr Martin Dowling has held senior management and executive level financial and commercial roles at some of the largest companies in the world. He has delivered in leadership roles against a broad portfolio of responsibilities across a range of industries from mining and engineering to green energy and defence.

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 Dowling is committed to the pursuit of charitable and societal goals as a Director on not-for-profit boards and also actively involved in the local community.

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
Mr Glenn Ferguson is a Solicitor of the High Court of Australia and the Supreme Court of Queensland. An experienced commercial and corporate lawyer he has acted in complex transactions and disputes for a range of clients both nationally and internationally.

He is a past President of the Law Council of Australia, the peak national body which represents the legal profession nationally and internationally, 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 Chair of Workcover Queensland and Lexon Insurance, a Governor of the College of Law, member of the Federal Attorney General’s International Legal Services Advisory Council and the Immigration Minister’s Advisory Board in relation to the regulation of migration agents. Mr Ferguson has also held or continues to hold a number of board positions in both the public and private sector in the insurance, superannuation, education, sport, charity and information technology areas including chairing a publicly listed company.

He has been appointed by both Federal and State Governments to various advisory boards and task forces in the legal, business and immigration sectors.

Ms Linda Martin
Ms Linda Martin is the Chief Executive Officer of Arthritis Victoria and Osteoporosis Victoria. She was previously Managing Director of consultancy firm, Martin Bonato and Associates Pty. Ltd., with a focus primarily in the community and health sectors. Her experience also included the financial and safety industries. Prior to working as a consultant, Linda was a senior executive in the Victorian public service, working primarily in the community service sector managing regional operations, programs and major projects. She has also been a lecturer in Social Work at the University of Melbourne.

Ms Martin has an extensive knowledge of government processes with significant experience in fundraising. Her work in private, public and not-for-profit organisations includes strategic and business planning, program review, change management, program and project management, performance enhancement, alliance development, leadership and people development.

Associate Professor Henry Woo
Associate Professor Henry Woo is a urological surgeon with a subspeciality practice in prostate disease. He is an Associate Professor of Surgery at the Sydney Adventist Hospital Clinical School of the University of Sydney. In his student days, he was a Board Director of the University of Sydney Union and an elected delegate of the Sydney University Student Representative Council and Producer of a Sydney University Medical Revue.

He is regularly invited to teach and perform live surgical demonstrations locally and abroad. He runs a busy clinical trials unit at the Sydney Adventist Hospital with studies in both prostate cancer and benign prostatic hyperplasia. Henry has extensive experience in multicentre clinical trials, amongst which include being Principal Investigator of a study of lower urinary tract symptoms (LUTS) in men with advanced prostate cancer, Principal Investigator of Urolift treatment for LUTS due to BPH study, co-Chair of the Timing of Androgen Deprivation (TOAD) study and being on the Trial Management Committee of the RAVES (Radiotherapy - Adjuvant Versus Early Salvage) study for prostate cancer. He is also a member of the Scientific Reference Committee of the Prostate Cancer Foundation of Australia.

A/Professor Woo is CME Editor of the BJUI and also on the editorial boards of the journals Prostate Cancer Prostatic Diseases, Prostate International and World Journal of Clinical Urology. He regularly reviews manuscripts for major urological journals including European Urology, BJUI, Journal of Urology, Urology, Nature Reviews Urology and Journal of Endourology. He has 88 publications in peer reviewed journals with several more currently in editorial review. He has developed a strong interest in role of social media in urology and is the coordinator of the International Urology Journal Club on Twitter. The American Urological Association has recently appointed him to their Social Media Workgroup. He regularly blogs and has published on Croakey, KevinMD and BJUI Blogs as well as his personal blog site. He can be found on Twitter @DrHWoo.

ANZUP Meetings of Directors
During the year five meetings of the Directors were held. Attendance by each Director were as follows:

<table>
<thead>
<tr>
<th>Director</th>
<th>Role</th>
<th>Appointed</th>
<th>Board Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ian Douglas Davis</td>
<td>Chair</td>
<td>9 Oct 2008</td>
<td>Number eligible to attend</td>
</tr>
<tr>
<td>Guy Campbell Toner</td>
<td>Deputy Chair</td>
<td>9 Oct 2008</td>
<td>5</td>
</tr>
<tr>
<td>Lizbeth Moira Kenny</td>
<td>Treasurer</td>
<td>9 Oct 2008</td>
<td>5</td>
</tr>
<tr>
<td>Henry Hyunshik Woo</td>
<td>Director</td>
<td>25 Jun 2010</td>
<td>5</td>
</tr>
<tr>
<td>Glenn Wayne Ferguson</td>
<td>Director</td>
<td>30 Aug 2010</td>
<td>5</td>
</tr>
<tr>
<td>Giuseppe Aniello Esposito</td>
<td>Director</td>
<td>13 Dec 2010</td>
<td>5</td>
</tr>
<tr>
<td>Linda Robyn Martin</td>
<td>Director</td>
<td>13 Dec 2010</td>
<td>5</td>
</tr>
<tr>
<td>Martin George Dowling</td>
<td>Director</td>
<td>1 May 2013</td>
<td>5</td>
</tr>
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</table>
CHAIRMAN’S REPORT

It is a privilege to provide you with this annual report outlining ANZUP’s activities over the last year.

The Board continues to monitor its progress against the ANZUP Strategic Plan 2013-2015 (http://www.anzup.org.au/content.aspx?page=strategicplan), ratified by the Board in 2012. I am pleased to report that ANZUP continues to make excellent progress against every item. We continue to build on a solid base of progress from previous years and the organisation now finds itself in a very strong position.

The Strategic Plan includes actions designed to strengthen our trials portfolio, build our membership base, improve communications, enhance the activities of the various committees and subcommittees including the Consumer Advisory Panel, develop new resources and opportunities for our members and particularly for junior and trainee members, and to ensure our financial viability for current and projected future activities. I would like to highlight some of the major achievements ANZUP has made over the last year in some of these areas:

1. Clinical trials. ANZUP has successfully completed the EVERSUN trial in renal cell carcinoma and the results of this were presented at the ASCO Genitourinary Cancers Symposium in 2014. This trial was the first to come out of the ANZUP membership and represents in many respects our coming-of-age. The results were keenly anticipated by many people and organisations around the world. EVERSUN also incorporated the EVERSUN-T translational trial, which demonstrated our ability to add translational value to our clinical trials. I congratulate everyone involved in EVERSUN in seeing it through to its successful conclusion.

ANZUP was also successful in securing funding for the phase 3 accelerated BEP trial (Principal Investigator: Peter Grimison) and the mitomycin/BCG non-muscle-invasive trial (Dickon Hayne). Both of these important trials will help answer key clinical questions we address every week in our clinics.

Perhaps the most exciting and challenging project over this period was our successful development of two international trials in prostate cancer: ENZAMET (planned 1100 patients) and ENZARAD (planned 800 patients). These two trials will answer critical clinical questions in metastatic or locally advanced prostate cancer respectively. Our timelines for developing these trials were almost impossibly tight; however, we have been able to secure funding from Astellas; develop the protocols and other supporting documentation, including iterative review and input from local and international collaborators; submit the applications and obtain ethics approval; hold an investigator’s meeting; and initiate both trials; all within only a few months. This success has been due to extraordinary efforts and commitment by a wonderful team of ANZUP people and with great support by our colleagues at the NHMRC Clinical Trials Centre and international collaborating groups. These two trials have firmly placed ANZUP in the international arena, as we will be leading the trials in Australia and New Zealand as well as liaising with coordinating groups overseeing sites in Canada, the United States, Ireland and the United Kingdom. I am unable to express my thanks adequately to the wonderful team that has brought us to this point and there are too many to name individually.

We are not content to rest on this success. ANZUP has ongoing clinical trials in each of our disease types of interest, including “conventional” intervention trials as well as psycho-oncology, supportive care, translational and other studies. We will continue to develop and conduct trials in all of these areas, consistent with our vision of improving outcomes for our patients and their families.

2. Membership. We welcomed our 600th member at the ASM in July 2013 and our 700th in March 2014. Membership numbers are easy to measure and we are certainly flourishing by this metric, but more importantly we continue to attract a broad and eclectic mix of new members in terms of both professional disciplines as well as geography. It is particularly gratifying to see that many trainees recognise the opportunities that ANZUP provides and are taking up membership to enjoy these.

3. Funding and fundraising. In 2013 ANZUP secured three years of infrastructure funding support through Cancer Australia, which is now secure until the end of June 2016. This funding is valuable but does not allow us to do everything we wish to do and it became clear that the time was now right...
to increase our fundraising profile. ANZUP is registered as a charity in every state and territory of Australia. Our resources enabled us to bring on Liz Thorp as our new Marketing and Communication Manager and more recently to increase her fractional appointment. Liz has already identified and facilitated a large range of new opportunities for ANZUP. This in turn continues to raise our profile in the community and assists us, not only in raising funds, but also in raising community awareness and eventually improving community participation in research. ANZUP with the support of a generous donation from one of our Consumer Advisory Panel (CAP) members, Ray Allen, produced a “Research Prospectus,” which allows us to approach potential corporate and philanthropic donors and provide them with an easily understood description of what we do and why support for ANZUP is worthwhile. Other members of ANZUP including representatives from our CAP are also participating in fundraising for ANZUP, through initiatives such as Everyday Hero (http://www.everydayhero.com.au/charity/view?charity=2503) and Go Fundraise (http://www.gofundraise.com.au/beneficiary/anzup). Our Executive Officer Margaret McJannett established a mechanism for Corporate Supporters of ANZUP that complies with our responsibilities in relation to our Federal Government funding. This has also been a very valuable tool to improve relationships and communication with industry. We thank our current corporate supporters: Amgen, Astellas, Bayer, Ipsen, Janssen, Pfizer and Sanofi.

4. Annual Scientific Meeting. Our ASM in July 2013 was once again very successful, as was the accompanying Trainee Day (to be renamed in 2014), Consumer Advisory Panel Education Session and the Community Forum. The ASM was convened by Shomik Sengupta with the very substantial assistance of Peter Grimison, Amy Hayden, Jarad Martin, Jasotha Sanmugarajah, Reuben Broom, Kath Schubach, Suzanne Chambers and Belinda Jago. Amy also worked tirelessly to put together an excellent Trainee Day program. The feedback from the meeting was very positive, including that from our international speakers. The program for the 2014 ASM to be held in Melbourne on 13-15 July is now available on the ANZUP website. Thanks to our convenor David Pook, Masterclass convenor Andrew Weickhardt, and great support from the rest of our convening committee: Shankar Siva, Kath Schubach, Belinda Jago, Henry Woo, Amy Hayden, Shomik Sengupta, Jeremy Grummett, Ben Tran, Carmel Pezaro and Emma Beardsley and myself.

5. New initiatives. ANZUP is now in a stronger financial position than ever before and it is now possible to begin new initiatives we could previously not undertake. These include new opportunities for bringing our members together in order to discuss the science and the clinical needs, to develop new protocol concepts and to bring more trials through to fruition. We are forging new links with international and local cooperative groups that will give us more research opportunities in the future. We also continue to work closely with other organisations such as the Prostate Cancer Foundation of Australia (PCFA).

ANZUP and its members do a great deal of work and most of this is on donated time. I am immensely grateful to my fellow Board directors (Guy Toner, Henry Woo, Liz Kenny, Joe Esposito, Glenn Ferguson, Linda Martin, and new director Martin Dowling appointed in 2013). The Board is wonderfully supported by its Finance and Audit Subcommittee and its Fundraising and Promotion Subcommittee, both chaired by Joe Esposito; by the Consumer Advisory Panel, chaired by Belinda Jago; the Scientific Advisory Committee, its subcommittees and members. I would also specifically like to highlight and acknowledge the wonderful and often invisible but always indispensable assistance provided by our volunteers, especially Lesley Tinkler and Jo Stubbs. Thank you to you all. As always, thanks to our wonderful staff (Yi Feng and Liz Thorp), and profound thanks to our wonderful Executive Officer Margaret McJannett, who is the glue that holds it all together and who pours so much energy into ANZUP.

Finally, on behalf of the Board, thanks to all our members for making ANZUP into what it is today. We have come a long way, we still have far to go, but together we can be assured that we are making a difference.

Ian Davis
Director and Chair of the ANZUP Board.
It is with great pleasure I provide my annual report from an ANZUP’s operational perspective. The last 12 months have flown by with members contributing so generously across all our activities. From the Board – led by our Chair, Professor Ian Davis, through to the SAC, Subcommittee Chairs, CAP and members, our output has been impressive.

STRATEGIC AND BUSINESS PLANNING:

In 2012 the ANZUP Board reviewed our Strategic Plan and presented it to members at the Annual General Meeting (AGM). The Strategic Plan provides us with a framework for identifying our priorities and strategies to promote ANZUP and build the revenue base to support the scientific and intellectual endeavours of the Group. As Ian has stated we have all been working hard to ensure we not only meet those objectives but also how we will drive future goals. The next review of our Strategic and Business Plan will occur during first quarter 2015.

Changes in state of affairs

ANZUP’s fourth Annual General Meeting was held on 16 July 2013. In accordance with rule 15.5 of our Constitution Prof Davis and A/Prof Guy Toner were re-elected as Chair and Deputy Chair respectively.

We are fortunate to have a Board of Directors with an excellent skill mix committed to supporting our organisational mission and objectives. While there have been no changes to the Board over the last 12 months, we are exploring the inclusion of a New Zealand representative on ANZUP’s Board.

In December 2013 ANZUP in collaboration with the NHMRC Clinical Trials Centre oncology team, ANZGOG, AGITG and COGNO, relocated offices to Level 6, Lifehouse Building in Camperdown. This has been a very positive move for us with greater engagement between the ANZUP and CTC teams.

Scientific Advisory Committee

Our Scientific Advisory Committee (SAC) membership provides a mechanism for the development of new concepts and prioritisation and incorporation of key translational and research questions into active and proposed trials. In October 2013 we reviewed the processes to encourage more involvement of the representative groups. New members were ratified by the Board; the members are listed on page

Matters affecting ANZUP operations and state of affairs in future financial years

Meetings:

ANZUP Board, Finance and Audit Committee, Fundraising and Promotion Subcommittee, Operations Executive, SAC, SAC subcommittees, CAP and Trial Management Committees held regular scheduled meetings and teleconferences throughout the year. The Board requested Chairs of the all ANZUP committees to identify deputy chairs allowing for succession planning. This is in progress.

Finances:

Funding from the Australian government through Cancer Australia to support our infrastructure is welcome, but each clinical trial requires independent funding. Now we rely on grants from various sources to fund trials. This can take several years and may be unsuccessful. Our aim is to have resources allowing us to initiate trials and support funding applications more effectively.

Over the past two years ANZUP has significantly improved our financial position due to fundraising, hosting events such as our ASM and securing trial funding through industry and granting bodies (see pages 29-47). Consequently, we plan to roll out face to face concept development meetings across all our disease-specific subcommittees to generate faster trial development.

Staffing:

With secure funding from Cancer Australia’s Support for Cancer Clinical Trials Program to June 2016, the Board has extended contracts for my position and our Administrative Officer to December 2014.
In line with our strategic plan identifying new funding to support expansion across our research activities is vital. In May 2013 we convened a fundraising strategy meeting to identify our key goals for the next three years. To achieve the Key Performance Indicators (KPIs) the Board supported the appointment of a Fundraising and Communications Manager. This position will establish long-term partnerships enabling us to fund trials independent of Government Grants. In September 2013 we welcomed Ms Liz Thorp to the ANZUP team. Liz has made significant inroads into implementing our fundraising strategy as well as raising our profile in the community as you will see throughout this report.

Membership:

As of 30 March 2014 ANZUP has 719 members, an increase of 35% since 2013. Our ASM attendance has grown approximately 20%. This engagement with our growing membership ensures we remain focused on conducting clinically relevant trials, based on the priorities and needs of patients.

A membership breakdown is listed below.

Building our multidisciplinary membership:

As at 31 March 2014, ANZUP had 719 members covering a wide range of professional disciplines. The breakdown of membership was as follows:

- Medical Oncologist: 145
- Urologist: 108
- Registered Nurse: 74
- Clinical Trials Coordinator: 80
- Radiation Oncologist: 60
- Surgeon: 1
- General Practitioner: 1
- Anaesthetist: 1
- Radiologists: 2
- Nuclear medicine: 2
- Medical Physics: 2
- Students: 3
- Health economics: 3
- Endocrinologist: 3
- Supportive care: 4
- Pharmacist: 5
- Epidemiologist: 6
- Statistician: 7
- Pathologist: 10
- Fellows: 11
- Consumer advocacy: 14
- Psychologist: 23
- Allied Health: 25
- Scientist: 34
- Trainee: 50

Number of Members

BY STATE/TERRITORY IN AUSTRALIA:
- WA: 44
- QLD: 91
- NSW: 274
- ACT: 14
- NT: 6
- SA: 36
- VIC: 201
- TAS: 9

NEW ZEALAND: 34

REST OF THE WORLD:
- Canada: 4
- United States: 4
- United Kingdom: 2

In the past year ANZUP membership has grown 35%.

ASM ATTENDANCE

 upward 20%

100 hospitals and medical centres are now recruiting to ANZUP trials.
Education and mentoring:

We continue to encourage and support Fellows and junior researchers to engage with protocol design, grant preparation, presentations with support and mentoring through ANZUP. We have established a tradition of hosting a Trainee Day prior to the ASM. With a very positive and well attended Trainee Day last year, we agreed this would be beneficial to consultants, nurses and allied health professionals along with the trainees. We plan to expand on this concept in 2014 into a MDT Masterclass.

Our thanks to Shomik Sengupta who represented ANZUP providing an overview of current ANZUP trials at the USANZ ASM in Melbourne in April 2013.

Community Engagement:

ANZUP involves consumers in all levels of governance and research activity. The CAP has members who represent the four major cancers that we study. This allows rapid and effective engagement of the community in promoting uptake of clinical trials.

We established an annual CAP education session in order to support and increase their knowledge and involvement in all ANZUP research activities. Last year we collaborated with the ANZ Breast Cancer Trials Group (ANZ BCTG) to host a very successful joint CAP education session. The feedback was extremely positive with both organisations looking to repeat this activity in the future.

My thanks to CAP Chair, Belinda Jago and all our CAP members for their commitment, energy and extraordinary contribution to ANZUP. I would also like to acknowledge and thank Leonie Young, ANZ BCTG CAP Chair, for her ongoing support and guidance she generously provides to ANZUP.

Collaborations:

ANZUP collaborates with a wide range of research organisations including national cancer cooperative trials groups (CCTGs); TROG Cancer Research, Psycho-Oncology Co-operative Research Group (PoCoG), Primary Care Collaborative Cancer Clinical Trials Group; as well as Griffith University and the University of Western Sydney in the conduct of clinical trials.

We continue to explore opportunities for clinical trial collaboration with international groups. Our two new prostate cancer trials, ENZARAD and ENZAMET, are ANZUP led and will involve collaboration with All Ireland Cooperative Clinical Oncology Research Group (ICORG), NCIC Clinical Trials Group, TROG and other groups anticipated to follow.

ANZUP is a member of the Executive Officers Network (EON) (CTCN). Like the EON this group comes together to share information and explore what efficiencies they may find useful between the CCTGs CAPs.

ANZUP participated in the inaugural Australian Clinical Trials Alliance (ACTA) meeting and workshop in March this year. ACTA was established to bring together cooperative groups across all therapeutic areas, not just cancer, to promote investigator-led clinical trials that generate evidence to support decision making by health practitioners, policy-makers and consumers.

National Health and Medical Research Council Clinical Trials Centre:

ANZUP collaborates with the National Health and Medical Research Council Clinical Trials Centre (NHMRC CTC) in the conduct of our clinical trials work to achieve quality processes on trial development and operations.

Data and quality:

It’s been a prolific year in the design of electronic case report forms, with four studies requiring set-up, testing, and roll out of e-CRFs to participating sites. With two studies (ENZAMET and ENZARAD) in production, P3BEP and BCG+MMC studies will soon be available.

These studies are all new ANZUP initiated trials, with central procedural documentation currently being prepared ensuring compliance with relevant standards. Monitoring plans are in development to ensure the studies meet international standards of clinical trial conduct and data quality through a programme of central and site monitoring. On-site monitoring is expected to start during 2014.

Over the past 12 months there have been a number of staff changes to accommodate ANZUP’s growing portfolio of trials. We value the close working relationship we have with CTC and welcome all the new trial staff working on ANZUP studies:

Oncology Program Manager:
• Burcu Vachan

Associate Oncology Program Managers:
• Xanthi Coskinas – Development
• Nicole Wong – Operational

Trial Coordinators on recruiting studies:
• Karen Bracken – BCG+MMC
• Carlo Dazo – ENZAMET and ENZARAD
• Annie Yeung – P3BEP

Trial coordinators on studies closed to recruitment:
• Nick Muljadi – Chemo & Cog
• Ilka Kolodziej – Eversun
• Annie Yeung – SORCE
• Annie Yeung – Accelerated BEP
Data Manager:
- Emily Tu – ENZAMET and ENZARAD

Clinical Trials Assistant:
- Beau Salwin – various ANZUP studies

ANZUP is very fortunate to have two dedicated research fellows, Drs Anne Long and Felicia Roncolato working with us, providing academic and clinical expertise for our research and projects.

ANZUP acknowledges and thanks staff of CTC: In particular Xanthi Coskinas, Martin Stockler, Wendy Hague, Burcu Vachan, Paul Smyth, Calos Sterling and Kim Russell Cooper for their support to ANZUP over the past 12 months.

Website and communication:

The ANZUP website www.anzup.org.au plays a vital role in our communication to our members, stakeholders, the corporate and philanthropic sectors and the community. We have continued to expand our web-based resources including: presentations, videos and webcasts; increased our engagement with members including Trial UPdates, group news and meetings and continued development our “Supporters” section on the website. With the growing social media presence we will also be looking to review our communication strategy to ensure we optimise connection with our community.

We have been actively working to expand our fundraising activities this year. We are grateful to all our GoFundraise and Everyday Hero for nominating ANZUP as their charity. An online donation form is also available on the website to enable a more streamlined donation process for members of the public.

Corporate Supporters

I am pleased to announce that Astellas and Janssen have joined ANZUP’s Corporate Supporters program. This enables ANZUP to better support our members. It also provides ANZUP the opportunity to meet and engage on a regular basis with industry. Our 2014 Supporters are

Kind-in-kind

We acknowledge and thank the following organisations for the generosity they have shown us by providing their services pro-bono.

Thank you also to Harley Oliver and Michael Newling for producing and editing the vignettes of Ian Davis discussing ANZUP.
The 2013 ANZUP ASM was a great success. It was good to see an attendance increase and as always, the delegates represented the spectrum of interest in GU cancers. The feedback has been overwhelmingly positive, and ANZUP will continue to create events to meet the educational needs of all its members.

The success of a meeting such as this is down largely to the presenters. We were very lucky to have three knowledgeable and engaging international guests in Jason Efstathiou, Robert Figlin and David Latini. They were ably complemented by a stellar cast of invited local experts, and a high quality selection of oral and poster presentations. In addition to covering a range of key topics related to the main GU malignancies, a particular feature this year were the sessions examining potential unanswered questions for the future. There were also updates on current ANZUP trials, and three very interesting trial concepts which we will hope to see take shape in the future. As a prelude to the main meeting, on the Sunday we also had another highly successful Trainee Day, a Community Engagement Forum and an open meeting of the Scientific Advisory Committee.

The organising committee collectively put in an enormous amount of time and effort bringing the meeting together. I want to sincerely acknowledge the efforts of Jarad Martin, Jasotha Sanmugarajah, Suzanne Chambers, Reuben Broom, Amy Hayden, Dickon Hayne, Kath Schubach and Belinda Jago. Ian Davis and Peter Grimison kindly made themselves freely available for advice. Thanks are also due to Kate Murphy and her team at YRD, our conference organisers, and as always to Marg and Yi, at the ANZUP executive.

ANZUP Trainee Day 2013: “Challenging Cases in Uro-oncology, a Multidisciplinary Approach”

The 2013 ANZUP Trainee Day saw more than 110 delegates register. There was a series of case-based multi-disciplinary panel discussions devoted to the four major diseases of interest as well as an introduction to health economics research from Marion Haas. Trainees were also treated to a thought provoking and entertaining presentation from Fran Boyle on how to communicate with patients about clinical trials. I have no doubt this will resonate with those in attendance for years to come! Through the new ANZUP app we were able to ensure that there was audience participation.

We acknowledge and thank Cancer Institute NSW for sponsoring the 2013 Trainee Day.

Awards and Social Events

A welcome reception followed the pre-conference meetings on the Sunday, and set the stage for keen conversations between attendees. Monday concluded with the ANZUP ASM 2013 conference dinner in Foyers E & F. It was an evening of great food & wine, ongoing multi-disciplinary collaboration, with several attendees dancing into the small hours. We acknowledged Bayer for their travel fellowship to support our member’s attendance at the ASM.

“The best part about the ANZUP conference is that it brings together cancer experts from all the relevant fields - it’s the Antipodean version of GU ASCO!”

- Jeremy Grummet
ANZUP/Bayer Travel Fellowships

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<th>Recipient</th>
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<tr>
<td>Adam Dowrick</td>
<td>Australian Prostate Cancer Research Centre Epworth</td>
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<tr>
<td>Florian Honeyball</td>
<td>Royal Prince Alfred Hospital</td>
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<td>Gargi Kothari</td>
<td>Peter MacCallum Cancer Centre</td>
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<td>Jeremy Lewin</td>
<td>Peter MacCallum Cancer Centre</td>
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<td>Mun Sem Liew</td>
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<td>Kirandeep Mankoo</td>
<td>Queensland University of Technology</td>
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<td>Donald Murphy</td>
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<td>Weranja Ranasinghe</td>
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<td>Kenny Rao</td>
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<td>Timothy West</td>
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<td>David Wetherell</td>
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<td>Hui-li Wong</td>
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<td>Alison Zhang</td>
<td>Crown Princess Mary Cancer Centre, Westmead Hospital</td>
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ANZUP/Pfizer New Zealand Travel Grants

Jason Du
Arman Kahokehr
Osama Salih

PCFA ANZUP ASM Grant 2013 for Registered Nurses

Julia Hunter
Daisy Buchanan
Cathy Xu

The meeting closed with presentation of the awards, generously supported by Astellas.
Congratulations to: Jane Ussher Best of the Best Oral; Catriona MacRae Best of the Best Poster; Leah Zajdlewicz Best of the Best Nursing/Allied Health; and Timothy West Best of the Best Trainee/Fellow.

Scholarship for ANZUP Trials Study Coordinators

Natasha Roberts
Chris Hodgkins

ANZUP/GSK Scholarship for New Zealand Trainees

Catriona MacRae
Nicky Mitchell
Acknowledgements

We acknowledge the valuable support we receive from Cancer Australia.

To our ASM sponsors, it is only through your level of commitment that we can consider hosting such a high quality meeting over the 3 days. We acknowledge and thank our 2013 major meeting sponsors:

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Pfizer Oncology

BAYER

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Prostate Cancer Foundation of Australia

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Griffith University

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Pfizer Oncology

'Handz Up for ANZUP' at our ASM
ANZUP ADVISORY COMMITTEE AND SUBCOMMITTEE CHAIRS

SCIENTIFIC ADVISORY COMMITTEE
Ian Davis – Chair
Martin Stockler – Deputy Chair
Nicholas Buchan
Suzanne Chambers
Paul de Souza
Warick Delprado
Joe Esposito
Martin Gleave
Peter Grimison
Fritha Hanning
Dickon Hayne
Belinda Jago
Mei Krishnasamy
Andrew Martin
Jarad Martin
Stefano Occhipinti
Pamela Russell
Kathryn Schubach
Shomik Sengupta
Christopher Sweeney
Guy Toner
Paul Waring
Scott Williams
By invitation
Venu Chalasani
Anne Long
Felicia Roncolato
Ex-officio
Xanthi Coskinsas
Margaret McJannett
Burcu Vachan
Nicole Wong

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Bernadette Crennan
Ian Davis
Linda Martin
Margaret McJannett – Ex-officio

FUNDRAISING AND PROMOTION SUBCOMMITTEE
Joe Esposito – Chair
Ray Allen
Bernadette Crennan
Ian Davis
Belinda Jago
Linda Martin
Margaret McJannett – Ex-officio

CONSUMER ADVISORY PANEL
Belinda Jago – Chair
Raymond Allen
Matthew Carr
Joe Esposito
John McIlrath
Colin O’Brien
Max Shub
Anthony (Tony) Sonneveld
Peter Stanford
John Stubbs
David Swallow
Ian Davis – Ex-officio
Margaret McJannett – Ex-officio

SUBCOMMITTEE CHAIRS:
Bladder Cancer
Manish Patel / Dickon Hayne
Correlative and Translational Research
Colleen Nelson / Paul De Souza
Germ Cell
Peter Grimison
Prostate Cancer
Scott Williams
Quality of Life & Supportive Care
Suzanne Chambers
Renal Cell Cancer
Ian Davis

ANZUP & NHMRC CLINICAL TRIALS CENTRE
Operations Executive Committee
Ian Davis – Chair
Guy Toner – Deputy Chair
Peter Grimison
Margaret McJannett – ANZUP EO
Martin Stockler – CTC Clinical Lead
Burcu Vachan – Oncology Program Manager
Xanthi Coskinsas – Associate Oncology Program Manager (AOPM)
Anne Long – ANZUP Research Fellow
Felicia Roncolato – ANZUP Research Fellow (commenced Jan 2014)
ANZUP RESEARCH HIGHLIGHTS

Scientific Advisory Committee: Ian Davis

The SAC meets quarterly by teleconference and held a face-to-face meeting at the Annual Scientific Meeting in July 2013, an open meeting to which all members were invited. The SAC plans to repeat this at the 2014 ASM and into the future.

The SAC comprises a broad representation from the professional organisations that represent the disciplines along with the subcommittee chairs. Its membership is reviewed annually by the Board. Subcommittee Chairs become members of the SAC by virtue of their role as Chair, if they are not already a member. Some of our longest standing and in some cases founding SAC members are retiring from the SAC in 2014, including Colleen Nelson (scientist; Correlative and Translational Research chair), Manish Patel (urologist; Bladder chair), John Pedersen (Pathologist), Hema Samaratunga (Pathologist) and John Stubbs (Consumer Advisory Panel). I wish to thank them all profoundly for their wonderful contributions. We also welcome several new SAC members in 2014: Paul De Souza (medical oncologist; Correlative and Translational Research chair), Dickon Hayne (urologist and USANZ nominee; Bladder chair), Paul Waring (pathologist and RCPA nominee).

The four disease-specific SAC subcommittees (prostate, renal, bladder and germ cell) continue to be very active. Each subcommittee meets quarterly and in 2014 ANZUP plans to facilitate at least one annual face-to-face meeting of each. The non-disease-specific committees (the Correlative and Translational Research committee; and the Quality of Life and Supportive Care committee) meet as required and provide outstanding service in rapid review of concepts and protocols, and practical input into protocol design and translational or other questions that can be included. The Consumer Advisory Panel also has input into the SAC, as well as providing direct input to the Board and having representatives on each of the disease-specific subcommittees. These community representatives have provided outstanding support as evidenced by rapid and very high quality review of documents for clinical trials and grant applications.

Each subcommittee develops and prioritises research questions and concepts, based on their expert understanding of the science and the clinical needs and with input from the community representatives. Projects are then prioritised and submitted to the SAC for further consideration. The SAC then further prioritises which concepts should move forward for development as ANZUP trials and provides support for protocol development and appropriate funding applications. Various SAC members and other ANZUP subcommittee members have submitted grant funding applications in the 2014 round for support of clinical trials in prostate cancer or urothelial cancer.

Any ANZUP member can join any subcommittee, with the exception of the Consumer Advisory Panel where membership is through appointment by the Board. ANZUP members can nominate subcommittees in which they are interested at the time they join ANZUP, and membership can be added or removed at any time at the member’s request. This process ensures that as many members as possible are able to contribute to committee functions and to the level of involvement with which they are comfortable. ANZUP has as one of its strategic priorities the goal of creating training and mentorship opportunities for trainees, the clinical and research leaders of the future. The ANZUP subcommittee processes ensure that these opportunities are provided.

Members of the SAC and its subcommittees donate their time and expertise. They represent the highest quality clinicians, carers and researchers, and I thank them all for their outstanding contributions.

Consumer Advisory Panel: Belinda Jago

I am delighted to be able to report on behalf of the CAP that the last 12 months has been one of teamwork, collaboration, development, learning and participation across a range of ANZUP research activities. The CAP is made up of a team of 11 committed volunteers providing ANZUP with representation across each of the disease-specific subcommittees. We are a more cohesive and experienced group of consumers than this time last year and we enjoy and value being part of the growing, successful and extremely active clinical trials group that ANZUP is today.

The key role of the CAP is to provide comments on behalf of the community in regards to various research activities and clinical trial proposals developed by ANZUP. The CAP had the opportunity to review the Patient Information and Consent Forms (PICF’s) for the ENZAMET and ENZARAD trials. We received very positive feedback from the investigators/research team about our contribution. As one CAP member commented “I felt that I had worked on a CAP project in line with the reason why I had volunteered in the first place”. It was both interesting and satisfying to be involved in this process and to see the benefit that we as the CAP can contribute on behalf of the patients that will be looking to be recruited onto these 2 major trials over the year ahead. We look forward to reviewing more ANZUP trials as they are developed over the next twelve months.
Other highlights included:

• A highly successful joint CAP education session between ANZUP and ANZ Breast Cancer Trials Group (ANZ BCTG) was held pre the ASM in July. This collaboration gave the ANZUP CAP the opportunity to hear from a more established CAP, gain new skills and greater insights into being a successful consumer advocate and together build our peer-support networks. We very much appreciate the support and guidance provided by Leonie Young – Chair ANZ BCTG CAP in working with ANZUP to pull the day together. Where opportunity permits collaborative training is of great value to all.

• An informal CAP dinner was held pre the ASM. This allowed us an opportunity to get to know each other “outside of the cancer experience” as described by one of the CAP. We all agreed this was a great way to break the ice and bring us together as a team.

• CAP members were invited to present at the Community Engagement Forum in July 2013.

• We welcomed Peter Stanford as our new bladder cancer representative to the CAP in October 2013. With Peter’s appointment we now have representation across all the four major diseases ANZUP represents.

• ANZUP investigators together with several CAP members were very much occupied with several grant applications earlier in the year. We look forward to hearing the outcome of the collective efforts.

• The CAP has members who bring their expertise and enthusiasm to support ANZUP’s Fundraising and Promotion Subcommittee. You will see more evidence of these activities throughout this Annual Report.

• We were also invited to contribute to the inaugural Consumer Newsletter “A little below the belt”. We have no doubt this will prove to be an excellent resource for ANZUP when engaging with the general public and our corporate partners. Please consider sharing this resource through your networks via: Twitter, Facebook or email the web link! http://www.anzup.org.au/content.aspx?page=newsletter.

As CAP Chair I also have the opportunity to meet with the 13 other Cancer Cooperative Trial Groups (CCTG) CAP Chairs, through the Clinical Trials Consumer Network (CTCN). This group comes together to discuss share information and explore what efficiencies we might be able to achieve to help build stronger links between the CCTGs. Leonie Young and I presented to the group late last year highlighting the benefits of our joint CAP education program in July 2013. This certainly created some positive discussion for the future.

We are sure that year ahead will be as busy and as positive as the year that we leave behind. The CAP looks forward to many more opportunities to use our growing experience to support and provide input into a range of research and trial initiatives as consumer advocates, on behalf of the community.

ANZUP has set up a very positive framework for the team to participate in. On behalf of the CAP we extend a huge thank you to the ANZUP Board and in particular to Ian, Marg, Yi and Liz who make our experience interesting, seamless and welcoming.

To the CAP members: Ray Allen, Matt Carr, Joe Esposito, Bill McIlrath, Colin O’Brien, Tony Sonneveld, Peter Stanford, John Stubbs, David Swallow and Max Shub, our team has grown in strength over the past 12 months and I thank you all for your support and contribution to ANZUP and in particular to the CAP. I look forward to yet another exciting and busy 12 months working with you all.

**Bladder Cancer Subcommittee: Manish Patel**

The bladder cancer subcommittee has had a very successful year. The BCG and Mitomycin study led by Dickon Haynes has opened and is accruing patients at multiple sites. We are also developing some additional translational and quality of life sub-studies in conjunction.

A number of new concepts are also in development. Professor Martin Stockler is developing a study comparing neoadjuvant to adjuvant chemotherapy for patients with muscle invasive bladder cancer undergoing radical cystectomy. The second concept is a phase II study examining the effectiveness of NAB-paclitaxel in patients unsuitable for cisplatin chemotherapy in advanced bladder cancer. A third concept involves the use the NAB-paclitaxel as a second line agent for treatment of metastatic bladder cancer. We anticipate these concepts will be fully developed this year.

The Bladder cancer sub-committee has also developed a collaboration with the NCRI in the UK and we hope to be involved in some of the studies they are running.

I have stepped down as chair of the committee and Professor Dickon Hayne will lead this group over the next few years. I thank the committee and the ANZUP staff for their hard work which has made this committee such as success.
Correlative and Translational Research Subcommittee: Paul De Souza

I am delighted to present my first annual report as Chair of the Translational and Correlative Research (C&T) subcommittee.

In October I represented ANZUP at the inaugural Genomic Cancer Clinical Trials Initiative workshop. Funded by Cancer Australia this three year initiative aims to support Australia’s Cancer Clinical Trials Groups (CCTGs) to develop genomic-specific clinical trials concepts and grant applications involving cancers from more than one primary site and more than one CCTG. There was broad agreement that this was a good initiative worth developing further. More meetings are planned in 2014, and there will be a wider call for researchers with relevant expertise to express their interest in developing the concept.

The subcommittee continues to contribute substantially across all our studies from early stage in new concepts and have been building research capabilities to support the research aims of ANZUP. As an example several Australian sites have contributed to the translational substudy of SORCE, called TRANS-SORCE, being led by the MRC in the UK.

For the phase 3 BEP trial, prospective collection of biospecimens is being implemented for future translational studies assessing candidate biomarkers as possible prognostic or predictive biomarkers.

An international translational committee is being set up for the ENZAMET and ENZARAD trials with representatives from Ireland, Canada, USA and Australia. Proposed translational projects include metabolic studies and analyses of tissue DNA and circulating free DNA as prognostic and/or predictive of response to treatment, safety and resistance to study treatment. The logistics of setting up bio specimen collection for these two large multi-national studies has involved considerable effort by Lisa Horvath’s group at the Garvan Institute and the Chris O’Brien Lifehouse.

Results of the translational study EVERSUN-T measuring circulating tumour cells (conducted at Colleen Nelson’s laboratory, Australian Prostate Cancer Research Centre - Queensland) and key serum biomarkers (conducted by Nick Pavlakis’s laboratory at the Kolling Institute) were presented as posters at ASCO GU and the Asian Oncology Summit in 2014.

Finally, I would like to acknowledge Sonia Yip, Senior Translational Research Fellow and Manager, for her summary of these activities. My thanks to the C&T subcommittee members for their contribution and to all our trial participants who help to improve outcomes for others.

Germ Cell Subcommittee: Peter Grimison

The Germ Cell Sub-committee membership continues to grow in size, meet regularly, and generate new concepts. The last 12 months have been very productive with successful start-up and recruitment to the “Phase III study of accelerated BEP for metastatic germ cell tumours”, finalisation of website content for the “e-shed survivorship interventional study” (in collaboration with PoCoG), and publication of a number of completed studies.

Active studies:

Phase III study of accelerated versus standard BEP for metastatic germ cell tumours

Funding to initiate this randomised trial of alternate schedules of chemotherapy for patients with intermediate or poor-risk advanced germ cell tumours was awarded by Cancer Council Australia and Cancer Australia in January 2013. 5 of 22 ANZ sites have been activated, and 1 patient recruited as of 31 March 2014. Our UK colleagues have submitted an application for funding to participate in the trial, and we have also applied for funding to support the proposed translational substudy. Stage I of the study aims to recruit 150 patients. Representatives from the subcommittee continue to meet with international trial groups, who will be invited to participate in stage II of the study that aims to recruit an additional 350 patients.

An internet-based intervention for testicular cancer survivors with ongoing psychological morbidity and unmet needs.

This study is to be conducted by the Psycho-oncology Cooperative Research Group (PoCoG) in collaboration with ANZUP. Funding for pilot work was awarded by Cancer Council Australia and Sydney Catalyst. The website for the pilot has been finalised, and the study will open in 5 pilot sites in the 2nd quarter of 2014. Special thanks to our fabulous consumer representatives who have done an incredible job in providing video interviews for the website and expert advice on content.

Studies in follow-up or completed:

Chemotherapy and Cognition study

Follow-up has been completed for this study of 150 patients led by Prof Ian Olver, which is prospectively monitoring cognitive function in patients managed with and without chemotherapy for testicular cancer. Results of final statistical analysis are expected later this year. A manuscript led by Brent O’Carrigan reporting on the prevalence of hypogonadism amongst study participants, and its correlation with quality of life has been submitted for publication.
Phase II study of accelerated BEP for advanced germ cell tumours

This study supported by Cancer Councils NSW, Victoria, Queensland and South Australia; completed accrual of 45 patients in 2011. Follow-up is ongoing. The study manuscript was published in Annals of Oncology:


“Understanding the psychosocial sequelae of surviving testicular cancer”

This study, conducted in collaboration with the PoCoG and supported by beyondblue and Cancer Australia, completed accrual in 2011. Results identified higher levels of anxiety and depression, and a number of psychological and sexual unmet needs. Results from this study have informed the development of the internet-based intervention for testicular cancer survivors referred to above. A new manuscript has been published:


Patterns of care survey for stage I testicular cancer

This study, led by previous ANZUP fellow Dr Baerin Houghton, was conducted in 2011. The study identified considerable variation in use of surveillance or adjuvant therapy, and frequency of imaging during follow-up. Fritha Hanning is leading ongoing work to promote surveillance and standardise follow-up schedules for stage I testicular cancer. The manuscript for this study has been published in final form:

P Grimison, B Houghton, M Chatfield, GC Toner, ID Davis, J Martin, E Hovey, M R Stockler. Patterns of management and surveillance imaging amongst medical oncologists in Australia for stage I testicular cancer. BJU International 2013; 112(2)E35-43. (PMID 23795796).


The germ cell subcommittee is actively working on the development of a subsequent interventional study that will promote the use of surveillance and standardise the imaging schedule.

ANZUP ASM 2013

There was a strong profile for germ cell tumours at the ANZUP ASM on the Gold Coast, July 2013 This included a germ cell session on the trainees day chaired by A/Prof Guy Toner, research presentations, and a number of proffered abstracts.

Prostate Cancer Subcommittee:

Scott Williams

Continuing the theme of previous years, the past year has once again been a very busy and productive time for the prostate subcommittee. Most notably, our large membership has now seen our dual concepts for evaluating Enzalutamide come to fruition. ENZARAD aims to enrol 800 men with clinically localised high-risk prostate cancer who are to be treated with both radiation and androgen deprivation therapy. It will randomise them to either a standard approach of 2 years of LHRHAs including 6 months of initial combined antiandrogen or an experimental approach of 24 months of both LHRHAs and Enzalutamide. Our colleagues at TROG will cobadge the study and provide the global quality assurance for the radiation component. ENZAMET will randomise 1100 men who have metastatic prostate cancer and are commencing ADT to either combined androgen blockade with standard antiandrogen components or blockade containing Enzalutamide. Each will examine an overall survival endpoint primarily, and have multiple secondary and translational analyses also. Both studies are presently being opened through more than 20 centres in Australia and New Zealand, and will soon be expanded internationally via trials groups in Canada, UK and other regions.

In a herculean effort, the team at ANZUP and the NHMRC Clinical Trials Centre plus a cast of dedicated clinicians and support staff managed to pull together these large international randomised studies from concept to activation within what many people saw as an impossibly tight funding deadline of less than 7 months. I take this opportunity again to congratulate the team on this remarkable achievement, and I am gratified to see that, as a group, we are able to rapidly mobilise concepts on a scale as large as this. This will be invaluable in furthering our clinical trials portfolio in the future, where involved parties are placing an increasingly heavy premium on the ability of a trials group to bring concepts forward in a timely manner.

Our existing portfolio of active studies in collaboration with other trials groups continue to progress. The ProCare study (PC4 lead) is a randomised study of specialist v non-specialist follow-up in men following radical therapy for prostate cancer and is now fully accrued. The RAVES study (TROG lead) is a randomised study comparing adjuvant to early salvage radiotherapy in men with a high recurrence risk after prostatectomy (pT3 or margin positive and PSA<0.1).
It continues to accrue, and has been expanded to include decision analysis and tissue banking substudies. The NHMRC-funded randomised trial of a mindfulness intervention for men with advanced prostate cancer led out of Griffith University is accruing in centres in QLD, NSW, VIC and WA. Finally, the study of sexual wellbeing and quality of life after prostate cancer for gay and bisexual men and their partners (University of Western Sydney lead) has had very successful participant enrollment. This success has enabled the expansion of the study to now include a comparative heterosexual cohort also. Several project grant applications have been submitted again this year and we await their outcome. We have a range of concepts proposed by our members under discussion which we hope will progress to exciting research projects, as well opportunities to join studies of other trials groups. We continue to work closely with Movember and aim to progress some of the initiatives they have proposed at the clinical trial phase. As always, we encourage the members of the group to remain enthusiastic in their participation, and to encourage colleagues to join the organisation.

Quality of Life and Supportive Care Subcommittee: Suzanne Chambers

Living Well with Prostate Cancer

This study is an NHMRC-funded project investigating the effectiveness of a mindfulness-based cognitive therapy program and a patient education program for men with advanced prostate cancer. This project is a collaboration between ANZUP, Cancer Council Queensland and Griffith University with support from the Prostate Cancer Foundation of Australia (PCFA) and is led by Professor Suzanne Chambers.

In 2013, the Living Well with Prostate Cancer project continued recruitment across 29 sites in QLD, NSW, VIC and WA and has consented over 125 participants. Many participants have now completed the mindfulness or patient education programs and will be followed over the next 9 months to assess changes in psychological distress, quality of life and benefit finding. Initial feedback about the programs from participants has been very positive. Recruitment for this project will be ongoing throughout the first half of 2014 and data collection will be completed in early 2015.

Sexual Wellbeing and Quality of Life after Prostate Cancer for Gay and Bisexual Men and their Partners

It is estimated that 600-1000 Australian gay men are diagnosed with prostate cancer each year. The focus of previous research has been based on heterosexual men, with gay and bisexual men with prostate cancer being described as an “invisible diversity”, or a “hidden population”. This has led to a plea for research on the impact of potentially important differences in sexuality, identity, and intimate relationships on gay and bisexual men’s experience of prostate cancer. This exploratory project aims to examine the psychological burden of changes to sexual wellbeing and intimate relationships in these men with prostate cancer and their partners.

To date, the project has recruited 74 men and 21 partners (recruitment target 90 and 70 respectively) for its first phase examining the overall experience of gay and bisexual men with prostate cancer and their partners through a survey. Of this sample, 39 men and 7 partners have also participated in a second phase of interviews to investigate their personal experiences (recruitment target 30 men with prostate cancer and 20 partners). Additionally, in 2014 the project included an Honours student at University of Western Sydney, who will complete assessments with a group of heterosexual men to allow for comparative analysis. Recruitment for this project will be ongoing throughout 2014 until the target number of participants is reached.

Renal Cell Cancer Subcommittee: Ian Davis

The RCC subcommittee continued to meet quarterly by teleconference over the last twelve months. Two trials are ongoing although neither is currently recruiting participants:

1. SORCE.

This trial studies the benefit and safety of adjuvant sorafenib in the setting of resected RCC at intermediate or high risk of recurrence. SORCE is led by the Medical Research Council UK and closed to accrual in April 2013. Some of our original trial participants have now completed three years of planned therapy and are in the follow up phase; other participants continue to receive blinded study drug. The trial still has a considerable time to run and it now becomes even more
important to keep trial participants on study and ensure timely collection and submission of data. ANZUP contributed disproportionately highly to this trial and it has helped place our organisation on the international stage. This has put us in an excellent position to participate in future similar trials.

Sorce includes the Transorce tissue substudy, to which several ANZUP sites accrued; and the patient preferences “Pas in Sorce” substudy, developed by ANZUP researchers and aiming to determine patient preferences and expectations in relation to the treatment and its toxicity. The Pas in Sorce substudy was also open at several UK sites and interesting results have already been obtained from only the baseline data, prior to any participants receiving blinded study drug. A forthcoming analysis will examine data from the 3-month time point, at which time 75% of participants will have received active sorafenib. Later time points will provide further interesting outcomes from the Pas in Sorce substudy.

2 Eversun.

Eversun was based on the hypothesis that alternating treatments for renal cell carcinoma aimed at different biological mechanisms of action (sunitinib and everolimus) would be safe and would prevent or delay the development of resistance to treatment. Eversun was developed entirely by ANZUP and was supported with funding and study drug from Novartis. The trial attracted considerable international attention and the final results were presented at the ASCO Genitourinary Cancers Symposium early in 2014. The primary endpoint was not reached and the conclusions of the study were that, although this treatment is safe and well tolerated, the trial did not provide data that supported departure from the current linear treatment paradigm of treatment with a single agent until failure and then swapping to an alternative treatment. This negative result is still a significant contribution to the body of knowledge about how to use these drugs. The trial manuscript is now being prepared for submission for publication.

Eversun included the translational substudy (Eversun-t), led by Sonia Yip and was also presented at the ASCO Genitourinary Cancers Symposium in 2014. This involved measurement of circulating tumour cells (with the support of Colleen Nelson’s laboratory) as well as measurement of key serum markers (work performed by Nick Pavlakis’ group). The substudy demonstrated that this work was feasible but did not identify evidence of associations between clinical outcomes and changes from baseline in the markers included in the study.

Several other concepts are at various levels of development by the Renal Cell subcommittee, with active input from several members.

I wish to thank all the RCC subcommittee members for their enthusiastic participation, our sites for work of outstanding quality, our NHMRC Clinical Trials Centre collaborators for their support, and especially our trial participants, who sometimes inconvenience themselves to improve outcomes for others.
GRANTS AWARDED

Infrastructure Grants

Funds provided by the Cancer Institute New South Wales and 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 the 2013-14 period are outlined below.

Funding

Cancer Australia Infrastructure Grant: 1 July 2013 to 30 June 2016 - $1,380,000.00 was awarded to ANZUP and the NHMRC Clinical Trials Centre. During this reporting period $231,119 was transferred to ANZUP and was reported in the Annual Accounts.

Cancer Institute NSW Infrastructure Grant: 1 January 2013 to 31 December 2015 was awarded to ANZUP and the NHMRC Clinical Trials Centre - $300,000.

Research Grants

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

Grants awarded to ANZUP Cancer Trials Group during this reporting period are listed below:

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: 2009-2017

EVERSUN: A phase II trial of EVERolimus alternating with SUNtinib as first line therapy for advanced renal cell carcinoma. Funding Novartis $1,053,318: 2010-2013


ENZAMET: A randomised phase III trial of Enzalutamide in first line androgen deprivation therapy for metastatic prostate cancer. Funding Astellas $13,787,968.00: 2014-2020 During this reporting period $319,000 was transferred to ANZUP and was reported in the Annual Accounts.

ENZARAD: A randomised phase III trial of Enzalutamide in androgen deprivation therapy with radiation therapy for high risk, clinically localised, prostate cancer. Funding Astellas, $12,178,420.00: 2014-2020. During this reporting period $340,000 was transferred to ANZUP and was reported in the Annual Accounts.

Pain Free TRUS B: A placebo-controlled, randomised trial of methoxyflurane to reduce the discomfort of prostate biopsy. Funding University of Sydney DVC-R Bridging Support Grant, $30,000.00: January 2014-June 2014.
We now conduct clinical trials in 100 hospitals and medical centres across metropolitan and regional areas in Australia and New Zealand.

### PARTICIPATING CENTRES

<table>
<thead>
<tr>
<th>ACT</th>
<th>Canberra Hospital</th>
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<tbody>
<tr>
<td>NSW</td>
<td>Albury Wodonga Health - Albury Campus</td>
</tr>
<tr>
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<tr>
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<td>Campbelltown Hospital</td>
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<tr>
<td>NSW</td>
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<td>Chris O'Brien Lifehouse</td>
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<td>VIC</td>
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<td>NZ</td>
<td>Wellington Hospital</td>
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</tbody>
</table>
Journal Articles


Conference abstracts and presentations


The directors of ANZUP Cancer Trials Group Limited (the company) submit their annual financial report for the year ended 31 March 2014.

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)
Lizbeth Kenny (Treasurer)
Joe Esposito
Glenn Ferguson
Linda Martin
Henry Woo
Martin Dowling (appointed 1 May 2013)

Information on directors

Ian Davis MB, BS, PhD, FRACP, FACHPM. Chair.
Professor Ian Davis 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 holds honorary appointments with the Ludwig Institute for Cancer Research and Austin Health, and as an Associate Professor of the University of Melbourne and Associate of the University of Sydney. He is an NHMRC Practitioner Fellow. His primary clinical interests are in urologic cancer and melanoma, and his primary research interests are in cancer immunology and the biology of urologic cancers. Professor Davis is a member of the Urology and Skin Committees and the Standing Subcommittee on Research for the Cancer Council Victoria. He is chair of the COSA Urologic Oncology Group and a Director of the COSA executive.

Guy Toner MBBS, MD, FRACP.
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-specialty 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.

Lizbeth Kenny MD, BS, FRANZCR, FACR. Treasurer.
Dr Liz Kenny graduated in Medicine from The University of Queensland in 1980, and completed her specialty training in Radiation Oncology at The Queensland Radium Institute in Brisbane in 1987.

Dr Kenny is a Senior Radiation Oncologist at The Royal Brisbane & Women’s Hospital. In 2005 she was appointed as Medical Director, Central Integrated Regional Cancer Service and is committed to improving Cancer Services in Queensland. Her main areas of specialty interest are Head and Neck Cancer, Breast Cancer and Urological Malignancies.

Dr Kenny currently serves as the Clinical Lead for the Queensland Health Imaging Program.

Dr Kenny has served as The Dean of The Faculty of Radiation Oncology, The Royal Australian and New Zealand College of Radiologists and The President of The Clinical Oncological Society of Australia. She is a past President of The Royal Australian and New Zealand College of Radiologists. She has been awarded Honorary Memberships of The European Society of Radiology, The Radiological Society of North America and an Honorary Fellowship of The American College of Radiology, The British Institute of Radiology and the Royal College of Radiologists.
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 was a management consultant and had over 20 years 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 Bachelor of Commerce and Master of Applied Finance degrees. He is a graduate member of the Australian Institute of Company Directors.

Glenn Ferguson
Mr Glenn Ferguson is a Solicitor of the High Court of Australia and the Supreme Court of Queensland. An experienced commercial and corporate lawyer he has acted in complex transactions and disputes for a range of clients both nationally and internationally.

He is a past President of the Law Council of Australia the peak national body which represents the legal profession nationally and internationally, 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.

Mr Ferguson 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.

Mr Ferguson has also held or continues to hold a number of board positions in both the public and private sector in the insurance, superannuation, education, sport, charity and information technology areas including chairing a publicly listed company.

He has been appointed by both Federal and State Governments to various advisory boards and task forces in the legal, business and immigration sectors.

Linda Martin
Ms Linda Martin is the Chief Executive Officer of Arthritis Victoria and Osteoporosis Victoria. She was previously Managing Director of consultancy firm, Martin Bonato and Associates Pty. Ltd., with a focus primarily in the community and health sectors. Her experience also included the financial and safety industries. Prior to working as a consultant, Linda was a senior executive in the Victorian public service, working primarily in the community service sector managing regional operations, programs and major projects. She has also been a lecturer in Social Work at the University of Melbourne.

Ms Martin has an extensive knowledge of government processes with significant experience in fund raising. Her work in private, public and not for profit organisations includes strategic and business planning, program review, change management, program and project management, performance enhancement, alliance development, leadership and people development.

Henry Woo
Associate Professor Henry Woo is a urological surgeon with a subspecialty practice in prostate disease. He is an Associate Professor of Surgery at the Sydney Adventist Hospital Clinical School of the University of Sydney. In his student days, he was a Board Director of the University of Sydney Union and an elected delegate of the Sydney University Student Representative Council and Producer of a Sydney University Medical Revue.

He is regularly invited to teach and perform live surgical demonstrations locally and abroad. He runs a busy clinical trials unit at the Sydney Adventist Hospital with studies in both prostate cancer and benign prostatic hyperplasia.
Henry Woo (continued)
Associate Professor Henry has extensive experience in multicentre clinical trials, amongst which include being Principal Investigator of a study of lower urinary tract symptoms (LUTS) in men with advanced prostate cancer, Principal Investigator of Urolift treatment for LUTS due to BPH study, co-Chair of the Timing of Androgen Deprivation (TOAD) study and being on the Trial Management Committee of the RAVES study for prostate cancer. He is also a member of the Scientific Reference Committee of the Prostate Cancer Foundation of Australia.

Recently, he was appointed as the inaugural CME Editor of the BJUI and he is also on the editorial boards of the journals Prostate Cancer Prostatic Diseases, Prostate International and World Journal of Clinical Urology. He regularly reviews manuscripts for major urological journals including European Urology, BJUI, Journal of Urology, Urology, Nature Reviews Urology and Journal of Endourology. He has 88 publications in peer reviewed journals with several more currently in editorial review. He has developed a strong interest in role of social media in urology and is the coordinator of the International Urology Journal Club on Twitter. The American Urological Association has recently appointed him to their Social Media Workgroup. He regularly blogs and has published on Croakey, KevinMD and BJUI Blogs as well as his personal blog site. He can be found on Twitter @DrHWoo.

Martin Dowling
Mr Martin Dowling has held senior management and executive level financial and commercial roles at some of the largest companies in the world.

He has delivered in leadership roles against a broad portfolio of responsibilities across a range of industries from mining and engineering to green energy and defence.

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.

He is committed to the pursuit of charitable and societal goals as a Director on not-for-profit boards and also actively in the local community.

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 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>
</tr>
</thead>
<tbody>
<tr>
<td>Ian Davis</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Guy Toner</td>
<td>5</td>
<td>4</td>
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<td>Lizbeth Kenny</td>
<td>5</td>
<td>1</td>
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<td>Joe Esposito</td>
<td>5</td>
<td>5</td>
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<tr>
<td>Glenn Ferguson</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Linda Martin</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Henry Woo</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Martin Dowling (appointed 1 May 2013)</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

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 $1,104,665 (2013: $163,728).

At 31 March 2014, the company had net assets of $1,493,733 (2013: $389,068).

Changes in state of affairs

There were no significant changes in the state of affairs of the company during the year ended 31 March 2014.

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 $1,199.

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, 6 May 2014
DECLARATION OF INDEPENDENCE BY PAUL CHEESEMAN TO THE DIRECTORS OF ANZUP CANCER TRIALS GROUP LIMITED

As lead auditor of ANZUP Cancer Trials Group Limited for the year ended 31 March 2014, I declare that, to the best of my knowledge and belief, there have been:

- no contraventions of the auditor independence requirements of the Corporations Act 2001 in relation to the audit; and
- no contraventions of any applicable code of professional conduct in relation to the audit.

Paul Cheeseman
Partner
BDO East Coast Partnership
Sydney, 6 May 2014
### ANZUP Cancer Trials Group Limited

**Statement of Profit or Loss and Other Comprehensive Income**

For the year ended 31 March 2014

<table>
<thead>
<tr>
<th>Notes</th>
<th>2014</th>
<th>2013</th>
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<tbody>
<tr>
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<tr>
<td>Revenue</td>
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<td>1,721,640</td>
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<tr>
<td>Employee benefits expenses</td>
<td>(249,212)</td>
<td>(171,149)</td>
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<td>Administration expenses</td>
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<td>(367,763)</td>
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<tr>
<td><strong>Net income for the year</strong></td>
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<td>1,104,665</td>
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<tr>
<td><strong>Other comprehensive income for the year</strong></td>
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</tr>
<tr>
<td><strong>Total comprehensive income</strong></td>
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<td>1,104,665</td>
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</table>

The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes.
<table>
<thead>
<tr>
<th></th>
<th>Notes</th>
<th>2014</th>
<th>2013</th>
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<td><strong>Current assets</strong></td>
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<td>Cash and cash equivalents</td>
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<tr>
<td>Trade and other receivables</td>
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<td>498,191</td>
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<tr>
<td><strong>Total current assets</strong></td>
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</tr>
<tr>
<td><strong>Non-current assets</strong></td>
<td>6</td>
<td>1,867</td>
<td></td>
</tr>
<tr>
<td>Office equipment</td>
<td></td>
<td>5,419</td>
<td>1,867</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td></td>
<td>5,419</td>
<td>1,867</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>6</td>
<td>1,797,497</td>
<td>547,072</td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td>7</td>
<td>158,004</td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td></td>
<td>303,764</td>
<td>158,004</td>
</tr>
<tr>
<td>Employee benefits</td>
<td>6</td>
<td>15,729</td>
<td>6,886</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>7</td>
<td>303,764</td>
<td>158,004</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>7</td>
<td>303,764</td>
<td>158,004</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td></td>
<td>1,493,733</td>
<td>389,068</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td>1,493,733</td>
<td>389,068</td>
</tr>
<tr>
<td>Retained earnings</td>
<td></td>
<td>1,493,733</td>
<td>389,068</td>
</tr>
<tr>
<td><strong>Total equity</strong></td>
<td></td>
<td>1,493,733</td>
<td>389,068</td>
</tr>
</tbody>
</table>

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 2014

<table>
<thead>
<tr>
<th></th>
<th>Retained earnings</th>
<th>Total equity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Balance at 1 April 2012</td>
<td>225,340</td>
<td>225,340</td>
</tr>
<tr>
<td>Net income for the year</td>
<td>163,728</td>
<td>163,728</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>163,728</td>
<td>163,728</td>
</tr>
<tr>
<td><strong>Balance as at 31 March 2013</strong></td>
<td><strong>389,068</strong></td>
<td><strong>389,068</strong></td>
</tr>
<tr>
<td>Balance at 1 April 2013</td>
<td>389,068</td>
<td>389,068</td>
</tr>
<tr>
<td>Net income for the year</td>
<td>1,104,665</td>
<td>1,104,665</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>1,104,665</td>
<td>1,104,665</td>
</tr>
<tr>
<td><strong>Balance as at 31 March 2014</strong></td>
<td><strong>1,493,733</strong></td>
<td><strong>1,493,733</strong></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 2014

Notes 2014 2013
$  $

Cash flows from operating activities
Receipts from grants 625,679 177,071
Receipts from sundry income 783,980 601,148
Receipts from donations 71,266 53,117
Payments to suppliers and employees (698,049) (505,165)
Net cash inflow from operating activities 9 782,876 326,171

Cash flows from investing activities
Payments for office equipment (3,844) (1,939)
Net cash outflow from investing activities (3,844) (1,939)

Net increase in cash and cash equivalents 779,032 324,232
Cash and cash equivalents at the beginning of the year 514,855 190,623
Cash and cash equivalents at the end of the year 4 1,293,887 514,855

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 as an individual entity for the year ended 31 March 2014. The company is limited by guarantee and is incorporated and domiciled in Australia.

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.

The company has early adopted AASB 1053 Application of Tiers of Australian Accounting Standards and AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements. No other new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have 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 1053 Application of Tiers of Australian Accounting Standards
The company has early adopted AASB 1053 from 1 April 2010. This standard establishes a differential financial reporting framework consisting of two Tiers of reporting requirements for preparing general purpose financial statements, being Tier 1 Australian Accounting Standards and Tier 2 Australian Accounting Standards – Reduced Disclosure Requirements. The company being classed as Tier 2 continues to apply the full recognition and measurements requirements of Australian Accounting Standards with substantially reduced disclosure in accordance with AASB 2010-2.

AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements
The company has early adopted AASB 2010-2 from 1 April 2010. These amendments make numerous modifications to a range of Australian Accounting Standards and Interpretations, to introduce reduced disclosure requirements to the pronouncements for application by certain types of entities in preparing general purpose financial statements. The adoption of these amendments has significantly reduced the company’s disclosure requirements.

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 Corporations Act 2001, 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.
Note 1. Summary of significant accounting policies (continued)

Accounting policies

(a) Going concern

The financial report has been prepared on a going concern basis. Refer to Note 14 for considerations regarding economic dependence.

(b) Income tax

The company is exempt from the payment of income tax under section 50-35 of the Income Tax Assessment Act 1997. The company is a deductible gift recipient.

(c) Revenue recognition

Grant funding is recognised in the statement of profit or loss and other comprehensive Income when it is controlled. When there are conditions attached to grant funding relating to the use of those funds for specific purposes, it is recognised as deferred revenue until such conditions are met or services provided.

Other income is recognised in the period to which it relates.

All revenue is stated net of the amount of goods and services tax (GST).

(d) 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.

(e) Trade and other receivables

Trade and other receivables are recognised at amortised cost, less any provision for impairment.

(f) Trade and other payables

These amounts represent liabilities for goods and services provided to the company prior to the end of the 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.

(g) Employee benefits

Provisions are measured at the present value of management’s best estimate required to settle the present obligation at the reporting date. The discount rate used to determine the present value reflects current market assessments of the time value of money and the risks specific to the liability. The increase in the provision due to the passage of time is recognised as interest expense.

(h) Deferred income

The liability for deferred income is the unutilised amount of sponsorship income received in advance.
Note 1. Summary of significant accounting policies (continued)

(i) 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.

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.

Note 2. Revenue

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>BGrants income</td>
<td>1,064,933</td>
<td>128,487</td>
</tr>
<tr>
<td>Donations</td>
<td>71,267</td>
<td>53,117</td>
</tr>
<tr>
<td>Honorariums</td>
<td>30,340</td>
<td>16,061</td>
</tr>
<tr>
<td>Corporate Supporter Program</td>
<td>88,750</td>
<td>46,182</td>
</tr>
<tr>
<td>Annual Scientific Meeting</td>
<td>370,849</td>
<td>326,016</td>
</tr>
<tr>
<td>Sundry income</td>
<td>95,501</td>
<td>53,659</td>
</tr>
<tr>
<td></td>
<td><strong>1,721,640</strong></td>
<td><strong>623,522</strong></td>
</tr>
</tbody>
</table>

Note 3. Administration expenses

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant funding</td>
<td>20,400</td>
<td>15,000</td>
</tr>
<tr>
<td>Accounting and auditing fees</td>
<td>16,706</td>
<td>18,314</td>
</tr>
<tr>
<td>Annual scientific meeting expense</td>
<td>169,303</td>
<td>177,489</td>
</tr>
<tr>
<td>Consulting fees</td>
<td>4,054</td>
<td>14,592</td>
</tr>
<tr>
<td>Legal fees</td>
<td>709</td>
<td>70</td>
</tr>
<tr>
<td>Trademark fees</td>
<td>9,511</td>
<td>7,060</td>
</tr>
<tr>
<td>Information technology</td>
<td>8,492</td>
<td>5,305</td>
</tr>
<tr>
<td>Insurance</td>
<td>69,746</td>
<td>8,848</td>
</tr>
<tr>
<td>Travel and accommodation</td>
<td>4,005</td>
<td>2,299</td>
</tr>
<tr>
<td>Catering and conference</td>
<td>11,603</td>
<td>4,388</td>
</tr>
<tr>
<td>Rent and IT Support</td>
<td>10,693</td>
<td>10,866</td>
</tr>
<tr>
<td>Depreciation</td>
<td>779</td>
<td>292</td>
</tr>
<tr>
<td>Sundry expenses</td>
<td>41,762</td>
<td>23,122</td>
</tr>
<tr>
<td></td>
<td><strong>367,763</strong></td>
<td><strong>288,645</strong></td>
</tr>
</tbody>
</table>

Note 4. Current assets - cash and cash equivalents

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at bank</td>
<td><strong>1,293,887</strong></td>
<td><strong>514,855</strong></td>
</tr>
</tbody>
</table>

Note 5. Current assets - trade and other receivables

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade receivables</td>
<td>457,227</td>
<td>17,973</td>
</tr>
<tr>
<td>Other receivables</td>
<td>40,964</td>
<td>12,377</td>
</tr>
<tr>
<td></td>
<td><strong>498,191</strong></td>
<td><strong>30,350</strong></td>
</tr>
</tbody>
</table>
Note 6.  Current liabilities - trade and other payables

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade payables</td>
<td>19,802</td>
<td>980</td>
</tr>
<tr>
<td>Accruals</td>
<td>109,203</td>
<td>53,638</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>159,030</td>
<td>96,500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>288,035</td>
<td>151,118</td>
</tr>
</tbody>
</table>

Note 7.  Remuneration of auditors

The following fees were paid or payable for services provided by the auditor:

<table>
<thead>
<tr>
<th>Service</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit of the financial report</td>
<td>4,000</td>
<td>3,700</td>
</tr>
<tr>
<td>Other services - assistance with preparation</td>
<td>2,076</td>
<td>2,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>6,076</td>
<td>5,70</td>
</tr>
</tbody>
</table>

Note 8.  Key management personnel disclosures

The aggregate compensation made to members of key management personnel of the company is set out below:

<table>
<thead>
<tr>
<th>Key management personnel compensation</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>165,221</td>
<td>153,655</td>
</tr>
</tbody>
</table>

Note 9.  Reconciliation of cash flows from operations with net income for the year

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net income for the year</td>
<td>1,104,665</td>
<td>163,728</td>
</tr>
<tr>
<td>Depreciation</td>
<td>779</td>
<td>292</td>
</tr>
<tr>
<td>Change in operating assets and liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Increase)/decrease in trade and other receivables</td>
<td>(468,328)</td>
<td>43,215</td>
</tr>
<tr>
<td>Increase/(decrease) in trade and other payables</td>
<td>136,917</td>
<td>122,426</td>
</tr>
<tr>
<td>Increase/(decrease) in employee benefits</td>
<td>8,843</td>
<td>(3,490)</td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td>782,876</td>
<td>326,171</td>
</tr>
</tbody>
</table>

Note 10.  Related party transactions

_Key management personnel_

Disclosures relating to key management personnel are set out in note 8.

_Transactions with related parties_

During the year, the company received honorariums of $26,472 (2013: $14,197). These honorariums were in relation to speaking engagements undertaken by Ian Davis.

_Receiveable from and payable to related parties_

There were no trade receivables, trade payables or loans to or from related parties as at year end (2013: nil).
Note 11. 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 12. Contingent liabilities and capital commitments

The company has no contingent liabilities or capital commitments as at year end (2013: nil).

Note 13. 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 2014, the number of members was 719 (2013: 530).

Note 14. Economic dependence

The company is dependent on funding from Cancer Australia for the majority of its revenue used 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 15. Company details

The registered office and principal place of business of the company is:

Level 6, Lifehouse
119-143 Missenden Road
Camperdown NSW 2050
The directors of the company 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 *Corporations Act 2001* and:
   a. comply with Australian Accounting Standards – Reduced Disclosure Requirements and the *Corporations Regulations 2001*; and
   b. give a true and fair view of the company’s financial position as at 31 March 2014 and of its performance for the year ended on that date.
2. In the directors’ opinion, there are reasonable grounds to believe that the company 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, 6 May 2014
INDEPENDENT AUDITOR’S REPORT

To the members of ANZUP Cancer Trials Group Limited

We have audited the accompanying financial report of ANZUP Cancer Trials Group Limited, which comprises the statement of financial position as at 31 March 2014, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors’ declaration.

Directors’ Responsibility for the Financial Report
The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Act 2001 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility
Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the company’s preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

Independence
In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, which has been given to the directors of ANZUP Cancer Trials Group Limited, would be in the same terms if given to the directors as at the time of this auditor’s report.
INDEPENDENT AUDITOR’S REPORT (continued)

Basis for Qualified Opinion

For the year ended 31 March 2014, the company recognised net proceeds of $201,546 relating to the Annual Scientific Meeting.

The company has determined that it is impracticable to establish control over the calculation and collection of the net proceeds relating to the Annual Scientific Meeting prior to entry into its financial records. Accordingly, as the evidence available to us regarding the net proceeds relating to the Annual Scientific Meeting was limited, our audit procedures with respect to the net proceeds relating to the Annual Scientific Meeting had to be restricted to the amounts recorded in the financial records. We therefore are unable to express an opinion whether the net proceeds relating to the Annual Scientific Meeting recorded is complete.

Qualified Conclusion

In our opinion, except for the possible effects of the matters described in the Basis for Qualified Opinion paragraph, the financial report of ANZUP Cancer Trials Group Limited is in accordance with the Corporations Act 2001, including:

(i) giving a true and fair view of the company’s financial position as at 31 March 2014 and of its performance for the year ended on that date; and

(ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Regulations 2001.

BDO East Coast Partnership

Paul Cheeseman
Partner

Sydney, 6 May 2014