The Directors of ANZUP Cancer Trials Group Limited ("ANZUP") are pleased to submit the Annual Report for 2015

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ANZUP would like to acknowledge and pay respect to the traditional owners of the land on which we meet; the Gadigal people of the Eora Nation.
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I am pleased to provide you with this Annual Report outlining ANZUP's activities over the last year.

The Board has continued to work towards the goals outlined in the ANZUP Strategic Plan 2013-2015 ([http://www.anzup.org.au/content.aspx?page=strategicplan](http://www.anzup.org.au/content.aspx?page=strategicplan)). Progress against all of these points remains excellent but we are not complacent about these outcomes. The Board is planning another strategic planning day in April 2015 to review and refresh the Strategic Plan to ensure that ANZUP continues its forward momentum and retains its relevance to its members and other stakeholders. Once again ANZUP finds itself in a very strong position as it moves into the next financial year.

Issues in the current Strategic Plan relate to the nature and composition of our trials portfolio, continuing to build and enhance our membership and promote the activities of the committees and subcommittees. It ensures the Consumer Advisory Panel is well supported and has meaningful input into all aspects of ANZUP activities; and improves the opportunities available for junior and trainee members including mentorship and career support. Lastly, it outlines the continued effort to build the financial viability of the organisation to meet our longer term strategic goals of financial independence.

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.** The EVERSUN trial in renal cell carcinoma was the first to be developed, instituted and completed by ANZUP, and many members contributed to the successful completion of this trial. The EVERSUN and related EVERSUN-T translational studies were presented at the ASCO Genitourinary Cancers Symposium in 2014, and the manuscript was finally published in Annals of Oncology in February 2015. Although the trial did not meet its primary endpoint it has still provided important information to the clinical and research community, addressing a question that had been keenly anticipated by the international community. It also paved the way for a number of processes and mechanisms that would become important for future trials, including our ability to work with industry in compliance with our federal government commitments; bringing together new teams of investigators; incorporation of translational elements; and key involvement of the Consumer Advisory Panel.

New trials initiated in 2014 included the phase 3 accelerated BEP trial (Principal Investigator: Peter Grimison) and the mitomycin/BCG non-muscle-invasive bladder cancer trial (Dickon Hayne). Both trials were funded through Cancer Australia and point to the growing recognition of the importance and relevance of ANZUP in the clinical research community.

Much of our activity at present is devoted to management of our two largest clinical trials in prostate cancer: ENZAMET (planned 1100 patients), which will answer the question of whether use of enzalutamide at the commencement of androgen-deprivation therapy for metastatic prostate cancer can improve survival; and ENZARAD (planned 800 patients), which will address the issue of whether addition of enzalutamide to ADT and radiation therapy can improve survival.
survival in high risk localised prostate cancer. Both trials are supported by funding from Astellas. Both trials are now active in Australia and New Zealand. Accrual to both trials has commenced in Ireland and the UK; Canada will recruit to ENZAMET; and Dana Farber Cancer Institute will also recruit to both studies. Discussions are currently underway to determine whether more European or US sites might also be able to participate. Both trials include a translational component and both are well placed to have a significant impact on future clinical practice. Thanks go to a great many people at ANZUP, the University of Sydney NHMRC Clinical Trials Centre, and all our collaborators, for bringing these trials to reality.

The Pain Free TRUS B study grew from an idea generated by an ANZUP member, Jeremy Grummet, and aims to determine whether inhaled methoxyflurane improves the experience of prostate biopsy when combined with local anaesthetic. This trial was a “near miss” for grant funding through Cancer Australia and Prostate Cancer Foundation of Australia for the 2014 funding round, and received a grant of bridging funding from the University of Sydney to support its further development. A repeat application for funding in 2015 through Cancer Australia and Prostate Cancer Foundation of Australia was successful and plans are well underway for the implementation of this study.

Other trials successfully completed in this year include the mindfulness study in prostate cancer led by Suzanne Chambers, and the study in gay and bisexual men with prostate cancer led by Jane Ussher. Both these trials are excellent examples of collaboration and research to meet important needs as recognised by the community. Several other clinical trials are poised to commence soon.

2. Membership. At the time of writing our membership is 820 and continues to grow unabated. We are proud to include members from a diverse range of disciplines, geography and seniority. ANZUP continually looks for better ways to engage our members and we recognise that this will ensure continual rejuvenation of the group and its activity.

3. New Zealand representation. ANZUP has always recognised the importance of involving New Zealand and has always aimed to facilitate inclusion of New Zealand sites in its trials, with variable success. We have substantially improved this inclusiveness with the involvement of New Zealand sites in the ENZAMET and ENZARAD trials. The ANZUP membership ratified at the 2014 Annual General Meeting an amendment to the Constitution that provides for inclusion of a New Zealand Director on the Board. This cements our presence in New Zealand and will provide new opportunities for inclusion of additional sites and investigators. I am delighted to report that Nick Buchan has taken up the offer of appointment into this Director role and we welcome him to the Board.

4. Funding and fundraising. The ANZUP Board set itself several aspirational goals for funding. The first tier of funding would render ANZUP independent of its reliance on Cancer Australia funding. The second tier would enable us to broaden our scope of activity and in particular allow us to support more face-to-face meetings of group members to facilitate brainstorming of ideas and development of trial concepts. The third tier would allow us to initiate a clinical trial in anticipation of future grant funding; accrual with this seed funding would demonstrate the feasibility and quality of the trial and improve the probability of competitive grant success. The fourth tier of funding would allow us to initiate a trial and see it through to completion without additional external funding. The third and fourth tiers of funding would obviously require reliable recurrent and substantial funding support.

ANZUP has made considerable progress towards these aspirational goals. We are a registered charity in every state and territory of Australia and now also in New Zealand. Our Marketing and Communications Manager Liz Thorp has worked tirelessly to forge new contacts and opportunities to allow us to improve our fundraising activities and public profile. ANZUP competes in the fundraising space with many worthy groups such as Cancer Councils, Prostate Cancer Foundation, Movember and others; however, our point of distinction is that we “close the loop” by performing the clinical trials that translate basic research into changes in clinical practice. We are grateful to many ANZUP members for their support in these areas, and particularly those of the Consumer Advisory Panel who continue to contribute substantially and in very practical ways.

The Below the Belt Pedalthon was held at Eastern Creek in Sydney on 16 September 2014. This event was the brainchild of Simon Clark, a testicular cancer survivor who decided he would take practical action to improve awareness and raise funds for research into the cancers of interest to ANZUP. His relationship with ANZUP proved to be a natural fit and led to a remarkable event that was successful beyond anyone’s expectations. Not only did the Pedalthon result in an excellent financial outcome for ANZUP, perhaps more importantly it significantly raised community awareness of these cancers, promoted the importance of clinical research, and put ANZUP on everyone’s lips. We are very grateful to Simon and many others who contributed so substantially, including our sponsors, donors and participants. The Pedalthon will take place again on 1 September 2015 and we hope that this will be a regular event.

5. Annual Scientific Meeting. Our ASM continues to go from strength to strength. The meeting was held in Melbourne in July and once again involved a potent team of national and international presenters and conference participants. It also once again included a Consumer Advisory Panel Education Session and a Community Forum that was well attended. The ANZUP ASM seems to be unique amongst medical conferences in that it manages to integrate multiple disciplines and disease types in a warm, collegial and productive environment. It is a pleasure to be part of such an organisation and a joy to see this culture continuing to grow. It is something precious that cannot be manufactured or bought and I am grateful to all our members for creating it. A highly successful Best of GU Oncology evening symposium was held in Sydney on 5 November 2014 where speakers highlighted key presentations and information presented at the ASM. Planning for the ASM to be held in Sydney on 12-14 July 2015 is well underway under the leadership of our convenor Venu Chalasani and an engaged and vigorous convening committee.

6. New initiatives. ANZUP is now able to implement some of the strategic initiatives represented in funding tiers 1
and 2 as described above. We have been able to strengthen our secretariat by increasing the time support for Liz Thorp, expanding our project officer positions, and bringing on Jenni Beattie as our Internal Communication and Project Manager. I am sure that our members have already recognised improvement in our communication by conventional means as well as novel forays into social media and other ways of bringing our message to the membership and the broader community.

ANZUP was also able to hold two face-to-face Concept Development Workshop days in November 2014, covering the activities of the four disease-specific subcommittees and with input from the Correlative and Translational Research and the Quality of Life and Supportive Care subcommittees. These workshops were highly successful, bringing members together from diverse backgrounds and allowing discussion of multiple new concepts, many of which are now under further development with a view to bringing them on as full ANZUP protocols in due course. We plan to continue this initiative in 2015 and beyond.

2014 also saw a new relationship with Tolmar that led to the first ANZUP Tolmar Clinical Research Fellowship. The inaugural awardee was Ben Tran from the Royal Melbourne Hospital. We hope to be able to continue to offer this fellowship in 2015 and beyond.

Awareness of clinical trial opportunities remains important for our members and for the broader community. ANZUP has now developed the ANZUP ClinTrials Refer app, available for free through the iTunes store or for Android devices. This app provides information on ANZUP trials including the clinical sites, trial eligibility criteria, and other links.


I hope you agree that ANZUP has continued to move from strength to strength over the last year and is well poised to continue to do so. The financial report included in this Annual Report demonstrates the strong financial position of the organisation. These resources will be reinvested in ANZUP to ensure its continuing growth, viability and success. We continue to look for new opportunities, new members, new ideas, new initiatives and new challenges. So much of ANZUP’s work is performed using time and resources generously donated by its members. I am extraordinarily grateful to my fellow Board directors (Guy Toner, Henry Woo, Liz Kenny, Joe Esposito, Glenn Ferguson, Linda Martin, Martin Dowling, and new director Nick Buchan). We celebrate Glenn who was made a Member of the Order of Australia on Australia Day 2015. 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 once again want to recognise the great work done by our team Margaret McJannett, Yi Feng, Liz Thorp and Jenni Beattie. We also received great support from our volunteers, especially Lesley Tinkler and Jo Stubbs. Thank you to all.

Finally, on behalf of the Board, thanks to all our members, sponsors, supporters and advocates. I do not think any of us predicted that ANZUP would go so far and so successfully when we set it up only a few years ago. You have all contributed wonderfully and continue to do so. Our vision is to improve outcomes for our patients. We are doing that now, but there is still much to do.

Ian Davis
Director and Chair of the ANZUP Board
It is with great pleasure I provide my Annual Report from an ANZUP 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

We continue to work hard to ensure we meet the objectives set in our Strategic Plan 2013-2015 http://www.anzup.org.au/content.aspx?page=strategicplan. The board will meet in April to review our Strategic Plan to set our direction and priorities for the next three years.

Changes in state of affairs

ANZUP held its fifth Annual General Meeting on 14 July 2014 in Melbourne. Prof Ian Davis reported to the members on the state of the organisation and that the Board had identified the need for a further Board position to be filled by a New Zealand citizen and resident. The creation of this position provides us with representation for ANZUP’s stakeholders in New Zealand and furthers our objectives. The Constitution was amended at that meeting in order to best serve the interests of ANZUP’s members and the broader community within both Australia and New Zealand. As a consequence of these changes the Board welcomed Dr Nicholas Buchan as an appointed Director on 15 December 2014. Nick is a urologist based in Christchurch and works in both public and private practice. As our New Zealand representative on ANZUP’s Board, Nick provides a vital link to our trans-Tasman colleagues.

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

ANZUP 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 all ANZUP subcommittees 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. We rely on grants from various sources to fund our 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

In May 2014 we welcomed Ms Jenni Beattie to the ANZUP team as Internal Communication and Project Manager at the level of 0.4FTE. Jenni has had over 20 years’ experience in the communication field and came from Cancer Council NSW where she was the Social Media Strategy Manager.

The Board also supported us increasing our Marketing Communications Manager, Liz Thorp’s, hours from 3 to 4 days a week. With Pedalthon founder Simon Clarke being transferred to New York for 12 months it will mean Liz will be required to dedicate more of her time to not only managing the Pedalthon logistics but also meeting with and following up potential sponsors and corporates to secure sponsorship.

Our Admin Officer, Yi Feng, continues at the level of 0.6 FTE. Yi is responsible for distribution of subcommittee and CAP e-communications including meeting agendas and minutes; provision of app and clinical trial updates; coding and invoicing; travel bookings and any other ANZUP business as required.

We are very fortunate to have a small but extremely dedicated staff, together with our wonderful volunteers; Lesley Tinkler and Jo Stubbs, who continue to give so generously to support ANZUP. Thank you.
Building our Multidisciplinary Membership

- Medical Oncologist: 164
- Clinical Trials Coordinator: 135
- Radiation Oncologist: 88
- Urologist: 115
- Registered Nurse: 90
- Trainee: 67

In order to support and enhance the CAP's involvement in ANZUP's research activities we provide ongoing education and support. In July we held a CAP education session with the focus for this meeting on the clinical trials process, from concept through to grant application.

Collaborations

ANZUP is proud of the collaborations we have forged with national and international research organisations in the conduct of our clinical trials. They include the 13 national cancer cooperative trials groups (CCTGs), All Ireland Cooperative Oncology Research Group (ICORG), NCIC CTG Canada, The Dana-Farber Cancer Institute US, European Organisation for Research and Treatment of Cancer (EORTC) and MRC UK to name a few.

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

Through ANZUP and our research collaborations we are able to encourage participation of clinicians and researchers in the development, conduct, evaluation, and promotion of clinical trials and translate research outcomes into future clinical practice to improve health outcomes and the quality of life for our patients.

In addition, we have forged very strong relationships with other NGO's such as Prostate Cancer Foundation of Australia, Cancer Councils, COSA, Kidney Health Australia as well as Government and Industry.

We are also a member of the Executive Officers Network (EON) which provides a forum for sharing resources, ideas and

Education and Mentoring

We continue to encourage and support fellows and junior researchers to engage with protocol design, grant preparation and presentations with support and mentoring through ANZUP.

In February we welcomed our new ANZUP Fellows Nicky Lawrence and Howard Chan. Education and mentoring continue to be a major focus for ANZUP as evidenced in our achievements, on page 14.

Community Engagement

Engaging consumers is vital to the work that we do and this year our Consumer Engagement Forum ‘A little below the belt,’ was highly successful with over 70 people in attendance. For those who have been affected by prostate, kidney, bladder or testicular cancer it provided an ideal opportunity to hear directly from our researchers on the most up-to-date information on ANZUP and the importance of clinical trials in improving treatment for people diagnosed with a urogenital cancer.

We also launched ‘A little below the belt’ our consumer magazine in April. It is our intention that this publication will provide our consumer community accessible and accurate information on the work ANZUP does. We have been delighted with the positive feedback we have received. Please feel free to share the magazine or contact us should you wish to display a couple of copies in your waiting room/s please contact us.

We are fortunate to have a very active Consumer Advisory Panel (CAP). Our thanks must go to CAP Chair Belinda Jago, our new Deputy Ray Allen and all our CAP members for their time and commitment to ANZUP.
building stronger links between the CCTGs. From this network we have also established a Clinical Trials Consumer Network (CTCN). As with the EON this group comes together to share information and explore what efficiencies they may find useful between the CCTG’s 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.

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
  - Emily Tu - ENZARAD
  - Annie Yeung – P3BEP
- Trial coordinators on studies closed to recruitment:
  - Nick Muljadi – Chemo & Cog
  - Ilka Kolodziej – Eversun
  - Annie Yeung – SORCE and Accelerated BEP

New Fellows

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, Carlos Sterling and Kim Russell Cooper for their support to ANZUP over the past 12 months.

In addition we also welcomed our new fellows Howard Chan and Nicky Lawrence.

Communications and Marketing

Communicating with our members and the public is vital and our website www.anzup.org.au plays a key role. During the past year we have increased our users of the site by 41% and our sessions by 27%. The ASM program and clinical trials data continue to be the most dominant pages of interest on the website.

Twitter has become an invaluable tool for communicating with our members, the public and media. During the past year we have increased our followers by 117%.

Traditional media coverage is also important and this year our media team have also garnered a range of coverage including Channel 10, Herald-Sun and The Saturday Paper creating an omni-channel marketing approach.

We continue to provide our members with our UPdate Newsletter and our health consumers with the newly formulated ‘A little below the belt’ magazine.

This year we also launched our ClinTrial Refer ANZUP App at the ASM. The app provides a current list of ANZUP clinical trials conducted in cancer centres in Australia and New Zealand. It is designed for oncologists, general practitioners, research unit staff and patients.

We have also implemented a new Customer Relationship Management (CRM) database. This will ensure our communication to both our members and publics is further refined and tracked.

In addition, this year we undertook a Member Communication Survey for the first time to ensure we are delivering relevant and timely communication. We were extremely pleased to find that members rate our current communication as predominantly very effective (62.03%) or extremely effective (24.05%). Members were also positive with regard to communication frequency, believing they get the right amount
of information (93.59%) and it is mostly relevant (66.67%) or always relevant (30.77%). The results will help us to further refine our communication activities.

We also launched our first major fundraising event the ‘Below the Belt Pedalthon’ at Eastern Creek on 16 September 2014. Through Simon Clarke’s extraordinary determination and commitment, with great support from the ANZUP team of workers and volunteers the Pedalthon was by all measures a huge success. Not only did it raise significant funds to support ANZUP’s research activities, but it opened the door for us to better engage with the corporate sector. Our sincere thanks to Simon and his wonderful family and friends for their support and generosity. To Peter Grimison a big thank you for suggesting Simon speak to us. The $225k funds raised from the Pedalthon have already made a difference supporting our recent first face to face Concept Development Workshops to progress our clinical trials research.

### MARKETING GROWTH 2014-2015

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Corporate Supporters

We are very fortunate to have corporate supporters and partners that enable ANZUP to better support our members and ultimately patients and their families.

Our corporate supporters are:

[Logos of different companies]

Corporate Partner

This year we also welcomed Air New Zealand as a corporate partner.

Kind-in-Kind

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

[Logos of different companies]
KEY FACTS

820 members

ATTENDEES AT EDUCATIONAL EVENTS

57 CDW
72 GU
273 ASM

FUNDRAISING
$220K

CLINTRIAL REFER USERS
969 SCREENVIEWS

902 TWITTER FOLLOWERS
45 ASM ABSTRACTS

As at end of March 2015:

ENZAMET
143

ENZARAD
51

231 TOTAL

Recruitment from March 2014 – March 2015

STUDY
P3BEP
BCG+MMC
8
29
ACHIEVEMENTS

Our Mission:

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

Progress against our 2013/2014 objectives:

1

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

ANZUP has clinical trials running in 109 centres in every state in Australia as well as in New Zealand and Ireland (please view page 37 for a full list of participating centres.)

This year we have initiated ENZAMET and ENZARAD trials. These two large international prostate cancer trials now total 65 participants in Australia (ENZARAD: 27 ENZAMET: 38). New Zealand trials have just been activated for ENZARAD – for both Christchurch and Auckland Hospitals. Regional and remote sites are also a key priority.

Our ClinTrial Refer ANZUP App was launched at this year’s ASM. The app provides a current list of ANZUP clinical trials conducted in cancer centres in Australia, New Zealand and around the world. It is designed for oncologists, general practitioners, research unit staff and patients. It has searchable clinical research trial details, hospital locations, inclusion and exclusion criteria, and lay summaries. We hope this will help all our members as well as the broader community identify and access trials.

At our ASM this year we held a Consumer Engagement Forum to educate and spread the word to consumers about our clinical trials and how they can access them. The forum is now a permanent feature at our ASM and will be delivered again this year.
Increasing involvement of and collaboration with various professional disciplines in clinical and preclinical research

ANZUP currently leverages existing links with related organisations including other Cancer Cooperative Trials Groups with common interests, Clinical Oncological Society of Australia; Medical Oncology Group of Australia; Urological Society of Australia and New Zealand; Cancer Nurses of Australia; Prostate Cancer Foundation of Australia and Australia and New Zealand Urological Nurses Society.

This year, we decided to change the name of the Trainee Day to be the MDT Masterclass, reflecting ANZUP’s focus on the multidisciplinary management of urological cancers. The feedback was extremely positive not only from our medical, surgical and radiation oncology colleagues but also from our Allied Health Professional members who found the day valuable and relevant, showing once again our dedication to multidisciplinary care.

ANZUP was also able to hold two face-to-face Concept Development Workshop days in November 2014, covering the activities of the four disease-specific subcommittees and with input from the Correlative and Translational Research and the Quality of Life and Supportive Care subcommittees. These workshops were highly successful, bringing members together from diverse backgrounds and allowing discussion of multiple new concepts, many of which are now under further development with a view to bringing them on as full ANZUP protocols in due course. We plan to continue this initiative grounded in collaboration in 2015.

We also continue to collaborate with USANZ and held the inaugural Best of GU Oncology symposium at Pier One Sydney on Wednesday November 5 which was a very successful event.

The 2014 USANZ ASM was an additional educational event for members and an additional co-badged session is planned at the 2015 USANZ ASM in Adelaide.

We are fortunate through Cancer Australia funding to enable ANZUP members to benefit from the CREST two-day intensive workshop this year regarding how to integrate economic modelling into research.

Providing opportunities for clinical research

The inaugural Tolmar/ ANZUP Uro-Oncology Clinical Research Fellowship (CRF) were awarded to Dr Ben Tran in September 2014. The CRF is intended to support early/mid-career clinician-researchers of any health care discipline. We thank Tolmar Australia for supporting this excellent initiative and are fortunate to be able to offer this fellowship again in 2015. We also ran a MDT Masterclass and the Best of GU Oncology Symposium all contributing to opportunities for clinical research.
Building systems to simplify and streamline clinical research of the highest quality

This is evidenced via the Concept Development Workshops where best practice templates are used to streamline the concept process. In addition, this year we initiated Feasibility Surveys disseminated to members, refined Subcommittee processes and streamlined the CAP feedback into protocol developments. Fostering a culture of research amongst all clinicians involved in the care of patients with urogenital cancers.

The Annual Scientific Meeting (ASM) is our premier event that fosters a culture of research amongst clinicians.

This year, we decided to change the name of the Trainee Day to the MDT Masterclass, reflecting ANZUP’s focus on the multidisciplinary management of urological cancers. The feedback was extremely positive not only from our medical, surgical and radiation oncology colleagues but also from our Allied Health Professional members who found the day valuable and relevant.

In 2014 we produced the Best of GU Oncology symposium held at Pier One Sydney. A successful event with more than 70 delegates in attendance to the event all keen to hear best practice cutting-edge research findings.

Providing training opportunities for the next generation of clinical researchers

ANZUP continues to encourage and support fellows and junior researchers to contribute to, and where feasible, lead in protocol design, grant preparation, presentations with support and mentoring provided through ANZUP.

We have had a strong focus on this objective this year with the ASM, the MDT Masterclass, by providing a joint ANZUP/ PoCoG ACORD Fellowship, sending a representative to the QoL Office Protocol Checklist Workshop and a range of travel grants.

The inaugural Tolmar/ ANZUP Uro- Oncology Clinical Research Fellowship (CRF) was awarded to Dr Ben Tran in September 2014. The CRF is intended to support early/mid-career clinician-researchers of any health care discipline. We thank Tolmar Australia for supporting this excellent initiative and are fortunate to be able to offer this fellowship again in 2015.
Providing for translational studies in prostate and other urogenital cancers, including tissue banking from clinical trials for further studies

Our Translational Committee headed by Paul de Souza have had a very successful year spurred on by the work in developing and implementing the ENZAMET and ENZARAD trials in particular. A survey on the willingness to undertake translational cancer research was also undertaken in late 2014 which proved very positive and the committee is now looking at how to integrate this into broader efforts overseen by ANZUP.

Biospecimens (tissue and blood) for translational research continue to be collected from patients from several ANZUP trials (ENZAMET, ENZARAD and P3BEP).

The ENZAMET and ENZARAD Translational Research Steering Committee held its inaugural meeting with representatives from each participating region (ANZ, Ireland, UK, Canada, USA). Terms of reference were agreed to and additional experts will be co-opted as required. Translational research ideas will be sought and prioritised during the course of the trials. Ideas to date 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.

Results of the EVERSUN –T translational studies were published with the final EVERSUN trial results. The circulating tumour cell work was conducted at Colleen Nelson’s laboratory, Brisbane and serum biomarkers analyses at Nick Pavlakis’s laboratory at the Kolling Institute, Sydney. Davis ID et al (2015) “EVERSUN: A phase 2 trial of alternating sunitinib and everolimus as first line therapy for advanced renal cell carcinoma” Annals of Oncology doi: 10.1093/annonc/mdv078.
ANZUP’S HISTORY

October 2008 – ANZUP became a company limited by guarantee

January 2009 – Awarded infrastructure funding from Cancer Australia through its Support for Clinical Trials program

March 2009 – The official launch of ANZUP in Sydney

November 2009 – ANZUP Scientific Meeting held on the Gold Coast with COSA

August 2010 – First Annual General Meeting

November 2010 – ANZUP Scientific Meeting held in Melbourne with COSA

August 2011 – Joint ANZUP/USANZ Scientific Meeting held in Melbourne

November 2011 – Joint Scientific Meeting in Perth with COSA

July 2012 – First face to face Scientific Advisory Committee meeting
First Trainee Day (renamed Masterclass in 2014)
First stand-alone Annual Scientific Meeting (ASM) Sydney

July 2013 – Second stand-alone ASM Gold Coast

December 2013 – Move to Lifehouse

March 2014 – ANZUP leads global Enzalutamide trials

July 2014 – ASM Melbourne and launch of ANZUP ClinTrial app

September 2014 – Inaugural Pedalthon fundraiser
ORGANISATIONAL CHART

Members

Other Stakeholders

Board

Operations

Finance & Audit Committee

Scientific Advisory Committee

Fundraising & Promotion Subcommittee

Secretariat

Operations Executive Committee

Trial Management Committees

IDMC: Independent Data Monitoring Committee

SAC Subcommittees

Disease-specific;
PC: Prostate Cancer
RCC: Renal Cell Cancer

GC: Germ Cell
BC: Bladder Cancer

Non-disease-specific;
C&TR: Correlative and Translational Research
QoL & S/Care: Quality of Life & Supportive Care

(IDM C: Independent Data Monitoring Committee)

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

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

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

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

- **Secretariat:** The secretariat comprises an Executive Officer (Margaret McJannett, 1 FTE), Administrative Officer (Yi Feng; 0.6 FTE), Marketing and Communications Manager (Liz Thorp; 0.8 FTE), Internal Communication Manager and Projects Manager (Jenni Beattie, 0.4FTE). The office is supported by volunteers Jo Stubbs and Lesley Tinkler. 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. This year we welcomed Ray Allan as Deputy.

- **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

Professor Ian Davis MB, BS, PhD, FRACP, FACChPM 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. 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.

Associate Professor Guy Toner MBBS, MD, FRACP. Deputy Chair

Associate Professor Guy Toner is a Consultant Medical Oncologist at Peter MacCallum Cancer Centre and Associate Professor of Medicine at the University of Melbourne. He is a graduate of the University of Melbourne and undertook sub-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.

Dr Lisbeth 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. Dr Kenny is a member of the Medical School Governing Council, University of Cyprus Medical School. Her main areas of specialty interest are Head and Neck Cancer, Breast Cancer and Urological Malignancies.

Dr Kenny currently serves as the Chair of the Queensland statewide Cancer Clinical Network. 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.

Dr Nick Buchan MBChB, FRACS (Urol)

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

Mr Martin Dowling

Mr Martin Dowling has 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...
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.

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.

Glenn Ferguson AM

Mr Glenn Ferguson AM 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.

Glenn is a Founding Fellow of the Australian Academy of Law, a Fellow of the Australian Institute of Company Directors and a Fellow of the Australia and New Zealand College of Notaries. He was appointed the inaugural Adjunct Professor in Law at the University of the Sunshine Coast. He is currently Chair of WorkCover Queensland, Lexon Insurance and a Governor of the College of Law.

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.

In the 2015 Australia Day Honours, Glenn was made a Member of the Order of Australia “For significant service to the law and to the legal profession, both nationally and in the Asia Pacific region, and to the community”.

Associate Professor Henry Woo MBBS (Syd), FRACS (Urol)

Henry Woo is a urological surgeon sub-specialised in the treatment of prostate disease. He is an Associate Professor of Surgery at the Sydney Adventist Hospital Clinical School of the University of Sydney. He is Editor in Chief of BJUI Knowledge, an innovative online CME platform for urologists. He serves on the editorial boards of the journals Prostate Cancer Prostatic Diseases, Prostate International and World Journal of Men’s Health. 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 over 120 publications in peer reviewed journals and several book chapters. He also has interests in the role of social media in healthcare and is the coordinator of the International Urology Journal Club on Twitter and UroVine. He serves on the American Urological Association’s 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 was as follows:

<table>
<thead>
<tr>
<th>Director</th>
<th>Role</th>
<th>Appointed</th>
<th>Board Meetings</th>
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<tbody>
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<td></td>
<td></td>
<td>Number</td>
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<tr>
<td></td>
<td></td>
<td>eligible to attend</td>
<td>attended</td>
</tr>
<tr>
<td>Ian Douglas Davis</td>
<td>Chair</td>
<td>09 Oct 2008</td>
<td>5</td>
</tr>
<tr>
<td>Guy Campbell Toner</td>
<td>Deputy Chair</td>
<td>09 Oct 2008</td>
<td>5</td>
</tr>
<tr>
<td>Lizbeth Moira Kenny</td>
<td>Treasurer</td>
<td>09 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>01 May 2013</td>
<td>5</td>
</tr>
<tr>
<td>Nicholas Charles Buchan</td>
<td>Director</td>
<td>15 Dec 2014</td>
<td>1</td>
</tr>
</tbody>
</table>
ANZUP ADVISORY COMMITTEE AND SUBCOMMITTEE CHAIRS

SCIENTIFIC ADVISORY COMMITTEE

Ian Davis – Chair
Martin Stockler – Deputy Chair
Nicholas Buchan
Suzanne Chambers
Ray Chan
Warick Delprado
Paul De Souza
Joe Esposito
Martin Gleave
Peter Grimison
Fritha Hanning
Dickon Hayne
Belinda Jago
Andrew Martin
Jarad Martin
Stefano Occhipinti
Pamela Russell
Hema Samarutunga
Shomik Sengupta
Kathryn Schubach
Christopher Sweeney
Guy Toner
Paul Waring
Scott Williams

By invitation
Anne Long
Nicola Lawrence
Howard Chan
Felicia Roncolato

Ex-officio
Margaret McJannett
Xanthi Coskinas
Nicole Wong

FINANCE AND AUDIT COMMITTEE

Joe Esposito – Chair
Bernadette Crennan
Ian Davis
Linda Martin

Ex-officio
Margaret McJannett

FUNDRAISING AND PROMOTION SUBCOMMITTEE

Joe Esposito (Chair)
Ray Allen
Bernadette Crennan
Ian Davis
Belinda Jago
Linda Martin

Ex-officio
Margaret McJannett
Liz Thorp

CONSUMER ADVISORY PANEL

Belinda Jago – Chair
Raymond Allen – Deputy
Matthew Carr
Joe Esposito
Colin O’Brien
Max Shub
Anthony (Tony) Sonneveld
Peter Stanford
John Stubbings
David Swallow

Ex-officio
Ian Davis and Margaret McJannett

SUBCOMMITTEE CHAIRS:

Bladder Cancer – Dickon Hayne
Correlative and Translational Research – Paul De Souza
Germ Cell – Peter Grimison
Prostate Cancer – Scott Williams
Renal Cell Cancer – Ian Davis
Quality of Life & Supportive Care – Suzanne Chambers

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
Xanthi Coskinas – Associate Oncology Program Manager (AOPM)
Nicole Wong – Associate Oncology Program Manager (AOPM)
ANZUP Research Fellows
Anne Long ANZUP Research Fellow (February – September 2014)
Felicia Roncolato ANZUP Research Fellow (commenced February – February 15)
Nicola Lawrence ANZUP Research Fellow (commenced February 2015)
Howard Chan ANZUP Research Fellow (commenced February 2015)
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 2014, an open meeting to which all members were invited.

The SAC comprises broad representation from the relevant disciplines to ensure that we are relevant to all our stakeholders and our membership. Nominations for SAC membership are made by various groups or professional societies and appointments are made and reviewed annually by the Board. Mei Krishnasamy representing Cancer Nurses Society of Australia resigned in 2015 due to multiple other commitments and we welcome Ray Chan as the CNSA nominee on the SAC.

The SAC includes four disease-specific SAC subcommittees (prostate, renal, bladder (urothelial) and germ cell). Membership of these subcommittees is open to any interested ANZUP member. Each subcommittee meets quarterly by teleconference and we will now plan to include at least one face-to-face Concept Development Workshop annually for each subcommittee. The non-disease-specific committees (the Correlative and Translational Research committee; and the Quality of Life and Supportive Care committee) meet as required. They provide rapid turnaround and very high quality input in review of concepts and protocols, and give input into protocol design and “value-added” proposals. The Consumer Advisory Panel is represented on the SAC and each subcommittee, and has input directly at Board level, ensuring that ANZUP has a clear two-way communication conduit with the broader community. CAP members have also participated in grant development and as investigators, as well as generating and reviewing documents for clinical trials.

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 the concepts that should move into development as ANZUP trials. It also enables protocol development and is involved in development of funding applications.

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.

I thank all SAC and subcommittee members for their generous donations of time and expertise. ANZUP is well recognised in the clinical, scientific and broader communities and this is in no small part due to the quality of our members and their contributions.

Consumer Advisory Panel: Belinda Jago

As I reflect on another year there have been a number of exciting milestones for ANZUP as an organisation and the Consumer Advisory Panel (CAP). I have once again enjoyed the opportunity to participate as a part of this. We have already achieved one of our objectives set for 2015 with the appointment of Ray Allen as CAP Deputy Chair. We are grateful to Ray for taking this on. Ray is a great contributor to the CAP as well as the Prostate and Fundraising and Promotion subcommittee.

Our key highlights over the last 12 months included:

- The review of the Patient Information Consent Form (PICF) We really enjoy working on these PICF’s together and have a successful format for gathering everyone’s input.
- Being part of another very informative CAP education session on the Sunday morning pre the ASM in July. The level of the topics covered compared to previous years really show how much the group has developed our knowledge over the past years
- Participating in the Community Engagement Forum in July 2014
Supporting the inaugural Below the Belt Pedalthon. Some of the CAP volunteered and Tony Sonneveld participated in a family team. It was an amazing event to be part of.

Continuing to contribute to the Consumer magazine below the belt which is a truly professional resource that should be read by all patients and their families who are diagnosed with a urogenital cancer. All ANZUP members are encouraged to help support the distribution of this resource to their patients.

Looking to the year ahead one of our key objectives is to have better representations across all four UG cancer types. As such, we will appoint at least one more Kidney cancer and one Bladder cancer consumer member and two Testicular cancer consumer members.

We have also commenced a longer term group project to look at ways that the CAP can help ANZUP increase its profile and reach within the community to continue to educate consumers about the potential benefits of a clinical trial. We will be allocating time during our CAP education session on the Sunday at the ASM to explore the merits and potential benefits of our ideas. So there is plenty to do and the CAP continues to look forward to being able to contribute in a positive way towards ANZUP’s research activities on behalf of the community that our voices represent.

Very sadly for ANZUP we had one of our CAP members Matt Carr pass away on 31st January 2015 after his testicular cancer relapsed. Matt was a valued member of the CAP with a commanding presence and a great smile and he will be greatly missed by us all. Our deepest sympathy to his wife Michelle and their two young children Mason and Monique.

Matt’s passing reminds us as to why we all decided to volunteer with ANZUP and it only serves to strengthen our resolve to continue to advocate for better treatments and outcomes for cancer patients and their families.

We would not be able to do this without the wonderful support of the ANZUP Board, particularly from the encouragement and tireless efforts of Ian and Marg along with the committed, friendly team of Liz, Jenni and Yi. We cannot thank you enough and are amazed at how much you have all achieved in such a short time.

In closing this year’s report I would like to thank all of the CAP members for their combined efforts in supporting ANZUP and to Leonie Young CAP Chair of the ANZBCTG who continues to mentor and support the CAP. We all work really well together and have a diverse range of strengths to contribute to ANZUP at many levels and look forward to seeing what we can achieve over the next twelve months.

The Community Engagement Forum; A little Below the Belt

“I have attended many such meetings since 2005 and firmly believe that this was one of the best!”

John Stubbs (CAP Member)

Bladder Cancer Subcommittee: Dickon Hayne

The bladder cancer sub-committee has had a busy and successful year and continues to grow in number and activity. I have now taken over the sub-committee chair from Manish Patel and Shomik Sengupta has taken on the role of Deputy Chair – thanks to Manish for all his previous hard work.

Highlights of the year in addition to the ANZUP ASM in Melbourne include the concept development workshop in Sydney last November. This meeting spawned several new ideas relating to muscle invasive bladder cancer including: Advancing Cystectomy Care: an Enhanced recovery Pathway Trial (ACCEPT) and a concept involving the addition of the PD1 inhibitor MK3475 to chemo radiation. ACCEPT will be further developed at the 2015 USANZ ASM in Adelaide. The PD1 concept, proposed by Andrew Weickhardt, has already received early support from Merck and details concerning the precise study design are currently being finalised.

The RAIDER-B trial looking at different adaptive radiotherapy techniques in muscle invasive bladder cancer was successful in securing a Cancer Australia grant. The study, which is an international collaboration with the UK, aims to recruit 60 Australian patients over three years.

Nanoparticle albumin-bound (NAB)-Paclitaxel vs. Paclitaxel as second line in metastatic urothelial cancer has opened to recruitment in Canada and should be opening very soon in Australia.

This year has not been all good news however with a world shortage of BCG. This affects all patients with intermediate and high risk non muscle-invasive bladder cancer (NMIBC) in whom BCG constitutes part of their treatment. USANZ has issued guidelines on the management of NMIBC in the absence of BCG which can be accessed via: http://www.usanz.org.au/uploads/65337/files/Policy_Documents/140923_Guidelines_Management_Urothelial_Carcinoma_Bladder.pdf?r=9458269084DCA5AA87BEAC3B39868A4C. As a result of this world shortage enrolment to the BCG/MMC trial was temporarily suspended and recruitment has no doubt been
affected. Fortunately some supply has trickled through and thanks to the tenacity of Karen Bracken and others at the CTC some ongoing recruitment has been maintained with 30 patients accrued to the trial to date. Congratulations to Laurence Krieger and the Northern cancer institute for being this year’s highest recruiting centre. How much detail do we need here feel this is too long

The OPTIMUM trial, which seeks to answer both the major questions concerning choice of (MVAC vs. Gem-Cis) and timing of (neo-adjuvant or adjuvant) peri-operative chemotherapy around cystectomy, just missed NHMRC funding this year. Pleadingly however the trial did receive a near miss grant from University of Sydney. The application has been further strengthened and re-submitted to NHMRC - we are all extremely keen to secure funding for this crucial trial next time.

Correlative and Translational Research Subcommittee: Paul De Souza

The translational and correlative subcommittee has been stimulated by the work in developing and implementing the ENZAMET and ENZARAD trials in particular. We are grateful to those who will be collecting samples, contributing patients, and of course, those who have already provided critical input of logistical details of the materials to be collected as part of the clinical protocols. We anticipate that these two trials will keep us busy in the next couple of years.

A survey on willingness to undertake translational cancer research was also undertaken in late 2014. Forty-five replies were garnered from an electronic survey. All (except one honest individual) were at least interested or very interested in furthering translational research. I was heartened to see that approximately 30-40% of respondents were even willing to find their own funds to contribute to the translational research aims of the group (within reason), including items such as shipping samples. Approximately the same proportion was willing to provide translational research concepts or write translational research grants. Over 35 of respondents had some skills or facilities that could be used to contribute towards translational research, ranging from prostate cancer cell lines to highly sophisticated techniques such as patient derived explants and next-generation sequencing. Respondents also included (presumably younger) researchers who did not have a track record in translational research, but were very keen to participate.

Given the level of interest in translational research, we hope to have a meeting at the next ANZUP conference in which we can start to work out how to integrate this energy with the broader, ongoing efforts overseen by ANZUP, and to generate other research outside of clinical trials.

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 active recruitment to the “Phase III study of accelerated BEP for metastatic germ cell tumours”, completion of recruitment for the “e-shed survivorship interventional study” (in collaboration with PoCoG”), and generation of a number of new studies and collaborations.

Active study:

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

This randomised trial of alternate schedules of chemotherapy for patients with intermediate or poor-risk advanced germ cell tumours is currently recruiting at 24 sites in Australia and New Zealand. 8 patients have been recruited as of 13 March 2015. The main study is funded by Cancer Council Australia and Cancer Australia. Sydney Catalyst awarded a further $50K in May 2014 which enables collection of blood and tissue samples from for trial participants for future translational sub studies. Both studies were presented at trials in progress sessions at the European Society of Medical Oncology and Medical Oncology Group of Australia meetings during 2014. Representatives from the trial management committee continue to meet with international trial groups, who are enthusiastic to contribute both to stage I of the study which aims to recruit 150 patients, and stage II of the study which aims to recruit an additional 350 patients. Acknowledgement goes to ANZUP research fellows Anne Long and Felicia Roncolato, and the CTC operations staff led by Associate Oncology Program Manager Nicole Wong and trial coordinator Annie Yeung, for their tireless efforts in related to this study.

Studies in follow-up or completed:

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

This pilot study, conducted by the Psycho-oncology Co-operative Research Group (PoCoG) in collaboration with ANZUP, and funded by Cancer Council Australia and Sydney Catalyst, successfully completed recruitment of 25 patients in the final quarter of 2014. Special thanks to our fabulous consumer representatives who did an incredible job in providing video interviews for the website and expert advice on content. Initial results will be presented at the IPOS symposium 2015, and a phase 2 study is planned.

2. Chemotherapy and Cognition study

Results of final statistical analysis for this study of 150 patients
led by Prof Ian Olver, which prospectively monitored cognitive function in patients managed with and without chemotherapy for testicular cancer, are expected in second quarter of 2015.

3. 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, with a further analysis planned at the end of 2015.

International collaborations

ANZUP continue to collaborate actively with international partners and funders. Dr Carmel Pezaro has led Australian involvement in the section G3 Global Germ Cell Cooperative Group retrospective study for patients with stage I seminoma who relapse after adjuvant treatment with carboplatin with local representation. ANZUP has also been selected to participate in the Movember GAP5 Translational Research Project, which is a translational project that aims to identifying the biological drivers of relapse in this cohort of men through collection and analysis of tissue, blood or urine samples in men who relapse after primary curative therapy. The application for this study highlighted the excellent translational capability within ANZUP and its local collaborators. ANZUP remains enthusiastic to participate in the TIGER study, which is an international randomised trial of high dose chemotherapy with T-I-CE versus conventional-dose chemotherapy with TIP for refractory and relapsed germ cell tumours, that will be sponsored by EORTC and funded by Movember in Europe.

Concept Development Workshop

The germ cell subcommittee held a successful concept development workshop in November 2014. Concepts endorsed at the workshop include an observational study relating to venous thromboembolism in patients with testicular cancer and bulky retroperitoneal lymph nodes, and a standardised surveillance schedule for stage I testicular cancer.

Prostate Cancer Subcommittee: Scott Williams

The prostate subcommittee continues to manage an ever-expanding portfolio of active studies and concepts under development. Following the frantic activity of the past year, our pair of global randomised studies evaluating Enzalutamide are now well progressed, while other concepts have now obtained competitive funding to process with development.

ENZARAD will enrol 800 men with clinically localised high-risk prostate cancer who are planned to be treated with both radiation and androgen deprivation therapy, randomising them to either a standard approach of 2 years of LHRHa including 6 months of conventional androgen or an experimental approach of 24 months of both LHRHa and enzalutamide. Our colleagues at TROG cobadge the study and provide the global quality assurance for the radiation component. The study is now open at 23 Australian and two New Zealand centres, with centres in Ireland and the United Kingdom soon to open and ongoing work to open sites in Europe and other regions, along with our collaborators at the Dana Farber Cancer Center in Boston. We have 49 men enrolled on ENZARAD as of March 2015.

ENZAMET will randomise 1100 men who have metastatic prostate cancer and are commencing ADT to either combined androgen blockade with standard antinaedrogen components or blockade containing enzalutamide. It is open at 31 sites in ANZ, 5 in Ireland and is likely to be open in Canada plus other international sites in the near future. A recent major protocol amendment has been made in light of the CHAARTED study findings. 125 men have so far enrolled on ENZAMET.

The team at ANZUP and the NHMRC Clinical Trials Centre plus a cast of dedicated clinicians and support staff continue to pour a huge amount of resources into these studies. These studies were developed by ANZUP, and are supported by grant funding and study drug from Astellas. These studies have firmly placed ANZUP on the international stage, showing that we are able to conduct large and complex studies in a timely manner.

We have succeeded in gaining a PdCCRS check! Cancer Australia / Prostate Cancer Foundation of Australia grant for our proposed randomised study of Pentho analgesia use in prostate biopsy. This has been a great effort by the team, taking a clinically relevant question discussed at a concept development session at our ASM through to what will become a national randomised trial. Well done to all those involved.

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) that continues accrual.

As always, we have a range of concepts proposed by our members under discussion that we hope will progress to exciting research projects, as well as opportunities to join the studies of other trials groups. Many thanks to our members for their endless and enthusiastic participation, our collaborators locally and globally, and to the many patients who give so much to participate in our studies.
Quality of Life and Supportive Care Subcommittee: Suzanne Chambers

Living Well with Prostate Cancer

The NHMRC-funded Living Well with Prostate Cancer Project has now completed recruitment, reaching our target of 190 consented participants. This project is trialling the effectiveness of a mindfulness-based cognitive therapy (MBCT) group intervention over the telephone for men with advanced prostate cancer. We are now running the final mindfulness groups and will continue to collect follow-up data throughout 2015. Cancer Council Queensland and Griffith University would like to thank all the ANZUP members involved with the project and all our recruiting sites for your hard work referring patients.

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

The Prostate Cancer in Gay and Bisexual Men and their Partners Study aims to gain knowledge and understanding of how prostate cancer affects sexual wellbeing and quality of life in gay and bisexual men and their partners. The study has successfully recruited 137 gay and bisexual men and 27 male partners to complete the study survey. In addition, 46 gay and bisexual men and 7 male partners have participated in an interview in order to gain a deeper understanding of their experiences. Additionally, 239 surveys and 19 interviews have been completed by heterosexual men. The purpose of this heterosexual comparison sample is to allow for greater insight into the specific needs and experiences of gay, bisexual, and heterosexual men to inform more targeted healthcare provision and ongoing support post cancer. The study has now ceased recruiting participants. Preliminary data analysis has commenced. The Prostate Cancer Foundation of Australia and University of Western Sydney would like to thank all ANZUP members involved in referring participants to this study.

Renal Cell Cancer Subcommittee: Ian Davis

The RCC subcommittee continued to meet quarterly by teleconference. We have one ongoing trial although it is no longer actively recruiting. The SORCE 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. Many of our original trial participants have now completed the three treatment years of planned therapy and are being followed up, while others continue to receive blinded study drug. The question being asked by SORCE remains a very important one and ANZUP has made a very meaningful contribution to this study.

SORCE includes two substudies. The TRANSORCE substudy involved the collection of blood and tissues, and several ANZUP sites participated in this. These samples are now being brought together for shipment to the UK for further study. The PAS in SORCE substudy was developed by ANZUP researchers and aims 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. Interesting results from baseline data have already been analysed and presented. The next study timepoint is after three months of blinded therapy and information from this analysis was presented at the ASCO Genitourinary Cancers Symposium in February 2015. Future study time points will continue to generate interesting information.

The EVERSUN trial completed accrual in April 2013. Results including the EVERSUN-T translational substudy were presented at the ASCO Genitourinary Cancers Symposium in 2014 and the final manuscript has now been published in Annals of Oncology in February 2015. The trial did not meet its primary endpoint but has generated important information that will guide choice and sequencing of therapy in RCC in the future.

The Concept Development Workshop held in November 2015 led to several new ideas that are currently under further discussion and development. Several of these are likely to proceed as new ANZUP protocols.

Thanks to all the RCC subcommittee members, our clinical sites, our NHMRC Clinical Trials Centre collaborators, and especially our trial participants. None of ANZUP’s successes could occur without you.
The ANZUP ASM held in Melbourne from the 13th to the 15th of July 2014 again had an increase in delegates compared with the previous year, demonstrating the continuing growth of ANZUP. The feedback from the meeting was excellent suggesting that growth is likely to continue into the future.

This year the Trainee Day was replaced with the MDT Masterclass, which had a greater focus on multidisciplinary management of urological cancers. This was a success judged by the positive feedback from allied health professionals as well as trainees, who found the day valuable.

The major focus of the meeting was our five outstanding international speakers, Christian Kollmannsberger, Eric Klein, Robert Bristow, Theresa Wiseman and Kala Sridhar. Each gave fantastic presentations but also engaged with delegates throughout the meeting. They were supported by excellent local speakers and outstanding oral and poster presentations.

This year, the topics covered were broad and updated delegates on the management of common urological cancers, but also the psychosocial aspects of treatments and the translation of cutting edge scientific discoveries into the clinic. A common theme in prostate cancer discussed by Eric Klein and Robert Bristow was the utilisation of genetic fingerprints to select patients for surveillance or radiotherapy rather than surgery. Christian Kollmannsberger delivered an update on the sequencing of treatments in kidney cancer and the role of immunotherapy and Kala Sridhar discussed the future of bladder cancer treatment.

Theresa Wiseman explained the role of qualitative studies of cancer patients’ experience and how this can be used to help patients cope with their disease.

There were updates on current ANZUP trials as well as interesting trial concepts presented which generated a large amount of discussion and will hopefully lead to important trials in the future.

The Community Engagement Forum and Consumer Advisory Panel were again well attended and an open meeting of the Scientific Advisory Committee generated excellent discussion.

The meeting closed with a session examining the barriers to the development of new treatments and a debate on which of the multidisciplinary team was the patients’ best friend. The result of the debate was a resounding vote that the team was the patients’ best friend and no discipline was more important than the others.

A urological theme was even continued into the social events, with the entertainment at the Conference Dinner being provided by Melbourne Urologist Daniel Moon and his band.

The organising committee put in an enormous amount of work to put the meeting together. I would again like to thank Henry Woo, Carmel Pezaro, Belinda Jago, Shankar Siva, Andrew Weickhardt, Emma Beardsley, Kath Schubach, Ian Davis and Ben Tran for all their efforts. The committee could not have organised this meeting without guidance from Ian Davis and Shomik Sengupta whose experience was invaluable. A big thank you also goes to Kate Murphy and her team at YRD as well as Marg, Yi, Liz and Jenni from ANZUP and our volunteers Jo Stubbs and Lesley Tinkler.

None of this would have been possible without the generous support of our sponsors and we thank Janssen- Cilag, PCFA, Tolmar Australia, Sanofi, Astellas, Pfizer, GSK, Ipsen, Amgen, AstraZeneca, Bayer, Ferring and the State Government of Victoria.
The ANZUP ASM was the best ever in Pam’s and my opinion. Great camaraderie, collaboration, learning and networking certainly prevailed.

PCFA was delighted to again be part of it all and being able to launch Pathfinder was a great opportunity for all of us.

The planning, organising and the venue were very much part of the success – it all worked brilliantly and augurs well for the future. Onwards and upwards as they say.

David Sandoe, National Chairman, Prostate Cancer Foundation of Australia
International speakers
Theresa Wiseman, Eric Klein and Robert Bristow

Masterclass – Renal Session Chair
Shankar Siva

Masterclass - Germ Cell Panellists
Kate Thompson, Keith Cox, Fritha Hanning, Swetha Sridharan, Shomik Sengupta

Masterclass - Prostate Panellists
Sandra Turner, Vivienne Van Dessel, Mark Frydenberg, Emma Beardsly

Masterclass - Renal Panellists
Vicki McLeod, Barry Leaney, Howard Gurney, Nathan Lawrentschuk
The ASM newsletter was a new addition this year.

Open SAC – A packed house!

Platinum Sponsor
Janssen-Cilag
Diana Kim, Product Specialist

Delegates
Zee Wan Wong from Goulburn Valley Health takes the opportunity to catch up with Robert ‘Frank’ Gardiner from QLD University.

Delegates
Amanda Stevanovic from Nepean Hospital and Bavanthi Balakrishnar from Liverpool Hospital.

Platinum Sponsor PCFA
Anthony Lowe (CEO PCFA) and Suzanne Chambers (Griffith University)

Nurses Breakfast
Invited Speaker, Mei Krishnasamy

Treatment Guide Panellists
Nick Brook, Christian Kollmannsberger, Dickon Hayne and Ben Tran

Masterclass convenor
Andrew Weickhardt

Ian Davis and David Pook

Welcome Reception
2014 ASM Continued

ANZUP /Bayer Travel Fellowship

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Institution/Organisation</th>
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<tbody>
<tr>
<td>Alison Zhang</td>
<td>Chris O’Brien Lifehouse / Crown Princess Mary Cancer Centre</td>
</tr>
<tr>
<td>Alvin Tan</td>
<td>Auckland District Health Board</td>
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<tr>
<td>Annie Wong</td>
<td>Peter MacCallum Cancer Centre</td>
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<td>Dagmara Poprawski</td>
<td>Country Health SA LHN</td>
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<td>Daphne Dai</td>
<td>Austin Health</td>
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<td>Edmond Kwan</td>
<td>Monash Health</td>
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<td>Emma Birch</td>
<td>Peter MacCallum Cancer institute</td>
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<td>Kate Mahon</td>
<td>The Kinghorn Cancer Centre</td>
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<td>Kenny Rao</td>
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<td>Leah Zajdlewicz</td>
<td>Cancer Council Queensland</td>
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<td>Mahesha Weerakoon</td>
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<td>Paul McGivern</td>
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<td>Rob McDowall</td>
<td>Cancer Council Queensland</td>
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<td>Sema Cakan</td>
<td>Genesis Cancer Care, Royal Perth</td>
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<tr>
<td>Sina Vatandoust</td>
<td>Flinders Medical Centre</td>
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<td>Soizick Mesnage</td>
<td>Auckland City Hospital</td>
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<td>Yada Kanjanapan</td>
<td>The Canberra Hospital</td>
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Scholarships for ANZUP Trials Coordinators

<table>
<thead>
<tr>
<th>Irina Arzhintar</th>
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<tr>
<td>Duncan Colyer</td>
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<td>Steven Duffey</td>
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<td>Cynthia Hawks</td>
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<td>Jennifer Petersen</td>
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<td>Cathy Xu</td>
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ASTELLAS BEST OF THE BEST

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<th>Best of the Best Poster Oral</th>
<th>Kate Mahon</th>
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<td>Best of the Best Poster</td>
<td>Craig Gedye</td>
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<tr>
<td>Best of the Best Trainee / Fellow</td>
<td>Kenny Rao</td>
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<td>Best of the Best Nursing / Allied Health</td>
<td>Trish Livingston</td>
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PCFA ANZUP ASM Grant 2014 for Registered Nurses

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<tr>
<th>Sarah Mann</th>
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<td>Monique Swam</td>
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ANZUP TOLMAR Clinical Research Fellowship

In 2014 we built a new relationship with Tolmar that led to the inaugural ANZUP Tolmar Clinical Research Fellowship. The awardee was Ben Tran from the Royal Melbourne Hospital. We are thrilled to offer this fellowship in 2015.

“It’s an absolute privilege for Tolmar Australia to be a Gold Sponsor of the ANZUP Cancer Trials Group ASM. We look forward to an ongoing partnership with ANZUP, following the establishment of the inaugural TOLMAR ANZUP Uro-Oncology Clinical Research Fellowship”

Carolyn Tabrett, Tolmar
We are grateful to our 2014 ASM sponsors:

PLATINUM:

GOLD:

SILVER:

BRONZE:  MDT MASTERCLASS:  EVENING SYMPOSIUM:

TRAVEL FELLOWSHIPS:  NURSES BREAKFAST:  BEST OF THE BEST:

MOBILE APP:  AV SPONSOR:

EXHIBITORS:
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 2014-15 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 $231,19.00 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 NHMRNC 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:


ENZAMET: A randomised phase III trial of Enzalutamide in first line androgen deprivation therapy for metastatic prostate cancer. Funding Astellas $16,287,968.00: 2014-2020. During this reporting period $45,000.00 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 $55,000.00 was transferred to ANZUP and was reported in the Annual Accounts.

Pain Free TRUS B: A placebo-controlled, randomised trial of methoxyfluorane to reduce the discomfort of prostate biopsy. Funding University of Sydney DVC-R Bridging Support Grant, $30,000.00: January 2014-June 2014. Funding Cancer Australia $354,764.00 Prostate Cancer Foundation of Australia $242,331.00: 2015-2018.

BL.12: A Multicentre Randomized Phase II Trial Comparing Nab-Paclitaxel to Paclitaxel in Patients with Advanced Urothelial Cancer Progressing on or after a Platinum Containing Regimen. Funding NCIC Clinical Trials Group $1,384,662.00, Specialised Therapeutics $250,000.00: 2015-2018.

OPTIMUM: Optimising Perioperative Therapy in Muscle invasive Urothelial Malignancy. A phase 3 trial of cisplatin and gemcitabine (CG) vs accelerated MVAC (actMVAC) given before or after cystectomy. Funding University of Sydney DVC-R Bridging Support Grant, $30,000.00: January 2015-June 2015.
We now conduct clinical trials in over 100 hospitals and medical centres in Australia, New Zealand, and Ireland.

### Australia

- **ACT**
  - Canberra Hospital
- **NSW**
  - Calvary Mater Newcastle
  - Campbelltown Hospital
  - Central West Cancer Centre
  - Central West Cancer Services
  - Chris O'Brien Lifehouse
  - Concord Repatriation General Hospital
  - Dr Mitterndorfer's Private Practice
  - Gosford Hospital
  - Highfields Specialist Centre Port Macquarie
  - Liverpool Hospital
  - Macarthur Urology Centre
  - Macquarie Cancer Clinical Trials
  - Macquarie University Hospital
  - Napean Cancer Care Centre
  - Napean Hospital
  - North Coast Cancer Institute
  - Northern Cancer Institute - St Leonards
  - Norwest Clinic
  - Port Macquarie Base Hospital
  - Prince of Wales Hospital
  - Riverina Cancer Centre
  - Royal North Shore Hospital
  - Royal Prince Alfred Hospital
  - St George Hospital
  - St Vincent's Clinic
  - St Vincent's Hospital - Sydney
  - Sydney Adventist Hospital
  - Tempe Hospital
  - The Tweed Hospital
  - Westmead Hospital
  - Westmead Specialist Centre
  - Wollongong Hospital
- **NT**
  - Royal Darwin Hospital
- **QLD**
  - Avondale Hospital
  - BlueCare
  - Brisbane Ultrasound
  - Genesis Cancer Care
  - Gold Coast Hospital
  - Greenlane Ultrasound Clinic
  - Icon Cancer Care (formerly HOCA)
  - Mater Adult Hospital
  - Nambour Central Hospital
  - Premier
  - Princess Alexandra Hospital
  - Radiation Oncology Mater Centre
  - Radiation Oncology Queensland - Gold Coast
  - Redcliffe Hospital
  - Royal Brisbane & Women's Hospital
  - The Wesley Hospital
  - Toowoomba Cancer Research Centre
  - Toowoomba Hospital
  - Townsville Hospital
  - Townsville Urology
  - Troy Giuduazzo Ultrasound
  - Wesley Oncology
  - Xray
  - Xray Ultrasound
- **SA**
  - Ashford Cancer Centre
  - Ashford Care Research (Adelaide Radiotherapy Centre)
  - Flinders Medical Centre
  - Lyell McEwin Hospital
  - Repatriation Hospital SA
  - Royal Adelaide Hospital
  - TAS
  - Royal Hobart Hospital
  - VIC
  - Alfred/William Buckland
  - Austin Health
  - Australian Urology Associates
  - Ballarat Oncology & Haematology Services
  - Bendigo Hospital (Peter MacCallum radiotherapy centre)
  - Border Medical Oncology
  - Cabrini Health
  - Cabrini Hospital
  - Casey Hospital
  - Eastern Health (Box Hill)
  - Epping Radiation Oncology Centre (EPROC)
  - Franklinon
  - Frankston Radiation Oncology Centre (FROC)
  - Goulburn Valley Health
  - Maroondah Hospital
  - Monash Cancer Centre - Moorabbin
  - Peninsula Oncology
  - Peninsula South Eastern Haematology & Oncology Group (PSEHOG)
  - Peter MacCallum Cancer Centre - Box Hill
  - Peter MacCallum Cancer Centre - East Melbourne
  - Peter MacCallum Cancer Centre - Moorabbin
  - Ringwood Radiation Oncology Centre (RROC)
  - Royal Melbourne Hospital
  - St Vincent's Hospital - Melbourne
  - The Alfred Hospital
  - Western Hospital
  - Western Radiation Oncology Centre (WROC) Footscray
  - Wollongong Hospital

### New Zealand

- **NZ**
  - Auckland City Hospital
  - Auckland Radiation Oncology
  - Christchurch Hospital
  - Dunedin Hospital
  - Palmerston North Hospital
  - Waikato Hospital
  - Wellington Hospital

### Ireland

- **IE**
  - Cork University Hospital
  - Adelaide and Meath Hospital – National Children Hospital
  - Beaumont Hospital
  - Mater Misericordiae University Hospital
  - Mater Private Hospital
  - St James Hospital
2015

Journal articles


Conference presentations

2014

Journal articles


Conference presentations
Chalasani V. Adding mitomycin C to BCG as adjuvant intravesical therapy for high-risk, non-muscle-invasive bladder cancer: a randomised phase 3 trial. Medical Oncology Group of Australia Annual Scientific Meeting 6–8 Aug 2014; Sydney.

Chalasani V. Planning your trial—proformas for reporting clinical trials. ANZUP Annual Scientific Meeting; 13–15 Jul 2014; Melbourne.

Davis I. Randomised phase 3 trial of enzalutamide in first line androgen deprivation therapy for metastatic prostate cancer: the ANZUP ENZAMET study. Medical Oncology Group of Australia Annual Scientific Meeting 6–8 Aug 2014; Sydney.


Williams S. Randomised phase 3 trial of enzalutamide in androgen deprivation therapy with radiation therapy for high risk, clinically localised, prostate cancer: ENZARAD (ANZUP 1303). European Society for Medical Oncology Congress; 26–30 Sep 2014; Madrid.


IN MEMORIAM

Matthew Carr

Every member and friend of ANZUP plays a part on the way to eliminating and alleviating the devastating effects of below the belt cancers that this close knit group specialises in. We are all cognisant that outcomes are, at times, less than optimal. But each day, our individual and collective efforts put us one step closer to achieving our high objectives.

Just recently, one of our own, a member of ANZUP’s Consumer Advisory Panel passed away as a result of testicular cancer, one of the very diseases that we are working hard to prevent.

Matthew Carr, Army Major, husband and father of two, died on 31 January, 2015. He was only 38 years old. He packed much into those short years with tours in Iraq and Afghanistan as a professional soldier, a recently completed Masters degree and much more. But perhaps the standout aspect of Matthew’s life was his commitment to helping the next guy.

From the time of Matthew’s diagnosis with testicular cancer in his early 20’s, he became heavily involved in promoting awareness, ensuring young men heard the message about his disease. In 2009 he published his biography ‘Battle Scars’ which concentrated on how he dealt with his cancer. He was an impressive and engaging communicator and continued to work tirelessly with ANZUP, despite his personally deteriorating prognosis.

There is possibly no better way of expressing his passing than to say that our dear colleague died on active service.

Ray Allen
Deputy Chair, ANZUP Consumer Advisory Panel

Dr Ian Roos

Ian was an academic, an advocate, an ally and an asset. He was a stalwart supporter of ANZUP, the broader the broader prostate cancer community and indeed the whole cooperative cancer clinical trials structure in Australia. I vividly remember, after we were unsuccessful in our first application to Cancer Australia for funding to set up ANZUP, how Ian spent considerable time with me outlining where we could strengthen our application to the point where we were ultimately successful. That conversation and many that followed led to our governance structure and in particular our Consumer Advisory Panel, which has been seen by many organisations as a shining example of how community and consumer involvement should work.

Ian was never short of an opinion and recognised that not everyone always agreed with him.

He had a unique and effective style of communication. However, he was always willing to listen and take a balanced view and I know that I personally always came away from our interactions with a new and broader perspective. Ian was awarded the Medal of the Order of Australia in 2009 “for service to the community through raising awareness of men’s health issues”, a richly deserved honour.

Ian was a cancer “survivor” for a long time and sadly we can no longer say that he is. The word “survivor” is such an imperfect on: passing through the experience of cancer is about more than simply surviving, and in many respects the term can undervalue the memory of those who eventually do not survive their cancer.

ANZUP is grateful to Ian Roos for all he did for us and the broader cancer community and we will remember him fondly. We were in fact already looking at ways that we could honour Ian’s memory in a longer lasting way and we hope to have more information for you on this soon.

For now: we have a job to do and people to help. That is the best way to honour Ian and all the others whom we serve.

Ian Davis
Chair ANZUP
The directors of ANZUP Cancer Trials Group Limited (the company) submit their annual financial report for the year ended 31 March 2015.

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)
Nicholas Buchan (appointed December 15, 2014)
Martin Dowling
Joe Esposito
Glenn Ferguson
Linda Martin
Henry Woo

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. 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.

Guy Toner MBBS, MD, FRACP. Deputy Chair

Associate Professor Guy Toner is a Consultant Medical Oncologist at Peter MacCallum Cancer Centre and Associate Professor of Medicine at the University of Melbourne. He is a graduate of the University of Melbourne and undertook sub-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 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.

Nick Buchan MBChB, FRACS (Urol)

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

**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.

**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.

**Glenn Ferguson AM**

Mr Glenn Ferguson AM 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.

Glenn is a Founding Fellow of the Australian Academy of Law, a Fellow of the Australian Institute of Company Directors and a Fellow of the Australia and New Zealand College of Notaries. He was appointed the inaugural Adjunct Professor in Law at the University of the Sunshine Coast. He is currently Chair of WorkCover Queensland, Lexon Insurance and a Governor of the College of Law.

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.

In the 2015 Australia Day Honours, Glenn was made a Member of the Order of Australia “For significant service to the law and to the legal profession, both nationally and in the Asia-Pacific region, and to the community”.

**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.

**Henry Woo MBBS (Syd), FRACS (Urol).**

Henry Woo is a urological surgeon sub-specialised in the treatment of prostate disease. He is an Associate Professor of Surgery at the Sydney Adventist Hospital Clinical School of the University of Sydney. He is Editor in Chief of BJUI Knowledge, an innovative online CME platform for urologists. He serves on the editorial boards of the journals Prostate Cancer Prostatic Diseases, Prostate International and World Journal of Men’s Health. 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 over 120 publications in peer reviewed journals and several book chapters. He also has interests in the role of social media in healthcare and is the coordinator of the

**ANZUP Cancer Trials Group Limited**

**Directors’ report continued**

31 March 2015
International Urology Journal Club on Twitter and UroVine. He serves on the American Urological Association’s 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.

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>5</td>
</tr>
<tr>
<td>Lizbeth Kenny</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Nicholas Buchan</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Martin Dowling</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Joe Esposito</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Glenn Ferguson</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Linda Martin</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Henry Woo</td>
<td>5</td>
<td>3</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 $555,622 (2014: $1,104,665).

At 31 March 2015, the company had net assets of $2,049,355 (2014: $1,493,733).

Changes in state of affairs

There were no significant changes in the state of affairs of the company during the year ended 31 March 2015.

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 $1,200.

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, 15 May 2015
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 2015, 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, 15 May 2015
ANZUP Cancer Trials Group Limited  
Statement of Profit or Loss and Other Comprehensive Income  
For the year ended 31 March 2015

<table>
<thead>
<tr>
<th>Notes</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Revenue</td>
<td>3</td>
<td>1,558,725</td>
</tr>
<tr>
<td>Employee benefits expenses</td>
<td>(305,311)</td>
<td>(249,212)</td>
</tr>
<tr>
<td>Administration expenses</td>
<td>4</td>
<td>(697,792)</td>
</tr>
<tr>
<td><strong>Net income for the year</strong></td>
<td></td>
<td><strong>555,622</strong></td>
</tr>
<tr>
<td><strong>Other comprehensive income for the year</strong></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total comprehensive income</strong></td>
<td></td>
<td><strong>555,622</strong></td>
</tr>
</tbody>
</table>

*The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes.*
## Statement of Financial Position

**As at 31 March 2015**

<table>
<thead>
<tr>
<th>Notes</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

### Current assets

- **Cash and cash equivalents**
  - Notes 5
  - 2015: 507,496
  - 2014: 1,293,887

- **Other financial assets**
  - Notes 6
  - 2015: 1,511,271
  - 2014: -

- **Trade and other receivables**
  - Notes 7
  - 2015: 335,099
  - 2014: 498,191

**Total current assets**

- 2015: 2,353,866
- 2014: 1,792,078

### Non-current assets

- **Office equipment**
  - Notes 8
  - 2015: 4,869
  - 2014: 5,419

**Total non-current assets**

- 2015: 4,869
- 2014: 5,419

**Total assets**

- 2015: 2,358,735
- 2014: 1,797,497

### Current liabilities

- **Trade and other payables**
  - Notes 9
  - 2015: 288,837
  - 2014: 288,035

- **Employee benefits**
  - 2015: 9,498
  - 2014: 7,782

**Total current liabilities**

- 2015: 298,335
- 2014: 295,817

### Non-current liabilities

- **Employee benefits**
  - 2015: 11,045
  - 2014: 7,947

**Total liabilities**

- 2015: 309,380
- 2014: 303,764

**Net assets**

- 2015: 2,049,355
- 2014: 1,493,733

### Equity

- **Retained earnings**
  - 2015: 2,049,355
  - 2014: 1,493,733

**Total equity**

- 2015: 2,049,355
- 2014: 1,493,733

*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
As at 31 March 2015

<table>
<thead>
<tr>
<th>Retained earnings</th>
<th>Total equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### Balance at 1 April 2013
- 389,068
- 389,068

### Retained earnings
- Net income for the year: 1,104,665
- Other comprehensive income for the year: -
- Total comprehensive income for the year: 1,104,665

### Balance as at 31 March 2014
- 1,493,733
- 1,493,733

### Balance at 1 April 2014
- Net income for the year: 555,622
- Other comprehensive income for the year: -
- Total comprehensive income for the year: 555,622

### Balance as at 31 March 2015
- 2,049,355
- 2,049,355

*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  
31 March 2015

<table>
<thead>
<tr>
<th>Notes</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Cash flows from operating activities

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts from grants</td>
<td>643,378</td>
<td>625,679</td>
</tr>
<tr>
<td>Receipts from sundry income</td>
<td>801,868</td>
<td>759,006</td>
</tr>
<tr>
<td>Receipts from donations</td>
<td>270,486</td>
<td>71,266</td>
</tr>
<tr>
<td>Interest received</td>
<td>49,836</td>
<td>24,974</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(1,038,670)</td>
<td>(698,049)</td>
</tr>
<tr>
<td><strong>Net cash inflow from operating activities</strong></td>
<td>12</td>
<td>726,898</td>
</tr>
</tbody>
</table>

Cash flows from investing activities

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments for office equipment</td>
<td>(2,018)</td>
<td>(3,844)</td>
</tr>
<tr>
<td>Investing in long-term bank deposits</td>
<td>(1,511,271)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Net cash outflow from investing activities</strong></td>
<td>(1,513,289)</td>
<td>(3,844)</td>
</tr>
</tbody>
</table>

Net (decrease) / increase in cash and cash equivalents

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents at the beginning of the year</td>
<td>1,293,887</td>
<td>514,855</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at the end of the year</strong></td>
<td>5</td>
<td>507,496</td>
</tr>
</tbody>
</table>

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

This financial report covers ANZUP Cancer Trials Group Limited (the company) as an individual entity for the year ended 31 March 2015. The company is limited by guarantee and is incorporated and domiciled in Australia. The financial statements are presented in Australian dollars, which is company's functional and presentation currency.

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

New, revised or amending Accounting Standards and Interpretations adopted

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

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

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

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

AASB 1053 Application of Tiers of Australian Accounting Standards

The company has applied AASB 1053 from 1 April 2014. 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 and later amending Standards, as relevant.

AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements

The company has applied AASB 2010-2 from 1 April 2014. 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 Australian Charities and Not-for-profits Commission Act 2012, as appropriate for not-for-profit oriented entities. These financial statements do not comply with International Financial Reporting Standards as issued by the International Accounting Standards Board ('IASB').

Historical cost convention

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

Accounting policies

(a) Going concern

The financial report has been prepared on a going concern basis. Refer to Note 17 for considerations regarding economic dependence.

(b) Income tax

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

(c) Revenue recognition

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

Donations are recognised when received by the company. The company has determined that it is impractical to establish control over the collection of revenue from donations prior to entry into the financial records.

Sponsorship revenue is recognised over the period to which the sponsorship relates.
Note 1.
Summary of significant accounting policies (continued)

Accounting policies (continued)

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

Interest revenue is recognised as interest accrues using the effective interest method.

Other revenue is recognised in the year to which it relates.

(d) Current and non-current classification

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

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

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

(e) Cash and cash equivalents

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

(f) Plant and equipment

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

The depreciation rate used for each class of plant and equipment is as follows:

Office equipment – reducing balance at 20%

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

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

(g) Trade and other receivables

Trade receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Trade receivables are generally due for settlement within 30 days. Collectability of trade receivables is reviewed on an ongoing basis. Debts which are known to be uncollectable are written off by reducing the carrying amount directly. A provision for impairment of trade receivables is raised when there is objective evidence that the company will not be able to collect all amounts due according to the original terms of the receivables.

(h) Trade and other payables

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

(i) Deferred income

The liability for deferred income is the unutilised amount of grants received on the condition that specified services are delivered or conditions fulfilled. The services are usually provided or conditions usually fulfilled within 12 months of receipt of the grant.
Note 1.
Summary of significant accounting policies (continued)

Accounting policies (continued)

(j) Employee benefits

Short-term employee benefits

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

Other long-term employee benefits

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

(k) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the taxation authority. In this case it is recognised as part of the cost of acquisition of the asset or as part of the expense.

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.

(l) Other financial assets

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

Note 2.
Critical accounting judgements, estimates and assumptions

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

Estimation of useful lives of assets

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

Employee benefits provision

As discussed in note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.
ANZUP Cancer Trials Group Limited  
Notes to the financial statements continued  
31 March 2015

### Note 3. Revenue

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant income</td>
<td>510,947</td>
<td>1,064,933</td>
</tr>
<tr>
<td>Donations</td>
<td>270,486</td>
<td>71,267</td>
</tr>
<tr>
<td>Honorariums</td>
<td>19,768</td>
<td>30,340</td>
</tr>
<tr>
<td>Corporate Supporter Program</td>
<td>161,250</td>
<td>88,750</td>
</tr>
<tr>
<td>Annual Scientific Meeting</td>
<td>479,452</td>
<td>370,849</td>
</tr>
<tr>
<td>Interest income</td>
<td>60,311</td>
<td>24,974</td>
</tr>
<tr>
<td>Sundry income</td>
<td>56,511</td>
<td>70,527</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,558,725</strong></td>
<td><strong>1,721,640</strong></td>
</tr>
</tbody>
</table>

### Note 4. Administration expenses

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant funding</td>
<td>16,403</td>
<td>20,400</td>
</tr>
<tr>
<td>Accounting and auditing fees</td>
<td>20,640</td>
<td>16,706</td>
</tr>
<tr>
<td>Annual scientific meeting expense</td>
<td>251,386</td>
<td>169,303</td>
</tr>
<tr>
<td>Consulting fees</td>
<td>7,039</td>
<td>4,054</td>
</tr>
<tr>
<td>Trademark fees</td>
<td>695</td>
<td>709</td>
</tr>
<tr>
<td>Information technology</td>
<td>16,223</td>
<td>9,511</td>
</tr>
<tr>
<td>Insurance</td>
<td>13,566</td>
<td>8,492</td>
</tr>
<tr>
<td>Travel and accommodation</td>
<td>144,968</td>
<td>69,746</td>
</tr>
<tr>
<td>Catering and conference</td>
<td>55,297</td>
<td>4,005</td>
</tr>
<tr>
<td>Telephone and teleconferencing charges</td>
<td>4,317</td>
<td>11,603</td>
</tr>
<tr>
<td>Rent</td>
<td>10,693</td>
<td>10,693</td>
</tr>
<tr>
<td>Depreciation</td>
<td>2,568</td>
<td>779</td>
</tr>
<tr>
<td>Marketing expenses</td>
<td>119,645</td>
<td>7,493</td>
</tr>
<tr>
<td>Sundry expenses</td>
<td>34,352</td>
<td>34,269</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>697,792</strong></td>
<td><strong>367,763</strong></td>
</tr>
</tbody>
</table>
### Note 5. Current assets - cash and cash equivalents

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at bank</td>
<td>507,496</td>
<td>1,293,887</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term deposits</td>
<td>1,511,271</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade receivables</td>
<td>309,799</td>
<td>457,227</td>
</tr>
<tr>
<td>Other receivables</td>
<td>25,300</td>
<td>40,964</td>
</tr>
<tr>
<td></td>
<td>335,099</td>
<td>498,191</td>
</tr>
</tbody>
</table>

### Note 8. Non-current assets – plant and equipment

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office equipment - at cost</td>
<td>9,987</td>
<td>7,969</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(5,118)</td>
<td>(2,550)</td>
</tr>
<tr>
<td></td>
<td>4,869</td>
<td>5,419</td>
</tr>
</tbody>
</table>

**Movements in carrying amounts**

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying amount at beginning of year</td>
<td>5,419</td>
<td>1,867</td>
</tr>
<tr>
<td>Additions</td>
<td>2,018</td>
<td>4,331</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(2,568)</td>
<td>(779)</td>
</tr>
<tr>
<td></td>
<td>4,869</td>
<td>5,419</td>
</tr>
</tbody>
</table>
## Note 9. Current liabilities - trade and other payables

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade payables</td>
<td>5,340</td>
<td>19,802</td>
</tr>
<tr>
<td>Accruals</td>
<td>80,717</td>
<td>109,203</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>202,780</td>
<td>159,030</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>288,837</td>
<td>288,035</td>
</tr>
</tbody>
</table>

## Note 10. Remuneration of auditors

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

<table>
<thead>
<tr>
<th>Service</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit of the financial report</td>
<td>4,000</td>
<td>4,000</td>
</tr>
<tr>
<td>Other services - assistance with preparation</td>
<td>2,160</td>
<td>2,076</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>6,160</td>
<td>6,076</td>
</tr>
</tbody>
</table>

## Note 11. 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>Compensation</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key management personnel compensation</td>
<td>170,191</td>
<td>165,221</td>
</tr>
</tbody>
</table>

## Note 12. Reconciliation of cash flows from operations with net income for the year

<table>
<thead>
<tr>
<th>Item</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net income for the year</td>
<td>555,622</td>
<td>1,104,665</td>
</tr>
<tr>
<td>Depreciation</td>
<td>2,568</td>
<td>779</td>
</tr>
<tr>
<td><strong>Change in operating assets and liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease / (increase) in trade and other receivables</td>
<td>163,092</td>
<td>(468,328)</td>
</tr>
<tr>
<td>Increase in trade and other payables</td>
<td>802</td>
<td>136,917</td>
</tr>
<tr>
<td>Increase in employee benefits</td>
<td>4,814</td>
<td>8,843</td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td>726,898</td>
<td>782,876</td>
</tr>
</tbody>
</table>
Note 13. Related party transactions

Key management personnel

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

Transactions with related parties

During the year, the company received honorariums of $19,768 (2014: $30,340). These honorariums were in relation to speaking engagements undertaken by Ian Davis.

Receivable from and payable to related parties

There were no trade receivables, trade payables or loans to or from related parties as at year end (2014: nil).

Note 14. 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 15. Contingent liabilities and capital commitments

The company has no contingent liabilities or capital commitments as at year end (2014: nil).

Note 16. 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 2015, the number of members was 829 (2014: 719).

Note 17. 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 18. Company details

The company’s registered office is:
Level 4, 92 Parramatta Road
Camperdown NSW 2050

The principal place of business of the company is:
Level 6, The Chris O’Brien Lifehouse
119-143 Missenden Road
Camperdown NSW 2050

The directors of the entity declare that:

1. The financial statements, comprising the statement of profit or loss and other comprehensive income, statement of financial position, statement of cash flows, statement of changes in equity, and accompanying notes, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act) and:
   a. comply with Australian Accounting Standards – Reduced Disclosure Requirements and the Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013; and
   b. give a true and fair view of the entity’s financial position as at 31 March 2015 and of its performance for the year ended on that date.

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

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

Ian Davis
Chairman
Sydney, 15 May 2015
INDEPENDENT AUDITORS 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 2015, 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 responsible entities declaration.

Responsible Entities’ Responsibility for the Financial Report

The responsible entities of the registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act) and for such internal control as the responsible entities 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 responsible entities’ 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 registered entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the responsible entities, 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 ACNC Act 2012.

Basis for Qualified Opinion

Cash donations are a significant source of fundraising revenue for ANZUP Cancer Trials Group Limited. ANZUP Cancer Trials Group Limited has determined that it is impracticable to establish control over the collection of cash donations prior to entry into its financial records. Accordingly, as the evidence available to us regarding fundraising revenue from this source was limited, our audit procedures with respect to cash donations had to be restricted to the amounts recorded in the financial records amounting to $270,486. We therefore are unable to express an opinion whether cash donations for ANZUP Cancer Trials Group Limited recorded are complete.

Qualified Opinion

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 has been prepared in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

(a) giving a true and fair view of the registered entity’s financial position as at 31 March 2015 and of its financial performance and cash flows for the year ended on that date; and

(b) complying with Australian Accounting Standards and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

BDO East Coast Partnership

Paul Cheeseman
Partner

Sydney, 15 May 2015
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