Making a difference to the lives of people affected by bladder, kidney, testicular and prostate cancers
The Directors of ANZUP Cancer Trials Group Limited (“ANZUP”) are pleased to submit the Annual Report for 2016

ANZUP and its members would like to acknowledge and pay respect to the traditional owners of the lands across Australia. We would like to pay our respects to the elders both past and present, and all Aboriginal and Torres Strait Islander people, from whatever nation they may come. In particular, we acknowledge the Gadigal people of the Eora nation as the traditional owners of the lands and waters where our offices are located.
# INDEX

<table>
<thead>
<tr>
<th>INDEX</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman's Report</td>
<td>4</td>
</tr>
<tr>
<td>CEO's Report</td>
<td>7</td>
</tr>
<tr>
<td>Infographic of Achievements</td>
<td>13</td>
</tr>
<tr>
<td>Achievements</td>
<td>17</td>
</tr>
<tr>
<td>Mission and Objectives</td>
<td>17</td>
</tr>
<tr>
<td>ANZUP History</td>
<td>21</td>
</tr>
<tr>
<td>Organisational Chart</td>
<td>22</td>
</tr>
<tr>
<td>Governance Structure</td>
<td>23</td>
</tr>
<tr>
<td>The Board of Directors</td>
<td>24</td>
</tr>
<tr>
<td>Committees</td>
<td>27</td>
</tr>
<tr>
<td>Research Highlights</td>
<td>28</td>
</tr>
<tr>
<td>2015 ASM Report</td>
<td>33</td>
</tr>
<tr>
<td>Grants Awarded</td>
<td>39</td>
</tr>
<tr>
<td>Participating Centres</td>
<td>40</td>
</tr>
<tr>
<td>Publications and Presentations</td>
<td>41</td>
</tr>
<tr>
<td>Financial Report</td>
<td>43</td>
</tr>
</tbody>
</table>
On behalf of the Board I am pleased to report to you ANZUP’s activities over the last year.

ANZUP’s vision is “to minimise the effect of prostate and other urogenital cancer on the community in terms of survival, incidence and quality of life, through research and education and by providing patients and carers with support.” This statement contains the recognition that our work includes but is not limited by clinical trials of conventional intervention strategies, while also providing for the many other types of work we do, which leads to the same end of improved outcomes for our patients and their families.

The ANZUP Strategic Plan for 2013-2015 outlined several key areas of activity and we have made very significant progress towards achieving all of these goals. Some of the key strategic areas in broad terms were as follows:

1. Clinical trials

Across all the disease types we represent, ANZUP currently has clinical trials active in prostate, urothelial, testicular / germ cell and renal cell carcinomas. These trials are actively accruing in all these areas except renal cell carcinoma where our current active trial (SORCE) is now in follow-up. We have trials in early and advanced disease; treatment naive and treatment-refractory populations; driven by medical oncologists, urologists, radiation oncologists, or psychologists.

Our trials include translational components, quality of life and supportive care aspects, and health economic endpoints. The trials range from small single-arm studies through to very large international randomised phase 3 trials. This year we have commenced the BL.12 trial in urothelial cancer, in conjunction with the Canadian Cancer Trials Group. We have also commenced the Pain Free TRUS B trial of methoxyflurane in prostate biopsy, funded by Cancer Australia and the Prostate Cancer Foundation of Australia.

ANZUP’s work is now recognised on the international stage. However, we have only just begun and much work remains to be done to meet our vision. Each trial we perform requires resources including substantial funding.

Our eventual aim is to become less dependent on external funders to support our own clinical trials. The success of initiatives such as the Below the Belt Pedalthon is a first step...
along this process. In 2015 the Board approved the use of funds raised in the Pedalthon to support three novel research proposals aimed at providing justification or preliminary data for future ANZUP clinical trials.

2. Internal group functions

These may seem rather more mundane but they are critical components of what we do. The Scientific Advisory Committee is constituted to ensure we have consistent multidisciplinary representation. It provides ANZUP with its scientific direction and advises the Board as to how various projects should be prioritised. We manage four disease-specific subcommittees (prostate, renal, bladder and germ cell), two subcommittees that cross disease types (Correlative and Translational Research, Quality of Life and Supportive Care), and of course our Consumer Advisory Panel provides input at every level of the organisation. The Board ensures our compliance with our legal and fiduciary responsibilities and is responsible for the effective and responsible governance of the organisation. We have a group of dedicated people working in our central office to coordinate these processes and ensure they all work smoothly. Over the last year we have had the resources to move to the next step in engagement of our members in trial concept and protocol development, with formal Concept Development Workshops across each disease type. This has allowed more people to become involved, ensured that we are constantly assessing areas of clinical need and new opportunities to improve outcomes, and has led to several protocols moving swiftly through development and resourcing to become the next generation of ANZUP studies. Our final objective of improved outcomes cannot occur without all these preceding steps, but all of these functions require resources and careful oversight. The Board has strategies in place for secure funding of these activities, bearing in mind that donor funds are best not used for these purposes. Most of this work is funded by revenue from the Annual Scientific Meeting and our corporate supporters.

3. Growth of ANZUP membership and improving engagement by members

I am delighted to report that at the time of writing we have just ticked over 1000 members. This represents extraordinary and sustained growth over the relatively short life of ANZUP so far. However, numbers mean little on their own especially since membership of ANZUP remains free. More important than numbers is the evidence of strong engagement by a growing number of people, with input into the various committees, training programs, the Annual Scientific Meeting and other meetings. We need to continue to grow because we need to engage as many members of the genitourinary cancer clinical and research community as possible. Our success will be measured by the relevance ANZUP has to our members. We are very conscious of this point and we continue to work hard in these areas. Examples include the workshops described above, the Annual Scientific Meeting that is now a key part of the calendar, the Masterclass held at the ASM, and other meetings such as Best of ANZUP. Last year we ran the inaugural ANZUP GU Preceptorship in Prostate Cancer. This was an intense but very rewarding exercise with very productive interactions between the participants and the preceptors. There is clearly a need for this and we plan to continue it in 2016 and beyond, possibly moving to other disease types also.

4. Strategic links

ANZUP cannot exist or work in isolation. The goodwill and generous donations of time from our members have been crucial to our success and we are very grateful for this. We continue to work with other cooperative groups, government and non-government organisations, advocacy groups, media, philanthropy, education providers, and various funding bodies. We are fortunate to benefit from Cancer Australia’s Support for Clinical Trials scheme, although at the time of writing we do not have confirmation that this funding scheme will continue beyond the expiration of the current agreement at the end of June 2016. The Board is confident that this support will continue but we have planned for the possibility that it will not, and you can be assured that ANZUP would survive and continue to thrive even if this funding disappeared. Our various fundraising activities occur with the help of our generous individual and corporate donors and many members who contribute freely of their own time and resources. ANZUP was pleased to announce in 2016 that we have entered into a new initiative with the Prostate Cancer Foundation of Australia to raise at least $1.5M over three years to support ANZUP prostate cancer clinical trials. This is a unique model and one towards which both organisations have been working for several years. Part of the agreement includes confirmation of PCFA as a Platinum Sponsor, and hosting the PCFA annual Prostate Cancer Specialist Nursing Conference at the ANZUP ASM. We continue to have very strong links with our corporate supporters and meet with them regularly to ensure that this relationship is valuable for them also. These healthy links have also allowed other initiatives, such as research fellowships, travel grants, support for the preceptorship workshops and Best of GU symposia, our clinical newsletter and consumer magazine and various other functions.
5. Clear and effective governance

ANZUP must meet various requirements under the Acts (Corporations Act 2001 and Australian Charities and Not-for-profits Commission Act 2012). The Board comprises experienced directors who bring a broad range of expertise and experience, with our appointed directors in particular bringing legal and financial expertise. The directors contribute with extraordinary generosity and commitment and I am very grateful to them for their support.

The structure of ANZUP is supported by processes that are both robust and nimble, hallmarks of what we do and how we do it. Our various committees comprise broad multidisciplinary representation including consumer input, and are all functional and provide valuable input into our work.

The Board reviews the membership of the Scientific Advisory Committee each year and requests nominations from representative Colleges or special societies when vacancies need to be filled. Over the last year we have also reviewed and refreshed the composition of the Consumer Advisory Panel. We are very grateful to those who have retired from these positions and also to those who have taken on the new roles.

Behind all of this and supporting it ably is the administrative team led by our CEO Marg McJannett. These quiet achievers are the ones who keep all the juggling balls in the air and make it look easy, but they work extremely hard to do so. Many thanks also to them, as always.

6. Mentorship and training

ANZUP believes it is critical to plan for the future and to nurture the next generation of leading clinicians and researchers.

ANZUP has continued to grow and become more effective in all its areas of activity. This annual report contains detailed financial information. We continue to reinvest surplus revenue back into group activities while also building future resources to ensure our viability in case of unexpected funding cuts, and to build our independence from the vagaries of competitive grant funding.

Thanks once again to my fellow Board directors (Nick Buchan, Martin Dowling, Joe Esposito, Glenn Ferguson, Linda Martin, Shomik Sengupta, Guy Toner and Henry Woo); our great administrative team (Marg McJannett, Jade Lor-Chan, Andrew AJ Tennant and Anne Woollett); our Consumer Advisory Panel; our SAC and subcommittees; our volunteers especially Lesley Tinkler and Jo Stubbs; our corporate supporters and donors; our colleagues and collaborators at NHMRC Clinical Trials Centre and the Biostatistics and Clinical Trials Centre; and to all our members who contribute in so many ways. A special farewell and profound thanks to Yi Feng and Liz Thorp, who left us this year: we will miss you both and we are so grateful for all you brought to ANZUP.

I commend to you this 2016 Annual Report of ANZUP Cancer Trials Group.

Ian Davis
Director and Chair of the ANZUP Board
It is with great pleasure I present my 2015/16 Annual Report. We have achieved some significant milestones over the last 12 months including increasing our clinical trials activity across all the cancers we represent, building on our national and international collaborations, expanding training and mentoring opportunities for the next generation of clinical researchers while encouraging and promoting the activities of the Scientific Advisory Committee, Subcommittees and Consumer Advisory Panel.

The Board led by our Chair Prof Ian Davis, Deputy Chair A/Prof Guy Toner, A/Prof Henry Woo, Dr Nick Buchan, A/Prof Shomik Sengupta, Mr Glenn Ferguson AM, Mr Joe Esposito, Mr Martin Dowling and Ms Linda Martin continued to give so generously of their expertise and time to support and guide the organisation’s strategic direction.

Thank you to all of you for the enormous contribution you continue to make towards ensuring the ongoing success of ANZUP and our clinical trials research. We are very fortunate to have such an outstanding group of individuals working with us to make a difference for those people affected by GU cancers.

Strategic and business planning

It was gratifying to see so many of the objectives laid out in the 2013–2015 Strategic Plan coming to fruition. In April 2015 the ANZUP Board of Directors held a strategy meeting to set our priorities over the next three years. The 5 major priorities that will guide us with in our research, fundraising and operational activities are to:

1. Expand, diversify maximise quality trials
2. Increase engagement
3. Develop sustainable and innovative funding
4. Maintain and enhance mutually beneficial relationships with stakeholders
5. Expand and broaden ANZUP’s profile

These priorities will provide the framework for the development of our operational plan which will include specific goals, deliverables and timelines.

Changes in state of affairs

ANZUP held its sixth Annual General Meeting on 13 July 2015 in Sydney. In accordance with ANZUP’s Constitution each elected Board Director at the end of their 3 year term:

i. Must retire from office, and
ii. May stand for re-election on their retirement from office.

The Board Directors up for re-election included: A/Prof Guy Toner, A/Prof Henry Woo and Prof Ian Davis and they were successfully reappointed for a further 3 year term. Sadly Dr Lizbeth Kenny decided not to renominate due to her increasing local and international work commitments. Prof Davis thanked and acknowledged Dr Kenny for her significant contribution to ANZUP since being appointed to the ANZUP Board in 2008. As a consequence of Dr Kenny’s resignation there was a call for nominations from the membership. A/Prof Shomik Sengupta nominated for the position.
Shomik is a Melbourne based urologist, Director of Research & Training at Austin Health, and Clinical Associate Professor at the Department of Surgery (Austin) of Melbourne University. He is currently the chair of the Victorian training committee and leader of the GU Oncology advisory group within USANZ. As there were no other nominations received, the Board and members welcomed A/Prof Shomik Sengupta to the ANZUP Board.

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 the all ANZUP subcommittees identify deputy chairs allowing for succession planning. I am pleased to say this task has been completed.

Finances

Performing clinical trials is often slow and always expensive. To date ANZUP has received vital infrastructure funding from the Australian government through Cancer Australia. This funding is welcome, but each clinical trial requires independent funding. We rely on grants from various sources to fund our trials. Our aim is to have resources allowing us to initiate trials and support funding applications more effectively.

Over the past few years ANZUP has significantly improved our financial position due to our fundraising efforts namely: the Below the Belt Pedalthon, our Annual Scientific Meeting (ASM) and building on our Corporate Supporters program.

I am pleased to report that through the support and guidance of our Finance and Audit Committee and Board, ANZUP continues to build a solid financial base in which to support our members and their research endeavours.

I would like to acknowledge Cancer Australia as well as the continued invaluable support of our corporate supporters, sponsors and donors; who all contribute to the research, education and capacity building initiatives within ANZUP.

(At the time of this report we had not confirmed our ongoing Cancer Australia funding).

For details on the Group’s financial position please refer to page 43.

Staffing

We saw a number of staff changes in this period. We welcomed Andrew ‘AJ’ Tennant to the ANZUP team as Internal Communication and Project Manager at the level of 0.6FTE. AJ has had over 10 years’ experience in the communication field working in marketing agencies and as an independent copywriter and consultant.

We also welcomed our new Executive Assistant, Jade Lor-Chan who replaces Yi Feng after four years in the role. The role has been expanded to the level of 1.0 FTE. Jade has worked in a range of organisations which include design and media businesses, an international development NGO and an arts and cultural institution.

The Board supported the appointment of Anne Woollett as our part-time Clinical Trials Project Manager. With over 25 years of experience in working in a variety of fields in oncology clinical trials including site management, project management and policy consultation, Anne is well placed to support ANZUP’s clinical trial operations.

We also farewelled Liz Thorp, our Marketing and Communications Manager earlier this year and we are in the process of recruiting her replacement. Many of you will know the story of how Liz started at ANZUP on the same day I received a call from a young man by the name of Simon Clarke. Simon was a patient of Peter Grimison and he said when he was over his medical treatment he wanted to do something towards raising awareness about testicular cancer and funds for ANZUP. Hence the Pedalthon was created and its success is a direct result of Simon and Liz’s energy, enthusiasm and hard work. Liz has been such a windfall for ANZUP and allowed us to raise our profile, awareness of GU cancer and much needed funds. We will miss both Liz and Yi very much and we are so grateful for all they brought to ANZUP.

We are fortunate to have a small and dedicated staff who together with our wonderful volunteers Lesley Tinkler and Jo Stubbs work tirelessly to ensure we better support the needs of our growing membership and their clinical trials research endeavours.
MEMBERSHIP DISTRIBUTION

BY STATE/TERRITORY IN AUSTRALIA:

- QLD: 139
- NSW: 348
- VIC: 286
- WA: 56
- SA: 50
- NT: 6
- TAS: 16

REST OF THE WORLD:
- Canada: 4
- United States: 4
- Ireland: 2
- United Kingdom: 3
- China: 1
- Singapore: 1

MEMBERSHIP

As of 31 March 2016 – ANZUP’s membership has grown to 992 members which is an increase of 21% since last year.

BUILDING OUR MULTIDISCIPLINARY MEMBERSHIP

- Medical Oncologist: 184
- Urologist: 127
- Registered Nurse: 120
- Radiation Oncologist: 99
- Trainee: 100
- Clinical Trials Coordinator: 152
- Other specialties and roles with their respective counts:
  - Nuclear medicine: 5
  - Health economics: 3
  - Radiologist: 3
  - Endocrinologist: 2
  - Anaesthetist: 2
  - Surgeon: 2
  - Medical Physics: 2
  - General Practitioner: 1
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.

Once again we held our highly successful MDT Masterclass involving a series of interactive case-based discussions that cover the major urological cancers. They will include aspects of medical management and supportive care across disciplines; as well as clinical, psychosocial and translational research. Attendees will have the opportunity to discuss cases with national and international experts, develop greater understanding and confidence in the management of urological cancers, and be inspired to participate in urological cancer research. We thank and acknowledge Jannsen for their ongoing support to host the MDT Masterclass.

As a consequence of our fundraising efforts we have been able to roll out face to face full day concept development workshops across all our subcommittees to encourage trial development.
We also hosted our inaugural GU Preceptorship in Prostate Cancer. The Preceptorship is a multidisciplinary interactive learning model developed by A/Prof Eva Segelov covering landmark clinical trials in specific cancers, with mentorship from experts in the field. It is designed to aid trainees and junior consultants in understanding the evolution of management and evidence behind contemporary clinical practice. The Preceptorship complements the existing educational platform and creates an environment that fosters discussion and networking with senior colleagues.

We are most grateful to Eva for doing such a superb job in facilitating this outstanding initiative.

Education and mentoring continue to be a large focus for ANZUP as evidenced in our Achievements on page 17.

Community Engagement

Engaging consumers is vital to the work that we do and we were delighted more than 120 members of the public attended our Consumer Engagement Forum “A little below the belt”. For those people who have been affected by prostate, kidney bladder or testicular cancer it is 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. Feedback was very positive and we are planning to host it again in Brisbane in July.

We continue to publish our consumer magazine ‘A little below the belt’ twice a year. This publication provides our community with accessible and accurate information on the work ANZUP undertakes. The magazine is available on our website and where funding is available we will distribute to all cancer centres. Please don’t hesitate to contact me or the ANZUP secretariat should you be interested in providing hard copies at your cancer centre or private rooms.

At ANZUP we are fortunate to have a very active Consumer Advisory Panel (CAP) and thanks must go to CAP Chair Belinda Jago, Deputy Ray Allen, Colin O’Brien, Peter Stanford, Tony Sonneveld, Max Shub, David Swallow, and more recently Les Land, Jason Gray and Alastair McKendrick for their time and commitment to ANZUP. We look forward to continuing to engage and support our CAP across all ANZUP activities.

As such it is vital that we foster our CAP members and once again we held an excellent CAP education session at the ASM. The CAP are also supported to attend the ASM and actively contribute to our clinical trials development and other research activities.

Collaborations

We have worked closely with the Prostate Cancer Foundation of Australia (PCFA) for many years and were delighted to announce a powerful new partnership with them in March this year. We have signed a formal agreement to improve access to clinical trials and have pledged to work together to
raise $1.5 million over the next three years to fund prostate clinical trials. In addition PCFA will continue to be a Platinum Sponsor of the ANZUP Annual Scientific Meeting and we will host PCFA’s annual Prostate Cancer Specialist Nursing conference in conjunction with the ASM. We are most grateful to PCFAs Chairman Mr Jim Hughes AM and CEO Dr Anthony Lowe for their efforts in progressing this exciting new initiative to implement vital clinical trials research.

ANZUP is proud of its collaborations with a wide range of research organisations in conducting our trials. They include the 13 national cancer cooperative trials groups (CCTGs), Griffith University, University of Western Sydney, All Ireland Cooperative Oncology Research Group (ICORG), Canadian Cancer Trials Group, The European Organisation for Research and Treatment of Cancer (EORTC) and MRC UK to name a few.

ANZUP also collaborates with the NHMRC CTC at the University of Sydney in the conduct of a number of our clinical trials work, to achieve quality processes on trial development and operations.

We have also established a new collaboration with the Centre for Biostatistics and Clinical Trials (BaCT) to coordinate a Muscle Invasive Bladder Cancer study. Based at Peter Mac, BaCT provides and coordinates statistical, regulatory and informatics support in the design, planning, conduct, analysis and reporting of clinical research studies. We are grateful to the staff at BaCT in particular Alison Hall, Laura Galletta and Alan Herschtal.

It is only via collaborations such as these that 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.

We are also a member of the Executive Officers Network (EON) which provides a forum for sharing of resources and ideas building stronger links between the CCTGs. From this network we have also established a Clinical Trials Consumer Network (CTCN). Like the EON this group comes together to share information and explore what efficiencies they may find useful between the CCTGs CAPs.

We have forged very strong relationships with other NGO’s such as Cancer Councils, ACTA, COSA, Kidney Health Australia as well as Government and Industry.

Data and Quality

It’s been a prolific year for the management of ANZUP trials. The database for Trus B was designed, tested and activated live at all participating centres. Revisions are also currently underway for the P3BEP database to accommodate change to the study population. In addition a new collaborative relationship with the US Alliance group has been established with ANZUP to contribute to the international TIGER study. Central procedures are currently being developed to ensure ANZ compliance to US regulations and requirements. Monitoring has also commenced on the P3BEP study and a BL12 monitoring plan is currently being drafted and monitoring for the study will commence this year.

We value the close working relationship we have with CTC and welcome all the trial staff working on ANZUP studies including the Trial Coordinators - Annie Yeung (BEP, P3BEP, TIGER), Mariya Walker (BCG+MM, SORCE, TRUS B), Anna Walsh (BL12) and Emily Tu (ENZAMET, ENZARAD), the Data Managers - Diana Winter, Hannora Jurkovic and Martijn Oostendorp – and the CTA’s Janette Stevens and Raynelle Penaflor. ANZUP acknowledges and thanks: in particular Xanthi Coskinas, Martin Stockler, Wendy Hague, Burcu Vachan and Paul Smyth for their support to ANZUP and we the work of Carlo Dazo, Elise Robertson and Nick Muljadi who left over the past 12 months.

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 11% and our sessions by 21%. 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 increased our followers by 25%.

Traditional media coverage is also important and this year our media team have also garnered a range of coverage including Radio National, 2GB, 2SER and The Saturday Paper creating an omni-channel marketing approach.

We continue to provide our members with our UPdate Newsletter and our consumer magazine through our A little below the belt magazine.

We also have our ANZUP ClinTrial Refer App which provides the most up to date list of ANZUP clinical trials conducted by us in cancer centres in Australia and New Zealand. It is designed for all health professional, oncologists, research unit staff, general practitioners and patients and over the past year has been used by 3,170 users.

We are currently implementing a new customer and donor
relationship database. This will ensure our communication to our members, donors and the general community is further refined and tracked. We also began work on a new version of our website that will improve better user experience for our different audiences as well as refine the style and brand of ANZUP. The new version of the website will launch at the ASM in July.

We also continued our major fundraising event the ‘Below the Belt Pedalthon’ at Eastern Creek on 1 September 2015 for a second year. Once again Simon Clarke and his family’s extraordinary determination and commitment, with enormous support from Liz, the ANZUP staff and team of volunteers ensured the Pedalthon was a huge success. To Simon, his family and friends along with our fabulous riders and donors, Thank you. As a result of your efforts the funds raised from the Pedalthon saw the establishment of the Below the Belt Research Fund. It was hotly contested and we received 18 high quality applications. The grant review panel had a difficult task however selected 3 applications with each receiving $50,000 to undertake their research projects. The successful applicants are listed below:

- Ben Smith: e-TC 2.0: Further development of an online psychological intervention for testicular cancer survivors.
- Andrew Weickhardt: Circulating immune cell changes in patients treated with pembrolizumab and chemoradiation for bladder cancer.

We congratulate Ben, Carmel and Andrew and we look forward to an update on your very interesting projects in our newsletter and at the ASM.

**Margaret McJannett**
Chief Executive Officer, ANZUP

‘The trials being carried out at ANZUP have been internationally recognised as world-class. I’m hoping the annual Pedalthon will continue to raise much-needed funds, allowing them to continue looking for more ways to understand a condition that affects so many Australians.’

**PEDALTHON FOUNDER SIMON CLARKE**
**Key Findings Member Survey**

**Our Main Respondents**
- 36% Medical Oncologists
- 11% Urologists
- 18% Clinical Trials Coordinators
- Others

**Communication**
- 86% of members rate our current communication as predominantly very - to - extremely effective

**Information**
- 94% of members believe they are getting the right information

**Relevance**
- 67% say it is mostly relevant
- 31% say it is always relevant

**Content**
1. Trial Updates
2. Meeting Information
3. Awards and Scholarships
4. Professional Development
5. Update Newsletter

In order of what is the most interesting to members

**Website**
- Members rank top 3 sections on our site

**Hot Topic**
- 55% interesting
- 41% mildly interesting

**Members thoughts on the addition of Hot Topic to ANZUP’s Update Newsletter**

** ASM Attendance**
- 62% ASM
- The majority of members have attended the ANZUP ASM

**Mentoring**
- Mentoring is viewed important

**Recommendations**
- 73% already have
- 87% will in the future

**Members who have or will in the future recommend ANZUP membership to colleagues**
Corporate Supporters

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

Our corporate supporters include:

- Novartis Oncology
- Bayer
- Astellas
- Tolmar Australia
- Ipsen
- AstraZeneca
- Janssen
- Sanofi

Kind-in-Kind

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

- Air New Zealand
- BLOKE
- Saturday Paper
- ADSHEL
- mUmBRELLA 360
- Active Display Group
- Ferguson Cannon Lawyers
KEY FACTS

992 members

51 CDW
47 PRECEPTORSHIP
292 ASM

FUNDRAISING
$220K

ATTENDEES AT EDUCATIONAL EVENTS

3,184 CLINTRIAL REFER USERS
38 ASM ABSTRACTS
1,128 ASM TWITTER FOLLOWERS
1,275,040 ASM TWITTER IMPRESSIONS

AS at end of March 2016:
ENZAMET 542
ENZARAD 188
P3BEP 24
BCG+MMC 67
BL-12 114

NUMBER OF PATIENTS ON OUR TRIALS

935 TOTAL

Below the Belt PEDALTHON
RIDING FOR UROGENITAL CANCERS
Providing access to clinical trials for all appropriate Australian and New Zealand patients

We are grateful to Cancer Australia for their valuable infrastructure funding to support ANZUP to develop industry-independent cancer clinical trials protocols and in doing so increase the participation in clinical trials by people affected by cancer.

ANZUP has clinical trials running in 122 centres in every state in Australia as well as in New Zealand, the USA, the UK and Ireland (please view page 40 for a full list of participating centres.) We continue to conduct trials across all our cancers with trials in development from RCC. We initiated new trials - our PHASE II Advanced Urothelial Cancer (BL12) and Pain-Free TRUS B studies - and saw existing large international prostate cancer trials grow - our ENZAMET and ENZARAD studies reached 542 and 188 patients respectively.

Our annual Consumer Engagement Forum “A little below the belt” provides the general public with the opportunity to hear from an experienced team of researchers about the importance of ANZUP, our clinical trials and the impact that a diagnosis of cancer can have. We were delighted to see a packed audience this year with good audience engagement. We plan to hold the Forum again at the ASM July 10 in Brisbane.

We continue to promote our ANZUP ClinTrial Refer App to our members and consumers. Launched in 2014 the app provides a current list of our ANZUP trials conducted in cancer centres in Australia, New Zealand and around the world. It also provides inclusion and exclusion criteria and lay summaries of our studies. We continue to look for feedback to improve the app.
Increasing involvement of and collaboration with various professional disciplines in clinical and preclinical research

On 1 March 2016 we announced an exciting new partnership between ANZUP and the Prostate Cancer Foundation of Australia (PCFA). We have signed a formal agreement to improve access to clinical trials and have pledged to work together to raise $1.5 million over the next three years to fund prostate clinical trials. In addition, PCFA will be a Platinum Sponsor of the ANZUP ASM and we will host their annual Prostate Cancer Specialist Nursing Conference.

ANZUP currently leverages existing links with related organisations including the 14 Cancer Cooperative Trials Groups; Medical Oncology Group of Australia; Urological Society of Australia and New Zealand; Cancer Nurses of Australia; Australia and New Zealand Urological Nurses Society; Clinical Oncology Society of Australia; Kidney Cancer Australia and Cancer Councils.

We hosted our highly successful MDT Masterclass, reflecting ANZUP’s focus on the multidisciplinary management of urological cancers. The feedback once again was extremely positive not only from our medical, surgical and radiation oncology colleagues but also from our nursing and allied health professional members who found the day valuable and relevant, showing once again our dedication to multidisciplinary care.

ANZUP was able to hold three face-to-face Concept Development Workshop days in late 2015, exploring new ideas/concepts for prostate, bladder and kidney cancer with input from the Correlative and Translational, Quality of Life and Supportive Care members as well as valuable input from our colleagues at CREST and QoL office. The workshops were highly successful, bringing members together from diverse backgrounds and allowing good discussion on the 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 are planning to hold workshops for all four disease specific groups in 2016.

We continue to collaborate with USANZ and held our second Best of GU Oncology symposium at Queensland Cricketers’ Club on Wednesday October 21 which was a very successful event.

The 2015 USANZ ASM in Adelaide was an additional education event for members and featured a co-badged session with ANZUP.

We are grateful to Cancer Australia for providing technical services to assist us in developing our clinical trials. In particular we are fortunate to have high quality expert advice from the Cancer Research Economics Support Team (CREST) as well as from the QoL office.

In March 2016 we signed a formal agreement with Prostate Cancer Foundation of Australia (PCFA) to raise $1.5 million over three years to fund clinical trials.

“In learning how to make better use of existing treatments and knowledge is equally important to new basic science research. That’s what clinical trials are all about”. ANZUP is the leading collaborative trials group for prostate cancer in Australia and New Zealand so they are best placed to help us achieve this goal.”

PCFA CEO A/PROF ANTHONY LOWE
Providing opportunities for clinical research

The second Tolmar/ANZUP Uro-Oncology Clinical Research Fellowship (CRF) was awarded to Dr Ian Vela in September 2015. 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 2016.

We launched the new Below the Belt Research Fund at the Below the Belt Pedalthon at Eastern Creek in September 2015. The funds raised from the Pedalthon saw the establishment of the Research Fund. We received 18 high-quality applications from our members with the grant review panel selecting three applications who received $50,000 to support the development of new trial ideas so that we can continue to improve outcomes for our patients with these cancers.

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.

ANZUP recognises the importance of policies and documented processes to underpin the quality and integrity of our operations. With our expanding portfolio of studies and growing membership, clearly articulated delegation of duties and a defined and decision making processes are vital. We are undergoing a review and expansion of our policies and procedures to ensure we continue to provide our members with consistent, transparent approaches to our operations.
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 ANZUP/Bayer Travel Fellowships supported the attendance of ANZUP’s multidisciplinary members to ANZUP’s ASM. We doubled the number of Trial Study Coordinators (10) who were supported to attend our ASM. The Astellas Young Investigator Award supports attendance of an outstanding young member at an international GU meeting and ANZUP ASM. We thank Astellas for their support.

Providing for translational studies in prostate and other urogenital cancers, including tissue banking from clinical trials for further studies

Our Correlative and Translational Research subcommittee 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” Ann Oncol (2015) 26 (6): 1118-1123.
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
July 2015  Sixth Annual General Meeting and ASM Sydney
September 2015  Second Pedalthon fundraiser and launch of Below the Belt Research Fund
ORGANISATIONAL CHART

Members

Other Stakeholders

Board

Finance & Audit Committee

Scientific Advisory Committee

Fundraising & Promotion Subcommittee

Operations

Secretariat

Operations Executive Committee

Trial Management Committees

IDSMC

(NHMRC CTC)

SAC Subcommittees

IDSMC: Independent Data and Safety Monitoring Committee

Disease-specific;

PC: Prostate Cancer  GC: Germ Cell

RCC: Renal Cell Cancer  BC: Bladder Cancer

Non-disease-specific;

C&TR: Correlative and Translational Research

QoL & S/Care: Quality of Life & Supportive Care

For more detailed information about our structure visit http://www.anzup.org.au/content.aspx?page=ourstructure
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 Chief Executive Officer (Margaret McJannett, 1 FTE), Administrative Officer (Jade Lor-Chan, 1 FTE), Marketing and Communications Manager (Liz Thorp; 0.8 FTE), Internal Communication Manager and Projects Manager (Andrew Tennant, 0.6FTE) and a Clinical Trials Project Manager (Anne Woollett) 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.

**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 and Safety Monitoring Committee (IDSMC)**

Earlier this year we established an IDSMC which is a milestone achievement for ANZUP. The plan is for the IDSMC to have oversight of multiple ANZUP 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, FAcHPM
Chair

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

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.

Shomik Sengupta

Associate Professor Shomik Sengupta is a consultant urologist and Director of Research & Training at Austin Health, and Clinical Associate Professor at the Department of Surgery (Austin) of Melbourne University. Shomik has a practice with a uro-oncology subspecialty interest – including open, laparoscopic and robotic cancer surgery. He is currently the chair of the Victorian training committee and leader of the GU Oncology advisory group within USANZ. Shomik also has a strong interest in urologic research, including involvement in clinical trials through the ANZUP trials group. He has completed a Masters in Surgery (2002) and a Doctorate in Medicine (2014) through the University of Melbourne and has more than 80 original publications to date.

Dr 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 translational research into prostatic diseases, prostate cancer in particular. Currently Nick is Director of the Canterbury Urology Research Trust (CURT). CURT is a trust that conducts urological trials for CROs as well as its own investigator lead trials in urological conditions with the main focus being urological oncology. Nick is also a director of a privately owned hospital in Christchurch, Forte Health and large Urology specialist practice, Urology Associates.

Mr Martin Dowling

Mr Martin Dowling has been an ANZUP Director since 2013 and on the Treasury Committee since 2015. He is currently Chairman of QLeave CCI, Director and Treasurer of Safe Streets and Financial Controller at Hastings Deering. He has held executive and senior management level financial and commercial roles at some of the largest companies in the world in their respective industries. He has a Bachelor of Commerce and MBA degree and is a Fellow of CPA Australia and a graduate member of the Australian Institute of Company Directors. Mr Dowling is committed to the pursuit of charitable and societal goals as a Director on not-for-profit boards.
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.

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”.

Ms Linda Martin

Ms Linda Martin is the Chief Executive Officer of Arthritis Victoria and Osteoporosis Victoria. She was previously Managing Director of consultancy firm, Martin Bonato and Associates Pty. Ltd., with a focus primarily in the community and health sectors. Her experience also included the financial and safety industries. Prior to working as a consultant, Linda was a senior executive in the Victorian public service, working primarily in the community service sector managing regional operations, programs and major projects. She has also been a lecturer in Social Work at the University of Melbourne. Ms Martin has an extensive knowledge of government processes with significant experience in fundraising. Her work in private, public and not-for-profit organisations includes strategic and business planning, program review, change management, program and project management, performance enhancement, alliance development, leadership and people development.

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

Henry Woo is a urological surgeon sub-specialised in the treatment of prostate disease. He is Professor of Surgery and discipline of surgery head at the Sydney Adventist Hospital Clinical School of the University of Sydney. He is an associate editor for the Nature owned journal Prostate Cancer Prostate Diseases and serves on the editorial boards of European Urology, BJU International, Asian Journal of Urology and Prostate International. He has previously served as the foundation Editor in Chief of BJUI Knowledge, an innovative on line CME platform. 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 130 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>
</tr>
</thead>
<tbody>
<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>2 0</td>
</tr>
<tr>
<td>Henry Hyunshik Woo</td>
<td>Director</td>
<td>25 Jun 2010</td>
<td>5 4</td>
</tr>
<tr>
<td>Glenn Wayne Ferguson</td>
<td>Director</td>
<td>30 Aug 2010</td>
<td>5 3</td>
</tr>
<tr>
<td>Giuseppe Aniello Esposito</td>
<td>Director</td>
<td>13 Dec 2010</td>
<td>5 5</td>
</tr>
<tr>
<td>Linda Robyn Martin</td>
<td>Director</td>
<td>13 Dec 2010</td>
<td>5 4</td>
</tr>
<tr>
<td>Martin George Dowling</td>
<td>Director</td>
<td>01 May 2013</td>
<td>5 5</td>
</tr>
<tr>
<td>Nicholas Charles Buchan</td>
<td>Director</td>
<td>15 Dec 2014</td>
<td>5 3</td>
</tr>
<tr>
<td>Shomik Sengupta</td>
<td>Director</td>
<td>23 Sep 2015</td>
<td>3 3</td>
</tr>
</tbody>
</table>
SCIENTIFIC ADVISORY COMMITTEE

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

By invitation
Nicola Lawrence
Howard Chan
Felicia Roncolato

Ex-officio
Margaret McJannett
Anne Woollett
Xanthi Coskinas
Nicole Wong

FINANCE AND AUDIT COMMITTEE

Joe Esposito – Chair
Bernadette Crennan
Ian Davis
Linda Martin
Martin Dowling

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 Stubbs
David Swallow

Ex-officio
Ian Davis
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 (until March 2016)
Craig Gedy (from March 2016)
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 CEO
Anne Woollett – ANZUP Clinical Trials Manager
Martin Stockler – CTC Clinical Lead
Xanthi Coskinas – AOPM (until September 2015)
Margot Gorzeman – AOPM (February 2016)
Nicole Wong – AOPM
Nicola Lawrence – ANZUP Research Fellow
Howard Chan – ANZUP Research Fellow

Trial Coordinators:
Carlo Dazo- ENZAMET
Emily Tu – ENZAMET, ENZARAD
Elise Robertson - TIGER
Nick Muljadi – ENZAMET AND ENZARAD
Annie Yeung – BEP, P3BEP
Mariya Walker – BCG+MM, SORCE, TRUS B
Anna Walsh – BL12
Scientific Advisory Committee: Ian Davis

The SAC continued to meet regularly by teleconference. The SAC holds an open face-to-face meeting at the Annual Scientific Meeting every year, to which all ANZUP members are invited. The SAC also met face-to-face in November 2015 for a strategic planning day and to inform the development of the broader ANZUP strategic plan.

The structure of the SAC ensures that ANZUP has 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. We regretfully accepted the resignation of Paul Waring as a pathology representative as he relocates back to the USA. Professor James Kench has been nominated and appointed as his replacement. Jarad Martin also retired from the SAC as a radiation oncology representative and we are in the process of identifying his replacement.

The four disease-specific SAC subcommittees (prostate, renal, bladder (urothelial) and germ cell) continue to be active and productive. Membership of these subcommittees is open to any interested ANZUP member. The committees meet quarterly by teleconference. The recent enhancement of the face-to-face Concept Development Workshops has provided even more opportunities for engagement particularly by younger or more junior researchers, with several concepts being developed and some already moving through to become ANZUP protocols. The non-disease-specific committees (the Correlative and Translational Research Committee; and the Quality of Life and Supportive Care Committee) meet as required usually to provide input for specific concepts and protocols. This works very effectively and efficiently, with rapid turnaround but very high quality input to ensure protocol designs are optimal and that additional value can be derived wherever possible. 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.

The SAC identified at the July 2015 face-to-face meeting that its agenda needed to be reviewed to ensure that time is regularly set aside for broader strategic thinking. This in turn led to the SAC strategic planning day, which concentrated on organisational strategy and processes. Scientific and research strategic thinking are now clearly prioritised in the agendas for each SAC meeting.

I thank all SAC and subcommittee members for their generous donations of time and expertise.

Consumer Advisory Panel: Belinda Jago

I have been a CAP member with ANZUP now for four years as I gather my thoughts on what has been another successful and busy year while considering what the CAP has also achieved during this time.

One of our main objectives for 2015/2016 was to ensure that we have a balanced CAP membership so that we can effectively participate across all the disease specific sub-committee discussions. We are very grateful to those ANZUP members who have assisted Marg and I with the process of nominating CAP members. We recently welcomed Jason Gray (testicular cancer); Les Land (kidney cancer) and Alastair Mc Kendrick (kidney and prostate) to the CAP. We also farewelled retiring CAP members David Swallow (prostate) and Max Shub (prostate) who both bought considerable consumer advocacy experience to the team from 2012 until they retired last year. We thank them both for the valuable contribution that they made to ANZUP during their time with us.

Our key highlights over the last 12 months included:

- Attending the 2015 ANZUP ASM in particular having the opportunity to participate in the CAP Education Workshop on the Sunday morning along with the very successful Community Engagement Forum held in the afternoon. These sessions allow us to deepen our knowledge of clinical trial research to assist us with our research reviews with ANZUP from a consumer perspective.
- The review of a couple of the Patient Information Consent Form (PICF) which is a major focus for the CAP and one that we really enjoy working on together.
• Supporting the Below the Belt Pedalthon. Once again it was a great event and we encourage everyone to join in in some way on the day.

• Contributing to the Consumer magazine “A little below the belt” which continues to provide quality information and is a must read for all patients and their families who are diagnosed with a urogenital cancer. We encourage all ANZUP members to continue with their support in the distribution of this valuable resource to their patients.

• CAP members were invited to attend the strategic planning meeting for the Scientific Advisory Committee.

• Expanding CAP representation across the disease specific subcommittees.

• Attending the Cooperative Trials Consumer Network (CTCN) meetings to network, mentor and learn with CAP Chairs from the other groups.

We will continue to move forward with our longer term CAP Project to help build greater community awareness of ANZUP and to engage with more consumers about the potential benefits of clinical trials in line with ANZUP’s strategic plan. We look forward to spending more time working on this objective with the new CAP now in place at the upcoming ASM in July.

The CAP would like to extend a special thanks to Liz Thorp for her passionate effort in helping raise ANZUP’s community profile through her work on the “a little below the belt” consumer magazine along with the promotion of the community engagement forum. The CAP was able to work with Liz on these on projects with the outcomes being very positive. We wish Liz all the best for the future.

We also thank the ANZUP Board for supporting the CAP’s involvement with particular thanks to Ian Davis for the time that he spends with us through our teleconferences and education sessions. On behalf of the CAP we extend our heartfelt thanks to Marg and her team who work so hard to support every ANZUP member and make them feel welcome.

In closing this year’s report I would like to say a big thank you to all the CAP members both past and present, to Ray Allen as Deputy Chair and to our group mentor Leonie Young – Chair ANZBCGT. They freely volunteer their time and show great enthusiasm to help make a difference to other families affected by a cancer diagnosis by supporting ANZUP’s clinical trial research.

We continue to be encouraged by our engagement across ANZUP’s research activities from a consumer perspective and we look forward to another busy and successful year ahead.

Bladder Cancer Subcommittee: Dickon Hayne

The bladder cancer subcommittee has had another busy year. We continue to pursue our major goal of improving bladder cancer outcomes for patients and we endeavour to constantly build and diversify our clinical trials portfolio in order to answer some of those most important and clinically relevant questions.

We have exciting new trials (PCR-MIB) and co-badged projects (Developing a Patient-Reported Symptom Index for NMIBC). We are making significant progress in those trials already underway (BCGMM, BL-12) and in bringing newer concepts, trials and other projects to fruition such as ACCEPT (Advancing Cystectomy Care – an Enhanced recovery Pathway Trial) whilst supporting other activities such as the development, through ANZUNS, of new intra-vesical therapy guidelines for NMIBC.

In addition to the subcommittee teleconferences, the Concept Development Workshops (CDW) are becoming an increasingly important part of our core business. This year’s CDW held in Sydney in October, ran the whole day and succeeded in spawning several ideas including a new trial concept targeting the androgen receptor in muscle invasive bladder cancer. We have made moves to bring the CDW earlier in the year to allow time for ideas to be developed into mature applications before the funding round. For this year’s CDW, which is to be held in Sydney on Tuesday 16th August, more concepts are eagerly anticipated perhaps including further ideas exploring the utility of PD-1 & PD1s.

ANZUPs formal involvement at meetings such as the Bladder & Kidney Cancer Symposium (Melbourne, February 2016) and the USANZ ASM (Gold Coast, April 2016) allow us to continue to raise the profile of the sub-committee and to engage ANZ urologists. This is a key component of running trials in this space and increasing surgical collaboration is an ongoing goal of the sub-committee.

It hasn’t all been plain sailing. The world BCG shortage threatened BCGMM accrual (though thankfully this particular crisis seems to have passed) and initial accrual to BL-12 was slow. More disappointingly, the OPTIMUM trial, planned to answer key questions relating to the choice and timing of peri-operative chemotherapy in MIBC failed to secure NHMRC funding for a second time. Inexplicably, this trial concept, having narrowly missed out 2 years ago, fared considerably worse this year despite an enhanced application being submitted. After a great deal of discussion and soul searching within the sub-committee, we ultimately decided not re-submit for a third time and to shelve the
In summary it has been exciting, challenging and productive year. I would like to take this opportunity to sincerely thank the enduring hard work, talent and dedication of the subcommittee members and trials teams who have delivered so much.

Correlative and Translational Research Subcommittee: Sonia Yip

The past year has seen ongoing translational research activities for the ANZUP trials portfolio. Participating sites are contributing to the collection of biospecimens for the trials P3BEP (germ-cell tumours) and BL.12 (urothelial cancer) for future translational research projects.

For our two Australian-led prostate cancer trials ENZAMET and ENZARAD, sites across ANZ, Canada, USA, Ireland and UK continue to collect biospecimens (tissue and blood). It was exciting to commence shipment of samples from Australian sites to the new biorepository facility at the Chris O'Brien Lifehouse in Sydney, run by Lisa Horvath and largely supported by philanthropic funds. The international ENZAMET and ENZARAD Translational Research Steering Committee, with representatives from across multiple disciplines and countries met several times this year. This Committee is now putting together its ‘wish-list’ of translational research ideas for prioritisation and planning for relevant grant applications. Among ideas for translational research studies are those relating to genomic, metabolic and endocrine biomarkers.

Also being led from Australia is the P3BEP trial and it is hoped there may be opportunities to collaborate with the Movember GAP5 translational research project for testicular cancer, which aims to identify gene variants within tumours and blood that predict a patient’s higher risk of relapse or treatment failure.

Translational research updates were included in ‘trials in progress’ posters for the ENZAMET, ENZARAD, P3BEP trials at international and national conferences last year (ASCO and COSA respectively).

Results of the EVERSUN–T translational studies were published with the final EVERSUN trial results last year in Annals of Oncology. The circulating tumour cell work was conducted at Colleen Nelson’s laboratory at APCRC-Q, Brisbane and serum biomarker analyses at Nick Pavlakis’s laboratory at the Kolling Institute, Sydney.


Germ Cell Subcommittee: Peter Grimison

The Germ Cell Subcommittee has been very productive over the last 12 months. Analysis for the Chemotherapy-cognition study and long-term analysis of the Phase 2 accelerated BEP study is now complete while recruitment for the Phase III study of accelerated BEP for metastatic germ cell tumours remains ongoing. The ANZUP stage I testis cancer surveillance recommendations were ratified by the Scientific Advisory Committee. The intergroup TIGER study for relapsed metastatic germ cell tumours is in start-up and the e-TC 2.0 study (in collaboration with PoCoG) is also in development, while we continue to generate other new concepts and potential.

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 29 sites in Australia and New Zealand, with 24 patients recruited as of April 2016. The main study is funded by Cancer Council Australia and Cancer Australia, and a translational substudy funded by Sydney Catalyst. The protocol has been modified to allow recruitment of women and children. The study was presented at a Trials In Progress session of the Clinical Oncology Society of Australia annual meeting during 2015. Cambridge Clinical Trials Unit and the Children’s Oncology Group have both identified funding to open the study at multiple sites in the UK and USA respectively, which is hoped to commence later in 2016. Acknowledgement goes to ANZUP research fellows Howard Chan and Nicola Lawrence, 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 developed an internet-based intervention to address psychosocial distress for survivors of testicular cancer. It was conducted by the PsychoOncology Co-operative Research Group (PoCoG) in collaboration with ANZUP and Swinburne University of Technology, and funded in part by Cancer Councils Australia. Dr Ben Smith presented initial results at the 2015 World Congress of Psycho-Oncology and Sydney Catalyst 2015 International Translational Cancer Research Symposium.

2. Chemotherapy and Cognition study

Analysis was completed for this study of 150 patients, which prospectively monitored cognitive function in patients managed with and without chemotherapy for testicular cancer, and was led by Prof Ian Olver and Dr Hayley Whitford. Results were presented by Prof Guy Toner at the 2016 Genitourinary Cancers Symposium, San Francisco, January 2016.

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. Long-term analysis was completed by Drs Andrew Martin and Nicola Lawrence, and will be presented at symposia during 2016.

Studies in development

1. TIGER

Movember has funded participation by ANZUP in the TIGER study, which is an international randomised trial of high dose chemotherapy with TI-CE versus conventional-dose chemotherapy with TIP for refractory and relapsed germ cell tumours. The study is led by Alliance (USA) in collaboration with EORTC. It is hoped that recruitment at ANZ sites will commence in 2016.

2. e-TC 2.0

PoCoG in collaboration with ANZUP is currently developing a subsequent phase 2 study, entitled “e-TC 2.0”. The study is led by Drs Ben Smith and Louise Heniger from PoCoG, and supported by ANZUP Below the Belt seed funding.

3. Stage I testicular cancer surveillance

The ANZUP SAC has ratified recommendations by the ANZUP germ cell subcommittee for clinical and radiologic surveillance of patients with stage 1 testicular cancer. The recommendations are a consensus statement, with work led by Drs Andrew Weickhardt, Fritha Hanning; and Nicola Lawrence.

4. Movember GAP5 Translational Research Project

ANZUP continues to work with Movember and collaborators in the Movember GAP5 Translational Research Project, which is a translational project that aims to identify 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. It is hoped that ANZUP members will be able to participate in the study when it is finalised.

Prostate Cancer Subcommittee: Scott Williams

The Prostate Cancer subcommittee continues to manage an expanding portfolio of active studies and concepts under development.

Our global phase III randomised studies, ENZAMET and ENZARAD, continue to recruit in Australia, New Zealand and internationally. ENZARAD has enrolled 188 men with clinically localised high risk prostate cancer being treated with radiation and androgen deprivation therapy (ADT), randomising them to either a standard approach of 2 years of ADT including 6 months of conventional antiandrogen, or an experimental approach of 24 months of both ADT and enzalutamide. We’ve seen sites open up in Ireland and the United Kingdom and we expect Indiana University to open in the coming months to help boost recruitment.

The ENZAMET study will determine if enzalutamide treatment can improve survival and quality of life in men starting hormone treatment for newly diagnosed prostate cancer that has spread beyond the prostate. We have enrolled over 540 patients, with high recruitment in early 2016 at Royal Cornwall Hospital (UK), Australian Urology Associates and Peter MacCallum Cancer Centre (Melbourne) and Cross Cancer Institute (Canada). We anticipate we should reach accrual targets Q4 2017.

Our Pain-Free TRUS B study opened in 2015 and now is activated at 5 sites, most recently Fiona Stanley Hospital and Concord Repatriation General Hospital. This is a randomised trial of inhaled Penthrox in addition to local anaesthetic for transrectal prostate biopsy. It is being funded through the Priority-driven Collaborative Cancer Research Scheme (PdCCRS) (Cancer Australia and Prostate Cancer Foundation of Australia).

Following a sample size re-calculation the RAVES trial closed to recruitment. This study was led by TROG in collaboration with ANZUP and Urological Society of Australia and New Zealand (USANZ). The final total recruitment for RAVES was 333. The new focus will be looking to develop a planned meta-analysis with the UK MRC’s RADICALS and the French GETUG-17 trials.

ANZUP and PCFA recently announced a new partnership
whereby we will work together to raise $1.5 million to fund prostate clinical trials. As a consequence of this funding we have put out a call for new prostate cancer research concepts for the Concept Development Workshop in May 2016. Our thanks to the members and staff who helped make this great partnership happen and to the great people at PCFA who have been so supportive of the work we do.

Our membership continues to grow with a diverse range of skills represented. I remind everyone to encourage colleagues with a prostate cancer interest to join and contribute.

I would like to take the opportunity to thank my deputy chair, Carmel Pezaro, for her support and all those members who continue to contribute to the prostate teleconferences.

Finally a big THANK YOU to all the investigators and site staff for your ongoing effort and contributions to ANZUP trials.

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 uses mixed methods to gain knowledge and understanding of how prostate cancer affects sexual wellbeing and quality of life in gay and bisexual men and their male partners. The study successfully recruited 124 gay and bisexual (GB) men and 21 male partners to complete the study survey, and 46 GB men and 7 male partners participated in an interview. Additionally, 225 surveys and 19 interviews were completed by heterosexual men to inform more targeted health care provision and ongoing support post cancer for gay, bisexual, and heterosexual men. Three papers have been published from this study. These highlight the specific meanings and consequences of sexual changes after prostate cancer in gay and bisexual men; the experiences of gay and bisexual men discussing sexual needs with health professionals after prostate cancer; and a comparison of gay or bisexual and heterosexual men's health-related quality of life after prostate cancer. The Prostate Cancer Foundation of Australia and Western Sydney University 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 and also held a face to face Concept Development Workshop in September 2015. The subcommittee recognised gaps in ANZUP’s trial portfolio for renal cell carcinoma. The SORCE trial continues in followup but is no longer recruiting. Outcomes of the CDW included several concepts that are now well advanced in development and likely to move to full ANZUP studies if funding support can be secured.

I stepped down from the Chair position early in 2016 having served in this role since the inception of the committee. Congratulations and thanks to the incoming chair Craig Gedye, and also to David Pook who will continue as deputy chair. Craig now takes his position on the SAC as chair of the RCC subcommittee.

Thanks to all the RCC subcommittee members, our clinical sites, our NHMRC Clinical Trials Centre collaborators, and especially our trial participants. You are the reason why we do what we do.

Quality of Life and Supportive Care Subcommittee: Suzanne Chambers

Living Well with Prostate Cancer

The NHMRC-funded Living Well with Prostate Cancer Project successfully trialled a mindfulness-based cognitive therapy group intervention over the telephone for men with advanced prostate cancer. A total of 190 men were recruited and 14 mindfulness groups were run over the course of the project, with each group containing an average of 6 men. Men were followed-up over the course of nine months and intervention outcomes have been analysed. Two manuscripts have been submitted to journals and are currently under peer review. 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.
This year's ASM was held at the Sofitel Wentworth in Sydney, and brought together medical and radiation oncologists, urologists, nurses, psychologists, researchers and other health professionals to review and discuss the new developments in urological oncology.

We were privileged once again to have outstanding international speakers: Chris Sweeney, Brian Rini, Ted DeWeese and Bertrand Tombal, as well as many fantastic local speakers. The theme “Redefining Personalised Medicine” saw a focus around treatments that are tailored to encompass prevention, diagnosis, prognosis and psychological support for patients. The Annual General Meeting gave Ian Davis, ANZUP Chair, an opportunity to update members on the state of the organisation, our 2016-2018 Strategic Plan and a brief overview of current and future trials. Sunday saw a number of different exciting sessions. The ANZUP “Multi-Disciplinary Team (MDT) Masterclass” offered a case based workshop with a series of panel discussions. At the same time we once again convened our Community Engagement Forum “A little below the belt”. Sunday night’s Evening Symposium saw presentations from our international faculty Chris Sweeney on “Precision Medicine in Prostate Cancer”, and Brian Rini on “Optimising Current Systemic Therapy in Metastatic RCC”. Amongst Monday's presentations was a unique panel discussion around PSA testing.

The Prostate Cancer Foundation of Australia partnered with Cancer Council Australia to discuss the development of evidence based national clinical guidelines. There was a Best of the Best Oral session as well as Poster presentations from ANZUP members. Tuesday opened with a clinical trial concept development workshop. ANZUP members presented their concepts and received valuable feedback from other members as well as our visiting international experts.

Professor Tombal subsequently discussed the future potential for MRI in prostate cancer, both for localised disease and metastatic disease. Other talks included Professor James Kench explaining the new 1 to 5 histological grading system for prostate cancer, and Professor Emmett showcasing the new imaging modality of PSMA-PET fusion. The presentations ended with an insightful and provoking panel debate on the safe incorporation of new technologies in clinical practice and the best way forward.

A series of awards were presented including the annual Tolmar ANZUP Clinical Research Fellowship. This year it was awarded to Dr Ian Vela, a Urologic Oncologist at the Princess Alexandria Hospital, Brisbane. The event generated a lot of wider discussion, good press and impressions through #ANZUP15 on Twitter. The event was only made possible with the ongoing support of our Sponsors: Platinum Sponsors Jansen and the Prostate Cancer Foundation of Australia; Gold Sponsors Sanofi, Novartis, Amgen and Astellas; Silver Sponsors Ferring, Ipsen, Tolmar, Cancer Institute NSW, Pfizer and Bayer; as well as other major supporter Macquarie Bank who sponsored the ASM Welcome Reception.

ANZUP also acknowledges the support we receive from the Federal Government through Cancer Australia’s infrastructure funding. We were very fortunate to have an extraordinary convening committee which included Joseph Bucci, Ian Davis, Haryana Dhillon, Howard Gurney, Kathryn Hall, George Hruby, Belinda Jago, Carmel Pezaro, David Pook, Weranja Ranasinghe, Kathryn Schubach, Shomik Sengupta, David Smith, Andrew Weickhardt and Henry Woo.

I am also very grateful to all the ANZUP subcommittee chairs for their expedient review of submitted abstracts and concepts to ensure we made our tight timelines. My thanks also to the ANZUP secretariat and the YRD team who brought it all together to ensure a hugely successful meeting.

Venu Chalasani
2015 ANZUP ASM Convenor
“It’s been really important to me to hear the cutting edge science in prostate cancer which is really important when we’re looking at quality of life...and also it’s a really interdisciplinary conference so you get to talk to people across the spectrum who are working to improve the patient’s experience.”

PROF JANE USSHER

THANKS TO Bayer FOR SUPPORTING OUR TRAVEL FELLOWSHIPS.

FUNDRAISING SESSION WITH SIMON CLARKE LIVE FROM NEW YORK

HOST JOHN STUBBS AND THE COMMUNITY ENGAGEMENT FORUM PANEL
“It’s been really wonderful to meet lots of people, learn about a lot of things, in clinical trials and in testicular cancer which is my area. Everyone’s been really supportive here!"

JASON GRAY, FIRST TIME ATTENDEE AND CANCER SURVIVOR
“As always it’s been a great combination of international and local speakers, I’ve learned a lot and interacted with a lot of old and new friends.”

SHOMIK SENGUPTA
2015 ASM Continued

ANZUP /Bayer Travel Fellowship

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Institution/Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surein Arulananda</td>
<td>Albury Health</td>
</tr>
<tr>
<td>Prunella Blinman</td>
<td>Concord Clinical School</td>
</tr>
<tr>
<td>Ross Calopedos</td>
<td>Gosford Hospital</td>
</tr>
<tr>
<td>Yada Kanjanapan</td>
<td>Canberra Hospital</td>
</tr>
<tr>
<td>Michael Lee</td>
<td>Auckland District Health Board</td>
</tr>
<tr>
<td>Shiva Nair</td>
<td>Tauranga Hospital</td>
</tr>
<tr>
<td>Natasha Roberts</td>
<td>Royal Brisbane and Women's Hospital</td>
</tr>
<tr>
<td>Dhanusha Sabanathan</td>
<td>Westmead and Nepean Hospital</td>
</tr>
<tr>
<td>Manmeet Saluja</td>
<td>USANZ</td>
</tr>
<tr>
<td>Shahneen Sandhu</td>
<td>Peter MacCallum Cancer Centre</td>
</tr>
<tr>
<td>Shankar Siva</td>
<td>Peter MacCallum Cancer Centre</td>
</tr>
<tr>
<td>Allan ‘Ben’ Smith</td>
<td>PoCoG, University of Sydney</td>
</tr>
<tr>
<td>Javier Torres</td>
<td>Eastern Health</td>
</tr>
<tr>
<td>Annie Wong</td>
<td>Peter MacCallum Cancer Centre</td>
</tr>
<tr>
<td>Richard Woodford</td>
<td>Barwon Health</td>
</tr>
</tbody>
</table>

Scholarships for ANZUP Trials Coordinators

David Charman
Duncan Colyer
Alison Coote
Cynthia Hawks
Sarah Mann
James McQuillan
Jennifer Petersen
Alexander Scott-Hoy
Lili Truong
Anne Woollett

ANZUP TOLMAR Clinical Research Fellowship

In 2014 we built a relationship with Tolmar that led to the inaugural ANZUP Tolmar Clinical Research Fellowship. In its 2nd year, the fellowship was awarded to Ian Vela from Princess Alexandra Hospital.

“Ian Davis, ANZUP Chair

“Tolmar is delighted to again be partnering with ANZUP to offer this unique Fellowship for research into prostate cancer.”

Dieter Torheiden, General Manager, Tolmar Australia

“We have seen and been able to support some exceptional research in the past two years and I’m delighted that we can do so again.”
We are grateful to our 2015 ASM sponsors:

PLATINUM:

GOLD:

SILVER:

EVENING SYMPOSIUM:

TRAVEL FELLOWSHIPS: MDT MASTERCLASS: WELCOME RECEPTION:

BEST OF THE BEST: MDT MASTERCLASS TRANSPONDER 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 2015-16 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 $231,117.00 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 - $329,121.00.

Research Grants

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

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

**SORCE:** A phase III randomised double-blind study comparing sorafenib with placebo in patients with resected primary renal cell carcinoma at high or intermediate risk of relapse. Funding Medical Research Council, United Kingdom $820,000.00: 2009-2017.

**BCG+MM:** A randomised phase III trial adding mitomycin to BCG as adjuvant intravesical therapy for high-risk, non-muscle-invasive bladder cancer. Funding Cancer Australia $457,143.17: 2013-2016.

**Phase III Accelerated BEP:** A randomised trial of accelerated versus standard BEP chemotherapy for intermediate and poor-risk advanced germ cell tumors. Funding Cancer Australia $252,583.48, Cancer Council Australia $342,759.00: 2013-2016.

**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 $60,000.00 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 $36,500.00 was transferred to ANZUP and was reported in the Annual Accounts.

**Pain Free TRUS B:** A placebo-controlled, randomised trial of methoxyflurane to reduce the discomfort of prostate biopsy. Funding 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. During this reporting period $21,462.00 was transferred to ANZUP and was reported in the Annual Accounts.

**OPTIMUM:** Optimising Perioperative Therapy in Muscle invasive Urothelial Malignancy. A phase 3 trial of cisplatin and gemcitabine (CG) vs accelerated MVAC (accMVAC) given before or after cystectomy. Funding University of Sydney DVC-R Bridging Support Grant, $30,000.00: January 2015-June 2015. During this reporting period $6,500.00 was transferred to ANZUP for reimbursement of meeting costs and was reported in the Annual Accounts.

**PCR MIB:** Pembrolizumab with ChemoRadiotherapy as treatment for Muscle Invasive Bladder Cancer. Grant funding support from Merck Sharp & Dohme (Australia) $455,800.00 to conduct the study, anticipated to take up to 5 years. During this reporting period $116,450.00 was received and is reported in the Annual Accounts.

**TIGER:** A randomised Phase 3 trial comparing conventional-dose chemotherapy using paclitaxel, ifosfamide, cisplatin (TIP) with high-dose chemotherapy using mobilising paclitaxel plus ifosfamide followed by high-dose carboplatin and etoposide (TI-CE) as first salvage treatment in relapsed or refractory germ cell tumours (TIGER). Funding Movember $540,335. During this reporting period $165,000.00 was paid to ANZUP and is reported in the Annual accounts.
We now conduct clinical trials in over 100 hospitals and medical centres in Australia, New Zealand and Ireland.

<table>
<thead>
<tr>
<th>PARTICIPATING CENTRES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACT</strong> Canberra Hospital</td>
</tr>
</tbody>
</table>
| **NSW**
  - Australian Clinical Trials  | x |
  - Calvary Mater Newcastle  | x  |
  - Campbelltown Hospital  | x  |
  - Central West Cancer Centre  | x  |
  - Central West Cancer Services  | x  |
  - Chris O'Brien Lifehouse  | x  |
  - Concord Repatriation General Hospital  | x  |
  - St Miller's Private Practice  | x  |
  - Gosford Hospital  | x  |
  - Highfields Specialist Centre Port Macquarie  | x  |
  - Liverpool Hospital  | x  |
  - Macarthur Urology Centre  | x  |
  - Macquarie Cancer Clinical Trials  | x  |
  - Macquarie University Hospital  | x  |
  - Nepean Cancer Care Centre  | x  |
  - Nepean Hospital  | x  |
  - North Coast Cancer Institute  | x  |
  - Northern Cancer Institute - St Leonards  | x  |
  - Norwest Clinic  | x  |
  - Port Macquarie Base Hospital  | x  |
  - Prince of Wales Hospital  | x  |
  - Riverina Cancer Centre  | x  |
  - Royal North Shore Hospital  | x  |
  - Royal Prince Alfred Hospital  | x  |
  - SAN Gosford  | x  |
  - St George Hospital  | x  |
  - St Vincent's Clinic  | x  |
  - St Vincent's Hospital - Sydney  | x  |
  - Sydney Adventist Hospital  | x  |
  - Tamworth Hospital  | x  |
  - The Tweed Hospital  | x  |
  - Westmead Hospital  | x  |
  - Westmead Specialist Centre  | x  |
  - Wollongong Hospital  | x  |
  - Royal Darwin Hospital  | x  |
| **QLD**
  - AndroUrology  | x  |
  - BlueCare  | x  |
  - Brisbane Urology  | x  |
  - Genesis Cancer Care  | x  |
  - Gold Coast Hospital  | x  |
  - Greenlakes Urology Clinic  | x  |
  - Mater Adult Hospital  | x  |
  - Nambour General Hospital  | x  |
  - Pinkerton  | x  |
  - Princess Alexandra Hospital  | x  |
  - Radiation Oncology Mater Centre  | x  |
  - Radiation Oncology Queensland - Gold Coast  | x  |
  - Redcliffe Hospital  | x  |
  - Royal Brisbane & Women's Hospital  | x  |
  - The Wesley Hospital  | x  |
  - Toowoomba Cancer Research Centre  | x  |
  - Toowoomba Hospital  | x  |
  - Townsville Hospital  | x  |
  - Townsville Urology  | x  |
  - Troy Gianduzzo Urology  | x  |
  - Yegun and Southport  | x  |
  - Wesley and Cherrima  | x  |
  - Wesley Oncology  | x  |
  - Wesley Urology  | x  |
  - Ashford Cancer Centre  | x  |
  - Ashford Care Research (Adelaide Radiotherapy Centre)  | x  |
  - Flinders Medical Centre  | x  |
  - Lyell McEwin Hospital  | x  |
  - Repatriation Hospital  | x  |
  - Royal Adelaide Hospital  | x  |
  - Royal Hobart Hospital  | x  |
  - Alfred/William Buckland  | x  |
  - Austin Health  | x  |
  - Australian Urology Associates  | x  |
  - Ballarat Base Hospital  | x  |
  - Ballarat Oncology and Haematology Services  | x  |
  - Bendigo Hospital (Peter MacCallum radiotherapy centre)  | x  |
  - Border Medical Oncology  | x  |
  - Cabins Health  | x  |
  - Cabins Hospital  | x  |
  - Casey Hospital  | x  |
  - Eastern Health (Box Hill)  | x  |
  - Epping Radiation Oncology Centre (EPROC)  | x  |
  - Epping Hospital  | x  |
  - Frankston Hospital  | x  |
  - Frankston Radiation Oncology Centre (PROC)  | x  |
  - Geelong Hospital  | x  |
  - Goulburn Valley Health  | x  |
  - Manoahast Hospital  | x  |
  - Monash Cancer Centre - Moorabbin  | x  |
  - Peninsula Health Frankston Hospital  | x  |
  - Peninsula Oncology  | x  |
  - Peninsula South Eastern Haematology & Oncology Group (PSEHOOG)  | x  |
  - Peter MacCallum Cancer Centre - Box Hill  | x  |
  - Peter MacCallum Cancer Centre - East Melbourne  | x  |
  - Peter MacCallum Cancer Centre - Moorabbin  | x  |
  - Ringwood Radiation Oncology Centre (WROC)  | x  |
  - Royal Melbourne Hospital  | x  |
  - St Vincent's Hospital - Melbourne  | x  |
  - Sunshine Hospital  | x  |
  - The Alfred Hospital  | x  |
  - University Hospital Geelong  | x  |
  - Western Radiation Oncology Centre (WROC) Footscray  | x  |
| **WA**
  - Fiona Stanley Hospital  | x  |
  - Fremantle Hospital  | x  |
  - Hollywood Private Hospital  | x  |
  - Perth Radiation Oncology  | x  |
  - Royal Perth Hospital  | x  |
  - Sir Charles Gardiner Hospital  | x  |

**ACCELERATED**

- ACT II
- BEP II
- BEP III
- BCG+MMC
- ENZAMET
- ENZARAD
- EVERSUN
- RAVES
- SORCE
- Bl12
- TRUS-B

**ACCELERATED ACT II**

- Accelerated
- ACT II
- BEP II
- BEP III
- BCG+MMC
- ENZAMET
- ENZARAD
- EVERSUN
- RAVES
- SORCE
- Bl12
- TRUS-B


ANZUP ANNUAL REPORT 2016

Conference Presentations


Ussher, JM: Gay and bisexual men’s experiences of sexuality, identity and relationships after prostate cancer: A qualitative analysis, ANZUP Annual Scientific Meeting, 12-14 July 2015; Sydney.

Yip S, Hague W, Price T, Mitchell P, Davis ID; Brand A; Rosenthal M; Simes RJ, Stockler MR: Pursuing Biospecimens Translational Research in Investigator-Initiated Clinical Trials in Oncology, ACTA International Clinical Trials Symposium, 7-10 October 2015; Sydney.


Conference Presentations


2016

Journal Articles


Conference Presentations

ANZUP Cancer Trials Group Limited
ABN: 32 133 634 956


Directors’ report .......................................................... 45
Auditor’s independence declaration ............................... 49
Financial statements .....................................................
  Statement of profit or loss and other comprehensive income. . 50
  Statement of financial position ................................. 51
  Statement of changes in equity ............................... 52
  Statement of cash flows ........................................ 53
  Notes to the financial statements ............................ 54
Directors’ declaration .................................................. 60
Independent auditor’s report ...................................... 61

General information

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

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

The financial statements were authorised for issue, in accordance with a resolution of directors, on 23 May 2016.
The directors of ANZUP Cancer Trials Group Limited (the company) submit their annual financial report for the year ended 31 March 2016.

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) (retired 13 July, 2015)
Nicholas Buchan
Martin Dowling
Joe Esposito
Glenn Ferguson
Linda Martin
Henry Woo
Shomik Sengupta (appointed 13 July, 2015)

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

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. 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 a 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.

Shomik Sengupta

Associate Professor Shomik Sengupta is a consultant urologist and Director of Research & Training at Austin Health, and Clinical Associate Professor at the Department of Surgery (Austin) of Melbourne University. Shomik has a practice with a uro-oncology subspecialty interest – including open, laparoscopic and robotic cancer surgery. He is currently the chair of the Victorian training committee and leader of the GU Oncology advisory group within USANZ. Shomik also has a strong interest in urologic research, including involvement in clinical trials through the ANZUP trials group. He has completed a Masters in Surgery (2002) and a Doctorate in Medicine (2014) through the University of Melbourne and has more than 80 original publications to date.
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 an associate editor for the Nature owned journal Prostate Cancer Prostate Diseases and serves on the editorial boards of European Urology, BJU International, Asian Journal of Urology and Prostate International. He has previously served as the foundation Editor in Chief of BJUI Knowledge, an innovative on line CME platform. 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 130 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.

Company Secretary

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

Meetings of Directors

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

<table>
<thead>
<tr>
<th>Directors’ meetings</th>
<th>Number eligible to attend</th>
<th>Number attended</th>
</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>2</td>
<td>0</td>
</tr>
<tr>
<td>Nicholas Buchan</td>
<td>5</td>
<td>3</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>4</td>
</tr>
<tr>
<td>Henry Woo</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Shomik Sengupta</td>
<td>3</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 $274,712 (2015: $555,622).

At 31 March 2016, the company had net assets of $2,324,067 (2015: $2,049,355).

Changes in state of affairs

There were no significant changes in the state of affairs of the company during the year ended 31 March 2016.

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 $1,990.

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, 23 May 2016
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 2016, 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.

[Signature]

Paul Cheeseman
Partner

BDO East Coast Partnership

Sydney, 23 May 2016
ANZUP Cancer Trials Group Limited
Statement of Profit or Loss and Other Comprehensive Income
For the year ended 31 March 2016

<table>
<thead>
<tr>
<th>Notes</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Revenue</td>
<td>1,660,602</td>
<td>1,558,725</td>
</tr>
<tr>
<td>Employee benefits expenses</td>
<td>(395,686)</td>
<td>(305,311)</td>
</tr>
<tr>
<td>Administration expenses</td>
<td>(990,204)</td>
<td>(697,792)</td>
</tr>
</tbody>
</table>

Net income for the year
274,712
555,622

Other comprehensive income for the year
-
-

Total comprehensive income
274,712
555,622

The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes.
ANZUP Cancer Trials Group Limited
Statement of Financial Position
As at 31 March 2016

<table>
<thead>
<tr>
<th></th>
<th>Notes</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>5</td>
<td>1,185,335</td>
<td>507,496</td>
</tr>
<tr>
<td>Other financial assets</td>
<td>6</td>
<td>1,554,361</td>
<td>1,511,271</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>7</td>
<td>173,312</td>
<td>335,099</td>
</tr>
<tr>
<td>Total current assets</td>
<td></td>
<td>2,913,008</td>
<td>2,353,866</td>
</tr>
<tr>
<td><strong>Non-current assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office equipment</td>
<td>8</td>
<td>4,869</td>
<td>4,869</td>
</tr>
<tr>
<td>Total non-current assets</td>
<td></td>
<td>4,869</td>
<td>4,869</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td></td>
<td>2,917,877</td>
<td>2,358,735</td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>9</td>
<td>562,373</td>
<td>288,837</td>
</tr>
<tr>
<td>Employee benefits</td>
<td></td>
<td>16,746</td>
<td>9,498</td>
</tr>
<tr>
<td>Total current liabilities</td>
<td></td>
<td>579,119</td>
<td>298,335</td>
</tr>
<tr>
<td><strong>Non-current liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee benefits</td>
<td></td>
<td>14,691</td>
<td>11,045</td>
</tr>
<tr>
<td>Total liabilities</td>
<td></td>
<td>593,810</td>
<td>309,380</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td></td>
<td>2,324,067</td>
<td>2,049,355</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained earnings</td>
<td></td>
<td>2,324,067</td>
<td>2,049,355</td>
</tr>
<tr>
<td><strong>Total equity</strong></td>
<td></td>
<td>2,324,067</td>
<td>2,049,355</td>
</tr>
</tbody>
</table>

The above statement of financial position should be read in conjunction with the accompanying notes.
### Statement of Changes in Equity

**For the year ended 31 March 2016**

|                                | Retained earnings |  |  |
|--------------------------------|-------------------|--|--
| **Balance at 1 April 2014**    | 1,493,733          |  | 1,493,733 |
| **Net income for the year**    | 555,622            |  | 555,622   |
| **Other comprehensive income for the year** | -       |  | -         |
| **Total comprehensive income for the year** | 555,622 |  | 555,622   |
| **Balance as at 31 March 2015**| 2,049,355          |  | 2,049,355 |
| **Balance at 1 April 2015**    | 2,049,355          |  | 2,049,355 |
| **Net income for the year**    | 274,712            |  | 274,712   |
| **Other comprehensive income for the year** | -       |  | -         |
| **Total comprehensive income for the year** | 274,712 |  | 274,712   |
| **Balance as at 31 March 2016**| 2,324,067          |  | 2,324,067 |

*The above statement of changes in equity should be read in conjunction with the accompanying notes.*
ANZUP Cancer Trials Group Limited
Statement of Cash Flows
For the year ended 31 March 2016

<table>
<thead>
<tr>
<th>Notes</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Cash flows from operating activities

Receipts from grants (inclusive of GST) 1,036,233 643,378
Receipts from sundry income (inclusive of GST) 788,150 801,868
Receipts from donations (inclusive of GST) 293,671 270,486
Interest received 48,325 49,836
Payments to suppliers and employees (1,443,090) (1,038,670)

Net cash inflow from operating activities 12 723,289 726,898

Cash flows from investing activities

Payments for office equipment (2,359) (2,018)
Investing in long-term bank deposits (43,091) (1,511,271)

Net cash outflow from investing activities (45,450) (1,513,289)

Cash flows from financing activities

Net cash outflows from financing activities - -

Net increase/(decrease) in cash and cash equivalents 677,839 (786,391)

Cash and cash equivalents at the beginning of the year 507,496 1,293,887

Cash and cash equivalents at the end of the year 1,185,335 507,496

The above statement of cash flows should be read in conjunction with the accompanying notes.
ANZUP Cancer Trials Group Limited
Notes to the financial statements
For the year ended 31 March 2016

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 2016. The company is limited by guarantee and is incorporated and domiciled in Australia. The financial statements are presented in Australian dollars, which is the company’s functional and presentation currency.

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

New, revised or amending Accounting Standards and Interpretations adopted

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

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

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

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

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

Basis of preparation

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

Historical cost convention

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

Note 1. Summary of significant accounting policies (continued)

Accounting policies

(a) Going concern

The financial report has been prepared on a going concern basis. Refer to Note 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.

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.

(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.

Note 1.
Summary of significant accounting policies (continued)
Accounting policies (continued)

(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 is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.
ANZUP Cancer Trials Group Limited
Notes to the financial statements continued
For the year ended 31 March 2016

<table>
<thead>
<tr>
<th>Notes</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Note 3. Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant income</td>
<td>554,082</td>
<td>510,947</td>
</tr>
<tr>
<td>Donations</td>
<td>289,446</td>
<td>270,486</td>
</tr>
<tr>
<td>Honorariums</td>
<td>30,699</td>
<td>19,768</td>
</tr>
<tr>
<td>Corporate Supporter Program</td>
<td>160,682</td>
<td>161,250</td>
</tr>
<tr>
<td>Annual Scientific Meeting</td>
<td>549,128</td>
<td>479,452</td>
</tr>
<tr>
<td>Interest income</td>
<td>65,401</td>
<td>60,311</td>
</tr>
<tr>
<td>Sundry income</td>
<td>11,164</td>
<td>56,511</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>1,660,602</td>
<td>1,558,725</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Note 4. Administration expenses</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant funding</td>
<td>212,577</td>
<td>76,403</td>
</tr>
<tr>
<td>Accounting and auditing fees</td>
<td>30,034</td>
<td>20,640</td>
</tr>
<tr>
<td>Annual Scientific Meeting expense</td>
<td>283,969</td>
<td>251,386</td>
</tr>
<tr>
<td>Consulting fees</td>
<td>16,824</td>
<td>7,039</td>
</tr>
<tr>
<td>Trademark fees</td>
<td>-</td>
<td>695</td>
</tr>
<tr>
<td>Information technology</td>
<td>18,404</td>
<td>16,223</td>
</tr>
<tr>
<td>Insurance</td>
<td>26,522</td>
<td>13,566</td>
</tr>
<tr>
<td>Registration</td>
<td>21,266</td>
<td>6,600</td>
</tr>
<tr>
<td>Travel and accommodation</td>
<td>99,107</td>
<td>78,368</td>
</tr>
<tr>
<td>Catering and conference</td>
<td>64,654</td>
<td>55,297</td>
</tr>
<tr>
<td>Telephone and teleconferencing charges</td>
<td>8,424</td>
<td>4,317</td>
</tr>
<tr>
<td>Rent</td>
<td>10,693</td>
<td>10,693</td>
</tr>
<tr>
<td>Depreciation</td>
<td>2,359</td>
<td>2,568</td>
</tr>
<tr>
<td>Marketing expenses</td>
<td>134,044</td>
<td>119,645</td>
</tr>
<tr>
<td>Sundry expenses</td>
<td>61,327</td>
<td>34,352</td>
</tr>
<tr>
<td><strong>Total Administration Expenses</strong></td>
<td>990,204</td>
<td>697,792</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Note 5. Current assets - cash and cash equivalents</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at bank</td>
<td>1,185,335</td>
<td>507,496</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Note 6. Current assets – other financial assets</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Term deposits</td>
<td>1,554,361</td>
<td>1,511,271</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Note 7. Current assets - trade and other receivables</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade receivables</td>
<td>115,796</td>
<td>309,799</td>
</tr>
<tr>
<td>Other receivables</td>
<td>57,516</td>
<td>25,300</td>
</tr>
<tr>
<td><strong>Total Receivables</strong></td>
<td>173,312</td>
<td>335,099</td>
</tr>
</tbody>
</table>
ANZUP Cancer Trials Group Limited
Notes to the financial statements continued
For the year ended 31 March 2016

Note 8. Non-current assets – plant and equipment

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Office equipment - at cost</td>
<td>12,346</td>
<td>9,987</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(7,477)</td>
<td>(5,118)</td>
</tr>
<tr>
<td></td>
<td>4,869</td>
<td>4,869</td>
</tr>
</tbody>
</table>

Movements in carrying amounts

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Carrying amount at beginning of year</td>
<td>4,869</td>
<td>5,419</td>
</tr>
<tr>
<td>Additions</td>
<td>2,359</td>
<td>2,018</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(2,359)</td>
<td>(2,568)</td>
</tr>
<tr>
<td></td>
<td>4,869</td>
<td>4,869</td>
</tr>
</tbody>
</table>

Note 9. Current liabilities - trade and other payables

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Trade payables</td>
<td>96,418</td>
<td>5,340</td>
</tr>
<tr>
<td>Accruals</td>
<td>87,942</td>
<td>80,717</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>378,013</td>
<td>202,780</td>
</tr>
<tr>
<td></td>
<td>562,373</td>
<td>288,837</td>
</tr>
</tbody>
</table>

Note 10. Remuneration of auditors

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Audit of the financial report</td>
<td>4,100</td>
<td>4,000</td>
</tr>
<tr>
<td>Other services - assistance with preparation of the financial report</td>
<td>2,200</td>
<td>2,160</td>
</tr>
<tr>
<td></td>
<td>6,300</td>
<td>6,160</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></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Key management personnel compensation</td>
<td>189,915</td>
<td>170,191</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Net income for the year</td>
<td>274,712</td>
<td>555,622</td>
</tr>
<tr>
<td>Depreciation</td>
<td>2,359</td>
<td>2,568</td>
</tr>
</tbody>
</table>

Change in operating assets and liabilities:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Decrease in trade and other receivables</td>
<td>161,788</td>
<td>163,092</td>
</tr>
<tr>
<td>Increase in trade and other payables</td>
<td>273,536</td>
<td>802</td>
</tr>
<tr>
<td>Increase in employee benefits</td>
<td>10,894</td>
<td>4,814</td>
</tr>
<tr>
<td></td>
<td>723,289</td>
<td>726,898</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 $30,699 (2015: $19,768). These honorariums were in relation to speaking engagements undertaken by Ian Davis.

Receiverable from and payable to related parties

There were no trade receivables, trade payables or loans to or from related parties as at year end (2015: 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 (2015: 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 2016, the number of members was 991 (2015: 829).

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 6, Lifehouse
119-143 Missenden Road
Camperdown NSW 2050

The principal place of business of the company is:

Level 6, Lifehouse
119-143 Missenden Road
Camperdown NSW 2050
ANZUP Cancer Trials Group Limited  
Director’s Declaration  
For the year ended 31 March 2016

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 2016 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, 23 May 2016
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 2016, 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 completed 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 $289,446. 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 2016 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, 23 May 2016
HOW YOU CAN HELP

Kick off a pilot study
Invest in a pilot study to test the feasibility or promising drug therapies, surgical methods, postoperative care and palliative care options
$50k–$250k

Support a clinical trial
Invest in a clinical trial to test the effectiveness, side effects and best dose of potential treatments for urogenital cancers.
$1m–$5m

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

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

FIND OUT MORE

Get in touch or register for the ASM
www.anzup.org.au

Find out about our Trials

View our UPdate Newsletter

View our Below the Belt consumer magazine

Donate and help fund a trial

Download our ClinTrial Refer App
Please search for ANZUP in the App Store or Google Play

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