Our Mission is to conduct clinical trial research to improve treatment of Bladder, Kidney, Testicular and Prostate Cancers.
The Directors of ANZUP Cancer Trials Group Limited (“ANZUP”) are pleased to submit the Annual Report for 2012.

ANZUP Cancer Trials Group Limited

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ANZUP’S Mission And Objectives

Mission

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

Objectives

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

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

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

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

ANZUP is primarily funded by Cancer Australia through its Support for Clinical Trials program. ANZUP currently has members from Australia and New Zealand from all relevant professional medical, nursing, allied health, basic science and other disciplines, and consumer/community involvement.

...to improve patient outcomes, particularly life expectancy and quality of life.

Primarily funded by Cancer Australia through its Support for Clinical Trials program.
Governance Structure

ANZUP ORGANISATIONAL CHART - March 2012

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 up to three Appointed Directors (one Appointed Director position currently vacant). The Board meets by teleconference approximately once every 2 months and face-to-face several times per year.

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

- **Secretariat:** The secretariat comprises an Executive Officer (Margaret McJannett, currently 0.8 FTE) and a Project Officer (Yi Feng; 0.4 FTE). The company’s registered office is located in Sydney.

- **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 the intention of meeting face-to-face at least once per year.

- **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; Correlative and Translational Research; Consumer Advisory Panel). 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.

- **Consumer Advisory Panel (CAP):** The CAP comprises consumer representatives who advise ANZUP 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 research and engage community support. The CAP meets by teleconference as required and intends 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 trial and group operations. This Committee meets by teleconference approximately once per month.

- **Independent Data Monitoring Committee:** Terms of reference for the IDMC have been drafted and discussions are underway with other cooperative cancer clinical trials groups to share resources for this purpose. It is anticipated that the IDMC will have oversight of multiple clinical trials.

- **Trial Management Committees:** Each trial has a TMC that meets approximately quarterly by teleconference to ensure oversight of the trial.
Chair: A/Prof Ian Davis

A/Prof Ian Davis is a medical oncologist and an NHMRC Practitioner Fellow working at Austin Health and the Ludwig Institute for Cancer Research (LICR) in Melbourne, where he is Head of the Uro-Oncology Laboratory. 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. A/Prof 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 executive. In January this year he was appointed Professor of Medicine and Head of Eastern Health Clinical School, Monash University and Eastern Health. Prof Davis took up his new role in a part-time capacity and will assume full responsibility from June 2012.

Deputy Chair: A/Prof Guy Toner

Associate Professor Guy Toner is a Consultant Medical Oncologist at Peter MacCallum Cancer Centre and Associate Professor of Medicine at the University of Melbourne. He is a graduate of the University of Melbourne and undertook sub-specialty training in medical oncology at the Alfred Hospital before spending 3 years at Memorial Sloan-Kettering Cancer Centre in New York, where he worked in the GU Service. He developed a special interest in testicular cancer while in New York and his research there formed the basis of his MD thesis. He returned to Melbourne to take up a full-time position at Peter Mac in 1990. His clinical and research interests include all urological cancers and he also has an interest in new drug development. He was Chair of the ANZ Germ Cell Trials Group and the ANZUP Germ Cell subcommittee from 1995 until 2011 and is Deputy Chair of ANZUP.

Treasurer: Dr Lizbeth Kenny

Dr Liz Kenny graduated in Medicine from The University of Queensland in 1980, and completed her specialty training in Radiation Oncology at The Queensland Radium Institute in Brisbane in 1987. Dr Kenny is a Senior Radiation Oncologist at The Royal Brisbane & Women’s Hospital. In 2005 she was appointed as Medical Director, Central Integrated Regional Cancer Service and is committed to improving Cancer Services in Queensland. Her main areas of specialty interest are Head and Neck Cancer, Breast Cancer and Urological Malignancies.

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

Dr Kenny is a past President of The Royal Australian and New Zealand College of Radiologists. She has been awarded Honorary Memberships of The European Society of Radiology and The Radiological Society of North America and Honorary Fellowship’s of The American College of Radiology, The British Institute of Radiology and the Royal College of Radiologists.

Mr Joe Esposito

Mr Joe Esposito is a Melbourne director who has recently established a BOQ (Bank of Queensland) Owner - Manager Bank branch in the inner city suburb of Collingwood. Prior to this he was a management consultant and had over 20 years in corporate banking in Australia and New Zealand. He was also CEO of ASX listed Jetset Travelworld Limited between 2003 and 2006.

Mr Esposito has a close affinity with the objectives of ANZUP and the needs of consumers. He has Bachelor of Commerce and Master of Applied Finance degrees. He is a graduate member of the Australian Institute of Company Directors.

Mr Glenn Ferguson

Mr Glenn Ferguson is a Solicitor of the High Court of Australia and the Supreme Court of Queensland. An experienced commercial and corporate lawyer he has acted in complex transactions and disputes for a range of clients both nationally and internationally. He is a past President of the Law Council of Australia the peak national body which represents the legal profession nationally and internationally, Past President of Lawasia the law association for Asia and the Pacific and a past president of the Queensland Law Society. He is also a Senior Counsellor with the Queensland Law Society and has previously chaired their professional standards committee. He 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 is Chair of the College of Law Queensland and a member of the Federal Attorney Generals International Legal Services Advisory Council and the Immigration Ministers Advisory Board in relation to the regulation of migration agents.

The Queensland Premier selected him in 2004 to Chair Smart Exports Queensland. He has been appointed by both Federal and State
The Board Of Directors Continued

Governments to various advisory boards and task forces in the legal, migration and business sectors.

Glenn 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.

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.

A/Prof Henry Woo

A/Prof Henry Woo is a urological surgeon with a subspeciality practice in prostate disease. He is an Associate Professor at the Sydney Medical School of the University of Sydney and operates at Westmead Public Hospital and the Sydney Adventist Hospital. In his student days, he was a Board Director of the University of Sydney Union and an elected delegate of the Sydney University Student Representative Council and Producer of a Sydney University Medical Revue. He is currently the Convenor of the 2012 Annual Scientific Meeting of the Urological Society of Australia and New Zealand.

He is the only non-US/European member of the International Greenlight Users Group as well as the International Prostate Research Group. He is regularly invited to teach and perform live surgical demonstrations locally and abroad. He runs a busy clinical trials unit at the Sydney Adventist Hospital with studies in both prostate cancer and benign prostatic hyperplasia.

A/Prof Woo has extensive experience in multicentre clinical trials, amongst which include being Principal Investigator of a study of lower urinary tract symptoms (LUTS) in men with advanced prostate cancer, Principle Investigator of Urolift treatment for LUTS due to BPH study, co-Chair of the Timing of Androgen Deprivation (TOAD) study and being on the Trial Management Committee of the RAVES study for prostate cancer. He is also a member of the Scientific Reference Committee of the Prostate Cancer Foundation of Australia.

Meetings of Directors

During the year, six meetings of Directors were held. Attendances by each Director were as follows:

<table>
<thead>
<tr>
<th>Director Role</th>
<th>Role</th>
<th>Appointed</th>
<th>Board Meetings</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Number eligible to attend</td>
</tr>
<tr>
<td>Ian Douglas Davis</td>
<td>Chair</td>
<td>9 Oct 2008</td>
<td>6</td>
</tr>
<tr>
<td>Guy Campbell Toner</td>
<td>Deputy Chair</td>
<td>9 Oct 2008</td>
<td>6</td>
</tr>
<tr>
<td>Lizbeth Moira Kenny</td>
<td>Treasurer</td>
<td>9 Oct 2008</td>
<td>6</td>
</tr>
<tr>
<td>Henry Hyunshik Woo</td>
<td>Board Director</td>
<td>25 Jun 2010</td>
<td>6</td>
</tr>
<tr>
<td>Glenn Wayne Ferguson</td>
<td>Board Director</td>
<td>30 Aug 2010</td>
<td>6</td>
</tr>
<tr>
<td>Giuseppe Aniello Esposito</td>
<td>Board Director</td>
<td>13 Dec 2010</td>
<td>6</td>
</tr>
<tr>
<td>Linda Robyn Martin</td>
<td>Board Director</td>
<td>13 Dec 2010</td>
<td>6</td>
</tr>
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Strategic and Business Planning

ANZUP’s 2010-2012 Strategic plan (www.anzup.org.au) was developed to provide a framework for identifying our priorities and a pathway to achieve our goals. It involved identifying Directors with legal, corporate, accounting, and consumer expertises to broaden our skill set and strengthen the organisation’s foundation and governance. We continued to build on our research capacity, extending collaborations and mentoring young investigators.

The Board has reviewed its Strategic Plan for the next three years (2013-2015) and it will be presented to members at the AGM on July 16, 2012. You can find it on the next two pages of this publication.

The Board is also reviewing the Constitution to clarify processes relating to terms of appointment and succession planning.

Changes in state of affairs:
In accordance with section 8.13(a) of the ANZUP Constitution, Ian Davis resigned as an elected Director at the 2011 Annual General Meeting and was re-elected as Director and Chair.

A part-time project officer (Yi Feng) was employed as of Monday 16 May 2011.
The Executive Officer (Margaret McJannett) moved from 0.6 to 0.8 EFT in January 2012.

On 28 April, 2011 ANZUP held an Extraordinary General Meeting (EGM). The purpose of the EGM was to remove Moore Stephens, as auditor of the company, and appoint PKF Chartered Accountants and Business Advisors as ANZUP’s auditor. The resolution was passed unanimously by all those in attendance.

ANZUP held its second Annual General Meeting on Friday 5 August 2011.

Matters affecting ANZUP operations and state of affairs in future financial years
Approval of recurrent funding from Cancer Australia under its Support for Clinical Trials scheme was confirmed, covering the period 1 January 2012 to 30 June 2013.

ANZUP formally partnered with the Clinical Oncological Society of Australia to conduct a joint Annual Scientific Meeting from 14-17 November 2011.

Additional funding sources will need to be identified in order to support the proposed expansion of activities of ANZUP.

Likely developments in operations and expected results
ANZUP plans to continue its employment of an Executive Officer with a view to moving this position to full time when resources permit, and to continue to employ a Project Officer. Further expansion in staff may be necessary depending on the scope of activities. This will only be possible with additional funding. ANZUP plans to continue to develop clinical trials and aims to activate 1-2 new protocols per year.

The Strategic Plan for 2013-2015 will be presented at the AGM on July 16, 2012.

Funding from Cancer Australia confirmed until 30 June 2013.
ANZUP Strategic Plan 2013-2015

Mission
The mission of the Company is to conduct clinical trial research to improve treatment of Bladder, Kidney, Testicular and Prostate Cancers.

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

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

This will be achieved by:

• Identifying and answering clinical questions that are currently not answered by industry sponsored or other clinical trials. This will involve broad engagement of members and community input, and design of appropriate clinical trials.
• Ensuring access to these trials is available as widely as possible for all appropriate Australian and New Zealand patients. This will involve opening multiple trials and ensuring that they are geographically and logistically broadly accessible.
• Identifying and capitalising upon opportunities to support clinical trials in rural and remote areas. This will be the subject of specific fundraising activities and protocol design.
• Strengthening of links with Cancer Australia and/or other peak bodies in order to perform trials in under-researched disease states. This will include identification of new sources of project funding for trials and lobbying for increased grant support for clinical research.
• Ongoing engagement of various professional disciplines and the community at all levels of protocol development and implementation in both clinical and pre clinical research. This will involve establishment of links with stakeholder organizations and further development of the Consumer Advisory Panel.
• Securing further funding to support clinical research training positions.
• Providing additional opportunities for the next generation of clinical researchers through access to expertise for basic research and clinical trials, including access where appropriate and with ethical approval to data and tissue samples.
• Ensuring processes are in place to ensure high quality data collection and analysis and compliance with Good Clinical Research Practice.
• Identification of strategies for inclusion of additional research tools, groups and individuals in order to add further value to ANZUP trials. These strategies might include tissue repositories, bioinformatics, basic science laboratories, functional imaging, and access to other technologies and platforms.
• Promoting multidisciplinary practice in all aspects of genitourinary cancer care and research.
• Addressing specific health and medical issues of Culturally and Linguistically Diverse (CaLD) groups, Aboriginal and Torres Strait Islanders (ATSI) and Maori people by identifying if there is a need to facilitate better clinical and laboratory research in these populations and to develop protocols in such areas.

Strategic Plan:

• Formalise links with key stakeholders and other interested groups, including but not limited to Cancer Australia, NHMRC CTC, COSA, Cancer Voices Australia, PCFA, other Cooperative Trials Groups in Australia and internationally.
• Strategic planning meetings will continue to be held by the Board and the SAC and will be a regular agenda item on meetings of the Board and SAC.
• The SAC will identify opportunities for clinical trials in each of the urogenital cancer types, clinical disciplines and types of research, with particular emphasis on the quality and/ relevance of the proposed trials. The SAC will foster concept and protocol development and will prioritise concepts.
• Disease priorities will include prostate cancer and urothelial cancers, reflecting a current lack of cooperative trial protocols in these diseases.
• The Quality of Life and Supportive Care subcommittee, the Translational and Correlative Research subcommittee and the Consumer Advisory Panel will consider each concept starting at an early stage of its development, with a view to ensuring that quality and value of each proposal is maximised.
• The number and scope of membership of the Consumer Advisory Panel will continue to be enhanced, with input at all stages of protocol development and operations of the SAC and the Board.
• The Consumer Advisory Panel will provide input on research priorities, communication strategies, engagement of the community and trial design and conduct.
• ANZUP will continue to push for coordinated regional and/or state-based tissue repositories, working with other organisations as appropriate.
• The Board will be responsible for logistic development of each trial and securing appropriate funding.
• Links will be formed with other Australian and international cooperative clinical trials groups to enhance opportunities to access other clinical protocols.
• Links will be formed with other Australian and international basic research groups to allow improved access to platform technologies and other expertise in order to add further scientific value to each project.
• Mentorship and training will continue to be key priorities.
• Membership of ANZUP will be increased by:
  o Regular correspondence with members including trial updates, activity, group news, meetings and presentations.
  o A regular Annual Scientific Meeting.
  o Regular Strategic Planning and Concept Development Meetings, with attendance strongly encouraged and promoted through the Group’s correspondence with members.
  o Targeted liaison with potential new sites with clinical trials capacity, as appropriate.
  o Further development and maintenance of the ANZUP website www.anzup.org.au.

...to develop, foster and promote prostate and urogenital cancer research...
The last 12 months have been highly successful in all aspects of ANZUP's activities and have allowed the company to position itself strongly for the future.

We have continued to build upon our existing trials and brought many of them to successful completion. Publication plans for these studies are well advanced and we have seen multiple presentations of data at international meetings. The SAC and its various subcommittees continue to consider and develop multiple new clinical trials concepts covering the full range of genitourinary cancer types and stages. Each protocol includes consideration of how aspects of translational research and supportive care aspects can be incorporated, and this has led to further concepts and substudy proposals. ANZUP continues to develop the protocols ratified by the SAC including pursuing mechanisms for project funding.

I am very grateful to my fellow Directors for their commitment and enthusiasm. The Board operates very efficiently to discharge its responsibilities and all Directors contribute strongly to these processes. We now have an excellent mix of skill sets at the Board level as well as access to other necessary expertise including accounting and bookkeeping. The Board has established a Finance and Audit Committee, responsible for oversight of financial management, compliance and reporting; and a Fundraising and Promotion Committee, in order to identify and secure additional revenue opportunities and for development of materials to promote the company.

The Board continues to place identification and procurement of additional revenue streams as a high priority in order for ANZUP to operate at an optimal level. Opportunities to participate in these fundraising and financial activities are available for you if you are interested. One way in which some of you might be able to help is to donate honoraria for industry-supported activities such as advisory boards to ANZUP. Please note that donations to ANZUP above $2 are tax deductible. ANZUP is able to raise invoices on your behalf if you prefer such payments to be made directly to ANZUP rather than as payment to you then a donation to ANZUP. Similarly, if your patients are looking for opportunities to support genitourinary cancer research, they could consider donations or inclusion of ANZUP in their wills.

One new initiative is the development of our corporate supporters program which has already led to new links with various industry partners. Another highlight for us in 2011 was ANZUP’s formal partnership with the Clinical Oncological Society of Australia to conduct a joint Annual Scientific Meeting in Perth from 14-17 November 2011. This meeting included a very strong scientific program and educational program focussed on genitourinary cancers, supported by a number of key international speakers brought in by ANZUP and associated with significant sponsorship. The joint ASM not only provided useful revenue for ANZUP but importantly raised the profile of the company substantially and this was reflected in a strong surge in new membership applications to the point where our total membership now is over 400 and continuing to grow.

On 15-17 July 2012 ANZUP plans to hold its first stand-alone Annual Scientific Meeting in Sydney. The 2012 ASM will include four high level international speakers as well as key Australian and New Zealand presenters; a trainees’ forum; a consumer forum; opportunities for presentation of original research; clinical trial concept brainstorming sessions; plenary sessions; an open meeting of the SAC; and a lively social program. ANZUP will continue to support meetings with other key stakeholder organisations, including a presence at the 2012 USANZ meeting in Darwin in April 2012 and the CNSA Winter Congress in July 2012.

ANZUP has continued to develop strong links with other relevant organisations, with examples including COSA, Cancer Australia, Movember and the Prostate Cancer Foundation of Australia. The links with COSA have always been strong and continue to develop through the COSA Urologic Oncology Group and other initiatives including the Executive Officers Network and a new consumer network. Cancer Australia is committed to supporting cooperative clinical cancer research and meetings have been held with the CEO. Movember is developing a range of initiatives relevant to prostate and other male cancers and these directly align with ANZUP’s strategic goals. PCFA held a planning session early in 2012 to which ANZUP was invited to contribute. ANZUP made the point very strongly at that meeting for improved funding for cooperative cancer clinical trials, especially given the significant limits currently in place. ANZUP contributed substantially to a decision by the PCFA Board to place clinical trials as the highest priority for the 2012 round of priority-driven research grants in partnership with Cancer Australia. We are grateful to the PCFA Board for this clarity of vision but will continue to work for improved funding in this arena.

ANZUP continues to be recognised at a national and international level as the key cooperative trials group in this region for genitourinary cancer. We are regularly approached by other cooperative trials groups as well as industry, and have a significant voice in the leadership of various trials including the international SORCE trial. All of these links lead to additional trial and research opportunities.

Our membership continues to grow at a healthy rate, as indicated above. ANZUP has a broad mix of members, representing the full range of professional disciplines as well as trainees and community representatives. Although the last year has seen our numbers grow by almost 70% we still represent only a small proportion of the community engaged in the care and research of genitourinary cancers. We need to continue to grow our numbers to ensure we have an appropriate critical mass of representation, input, and appropriate succession planning. We must continue to mentor the next generation of clinicians and researchers. Please continue to promote ANZUP amongst your friends, colleagues and professional groups. Please also consider how you can best contribute to the group and take advantage of the many opportunities to participate.

On behalf of the Board I would like to thank you for your support of our activities over the last year, your contributions to ANZUP’s success, your membership of ANZUP and your interest in and support of its activities. In 2011 our position was strong; in 2012 we are stronger still and our future continues to be bright.

Ian Davis
Chair, ANZUP
Executive Officer’s Report

It has been an incredibly busy 12 months with some significant milestones achieved through the combined efforts of our Board, SAC, Subcommittees, members and other key stakeholders.

Communication with Members

- Regular distribution of our quarterly newsletter “Update” providing members along with key stakeholders an overview of the organisations activity and affairs namely our Scientific Advisory Committee (SAC) and Subcommittee reports, presentations of ANZUP’s research at national and international meetings, upcoming relevant meetings encouraging attendance and promoted, information and ANZUP’s governance matters;

- ANZUP News – more regular e-communication again via website with highlights including new projects, updates from the Chair or subcommittee Chairs, promotion of upcoming GU meetings while encouraging members participation and distributing info through networks;

- ANZUP website – we are working towards revamping our ANZUP website to better serve our members and stakeholders with plans to launch at our ASM in July, 2012.

Governance

- Bi-monthly ANZUP Board meetings;

- We established two new advisory committees: i) Finance and Audit Committee; & ii) Fundraising and Promotion Committee. These committees assist the Board of Directors in the discharge of its responsibility to exercise due care, diligence and skill in relation to ANZUP’s financial management, compliance and control. They meet one week prior to each the Board meeting;

- We have obtained Deductible Gift Recipient status in all states and territories and are now able to seek donations from corporate donors and philanthropic trusts;

- We held an Extraordinary General Meeting: April 2011 appointing PKF Chartered Accountants as our Auditors;

- Held our second Annual General Meeting in Melbourne on August 5 during the joint ANZUP/USANZ meeting.

NHMRC Clinical Trials Centre

- In February this year we said good bye to Amy Boland who has overseen clinical trial management at the NHMRC CTC for ANZUP over the past 4 years. We are indebted to Amy for her invaluable support and contribution to ANZUP and we wish her the very best with her new role with AGITG clinical trials team. We welcome our new Associate Oncology Program Manager Trevor France who joins the team having overseen the clinical trials activities of COGNO collaborative group at CTC. Trevor comes to the group with 15 years experience in drug development and life cycle management. Before moving to academic clinical trial management in the last two years Trevor has worked within pharmaceutical companies in clinical trial management. Our thanks also to Jennifer Thompson and Angus McDonald for their ongoing efforts to support ANZUP trial activities at CTC. We are grateful to Kim Russell Cooper, CTC General Manager, for her support and cooperative spirit in matters relating to ANZUP and the CTC.

Consumer Advisory Panel

- Together with John Stubbs (Chair CAP), Yi Feng (ANZUP project Officer) and our members, we have been working to identify suitable consumers to broaden the CAP membership so as to include representation across the 4 cancers, prostate, kidney, bladder/urothelial and testicular cancer to participate in our CAP. We are also planning to hold a CAP education session pre our ANZUP Annual Scientific Meeting in July followed by our first Community Engagement Forum which will be open to the public.

Increasing our multidisciplinary membership in metropolitan and regional/rural Australia

- We welcomed over 160 new members to ANZUP from all disciplines and across the country;

Educational Meetings

- We held a very successful joint ANZUP/USANZ scientific meeting in Melbourne 5 Aug 2011. With over 90 delegates in attendance the meeting provided a forum for trainees to present original research and ANZUP with an opportunity to provide updates on our current clinical trial activity with discussion on potential new concepts and collaborations between ANZUP, USANZ and other interested stakeholders;
Executive Officer’s Report continued

• The COSA/ANZUP Annual Scientific Meeting held in Perth in November was a successful collaboration between ANZUP and COSA. Our thanks to our Chair Ian Davis who developed the GU program to ensure it meshed well with the overall conference program over the 3 days. We would like to take this opportunity to thank all the 2011 ASM sponsors but in particular we acknowledge Amgen, AstraZeneca, Novartis, Prostate Cancer Foundation of Australia, Sanofi and Pfizer for their additional support of ANZUP;

• ANZUP / Novartis Travel Grants - We are grateful to Novartis for supporting the ANZUP / Novartis Travel Grants. This initiative was seen very positively by members to support their attendance to our ASM in Perth. The successful recipients were presented with their certificate and cheque by Ian Davis at the conference dinner;

• We also held our first ANZUP/COSA Urologic Oncology Group Clinical Professional Day, funded through a grant by COSA. A highlight was the session jointly held with PoCoG/OZPOS relating to psychosocial issues in genitourinary cancer. We are very grateful to Shomik Sengupta along with Ian Davis for putting the cases together along with our enthusiastic panel participants. We thank Amgen for supplying the interactive response devices, to Pierre Fabre Medicament for supplying the satchels, and our other sponsors Pfizer and Novartis. This was a highly successful initiative and we plan to continue to convene a trainee day pre our ASM in July 2012;

• ANZUP 2012 ASM - Planning is well underway for 2012 ANZUP ASM to be held at Four Points by Sheraton, Sydney July 15-17. We thank our Convening Committee – Peter Grimison (Convenor), Amy Hayden and Paul Sved for agreeing to take on this very important task. We are also grateful to Kate Murphy and Angeline Deo, YRD, for ably supporting our committee and Conference needs. Cancer Australia

We are most grateful for the infrastructure funding we receive from Cancer Australia. I am pleased to advise that Cancer Australia has agreed to continue this funding until 30 June 2013. However, in order to support all of ANZUP’s functions we need to identify additional sources of revenue.

Please do not hesitate to contact me either by email margaret@anzup.org.au or call (02) 9562 5033 if you would like to participate more actively within ANZUP.

Margaret McJannett
Group meetings:

- We held a combined ANZUP USANZ Conference in Melbourne on Friday 5 August 2011.
- The ANZUP Annual General Meeting was held during the ANZUP USANZ Conference on Friday 5 August 2011 at 1:10pm (AEST).
- The ANZUP Annual Scientific Meeting was held in Perth from 14-17 November 2011 in partnership with COSA.
- ANZUP Board, Finance and Audit Committee, Fundraising and Promotion Committee, Operations Executive, SAC, SAC subcommittees, CAP and Trial Management Committees held regular scheduled meetings and teleconferences throughout the year.

Data and quality:

Cancer Australia-supported trials staff at NHMRC Clinical Trials Centre have continued to contribute to the update and maintenance of Standard Operating Procedures (SOPs) used by ANZUP to reflect relevant quality standards (GCP ICH) and relevant regulatory guidelines. All trials staff are qualified and are trained in SOPs, consistent with GCP guidelines and the ‘National Statement on Ethical Conduct in Human Research (2007) – Updated 2009’ and have implemented these processes for ANZUP trials.

A database for the PAS in SORCE sub-study trial has been designed, tested and released by the appointed data systems developer and programmer in the reporting period using the system ‘OpenClinica’. Clinical trials staff assigned to ANZUP have undertaken training modules to ensure the optimal management of clinical trials data by all staff using these systems.

Clinical trial data quality is managed at site and at the NHMRC Clinical Trials Centre. The quality of data at sites is reviewed both centrally at the NHMRC CTC and at the sites by on-site visits. During this reporting period eight on-site monitoring visits were successfully conducted for the EVERSUN project across the country for quality assurance purposes, additional to this two EVERSUN sites were visited by an independent NHMRC CTC auditor. The data management activities are conducted as per established ‘Monitoring Plans’ and ‘Data Correction Plans’ for each trial. Independent internal review of trial documentation was also successfully conducted during this period.

Web Site and communication:

The ANZUP web site www.anzup.org.au continues to be a major part of our communication strategy to engage with our members. We will be looking to revamp the site and it will include information around all our activities e.g. clinical trials, fundraising & our new corporate supporters program. We look forward to launching our new look site to members and the community as a means to promote ANZUP activities.

We have circulated three editions of ANZUP’s newsletter “UPdate” to our members and more frequent e-news communications have also occurred. Other regular communication continues via the website in relation to subcommittee meetings, teleconferences and emails.
ANZUP Operational Report continued

Group Membership:
As at 31 March 2012, ANZUP had 405 members covering a wide range of professional disciplines. The breakdown of membership was as follows:

Membership breakdown by discipline:

- **405 members**
- Medical Oncology: 100
- Urologic Surgery: 83
- Trial coordination and management: 41
- Nursing: 39
- Radiation Oncology: 30
- Psycho-Oncology and Supportive care: 27
- Scientists: 20
- Trainee: 16
- Consumer Advocacy: 15

Number of members by State/Territory in Australia:

- QLD: 43
- NSW: 145
- VIC: 122
- ACT: 10
- WA: 34
- SA: 21
- NT: 5
- TAS: 3
- New Zealand: 15
- Rest of the world: 7

Recent issues of ANZUP’s newsletter “UPdate”.

First Announcement of our ASM

Our Community Engagement Forum notice
ANZUP Advisory Committee and Subcommittee Chairs

ANZUP ADVISORY COMMITTEES:

SCIENTIFIC ADVISORY COMMITTEE (SAC)
- Ian Davis
  Chair
- Martin Berry
- Damien Bolton
- Nick Buchan
- Suzanne Chambers
- Mark Chatfield
- Warick Delprado
- Joe Esposito
- Martin Gleave
- Peter Grimison
- Narelle Hanly
- Fritha Hanning
- Mei Krishnasamy
- Andrew Martin
- Margaret McJannett
  Ex-officio
- Colleen Nelson
- Stefano Occhipinti
- Manish Patel
- John Pederson
- Pamela Russell
- Hema Samaratunga
- Shomik Sengupta
- David Smith
- Martin Stockler
- John Stubbs
- Chris Sweeney
- Guy Toner
- Scott Williams

FINANCE & AUDIT COMMITTEE
- Joe Esposito
  Chair
- Linda Martin
- Ian Davis
- Bernadette Crennan
- Margaret McJannett
  Ex-officio

FUNDRAISING & PROMOTION COMMITTEE
- Joe Esposito
  Interim Chair
- Linda Martin
- Ian Davis
- Bernadette Crennan
- Margaret McJannett
  Ex-officio

ANZUP & NHMRC CLINICAL TRIALS CENTRE
Operations Executive Committee:
- Ian Davis
  Chair
- Guy Toner
  Deputy Chair
- Martin Stockler
  CTC Clinical Lead
- Margaret McJannett
  ANZUP EO
- Amy Boland
  (until Jan 2012)
- Trevor France
  Assoc Program Manager CTC
  (Commenced Feb 2012)
- Venu Chalasani
  ANZUP Research Fellow

SAC SUBCOMMITTEES
- Bladder Cancer
  - Manish Patel
- Correlative & Translational Research
  - Colleen Nelson
- Prostate Cancer
  - Scott Williams
- Quality of Life & Supportive Care
  - Suzanne Chambers
- Renal Cell Cancer
  - Ian Davis
- Germ Cell
  - Peter Grimison
- Consumer Advisory Panel
  - John Stubbs

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- Shomik Sengupta
- David Smith
- Martin Stockler
- John Stubbs
- Chris Sweeney
- Guy Toner
- Scott Williams
Scientific Advisory Committee and Subcommittee Research Highlights

Scientific Advisory Committee

The SAC continued to meet quarterly via teleconference and held a face-to-face meeting in November 2011 at the ASM.

The various SAC subcommittees are the places in which opportunities are identified, various disciplines engaged, mentorship and training opportunities are provided and overseen, and protocols are developed and driven. The SAC oversees the various clinical trials and substudies and provides additional input in terms of other related research opportunities. The SAC advises the Board on research priorities. The membership of the SAC ensures that all disciplines are represented. As protocols are proposed by the subcommittees each protocol is also considered and developed further with a view to incorporating our non-disease-specific committees, including the Correlative and Translational Research and the Quality of Life & Supportive Care committees. The activities of these committees are indispensable as we plan the best possible trials we can do. Membership of all the subcommittees continues to grow. SOPs for the subcommittees are in the process of revision.

Community input occurs at all levels of governance, including the Board, the SAC, the subcommittees and through the Consumer Advisory Panel. This ensures that ANZUP is constantly in touch with the community and able to hear and respond to the strategic needs they identify. These links are also critical in terms of effective communication back from ANZUP to the community and to support engagement of the community in research and its lobbying for better funding.

Germ Cell:

The Germ Cell Sub-Committee membership originally comprised the executive of the ANZ Germ Cell Trials Group, one of ANZUP’s predecessors. In early 2011 Dr Peter Grimison was appointed as the Deputy Chair. The sub-committee continues to encourage new members, particularly young investigators, to contribute to our work. A number of projects were completed this year.

1. The phase II study of accelerated BEP completed its recruitment target of 45 patients from 14 participating sites. Preliminary results were presented at this year’s ASCO meeting by Peter Grimison.

2. The aprepitant antiemetic study completed its planned accrual of 50 patients from nine participating sites. The final results are to be presented at the MASCC meeting this year. Preliminary reports indicate that the regimen was very effective in controlling nausea and vomiting with a five day cisplatin regimen.

3. ANZUP collaborated with PoCoG (psycho-oncology group) to perform a questionnaire and qualitative analysis of survivorship issues in testicular cancer patients who had completed treatment within the last five years. Ben Smith is the Principal Investigator for PoCoG and is in the process of analysing these results.

4. The randomised comparison of two regimens of BEP was reported in the Lancet in 2001 with relatively brief follow up. Recently, Peter Grimison has led our effort to update these results and published the long-term follow up in JNCI. The results confirm our earlier conclusion that the more dose intensive regimen was associated with improved survival outcomes.

The main study currently accruing at the moment is the ‘Chemotherapy and Cognition study’ which is prospectively monitoring cognitive function in patients managed with and without chemotherapy for testicular cancer. Prof Ian Olver is the Principal Investigator and the study has achieved accrual of 128 of the planned 154 participants. The study is open at 15 sites in Australia and New Zealand and accrual should be completed by the end of 2012.

The Germ Cell Sub-Committee has submitted two project grants to NHMRC for consideration of funding by Cancer Australia. The first is for funding to start the proposed international phase III study of Accelerated BEP. The second is to support Australian and New Zealand participation in an MRC study of imaging as part of a surveillance program for stage I seminoma (TRISSST). TRISSST is designed to assess CT vs MRI and three vs seven follow up scans as the preferred modality of surveillance. The aim of the study is to identify whether reduced diagnostic radiation exposure is possible for this group of patients who have an expected cure rate of 99% and an average life expectancy of 45+ years (and are therefore at risk of second malignancies from diagnostic radiation exposure). Finally, the sub-committee is keen to participate in the international TIGER study. This is a randomised comparison of conventional vs high dose chemotherapy as first line salvage therapy for relapsed testicular cancer. Participation is dependent on identifying funding to support the study.

Prostate Cancer:

The prostate cancer subcommittee has steadily grown in membership, enthusiasm and portfolio of studies in the past year. We have ANZUP-led studies, several co-sponsored studies with other agencies, several under funding review, and several more in the development phase. Our profile within the research community and beyond continues to grow, as evidenced by the numerous requests we have received to formally contribute to national or international advisory, research or working groups.
Scientific Advisory Committee & Subcommittee

Research Highlights continued

Active studies:

1. Living Well with Prostate Cancer: A Randomised Controlled Trial of a Mindfulness Intervention for Men with Advanced Prostate Cancer. This project is detailed elsewhere in this report. In brief, it is led by Prof Suzanne Chambers and the Quality of Life subcommittee of ANZUP with input from the prostate subcommittee.

2. RAVES (“Randomised Adjuvant versus Early Salvage” radiotherapy post-prostatectomy) is a phase III multi-centre NHMRC funded randomised trial comparing adjuvant radiotherapy (RT) aiming to show that early salvage RT following radical prostatectomy is not inferior to immediate adjuvant RT. It is an initiative of the Trans-Tasman Radiation Oncology Group (TROG 08.03) co-sponsored with the Urological Society of Australia and New Zealand and ANZUP. The trial co-chairs are A/Prof Andrew Kneebone and Dr Maria Pearse. RAVES has recently accrued its 200th patient of a planned 470 patients over 5 years. The primary endpoint will be biochemical failure rate, along with secondary clinical recurrence and QoL endpoints also, along with several substudies.

3. ProCare is a phase I/II NHMRC funded randomised trial led by Professor Jon Emery and the PC4 (Primary Care Collaborative Cancer Clinical Trials) group. The study seeks to develop and test a model of shared care (between GP and hospital) for men who have recently completed curative treatment – either surgery or radiation - for prostate cancer that aims to reduce unmet needs and psychological distress. A phase I pilot study has been completed and the randomized phase II trial has accrued 15 participants. A total of 188 men will be recruited to participate in the study from a number of tertiary treatment centres in Victoria and Western Australia.

Submitted funding proposals:

4. PCCTC c11-092. This study is the first foray of ANZUP as a formal partner of the North American-based Prostate Cancer Clinical Trials Consortium. It is a randomised phase II study of abiraterone acetate (AA) alone, AA plus a gonadotropin-releasing hormone (GnRH) antagonist, and a GnRH antagonist alone in patients with prostate cancer who have a rising PSA following definitive radical prostatectomy. At present we are awaiting funding application review (Cancer Australia), which includes some novel local secondary studies also. It is hoped that with full funding ANZUP could contribute around 40 of the planned 120 cases to be accrued.

5. A Phase 1/2 Trial of C2 or CF, a novel cyclic peptide inhibitor of phospholipase A2, in patients with advanced castrate resistant prostate cancer is being led by Prof Paul De Souza. This study builds on extensive local preclinical development of these agents. A detailed NHMRC application has been made to take these agents into the clinical testing arena, and highlights the ability of ANZUP to rally a group of enthusiastic researchers with exemplary skills and track records for such work.

6. The APPEAR trial: abiraterone plus prednisolone explored adjuvantly prior to prostate radiotherapy. This small prospective randomised study will compare the efficacy of abiraterone (plus prednisolone) to an LHRH agonist as neoadjuvant therapy in newly diagnosed hormone-naive prostate cancer patients about to receive dose-escalated radiotherapy. The trial aims to recruit 80 patients and will compare response rates, efficacy of PSA response, molecular response and toxicity. The study awaits final funding review prior to being opened through a small number of centres.

Many concepts are also presently at the discussion and development phase, ranging from local investigator initiated studies assessing quality of life impact of prostate cancer diagnosis, to studies of gauging the appropriate use of hormone therapy, and a steady stream of ideas relating to novel systemic agents. Thankfully, the teleconferences are well attended and full of dynamic interaction, so it looks like the group will continue to maintain a very healthy portfolio for the future.

Ian Davis

Renal Cell Cancer:

The RCC subcommittee continues to meet regularly and it is gratifying to see its membership continue to increase. Our current trials include:

1. SORCE. This trial, led by the Medical Research Council UK, is now open to recruitment at all 22 planned Australian sites and has accrued over 50% of its planned ANZ accrual target. The study aims to determine whether adjuvant sorafenib is effective in intermediate and high risk resected RCC and, if so, whether treatment needs to be for one or three years. Australia is accruing very well and our accrual is second internationally only to the UK. The study can only succeed when there is close, regular and meaningful communication between urologists and medical oncologists and ANZUP is justifiably proud of its record in this respect. This close multidisciplinary engagement is one of the tenets under which ANZUP operates and the SORCE trial is an excellent example of how a cooperative trials group can work very effectively and answer questions that otherwise would not be answered.

Substudies of SORCE include TRANSORCE, which involves collection...
of blood and tissue for future analysis. ANZUP has taken on TRANSORCE to provide opportunities for local basic science researchers to access these samples and to contribute to this international endeavour. Another SORCE substudy is “PAS in SORCE,” developed by ANZUP researchers and aiming to determine patient preferences and expectations in relation to the treatment and its toxicity. This is a very important study and has now been rolled out at 14 UK sites also. This is an example of ANZUP taking a leading role on the international stage.

2. EVERSUN. EVERSUN is the flagship ANZUP first-line RCC study and aims to assess the safety and feasibility of alternating sunitinib and everolimus, with the hypotheses that this approach is safe and might delay or prevent the development of resistance. EVERSUN is open to recruitment at 17 Australian centres and at the time of writing has accrued about 84% of its target, which is several months ahead of the predicted accrual rate. Accrual is expected to be completed by approximately June 2012. ANZUP believes that all patients should be offered the opportunity to participate in research. If an appropriate trial such as EVERSUN exists, we encourage all clinicians treating these patients to refer them where appropriate to their local ANZUP site before commencing other therapy. We also encourage our consumer and non-medical members to promote this and other trials so that there is an expectation for all of our patients that the option of a clinical trial will be discussed with them where appropriate.

A translational study (EVERSUN-T) is currently active and is led by Dr Sonia Yip. It involves measurement of circulating tumour cells in the blood of EVERSUN patients. EVERSUN-T is an example of creative thinking and use of existing resources: the technology to perform these assays has to date been restricted to prostate cancer and is only available at one site in Australia (Prof Colleen Nelson’s group in Brisbane). EVERSUN-T will provide valuable information that in turn will inform future research.

Ian Davis

Bladder Cancer:
The bladder cancer subcommittee is currently developing a new clinical trial: Sequential BCG and mitomycin C versus BCG alone in the treatment of non muscle invasive bladder cancer (NMIBC).

1. Sequential BCG and mitomycin C versus BCG alone in the treatment of non muscle invasive bladder cancer (NMIBC). This is a randomised trial which compares sequential treatment to the gold standard of BCG alone for NMIBC. We are currently applying for funding for the trial’s pilot phase. Ten centres around Australia have been identified to participate. If the pilot phase recruits well then the second, larger phase with many more centres will be implemented. This study is a first for ANZUP in that it involves early-stage disease and will be driven primarily at the surgical level. Input from the Correlative and Translational research subcommittee and the Quality of Life and Supportive Care subcommittee has been invaluable.

Other concepts are also under development for advanced urothelial cancer.

Manish Patel

Correlative and Translational Research:
The Correlative and Translational Research Committee has discussed new concepts and protocols in particular for the inclusion of circulating tumour cells within ANZUP clinical trials. The committee members collectively have expertise and facilities to support correlative cancer trials with a state of the art range of platform technologies which provides ANZUP the ability to include scientific studies for additional investigator proposed studies in the area of biomarkers and imaging and tumour sample propagation.

This year an increase in prostate cancer trial discussion and proposals should see the Correlative and Translational research increase with investigation of new hormonal interventions in advanced prostate cancer. Biomarkers, both molecular and imaging, to assist in decision making and surrogate endpoints within trials should enrich the forthcoming studies. These parallel processes allow key basic science questions to be answered in line with the clinical objectives. Both of these translational protocols are the subject of current and awarded grant applications. The committee will continue this activity, with research and future grant applications proposed for studies to enhance our understanding of disease processes and mechanisms of action of the interventions under investigation. We would like to heartily encourage ANZUP members to link correlative and translational research into their clinical studies.

Colleen Nelson
Quality of life and supportive care:
The Quality of Life and Supportive Care Committee continues to provide advice across the Group about these aspects of trial design. In addition a grant proposal was developed (described below) for a major piece of work on support for men with advanced prostate cancer. The grant was successful in the 2011 NHMRC grant round and will commence in 2012.

Living Well with Prostate Cancer: A Randomised Controlled Trial of a Mindfulness Intervention for Men with Advanced Prostate Cancer

Men with advanced prostate cancer face additional challenges to men with localised disease and report higher levels of psychological distress and poorer quality of life by comparison. The Living Well with Prostate Cancer project will look at ways to improve psychological adjustment outcomes for men with advanced prostate cancer. The project — led by Griffith University in collaboration with Cancer Council Queensland and ANZUP, with support from the PCFA consumer advocacy network — will trial a tele-based mindfulness-based cognitive group intervention for men with advanced prostate cancer. The group sessions will be facilitated by specially trained health professionals over 8 weeks and will be complemented by a participant workbook and other self-help materials. The randomised controlled trial will involve 190 men in QLD, NSW, VIC and WA, and men will be recruited through clinicians in each State. The project will provide important recommendations about effective ways to reduce the psychological distress men experience with advanced prostate cancer, and improve their quality of life. Living Well with Prostate Cancer was proposed and developed in 2011 and successfully obtained NHMRC funding commencing in 2012.

Suzanne Chambers

Consumer Advisory Panel:
The ANZUP Consumer Advisory Panel (CAP) continues to be involved at all levels of ANZUP. We have had a very busy year in particular, growing our CAP membership across the four major GU cancers we study. Some of our key areas of work include:

- Developing and updating the consumer portal of the website with resources and links to and from the ANZUP website;
- ANZUP consumers presented at the ANZUP/COSA ASM in November and this proved to be a most beneficial for consumers and clinicians;
- ANZUP CAP Chair - Chairing the Cancer Australia funded project “Enhancing Consumer Engagement in Clinical Cancer Research Project”. The project aims to develop a strategy for increasing consumer involvement through increased training, mentoring and collaboration;
- Expanding the membership of our CAP across the four cancers we study (prostate, kidney, bladder/urothelial and testicular) to ensure more effective consumer involvement with ANZUP research activities;
- ANZUP clinical trial information is continually being revised in consultation with CAP in order to make the information more accessible and relevant to their role;
- CAP updates are circulated through ANZUP newsletter Update;
- A teleconference was held with our new CAP members to discuss and plan for a face to face CAP educational workshop and an inaugural ANZUP Community Engagement Forum “A Little Below the Belt” 15 July. We are particularly grateful to Leonie Young, Chair ANZBCTG CAP, for her guidance in developing a CAP educational workshop program along with our Community Engagement Forum;

We are delighted to welcome our new members and look forward to working together to improve treatment of Bladder, Kidney, Testicular and Prostate Cancers.

John Stubbs
Acknowledgments

ANZUP Cancer Trials Group thanks and acknowledges the contribution of our many supporters, be they clinicians, companies or individuals. Together we will continue to work collaboratively to find new and better treatments for urogenital cancers and better outcomes for our community.

In memory of

Our thanks to Mrs. Helen Lane whose husband Warren died from Renal Cancer in Sydney earlier this year. In lieu of flowers Helen requested her family and friends donate to ANZUP.

We are also grateful to Prof John Tapsall’s colleagues and friends who made a donation to ANZUP in his memory.

We have obtained Deductible Gift Recipient status in all states and territories and are now able to seek donations from the community, corporate and philanthropic trusts. For anyone interested in donating to ANZUP, in lieu of flowers, we do have information brochures and donation envelopes available. Please don’t hesitate to contact us www.anzup.org.au or call (02) 9562 5033.

Community Support

Thank you also to all those who have generously donated to ANZUP over the past 12 months.

Volunteers

Volunteers play an important role in organisations like ours.

We are very grateful to Mrs Lesley Tinkler who has been a volunteer at ANZUP one day / week for the past 10 months. Lesley has provided invaluable administrative support to ANZUP’s secretariat.

We also welcomed Bernadette Crennan to our Finance and Audit Committee (FAC) in 2011. Bernadette is Director of Compliance at Nugents Pty Ltd. She has provided additional financial expertise and guidance to ensure we are compliant.

Earlier this year the ANZUP Board held a face to face meeting in Melbourne to discuss strategies around increasing revenue to ensure the sustainability of the organisation. We are very much indebted to Mr Trevor Back who generously donated his time and expertise to facilitate a most productive day.

Corporate Supporters

Over the past 12 months ANZUP has established a Corporate Supporters program. We are very pleased to be working with:

- **AMGEN**
  - Oncology
  - For more information: www.amgen.com

- **SANOFI**
  - For more information: www.sanofi.com.au

- **Pfizer Oncology**
  - For more information: www.pfizeroncology.com.au

- **IPSÉN**
  - For more information: www.ipsen.com.au

Commercial Partners

We are grateful to our commercial partners who provide discounted services to ANZUP

- **Designcycle** – ANZUP’s Graphic Designer – providing high quality design and exceptional service.
  - www.designcycle.net.au

- **PKF Australia** – ANZUP’s Auditors – delivering highly personalised audits, led by partners who stay involved throughout, supported by audit professionals with significant experience.
  - www.pkf.com.au

- **MIM Accounting** – MIM Accounting is an accounting firm based in Sydney Australia, committed to adding value to our clients’ business through high quality and innovative tax accounting and business management services.
  - www.mimaccounting.com.au

- **Newton Green Technologies** – ANZUP website developer – gathering and analysing all our requirements so the best solution can be provided.
  - www.newtongreen.com

We are very grateful to all our supporters - THANK YOU.
Presentations & Publications

Chapter


Conference presentations

Davis I. ANZUP trials. Clinical Oncological Society of Australia 38th Annual Scientific Meeting; 15–17 Nov 2011; Perth.


Houghton B, Stockler M, Chatfield M, Toner G, Davis I, Grimison P. Patterns of care for stage-1 testicular cancer in Australia in 2010. European Multidisciplinary Cancer Congress (ECCO); 23–27 Sep 2011; Stockholm.


Thomson D, Grimison P, Chatfield M, Stockler M, Toner G, Gebski V, Boland A, McDonald A, Oliver I. Phase 2 trial of aprepitant on days 1 to 7 for patients with germ cell tumors having cisplatin on days 1 to 5. Medical Oncology Group of Australia Annual Scientific Meeting; 10–12 Aug 2011; Adelaide.


Financial Report

ANZUP Cancer Trials Group Limited
ABN: 32 133 634 956

Annual financial report - 31 March 2012

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The directors of ANZUP Cancer Trials Group Limited (the company) submit their annual financial report for the year ended 31 March 2012.

Directors

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

Ian Davis (Chair)
Guy Toner (Deputy Chair)
Lizbeth Kenny (Treasurer)
Joe Esposito
Glenn Ferguson
Linda Martin
Henry Woo

Information on directors

Ian Davis MB, BS, PhD, FRACP, FACP. Chair.
Associate Professor Ian Davis is a medical oncologist and an NHMRC Practitioner Fellow working at Austin Health and the Ludwig Institute for Cancer Research (LICR) in Melbourne, where he is Head of the Uro-Oncology Laboratory. 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. A/Prof 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 executive. In January this year he was appointed Professor of Medicine and Head of Eastern Health Clinical School, Monash University and Eastern Health. Professor Davis took up his new role in a part-time capacity and will assume full responsibility from June 2012.

Guy Toner MBBS, MD, FRACP.
Associate Professor Guy Toner is a Consultant Medical Oncologist at Peter MacCallum Cancer Centre and Associate Professor of Medicine at the University of Melbourne. He is a graduate of the University of Melbourne and undertook sub-specialty training in medical oncology at the Alfred Hospital before spending 3 years at Memorial Sloan-Kettering Cancer Centre in New York, where he worked in the GU Service. He developed a special interest in testicular cancer while in New York and his research there formed the basis of his MD thesis. He returned to Melbourne to take up a full-time position at Peter Mac in 1990. His clinical and research interests include all urological cancers and he also has an interest in new drug development. 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. She 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.

Dr Kenny is a past President of The Royal Australian and New Zealand College of Radiologists. She has been awarded Honorary Memberships of The European Society of Radiology, The Radiological Society of North America and an Honorary Fellowship of The American College of Radiology and The British Institute of Radiology.
Joe Esposito
Mr Joe Esposito is a Melbourne director who has recently established a BOQ (Bank of Queensland) Owner - Manager Bank branch in the inner city suburb of Collingwood. Prior to this he was a management consultant and had over 20 years in corporate banking in Australia and New Zealand. He was also CEO of ASX listed Jetset Travelworld Limited between 2003 and 2006.

Mr Esposito has a close affinity with the objectives of ANZUP and the needs of consumers. He has Bachelor of Commerce and Master of Applied Finance degrees. He is a graduate member of the Australian Institute of Company Directors.

Glenn Ferguson
Mr Glenn Ferguson is a Solicitor of the High Court of Australia and the Supreme Court of Queensland. An experienced commercial and corporate lawyer he has acted in complex transactions and disputes for a range of clients both nationally and internationally. He is a past President of the Law Council of Australia the peak national body which represents the legal profession nationally and internationally. Past President of Lawasia the law association for Asia and the Pacific and a past president of the Queensland Law Society. He is also a Senior Counsellor with the Queensland Law Society and has previously chaired their professional standards committee. He 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.

Mr Ferguson is Chair of the College of Law Queensland and a member of the Federal Attorney Generals International Legal Services Advisory Council and the Immigration Ministers Advisory Board in relation to the regulation of migration agents.

The Queensland Premier selected him in 2004 to Chair Smart Exports Queensland. He has been appointed by both Federal and State Governments to various advisory boards and task forces in the legal, migration and business sectors.

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.

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

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

Henry Woo, MB BS (Syd), FRACS (Urol).
Associate Professor Henry Woo is a urological surgeon with a subspecialty practice in prostate disease. He is an Associate Professor at the Sydney Medical School of the University of Sydney and operates at Westmead Public Hospital and the Sydney Adventist Hospital. In his student days, he was a Board Director of the University of Sydney Union and an elected delegate of the Sydney University Student Representative Council and Producer of a Sydney University Medical Revue. He is currently the Convenor of the 2012 Annual Scientific Meeting of the Urological Society of Australia and New Zealand.

He is the only non-US/European member of the International Greenlight Users Group as well as the International Prostate Research Group. He is regularly invited to teach and perform live surgical demonstrations locally and abroad. He runs a busy clinical trials unit at the Sydney Adventist Hospital with studies in both prostate cancer and benign prostatic hyperplasia.
Henry Woo (Continued)

Associate Professor Woo has extensive experience in multicentre clinical trials, amongst which include being Principal Investigator of a study of lower urinary tract symptoms (LUTS) in men with advanced prostate cancer, Principle Investigator of Urolift treatment for LUTS due to BPH study, co-Chair of the Timing of Androgen Deprivation (TOAD) study and being on the Trial Management Committee of the RAVES study for prostate cancer. He is also a member of the Scientific Reference Committee of the Prostate Cancer Foundation of Australia.

Company Secretary

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

Meetings of Directors

During the year, six 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>6</td>
<td>6</td>
</tr>
<tr>
<td>Guy Toner</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Lizbeth Kenny</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Joe Esposito</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Glenn Ferguson</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Linda Martin</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Henry Woo</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

Principal activity

The principal activity of the company is to develop and conduct cancer research in urogenital and prostate cancers.

Objectives of the company

The short and long term 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; and
- 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 $193,133 (2011: $42,935).

At 31 March 2012, the company had net assets of $225,340 (2011: $32,207)
Changes in state of affairs

There were no significant changes in the state of affairs of the company during the year ended 31 March 2012.

Subsequent events

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

Future developments

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

Court proceedings

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

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

Environmental issues

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

Indemnification of officers and auditors

The company has paid premiums to insure each director against liabilities for costs and expenses incurred by them in defending any legal proceedings arising out of their conduct involving a wilful breach of duty in relation to the company. The amount of the premium paid during the period was $1,210.

Auditors’ independence declaration

A copy of the auditors’ independence declaration as required under section 307C of the Corporations Act 2001 is set out on page 6.

Signed in accordance with a resolution of Directors.

Ian Davis
Chairman
Sydney
31 May 2012
AUDITOR’S INDEPENDENCE DECLARATION

As lead auditor for the audit of ANZUP Cancer Trials Group Limited for the year ended 31 March 2012, I declare that to the best of my knowledge and belief there have been:

(a) no contraventions of the auditor independence requirements of the Corporations Act 2001 in relation to the audit; and

(b) no contraventions of any applicable code of professional conduct in relation to the audit.

PKF
Arthur Milner
Partner
Sydney
31 May 2012
ANZUP Cancer Trials Group Limited  
Statement of Comprehensive Income  
For the year ended 31 March 2012

<table>
<thead>
<tr>
<th>Notes</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Revenue</td>
<td>2</td>
<td>466,203</td>
</tr>
<tr>
<td>Employee benefits expenses</td>
<td></td>
<td>(117,642)</td>
</tr>
<tr>
<td>Administration expenses</td>
<td>3</td>
<td>(155,428)</td>
</tr>
<tr>
<td><strong>Net income for the year</strong></td>
<td></td>
<td>193,133</td>
</tr>
<tr>
<td><strong>Other comprehensive income</strong></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td><strong>Total comprehensive income</strong></td>
<td></td>
<td>193,133</td>
</tr>
</tbody>
</table>

The above statement of comprehensive income should be read in conjunction with the accompanying notes.
<table>
<thead>
<tr>
<th>Notes</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**Current assets**
- Cash and cash equivalents 4 190,623 105,195
- Trade and other receivables 5 73,565 1,541
- Total current assets 264,188 106,736

**Non-current assets**
- Office equipment 220 367
- Total non-current assets 220 367

**Total assets**
264,408 107,103

**Current liabilities**
- Trade and other payables 6 28,692 73,122
- Employee benefits 10,376 1,774
- Total current liabilities 39,068 72,896

**Total liabilities**
39,068 72,896

**Net surplus**
225,340 32,207

**Equity**
- Retained earnings 225,340 32,207

**Total equity**
225,340 32,207

The above statement of financial position should be read in conjunction with the accompanying notes.
## ANZUP Cancer Trials Group Limited
### Statement of Changes in Equity
#### For the year ended 31 March 2012

<table>
<thead>
<tr>
<th></th>
<th>Retained earnings/ (deficit)</th>
<th>Total equity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Balance as at 1 April 2010</strong></td>
<td>(10,728)</td>
<td>(10,728)</td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td>42,935</td>
<td>42,935</td>
</tr>
<tr>
<td><strong>Balance at 31 March 2011</strong></td>
<td>32,207</td>
<td>32,207</td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td>193,133</td>
<td>193,133</td>
</tr>
<tr>
<td><strong>Balance as at 31 March 2012</strong></td>
<td>225,340</td>
<td>225,340</td>
</tr>
</tbody>
</table>

The above statement of changes in equity should be read in conjunction with the accompanying notes.
ANZUP Cancer Trials Group Limited
Statement of Cash Flows
For the year ended 31 March 2012

<table>
<thead>
<tr>
<th>Notes</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from grants</td>
<td>132,675</td>
<td>411,648</td>
</tr>
<tr>
<td>Receipts from sundry income</td>
<td>155,216</td>
<td>21,263</td>
</tr>
<tr>
<td>Receipts from donations</td>
<td>56,289</td>
<td>20</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(258,752)</td>
<td>(344,529)</td>
</tr>
<tr>
<td><strong>Net cash inflow from operating activities</strong></td>
<td>85,428</td>
<td>88,402</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cash flows from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments for office equipment</td>
<td>-</td>
<td>(1,700)</td>
</tr>
<tr>
<td><strong>Net cash outflow from investing activities</strong></td>
<td>-</td>
<td>(1,700)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net increase in cash and cash equivalents</strong></td>
<td>85,428</td>
<td>86,702</td>
</tr>
<tr>
<td>Cash and cash equivalents at the beginning of the year</td>
<td>105,195</td>
<td>18,493</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at the end of the year</strong></td>
<td>190,623</td>
<td>105,195</td>
</tr>
</tbody>
</table>

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

Reporting basis and conventions

This financial report is a general purpose financial report which has been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements, including the Australian Accounting Interpretations and other authoritative pronouncements of the Australian Accounting Standards Board and the Corporations Act 2001.

This financial report covers ANZUP Cancer Trials Group Limited (the company) as an individual entity for the year ended 31 March 2012. The company is limited by guarantee and is incorporated and domiciled in Australia.

Early adoption of standards

The company has elected to apply the following pronouncements to the annual reporting period beginning 1 April 2010:

AASB 1053: Application of Tiers of Australian Accounting Standards and AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements.

Historical cost convention

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

Accounting policies

(a) Going concern

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

(b) Income tax

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

(c) Revenue recognition

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

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

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

(d) Cash and cash equivalents

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

(e) Employee benefits

Provisions are measured at the present value of management’s best estimate required to settle the present obligation at the reporting date. The discount rate used to determine the present value reflects current market assessments of the time value of money and the risks specific to the liability. The increase in the provision due to the passage of time is recognised as interest expense.
Note 1. Summary of significant accounting policies (continued)

(f) 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.

(g) New accounting standards issued but not yet effective

The following standards, amendments to standards and interpretations have been identified as those which may impact the company in the period of initial application. They are available for early adoption at 31 March 2012, but have not been applied in preparing these financial statements.

(i) AASB 2011-4: Amendments to Australian Accounting Standards to Remove Individual Key Management Personnel Disclosure Requirements [AASB 124] (effective for reporting periods beginning 1 July 2013).

(ii) AASB 2010-7: Amendments to Australian Accounting Standards arising from AASB 9 (December 2010) [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 & 1038 and Interpretations 2, 5, 10, 12, 19 & 127] (effective for reporting periods beginning 1 Jan 2013).

The company intends to apply the new standards and interpretations from the effective dates. The company is yet to assess any potential impact on the financial statements.

Note 2. Revenue

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants income</td>
<td>231,259</td>
<td>241,451</td>
</tr>
<tr>
<td>Donations</td>
<td>56,289</td>
<td>20</td>
</tr>
<tr>
<td>Donations Honorariums</td>
<td>21,701</td>
<td>5,835</td>
</tr>
<tr>
<td>Corporate Supporter Program</td>
<td>30,800</td>
<td>-</td>
</tr>
<tr>
<td>Annual Scientific Meeting</td>
<td>92,291</td>
<td>-</td>
</tr>
<tr>
<td>Sundry income</td>
<td>33,863</td>
<td>16,969</td>
</tr>
<tr>
<td></td>
<td><strong>466,203</strong></td>
<td><strong>264,275</strong></td>
</tr>
</tbody>
</table>
Note 3. Administration expenses

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant funding</td>
<td>$69,000</td>
<td>$52,088</td>
</tr>
<tr>
<td>Consulting fees</td>
<td>$16,464</td>
<td>$48,000</td>
</tr>
<tr>
<td>Legal fees</td>
<td>$1,000</td>
<td>$20,534</td>
</tr>
<tr>
<td>Trademark fees</td>
<td>$1,353</td>
<td>-</td>
</tr>
<tr>
<td>Information technology</td>
<td>$1,371</td>
<td>$15,069</td>
</tr>
<tr>
<td>Insurance</td>
<td>$10,517</td>
<td>$11,564</td>
</tr>
<tr>
<td>Travel and accommodation</td>
<td>$9,618</td>
<td>$4,367</td>
</tr>
<tr>
<td>Catering and conference</td>
<td>$8,072</td>
<td>-</td>
</tr>
<tr>
<td>Telephone and teleconferencing charges</td>
<td>$4,640</td>
<td>$1,613</td>
</tr>
<tr>
<td>Rent and IT Support</td>
<td>$10,861</td>
<td>$8,245</td>
</tr>
<tr>
<td>Depreciation</td>
<td>$147</td>
<td>$1,333</td>
</tr>
<tr>
<td>Sundry expenses</td>
<td>$22,385</td>
<td>$24,874</td>
</tr>
<tr>
<td></td>
<td><strong>$155,428</strong></td>
<td><strong>$187,687</strong></td>
</tr>
</tbody>
</table>

Note 4. Current assets - cash and cash equivalents

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at bank</td>
<td>$190,623</td>
<td>$105,195</td>
</tr>
</tbody>
</table>

Note 5. Current assets - trade and other receivables

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade receivables</td>
<td>$24,063</td>
<td>-</td>
</tr>
<tr>
<td>Other receivables</td>
<td>$918</td>
<td>$1,541</td>
</tr>
<tr>
<td>Accrued revenue from Cancer Australia</td>
<td>$48,584</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td><strong>$73,565</strong></td>
<td><strong>$1,541</strong></td>
</tr>
</tbody>
</table>

Note 6. Current liabilities - trade and other payables

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accruals</td>
<td>$28,692</td>
<td>$23,122</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>-</td>
<td>$50,000</td>
</tr>
<tr>
<td></td>
<td><strong>28,692</strong></td>
<td><strong>73,122</strong></td>
</tr>
</tbody>
</table>

Note 7. Remuneration of auditors

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

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit of the financial report</td>
<td>$3,600</td>
<td>$3,500</td>
</tr>
<tr>
<td>Other services - assistance with preparation of the financial report</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td></td>
<td><strong>5,600</strong></td>
<td><strong>5,500</strong></td>
</tr>
</tbody>
</table>
Note 8. Key management personnel disclosures

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

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key management personnel compensation</td>
<td>117,642</td>
<td>-</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net income for the year</td>
<td>193,133</td>
<td>42,935</td>
</tr>
<tr>
<td>Depreciation</td>
<td>147</td>
<td>1,333</td>
</tr>
<tr>
<td>Change in operating assets and liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Increase)/decrease in trade and other receivables</td>
<td>(72,024)</td>
<td>172,083</td>
</tr>
<tr>
<td>Increase/(decrease) in trade and other payables</td>
<td>(44,430)</td>
<td>(127,995)</td>
</tr>
<tr>
<td>Increase/(decrease) in employee benefits</td>
<td>8,602</td>
<td>46</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>85,428</td>
<td>88,402</td>
</tr>
</tbody>
</table>

Note 10. Related party transactions

Key management personnel

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

Transactions with related parties

During the financial year the Directors donated $21,701 (2011: $5,835) of Honorariums to the company.

Receivable from and payable to related parties

There were no trade receivables, trade payables or loans to or from related parties as at year end (2011: nil).

Note 11. After balance date events

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

Note 12. Contingent liabilities and capital commitments

The company has no contingent liabilities or capital commitments as at year end (2011: nil).

Note 13. Members’ guarantee

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

At 31 March 2012, the number of members was 429 (2011: 236)
Note 14. Economic dependence

The company is dependent on funding from Cancer Australia for the majority of its revenue used to operate the business. At the date of this report, the Directors have no reason to believe that Cancer Australia will not continue to provide funding.

Note 15. Company details

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

Level 4, Medical Foundation Building
92-94 Parramatta Road
Camperdown NSW 2050
In the directors’ opinion:

- the attached financial statements and notes comply with the Corporations Act 2001, the Australian Accounting Standards - Reduced Disclosure Requirements, the Corporations Regulations 2001 and other mandatory professional reporting requirements;

- the attached financial statements and notes give a true and fair view of the company’s financial position as at 31 March 2012 and of its performance for the year ended on that date; and

- there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of directors made pursuant to section 295(5) of the Corporations Act 2001.

Ian Davis
Chairman

Sydney
31 May 2012
INDEPENDENT AUDITOR’S REPORT
TO THE MEMBERS OF ANZUP CANCER TRIALS GROUP LIMITED


We have audited the accompanying financial report of ANZUP Cancer Trials Group Limited (the company), which comprises the statement of financial position as at 31 March 2012, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors’ declaration.

Directors’ Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the Corporations Act 2001 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that 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 entity’s preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001.
**Basis for Qualified Opinion**

For the year ended 31 March 2012, the company recognised revenue of $67,291 being its share of the net profits relating to the Annual Scientific Meeting.

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 Annual Scientific Meeting prior to entry into its financial records. Accordingly, as the evidence available to us regarding the share of the net profits relating to the Annual Scientific Meeting was limited, our audit procedures with respect to the share of the net profits relating to the Annual Scientific Meeting had to be restricted to the amounts recorded in the financial records. We therefore are unable to express an opinion whether the share of the net profits relating to the Annual Scientific Meeting recorded is complete.

**Qualified Conclusion**

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

(i) giving a true and fair view of the company’s financial position as at 31 March 2012 and of its performance for the year ended on that date; and

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

PKF

Arthur Milner
Partner

31 May 2012
Sydney