ANNUAL REPORT

Making a difference to the lives of people affected by bladder, kidney, testicular and prostate cancers
The Directors of ANZUP Cancer Trials Group Limited (“ANZUP”) are pleased to submit the Annual Report for 2017

ANZUP Cancer Trials Group Limited

Registered Office
Level 6
Lifehouse Building
119-143 Missenden Road
Camperdown NSW 2050

T: +61 2 9562 5042
F: +61 2 9562 5008
www.anzup.org.au
@ANZUPtrials

ACN 133 634 956
ABN 32 133 634 956

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

<table>
<thead>
<tr>
<th>INDEX</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman's Report</td>
<td>4</td>
</tr>
<tr>
<td>CEO Report</td>
<td>6</td>
</tr>
<tr>
<td>Partnerships and Collaborations</td>
<td>14</td>
</tr>
<tr>
<td>2016-17 Highlights</td>
<td>16</td>
</tr>
<tr>
<td>Achievements</td>
<td>18</td>
</tr>
<tr>
<td>Mission and Objectives</td>
<td>18</td>
</tr>
<tr>
<td>ANZUP History</td>
<td>23</td>
</tr>
<tr>
<td>Organisational Chart</td>
<td>24</td>
</tr>
<tr>
<td>Governance Structure</td>
<td>25</td>
</tr>
<tr>
<td>Committees</td>
<td>26</td>
</tr>
<tr>
<td>Research Highlights</td>
<td>27</td>
</tr>
<tr>
<td>2016 ASM Report</td>
<td>34</td>
</tr>
<tr>
<td>Grants Awarded</td>
<td>39</td>
</tr>
<tr>
<td>Participating Centres</td>
<td>40</td>
</tr>
<tr>
<td>Publications and Presentations</td>
<td>42</td>
</tr>
<tr>
<td>Financial Report</td>
<td>43</td>
</tr>
</tbody>
</table>
On behalf of the ANZUP Board I am pleased to provide this report of ANZUP’s activities over the last year.

ANZUP aims to improve outcomes for our patients and their families, through research, education, and provision of support. We exist to generate new evidence from clinical trials, based on a clear understanding of the clinical needs and of the scientific state of the art.

Once again ANZUP has had a very active year and has achieved many of the goals it has set for itself in the Strategic Plan. The Strategic Plan itself was updated early in 2016 and is linked to an operational plan with clearly defined goals, milestones, and achievable and measurable outcomes. This will inform our activities and priorities for the next several years. In broad terms, we will expand and diversify our clinical trials portfolio; improve engagement with stakeholders inside and outside the organisation; develop sustainable and innovative funding strategies; and broaden our profile and that of genitourinary cancers and clinical trials in general. Our operational plan is linked to these broad priority areas and lists specific achievable goals and measurable milestones. The Board is confident that this will assist us in reaching our goals.

Our activities in broad terms have been as follows:

1. Clinical trials

ANZUP has active clinical trials in all of its disease types, covering various points in the courses of these diseases and involving as many disciplines as possible. We have achieved a significant milestone this year with completion of recruitment to the 1100-patient ENZAMET trial, by far the largest trial ANZUP has yet done and involving international collaborators in Canada, Ireland, UK and USA. We have held full-day Concept Development Workshops for each of our disease-specific subcommittees and these have been highly successful, with several concepts moving on for further development and funding support. The Board is committed to supporting investment of ANZUP resources in the Concept Development Workshops and other processes to support research.

A key initiative this year was the agreement between ANZUP and the Prostate Cancer Foundation of Australia for joint fundraising activities specifically to support clinical trials. This idea has been a long time in the making and it is fantastic to partner with PCFA on such an important initiative. Concepts were presented at the Prostate Concept Development Workshop and an exciting and timely proposal to study 177Lu-PSMA therapy was chosen to proceed. The agreement with PCFA also cements their relationship with the Annual Scientific Meeting (ASM) as Platinum Sponsor, and facilitates the prostate cancer specialist nurse symposium held concurrently at the ASM.

ANZUP has also established and continued to grow other key links, including new relationships with other cooperative trials groups and networks such as Cancer Trials Ireland, EORTC, Alliance, PCCTC and Hoosier. We continue to look to form new connections with other groups with which we can work productively.

2. Fundraising and promotion

ANZUP receives valuable infrastructure funding from Cancer Australia but must raise funds for every other aspect of our work. Marketing and Communications Manager Lucy Byers joined our team in 2016 and has continued to grow our very successful fundraising initiatives. The ANZUP ASM is a
major source of revenue for us and helps to support most of our operations. Our next biggest fundraising initiative is the Below the Belt Pedalthon, held once again in Sydney in September. The Board has continued its commitment to direct the entire revenue from the Pedalthon into supporting research projects particularly those likely to lead to future ANZUP trials. Other fundraising occurs through links to Everyday Hero for various events such as fun runs; and day to day donations of all sizes generously provided by our patients, their families, or our members. We do not take this for granted and we are deeply grateful to everyone who contributes both financially and in-kind to all that we do.

3. Education and mentorship

The ANZUP ASM has cemented itself as the leading multidisciplinary genitourinary cancer conference in our region and arguably in this hemisphere. ANZUP with the help of its ASM sponsors and corporate partners has provided funds to support travel to and attendance at the ASM for our multidisciplinary membership. Along with the main conference program we also support the PCFA/ANZUP Nurses Symposium, MDT Masterclass, Consumer Advisory Panel (CAP) Education Session, Community Engagement Forum, investigator meetings, an Evening Symposium, various breakfast meetings and other activities. The ASM is both exhausting and exhilarating! We have supported the Best of GU symposia, at which key highlights of genitourinary cancer research in the previous year have been presented. We have also held the second ANZUP GU Preceptorship in prostate cancer, which once again was highly in demand from delegates and delivered an outstanding program and close interaction between delegates and preceptors. We have also been strongly represented at other meetings such as USANZ, TROG, FROGG, ASCO and others.

4. Fellowships and grants

The current funding landscape is challenging especially for “people support,” to provide quarantined time for clinician-researchers in genitourinary cancer research. Funds from the Below the Belt Pedalthon provide support for some, and we have also partnered with Tolmar, Astellas and Janssen to provide other substantial fellowships. We look forward to continuing these highly successful initiatives.

5. Internal group functions

Our calendar is very full of activities relating to our various subcommittees and other meetings as described above. The Scientific Advisory Committee (SAC) provides a balanced multidisciplinary core to ensure we have a broad view of the clinical needs but also a clear focus on the relevant science. Our four disease-specific subcommittees (Prostate, Renal, Bladder and Germ Cell) and two non-disease-specific subcommittees (Translational Research and Quality of Life and Supportive Care) generate the ideas that go on to become our trials. Our CAP, with its dedicated members, provides input at every level of the organisation and we are very grateful for this donation of their time. I would also like to acknowledge the expert advice and support that is donated to us by our directors in terms of financial, corporate and legal expertise.

ANZUP is of course a not-for-profit company limited by guarantee and the Board and its directors are very mindful of their responsibilities under the Acts (Corporations Act 2001 and Australian Charities and Not-for-profits Commission Act 2012). Our management team provides outstanding support as we discharge these responsibilities. ANZUP is registered as a charity in all Australian states and territories and is currently investigating processes for registration in New Zealand so that we can undertake fundraising and reinvestment there also.

6. Membership

It is very gratifying that people continue to see the need for and value of ANZUP. Our membership continues to grow rapidly and as at 31 March 2017 stands at 1,151. Even more important than this sheer critical mass is that new people are becoming involved in the subcommittees, SAC, CAP and other ANZUP activities. This continued injection of fresh ideas and enthusiasm continues to keep ANZUP youthful even as we approach the advanced age of our ninth year of existence. I paused as I wrote that to reflect just how far we have come in such a short time.

The Board is committed to careful and strategic growth of our organisation while ensuring that our key objectives are met. You will see from this Annual Report that we remain in a strong financial position and that we are continuing to reinvest our resources in the group. We have some way to go to reach our next aspirational targets of greater independence from conventional funding sources but we believe we are well on track for that.

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

I commend to you this 2017 Annual Report of ANZUP Cancer Trials Group.

Ian Davis
Director and Chair of the ANZUP Board
ANZUP has achieved a number of milestones over the past 12 months, in what has been a period of significant growth and activity for the organisation. We have seen an increase in the number and diversity of our clinical trials across all the cancers we represent, the continued building of our national and international collaborations, the expansion of education and mentoring opportunities for the next generation of clinical researchers, all while growing our engaged membership and supporting and promoting the activities of our SAC, Subcommittees and CAP.

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

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

Thanks to all of our members for the enormous contribution you make towards the ongoing success of ANZUP. In April 2016, we welcomed our 1,000th member, a significant milestone. We are very fortunate to have such a passionate and talented group of individuals working with us to make a difference in the lives of people affected by GU cancers.

Strategic and Business Planning

ANZUP continues to make progress against the priorities and goals laid out in the ‘2016-18 Strategic Plan’. The five major priorities that guide our research, fundraising and operational activities include:

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

These priorities provide the framework for ANZUP’s Operational Plan. In early 2017, ANZUP staff attended a strategic planning session with an external facilitator to discuss our progress against goals outlined in the Operational Plan, in particular looking at how we can track and measure deliverables and outcomes. This was a valuable session for all to take stock of the significant progress that’s already been made whilst acknowledging there is still much work to be done.

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

ANZUP Meetings

ANZUP Board, Finance and Audit Committee, Fundraising and Promotion Subcommittee, Operations Executive, SAC, SAC subcommittees, CAP and Trial Management Committees (TMC) held regular scheduled meetings and teleconferences throughout the year.
MEMBERSHIP

NUMBER OF MEMBERS
As of 31 March 2017 – ANZUP’s membership has grown to 1,151 members which is an increase of 16% since last year.

MEMBERSHIP DISTRIBUTION
BY STATE/TERRITORY
IN AUSTRALIA:

NEW ZEALAND:

REST OF THE WORLD:
Belgium: 2
Canada: 4
China: 1
Ireland: 2
Singapore: 1
United Kingdom: 3
United States: 5

BUILDING OUR MULTIDISCIPLINARY MEMBERSHIP

- Medical Oncologist 211
- Clinical Trials Coordinator 179
- Registered Nurse 146
- Urologist 142
- Trainee 121
- Radiation Oncologist 103
- Allied Health 59
- Scientist 54
- Psychologist 21
- Supportive care 19
- Fellows 15
- Pathologist 13
- Consumer Advocacy 12
- Epidemiologist 9
- Pharmacist 8
- Statistician 8
- Students 8
- Nuclear medicine 7
- Radiologists 3
- Health economics 3
- Endocrinologist 3
- Medical Physics 2
- Anaesthetist 2
- Surgeon 2
- General Practitioner 1
Performing clinical trials is often slow and always expensive. To date, ANZUP has received vital infrastructure funding from the Australian government through Cancer Australia. This funding is welcome but each clinical trial requires independent funding. We rely on grants from various sources to fund our trials. Our goal is to develop sustainable and innovative funding that allows us to initiate trials and support funding applications more effectively.

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

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

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

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

Staffing

Over the last 12 months we have seen some changes in the ANZUP team.

In May, we welcomed Lucy Byers as Marketing and Communications Manager at the level of 0.8 FTE. Lucy has worked in strategic and operational marketing positions for over 13 years, and has brought a wealth of knowledge and experience with her to ANZUP. She has already contributed enormously to the further development of our Pedalthon event, the consumer magazine ‘A little below the belt’ and continues to work closely with our partners and corporate supporters.

In September we also welcomed our new full time Executive Assistant, Christine Garforth. Christine came to us with over 25 years’ experience working as a Director across all business activities of a wholesale and retail business. Her organisational skills make her an invaluable support to me and ANZUP in the day to day support of the ANZUP office and our multiple meetings / research activities. Our thanks to Jade Lor Chan who left ANZUP to take up a position at CTC in August.

In January 2017, we were delighted to welcome our new Internal Communications and Project Manager, Nina Olle at the level of 0.8 FTE. Nina comes from a media background, and has worked in media and communications roles for the past 10 years, most recently in healthcare. Nina will lead the work in developing and implementing our communication strategy across all of our initiatives to members and key stakeholders. She also has responsibility for our clinical trials newsletter Update, Annual Report, website and social media channels. Nina replaced Andrew ‘AJ’ Tennant who we said goodbye to in December. We thank AJ for his contributions to ANZUP.

The Board also supported the appointment of a new role in early 2017 – a Communications Officer (0.6 FTE) to support the Communications Managers in the implementation of the ANZUP’s marketing and communication’s functions and activities. Gillian Bailey joined us in this newly created position in March 2017, after living and working in communications roles in London for 10 years.

Anne Woollett, our dedicated Clinical Trials Project Manager (0.6FTE) continues to support ANZUP’s expanding clinical trials portfolio.

I am grateful to our small team of dedicated staff and fantastic volunteers (Lesley Tinker and Jo Stubbs) who work so hard to support our membership and ANZUP’s expanding clinical trial research activities.
Education and Mentoring

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

We held our highly successful MDT Masterclass involving a series of interactive case-based discussions that covered the major urological cancers. These included aspects of medical management and supportive care across disciplines, as well as clinical, psychosocial and translational research. It was once again voted as a highlight of the meeting by many and was “masterfully” co-ordinated by Shomik Sengupta and Carmel Pezaro. A big thank you to all the various panel chairs and experts for making the Masterclass such a success. We thank and acknowledge Janssen for their ongoing support hosting the MDT Masterclass.

We held the inaugural PCFA ANZUP Nurse’s Session where we were treated to leading academic Nurses from around Australia and New Zealand. A highlight was our international guest John Oliffe who gave an inspirational message of how our dedicated and talented Nurses can be involved in clinical trials and research.

As a consequence of our fundraising efforts we have been able to roll out face-to-face full-day concept development workshops across all of our subcommittees to encourage trial development.

Following the success of our inaugural Preceptorship in 2015, ANZUP held its second GU Preceptorship in Prostate Cancer in August 2016. The Preceptorship is a multidisciplinary interactive learning model developed by A/Prof Eva Segelov that covers landmark clinical trials in specific cancers, with mentorship from experts in the field. It is designed to aid trainees and junior consultants in understanding the evolution of management and evidence behind contemporary clinical practice. The Preceptorship complements the existing educational platform and creates an environment that fosters discussion and networking with senior colleagues.

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

Education and mentoring continue to be a large focus for ANZUP as evidenced in our Achievements on page 18.
Community Engagement

Engaging directly with people who have been affected by urogenital cancers is hugely important to the work we do. We are fortunate at ANZUP to have a very active CAP who provide a consumer perspective on general research directions and provide input into our clinical trials from conception through to development. The CAP also acts as a conduit for communication from ANZUP back to the community to promote research and community support.

We hosted our annual CAP education session to increase knowledge and understanding of clinical trials research and exploring opportunities to further enhance the involvement of consumers in all aspects of our research programs.

Our CAP continues to take part in other key ANZUP activities such as Concept Development Workshops. We thank Belinda Jago, CAP Chair, and Ray Allen, Deputy Chair, along with all the members for their ongoing contributions to ANZUP, representing the ‘consumer voice’. Informing the general public about who ANZUP is and the importance of clinical trial research is another key component of the organisation’s community engagement strategy.

We hosted our annual free Community Engagement Forum in July which was enthusiastically supported by a large number of patients, survivors, family, friends and general members of the Brisbane community. This forum is an important conduit for us to provide information to the public regarding ANZUP and ANZUP led trials, why clinical trials are important and how we as Medical, Nursing and Allied Health professionals are trying to improve outcomes for our patients. Once again feedback on the session was overwhelmingly positive. Plans are underway to host our 6th Community Forum in Melbourne, July 2017.

The Friends of ANZUP is a new initiative connecting a community of people whose lives have been impacted by prostate, kidney, bladder or testicular cancers.

Members of Friends of ANZUP will receive information about the benefits of clinical trials and how to access them, research conducted by ANZUP, access to the consumer magazine, and resources to help those living with prostate and urogenital cancers.

We continue to publish our consumer magazine A little below the belt. This publication provides our community with accessible and accurate information on the work that ANZUP undertakes. It was very pleasing to see the feedback received through our recent Member Survey that 92% of respondents see the consumer magazine as a valuable resource for their patients/consumers. The magazine is available on our website and is distributed to all cancer centres. Please don’t hesitate to contact me directly or the ANZUP office (02) 9562 5042 should you be interested in accessing additional hard copies to have available at your cancer centre or private rooms.

Data and Quality

It has been another productive year for ANZUP trials with all sites now activated on the Trus B, P3BEP and BL12 studies. The BL12 study recently closed to recruitment as the international target of 199 patients was achieved earlier than anticipated. ANZUP contributed 39 ANZ patients to the overall recruitment. The ENZAMET study closed to recruitment in March 2017 with final recruitment being 1100. International collaborations continue on the P3BEP with COG and Cambridge Clinical Trials Units, UK actively working in getting the study activated in the USA and UK. It is anticipated that there will active sites in both these regions by the end of 2017. The IDSMC have reviewed the progress on 3 ANZUP studies P3BEP, ENZAMET and ENZARAD and recommendation was made that the studies continue as planned.

Communications and Marketing

Communication – both with our members and the general public – is vital to supporting ANZUP in its mission to conduct clinical trial research to improve treatment of bladder, kidney, testicular and prostate cancer.
The ANZUP website (www.anzup.org.au) continues to play a major role in our communications with members and the broader public. Website analytics show that in the past year we have increased our website sessions by 21% and visitors are spending more 60% more time on the site, across a greater number of pages per session. This increased engagement with the site is very positive to see.

Twitter continues to be an invaluable tool for communicating with our members, the public and media. During the past year we have increased our followers by 15% and the ASM made over 1.2 million twitter impressions in three days. See page 12 for the results of our member survey on ANZUP communications.

We also continue to engage with traditional media. In September 2016, Studio 10 on Channel 10 featured the Below the Belt Pedalthon, with video footage of the 2015 event, details, as well as recognition to Simon and ANZUP celebrating their 3rd year. ANZUP also reached out to the general public about our Community Engagement Forum through a radio and local newspaper campaign with support from Bloke agency. We also maintained our partnership with The Saturday Paper.

ANZUP continue to provide our members with three UPdate newsletters throughout the year and two consumer magazines - A little below the belt.

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

Our major fundraising event the Below the Belt Pedalthon continues to grow from strength to strength. Once again, Simon Clarke and his family’s extraordinary determination and commitment with enormous support from Lucy Byers, the ANZUP staff and team of volunteers – ensured the Pedalthon was a huge success in 2016. To Simon, his family and friends, along with our fabulous riders and donors, we say “thank you”. As a result of your efforts, an incredible $300,000 was raised from the Pedalthon. This means the Below the Belt Research Fund has more than doubled its funding pool to support important investigator led studies in GU cancers. We look forward to announcing this year’s successful projects at the 2017 ASM.
2017 Member Survey

In early 2017, ANZUP members were invited to participate in a survey on ANZUP communications. Here are the key findings of the survey.

**RESPONDENTS PROFILE**

- **18%** MEDICAL ONCOLOGISTS
- **18%** RNs
- **11%** UROLOGISTS
- **9%** CLINICAL TRIAL COORDINATORS
- **18%** OTHER

**REFERRAL**

- **92%** WOULD RECOMMEND ANZUP MEMBERSHIP TO OTHERS
- **80%** WOULD ENCOURAGE PATIENTS/CONSUMERS TO JOIN THE FRIENDS OF ANZUP PROGRAM

**COMMUNICATION**

- **97%** RATE ANZUP AS COMMUNICATING MODERATELY TO VERY EFFECTIVELY
- **94%** BELIEVE THEY ARE GETTING THE RIGHT AMOUNT OF INFORMATION
- **82%** SAY COMMUNICATION FROM ANZUP IS MOSTLY TO ALWAYS RELEVANT
CONTENT

CONTENT OF MOST INTEREST TO MEMBERS:

- TRIAL UPDATES
- PROFESSIONAL DEVELOPMENT
- AWARDS/SCHOLARSHIPS/GRANTS
- MEETING INFORMATION
- LATEST MEDICAL NEWS
- UPDATE NEWSLETTER

CONSUMER MAGAZINE – ‘A LITTLE BELOW THE BELT’

"A great quality magazine with interesting content"

92%

SEE THE CONSUMER MAGAZINE AS A SOMEWHAT VALUABLE OR ABSOLUTELY VALUABLE RESOURCE FOR THEIR PATIENTS/CONSUMERS

WEBSITE

MOST POPULAR SECTIONS:

- ANZUP CLINICAL TRIALS
- CALENDAR OF EVENTS
- MEMBER ONLY RESOURCES

ANZUP EVENTS

59%

HAD ATTENDED AN
ASM

"ANZUP events are some of the most organised, well run events. Good choice of topics; speakers; inclusive; up to date"
PARTNERSHIPS AND COLLABORATIONS

Australian/New Zealand Partnerships and Collaborations

ANZUP is proud of its collaborations and relationships with a wide range of research organisations.

Prostate Cancer Foundation of Australia (PCFA)

In March 2016 ANZUP and the Prostate Cancer Foundation of Australia (PCFA) signed a formal agreement to improve access to clinical trials, pledging to work together to raise $1.5 million over three years to fund prostate clinical trials. Thanks to this partnership grant, ANZUP and PCFA are set to launch a landmark prostate cancer trial together in the second half of 2017.

In addition, PCFA will continue to be a Platinum Sponsor of the ANZUP Annual Scientific Meeting and will host PCFA’s annual Prostate Cancer Specialist Nursing Conference in conjunction with the ASM.

We are most grateful to PCFA’s Chairman Mr Jim Hughes AM and CEO Associate Professor Anthony Lowe for their efforts in progressing this exciting new initiative.

Cancer Cooperative Trials Groups (CCTGs)

As well as running co-badged trials with other CCTGs, ANZUP is also a member of the Executive Officers Network (EON), which provides a forum for sharing resources and ideas that builds stronger links between the CCTGs. From this network, we have also established a Clinical Trials Consumer Network (CTCN).

NHMRC Clinical Trials Centre (CTC) at the University of Sydney

ANZUP collaborates with CTC to conduct a number of our clinical trials to achieve quality processes on trial development and operations. We value the close working relationship we have with CTC and acknowledge and thank staff at CTC.

Centre for Biostatistics and Clinical Trials (BaCT) at Peter MacCallum Cancer Centre

We have also established a collaboration with BaCT to coordinate two of our ANZUP studies – a Muscle Invasive Bladder Cancer (PCR-MIB) study; and a newly funded non-clear cell renal carcinoma study (UNiSoN). Based at Peter Mac, BaCT provides and coordinates statistical, regulatory and informatics support in the design, planning, conduct, analysis and reporting of clinical research studies.

International Partnerships and Collaborations:

- Alliance for Clinical Trials in Oncology
- Canadian Cancer Trials Group
- Cancer Trials Ireland
- Children’s Oncology Group (COG)
- European Organisation for Research and Treatment of Cancer (EORTC)
- Dana Faber Cancer Institute
- Medical Research Council (MRC) UK
- Prostate Cancer Clinical Trials Consortium (PCCTC)

Other key relationships

- Australian Clinical Trials Alliance (ACTA)
- Cancer Australia
- Clinical Oncology Society of Australia (COSA)
- USANZ
- Cancer Councils
- Movember
- Kidney Health Australia
CORPORATE SUPPORTERS

We are very fortunate to have our corporate supporters and partners who enable ANZUP to better support our members and, ultimately, patients and their families. Our 2016/17 corporate supporters include:

Astellas, AstraZeneca, Bayer, Bristol-Myers Squibb, Ipsen, Janssen, Novartis, Sanofi, and Tolmar Australia.

KIND-IN-KIND

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

Active Display Group, Air New Zealand, Bloke, Ferguson Cannon Lawyers and The Saturday Paper.
ANZUP 2016/17 Highlights

NUMBER OF PATIENTS ON OUR TRIALS
TOTAL OF 1,994

Below the Belt
PEDALTHON
RIDING FOR UROGENITAL CANCERS

18% 49 TEAMS 299 RIDERS

Funds Raised $300K

STAFF
4.8 FTE STAFF
FROM 3.4

CORPORATE SUPPORTERS
9 PHARMA
5 NON-PHARMA

PCR-MIB 0
PAIN-Free TRUS B 63
BL12 197
ENZARAD 442
ENZAMET 1,125
P3BEPE 36
BCGMM 104
NMIBC-SI Evaluation 18
FASTTRACK II 9

NOW OPEN
ANZUP 2016 Highlights

AWARDS AND GRANTS

- **Up to $445,000**
  - Below the Belt Research Fund
- **$60,000**
  - Tolmar Fellowship
- **$10,000**
  - Astellas Young Investigator of the Year
- **12**
  - ANZUP Trial Coordinator Scholarships
- **26**
  - ANZUP/Bayer Travel Fellowships

EVENTS

- **ASM 2016 Attendees**
  - 297
- **ASM Abstracts**
  - 57
- **Community Engagement Forum Attendees**
  - 80
- **Best of GU Evening Symposium Attendees**
  - 70
- **GU Preceptorship in Prostate Cancer Attendees**
  - 54
  - 13%
- **2016 Concept Development Workshops**
  - 85
  - 29
  - (Across Prostate, Renal, Germ Cell & Bladder)
  - Concepts Presented

COMMUNICATIONS

- **ANZUP Website**
  - 130,874 Total Page Views
- **ANZUP Clinical Newsletters**
  - 3
- **Consumer Magazines**
  - 2
- **Twitter Followers**
  - 1,325
- **ASM Twitter Impressions**
  - 1,220,000
ACHIEVEMENTS

Our Mission:

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

Progress against our Strategic Plan 2016-2018 Objectives:

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

In the last year, ANZUP has had seven active clinical trials (and two co-badged studies) running in 133 centres in every state in Australia, as well as in New Zealand and internationally. All up, 1,994 patients have taken part in these trials.

We continue to conduct trials across all urogenital cancers with two renal cell cancer trials now funded and due to commence recruitment in the second half of 2017. We have also reached some key trial milestones this year with the ANZUP led international ENZAMET trial reaching its recruitment target of 1,100 patients from 83 participating sites across Australia, New Zealand, the USA, Canada, Ireland and the UK.

Our annual Consumer Engagement Forum - A little below the belt continues to provide the general public with the opportunity to hear from an experienced team of researchers about the importance of ANZUP and clinical trials in improving treatment and outcomes for people with urogenital cancers. In July 2016, we again had great attendance and a highly engaged audience at our Forum held in Brisbane at the ASM. In 2017, our Forum will take place in Melbourne and we look forward to another informative and interactive event.

The ‘Trials’ section of the ANZUP website remains a popular way for both members and consumers to access information on how to access our trials, and we continue to promote our ANZUP ClinTrial Refer App. Launched in 2014 the app provides a current list of ANZUP trials conducted in cancer centres in Australia, New Zealand and around the world. It also provides inclusion and exclusion criteria and lay summaries of our studies. We are currently looking at how we can further improve the app to make it as user-friendly as possible.

We are grateful to Cancer Australia for their valuable Infrastructure Funding to support ANZUP to develop industry-independent cancer clinical trials protocols and in doing so increase the participation in clinical trials by people affected by cancer.
Increasing involvement of and collaboration with various professional disciplines in clinical and preclinical research

ANZUP continues to work collaboratively with a range of stakeholders in the genitourinary cancer space to optimise outcomes for patients through clinical research. In early 2016 we announced an exciting new partnership between ANZUP and the Prostate Cancer Foundation of Australia (PCFA), underpinned by a formal agreement and pledge to work together to raise $1.5 million over three years to fund prostate clinical trials. I’m pleased to advise that concepts were presented at the 2016 Prostate Concept Development Workshop and an exciting and timely proposal to study Lu-PSMA therapy in advanced prostate cancer was chosen to proceed. Work is well advanced in protocol development and we anticipate this significant study will commence in the second half of 2017. PCFA will continue as a Platinum Sponsor of the ANZUP ASM in 2017, and once again the PCFA/ANZUP Nurses Symposium will be held concurrently at the ASM.

ANZUP continues to leverage existing links with related organisations including the other Australian Cancer Cooperative Trials Groups; Medical Oncology Group of Australia; Urological Society of Australia and New Zealand; Cancer Nurses of Australia; Australia and New Zealand Urological Nurses Society; Clinical Oncology Society of Australia; Kidney Cancer Australia and Cancer Councils.

ANZUP has also established and continued to grow other key links, including new relationships with international cooperative trials groups such as Cancer Trials Ireland, The European Organisation for Research and Treatment of Cancer (EORTC), MRC UK, The Prostate Cancer Clinical Trials Consortium (PCCTC), Alliance for Clinical Trials in Oncology and Hoosier Cancer Research Network. We continue to look to form new connections with other groups with which we can work productively.

Our dedication to the multidisciplinary management of urological cancers can be seen through our highly successful MDT Masterclass, which ANZUP hosted once again in July 2016 as part of the ANZUP ASM and the Best of GU Oncology Evening Symposium, held in Melbourne in October 2016. Feedback from both events was extremely positive not only from our medical, surgical and radiation oncology colleagues but also from our nursing and allied health professional members who found the events educational, engaging and relevant.

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

Providing opportunities for clinical research

ANZUP held Concept Development Workshops across bladder, kidney, testicular and prostate cancers in 2016, with 29 concepts presented overall. These highly engaging workshops bring together members from diverse backgrounds and allow good discussion on the multiple new concepts, many of which have since developed into full ANZUP protocols or co-badged studies. Concepts are presented by members with medical, surgical and radiation oncology backgrounds, as well as those from diverse fields including health economics, pathology, nursing and quality of life. The multidisciplinary input from our members is key to a holistic approach to clinical research in GU cancers. The 2017 round of Concept Development Workshops commenced in March 2017.

ANZUP also continues to support opportunities for clinical research in urogenital cancer through the provision of grants, scholarships and awards.
The 2016 Tolmar/ANZUP Uro-Oncology Clinical Research Fellowship (CRF) valued at $60,000 was awarded to Dr Arun Azad, a medical oncologist and now Chair of the ANZUP Translational Research Subcommittee. The CRF has supported Dr Azad in his research into the delivery of personalised medicine for patients with advanced prostate cancer. We thank Tolmar again for supporting this opportunity for early/mid-career clinician-researchers and ANZUP are delighted to be able to offer this fellowship again in 2017.

After launching in 2015, ANZUP are thrilled that the Below the Belt Research Fund has grown exponentially over the last year. Thanks to the amazing fundraising efforts of the 49 teams who competed in the 2016 Below the Belt Pedalthon and an additional $145,000 raised by an incredibly generous patient, the Below the Belt Research Fund has $445,000 in seed funding available to support high quality investigator initiated studies in 2017.

In 2016, three successful projects were funded through the Below the Belt Research Fund; in prostate, testicular and bladder cancers. Each received $50,000 to support the development of their new trial ideas so that we can continue to improve outcomes for our patients with these cancers. We continue to build this important source of research funding.

Building systems to simplify and streamline clinical research of the highest quality

ANZUP continues to review and develop its systems, procedures and documentation to ensure the research process from concept right through to trial conclusion is streamlined and in line with best practice.

This is evidenced via the Concept Development Workshops where ANZUP templates are used to streamline the concept process. The templates for submission and concept review, along with the associated process, were refined in early 2017 and approved by the SAC. The Board also continue to review organisational policies to ensure we continue to develop a robust quality management system.

We continue to liaise with our subcommittees and broader membership around tools that assist collaboration and document storage/version control for research trials. We have initiated a pilot using Freedcamp cloud technology to store trial documents and allow a ‘workspace’ with discussion and task assignment functions for those involved in the trial. This is being overseen by Nina Olle and Anne Woollett with advice and support from our members.

Trial feasibility surveys continue to be disseminated to members, and we have refined subcommittee processes and streamlined the CAP feedback into protocol developments.

From a broader organisational perspective, we undergo a financial audit annually and also continue to seek feedback from our membership through surveys to ensure we are responsive to feedback on how we can improve communications, events, and better support members across all activities.

With our expanding portfolio of studies and growing membership, clearly articulated delegation of duties and defined decision making processes are vital. ANZUP continues to recognise the importance of policies and documented processes to underpin the quality and integrity of our operations.
Fostering a culture of research amongst all clinicians involved in the care of patients with urogenital cancers

The Annual Scientific Meeting (ASM) is our premier event that fosters a culture of research amongst clinicians. It is the key GU cancer meeting in the region, attracting international experts and national leaders in the management of these cancers. In 2016 we had around 300 delegates in attendance, from multidisciplinary backgrounds. This program has sessions to suit everyone working in GU cancers across disciplines and career stages. The MDT Masterclass and PCFA/ANZUP Nurses Symposium continue to be popular, interactive sessions fostering a culture of collaborative research. In 2017, we will introduce a new Translational Symposium to the Program.

Our membership continues to grow and diversify and we continue to explore how we can support and provide opportunities for members across the range of professional disciplines.

In 2017, we are pleased to announce, with the fantastic support of Janssen, the inaugural Janssen Nursing/Allied Health Scholarship which will provide up to $10,000 to support a project in the nurse/allied health practitioner’s clinical research area of interest in urogenital cancer.

Providing training opportunities for the next generation of clinical researchers

ANZUP continues to support fellows, trainees and junior researchers through the facilitation of educational workshops and events, grant opportunities, scholarships, fellowships and awards that encourage the next generation of researchers to develop their skills, further explore their research areas, actively contribute to trial development and access experts in their field.

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

The ASM (and the MDT Masterclass), Concept Development Workshops, GU Preceptorship in Prostate Cancer are just some of the fantastic educational opportunities on offer for members.

The ANZUP/Bayer Travel Fellowships and the Trial Study Coordinator Scholarships continue to support members to attend the ASM.

The Astellas Young Investigator Award (awarded to Dr Carmel Pezaro in 2016) supports the attendance of an outstanding early career researcher in prostate cancer clinical trials research to attend an international and national GU scientific meeting. We thank Astellas for their support.
Providing for translational studies in prostate and other urogenital cancers, including tissue banking from clinical trials for further studies

The ongoing ANZUP trials (ENZAMET, ENZARAD, P3BEP and BL.12) continue to collect biospecimens from patients to be used in translational research. The ENZAMET and ENZARAD Translational Research Steering Committee is gathering translational research concepts from researchers internationally and prioritising these. Proposed ideas include: metabolic and endocrine studies, genomics studies, ctDNA and miRNA studies seeking biomarkers that may be prognostic and/or predictive of response to treatment, safety and resistance to study treatment. ENZAMET and ENZARAD samples from high recruiting ANZ sites have started their journey to the central biorepository at the Lifehouse.

The AUTO-CHECK translational research study was awarded Cancer Australia grant funding. AUTO-CHECK, led by immunologist Prof Matthew Cook (ANU), arose from the Genomics Cancer Clinical Trials Initiative (GCCTI) to develop concepts that are molecularly based, across more than one tumour type and involving more than one oncology clinical trials group. The AUTO-CHECK study will analyse biospecimens from patients with solid tumours receiving immunotherapies in clinical trials - including the upcoming KEYPAD renal cell carcinoma trial of ANZUP (plus trials run by other trials groups in lung, mesothelioma, endometrial and brain cancers). The aim is to see if there are molecular biomarkers that flag which patients are likely to develop side effects related to their immunotherapy (immune-related adverse events).

It is exciting to see many new trial concepts presented at various concept development workshops that include translational research components, adding value to the scientific endeavour.
ANZUP’S HISTORY

2008
ANZUP became a company limited by guarantee

2009
Awarded infrastructure funding from Cancer Australia through its Support for Clinical Trials program
The official launch of ANZUP in Sydney
ANZUP Scientific Meeting held on the Gold Coast with COSA

2010
First Annual General Meeting
ANZUP Scientific Meeting held in Melbourne with COSA

2011
Phase II study of accelerated Bep (testicular cancer trial) reaches recruitment target
Joint ANZUP/USANZ Scientific Meeting held in Melbourne
Joint Scientific Meeting in Perth with COSA

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

2013
ANZUP accrues highest number of participants outside UK for ‘SORCE’ renal cancer trial
Second stand-alone ASM Gold Coast
Move to Lifehouse
BCG MM trial opens to recruitment

2014
ANZUP completes its first trial - presents results of EVERSUN at ASCO GU
ANZUP leads global Enzalutamide trials
ASM Melbourne and launch of ANZUP ClinTrial app
Inaugural Pedalthon fundraiser

2015
Sixth Annual General Meeting and ASM Sydney
Second Pedalthon fundraiser and launch of Below the Belt Research Fund
Inaugural ANZUP GU Preceptorship in Prostate Cancer

2016
ANZUP and PCFA announce new partnership to raise $1.5 million for prostate cancer trial
First full day Concept Development Workshops held for all disease-specific subcommittees
ANZUP reaches 1,000 members
Seventh Annual General Meeting and ASM, Brisbane
Third Pedalthon raises $300,000 for the Below the Belt Research Fund

2017
ANZUP’s global ENZAMET trial reaches recruitment target of 1,100 patients
ANZUP Cancer Trials Group Ltd is a collaborative, national and international, urogenital and prostate cancer, clinical trials, and research group. The organisational structure of ANZUP reflects its corporate governance and operational areas of responsibility.

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

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

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

**Management Team**
The Management Team comprises the Chief Executive Officer (Margaret McJannett, 1 FTE), Executive Assistant (Christine Garforth, 1 FTE); Marketing and Communications Manager (Lucy Byers, 0.8 FTE; Internal Communication and Projects Manager (Nina Olle, 0.8FTE); Communications Officer (Gillian Bailey, 0.6FTE) and our Clinical Trials Project Manager (Anne Woollett, 0.6FTE). The office is supported by volunteers Jo Stubbs and Lesley Tinkler. The company’s registered office is located in Sydney.

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

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

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

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

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

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

SCIENTIFIC ADVISORY COMMITTEE
Ian Davis – Chair
Martin Stockler – Deputy Chair
Arun Azad
Nicholas Buchan
Suzanne Chambers
Ray Chan
Warick Delprado
Haryana Dhillion
Paul De Souza
Joe Esposito
Craig Gedye
Martin Gleave
Peter Grimison
Fritha Hanning
Dickon Hayne
George Hruby
Belinda Jago
James Kench
Andrew Martin
Pamela Russell
Kathryn Schubach
Shomik Sengupta
Christopher Sweeney
Guy Toner
Scott Williams

By invitation
Howard Chan
Nicola Lawrence
Namrata Nayar
Sonia Yip

Ex-officio
Margaret McMannett

FINANCE AND AUDIT COMMITTEE
Joe Esposito – Chair
Bernadette Crennan
Ian Davis
Martin Dowling
Linda Martin

Ex-officio
Margaret McMannett

FUNDRAISING AND PROMOTION SUBCOMMITTEE
Joe Esposito – Chair
Ray Allen
Bernadette Crennan
Ian Davis
Belinda Jago
Linda Martin

Ex-officio
Margaret McMannett
Lucy Byers

CONSUMER ADVISORY PANEL
Belinda Jago – Chair
Raymond Allen - Deputy Chair
Joe Esposito
Jason Gray
Les Land
Matt Leonard
Alastair McKendrick
Colin O’Brien
Max Shub
Anthony (Tony) Sonneveld
Peter Stanford
John Stubbs

Ex-officio
Ian Davis
Margaret McMannett

SUBCOMMITTEE CHAIRS/ DEPUTY CHAIRS:
Bladder Cancer:
Chair – Dickon Hayne
Deputy Chair – Shomik Sengupta

Translational Research:
Chair – Arun Azad
Deputy Chair - Anthony Joshua

Germ Cell:
Chair – Peter Grimison
Deputy Chair – Ben Tran

Prostate Cancer:
Chair – Scott Williams
Deputy Chair – Carmel Pezaro

Renal Cell Cancer:
Chair – Craig Gedye
Deputy Chair – David Pook

Quality of Life & Supportive Care:
Chair – Suzanne Chambers
Deputy Chair – Haryana Dhillon

ANZUP & NHMRC CLINICAL TRIALS CENTRE

Operations Executive Committee:
Ian Davis – Chair
Andrew Weickhardt – Principal Investigator
Craig Gedye – Principal Investigator
Margaret McMannett – ANZUP CEO
Anne Woollett – ANZUP Clinical Trials Project Manager
Alison Hall – Business Planning and Operations
Laura Galletta – Clinical Trial Manager
Alan Herschtal – Senior Biostatistician

Margot Gorzeman – Associate Oncology Program Manager (AOPM)
Nicole Wong – Associate Oncology Program Manager (AOPM)
Nicola Lawrence ANZUP Research Fellow
Namrata Nayar ANZUP Research Fellow

Trial Coordinators:
Kate Ford – BCG+MM, TRUS B
Annie Yeung – P3BEP
Emily Tu – ENZARAD, ENZAMET
Anna Walsh – BL12

ANZUP & CENTRE FOR BIOSTATISTICS AND CLINICAL TRIALS (BACT)

Operations Executive Committee:
Ian Davis – Chair
Andrew Weickhardt – Principal Investigator
Craig Gedye – Principal Investigator
Margaret McMannett – ANZUP CEO
Anne Woollett – ANZUP Clinical Trials Project Manager
Alison Hall – Business Planning and Operations
Laura Galletta – Clinical Trial Manager
Alan Herschtal – Senior Biostatistician
Scientific Advisory Committee:
Ian Davis

The ANZUP Scientific Advisory Committee (SAC) is constituted to ensure broad representation from the relevant disciplines representing our stakeholders and members. The SAC sets the scientific agenda for ANZUP and oversees the activities of its various subcommittees. Nominations for SAC membership are made by various groups or professional societies and appointments are made and reviewed annually by the Board. This year we welcomed Craig Gedye to SAC membership as he took on the role of chair of the renal cell cancer subcommittee. We are also glad to welcome George Hruby representing radiation oncology, after the departure of Jarad Martin early in 2016. We are grateful to Jarad for his substantial and ongoing contributions to ANZUP.

The SAC meets regularly by teleconference and since its inception has held an open face-to-face meeting at the Annual Scientific Meeting every year. All ANZUP members are invited and welcome to attend that meeting. The SAC held an additional face-to-face meeting on 25 November 2016, which included its regular agenda but also set aside time for two key activities: (1) operational planning for SAC and subcommittee processes, such as concept development and progression, prioritisation of projects, and assessment of grant or fellowship applications; and (2) strategic planning to improve member engagement, enhance the functions of the Translational Subcommittee and the Quality of Life and Supportive Care Subcommittee, expand our capabilities in various areas, and consider how best to support poorly-resourced sites. This was a very productive meeting that was well received by the SAC members and resulted in useful outcomes for ANZUP.

The four disease-specific SAC subcommittees (prostate, renal, bladder (urothelial) and germ cell) continue to be active and productive. Membership of these subcommittees is open to any interested ANZUP member. The committees meet quarterly by teleconference. The work of the subcommittees has been enhanced and substantially increased since the institution of the annual face-to-face Concept Development Workshops (CDWs). These CDWs have been a rich source of ideas and opportunities, especially for our more junior researchers. We have also benefited from the support ANZUP has been able to provide for seed funding of research through the Below the Belt Research Fund. The non-disease-specific committees (the Translational Research committee; and the Quality of Life and Supportive Care committee) continue meet as required, usually to provide effective and timely input for specific concepts and protocols. The Consumer Advisory Panel is represented on the SAC and each of its subcommittees, has input directly at Board level, and provides input and investigators on grant applications, while providing valuable input and feedback on development of trial and other documents. ANZUP is privileged to have the expert input of all its committee members and of the CAP. I thank all SAC and subcommittee members for their generous donations of time and expertise.

Bladder Cancer Subcommittee:
Dickon Hayne

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

Clinical Trials

BL-12 (NAB paclitaxel vs paclitaxel second line in a metastatic setting) is very close to meeting its accrual target. This fantastic achievement is a credit to ANZUP and its members and another example of a successful collaboration with our colleagues at the Canadian Cancer Trials Group (CCTG).
We plan to capitalise on the significant momentum following this success with a further collaboration with the CCTG in the same patient group.

**BCG MM** approaches accrual of the first stage (104 recruited, target 130) and funding applications have been submitted to support the second stage (target 370 more patients). The problems of the global BCG shortage seem to be behind us and an exciting translational sub study looking at urinary biomarkers to run alongside the second stage of the trial has been proposed - watch this space. Well done and many thanks to all those who continue to work so hard on this trial.

**PCR-MIB** is open at the proposed 5 sites but accrual has thus far been difficult. Recent rationalisation of the inclusion criteria will hopefully boost recruitment to this unique study.

**Other Projects**

The **ANZUP co-operative multi-centre cystectomy audit** was launched in Western Australia early this year and data capture is underway. Once the necessary ethical approvals are secured elsewhere this collaborative project, based on a RedCap database platform, will be rolled out across several Australia and New Zealand sites. The clear support from so many ANZ urologists for this project is greatly appreciated. Other projects co-badged with ANZUP, developing a **Patient-Reported Symptom Index for NMIBC and RAIDER-B** (adaptive RT in MIBC) continue to make steady progress.

**In the pipeline**

The Concept Development Workshops (CDW) are becoming an increasingly important part of trials development. They provide members with an excellent opportunity to present new concepts and participate in robust discussion around gaps in research and plan for future grants applications. Last August several new concepts ranging broadly from peri-operative exercise interventions to combination PD-1 CTLA 4 as adjuvant therapy in high risk MIBC were presented. Existing concepts including targeting the androgen receptor in metastatic bladder cancer and **ACCEPT** were revisited and the brainstorming concerning next direction in several bladder cancer trial scenarios was invaluable. Additionally funding applications for the peri-operative exercise physiology concept, brought to the CDW, have been submitted.

With increasing numbers of concepts coming up through the sub-committee difficult decisions concerning which studies to take forward must be made. I am extremely grateful to the large number of busy clinicians and researchers who attend and make such a success of the day.

In summary has been an extremely successful and productive year. I would like to sincerely thank the sub-committee members, ANZUP support staff, trials teams, clinicians and nurses who are making the challenging goal of a successful bladder cancer clinical trials program in ANZ, a reality.

**Germ Cell Subcommittee: Peter Grimison**

The Germ Cell Sub-committee has been very productive over the last 12 months:

**Active study and resources**

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

This randomised trial of alternate schedules of chemotherapy for patients with intermediate or poor-risk advanced germ cell tumours is currently recruiting at 27 sites in Australia and New Zealand, with 36 patients recruited as of March 2017. The main study is funded by Cancer Council Australia and Cancer Australia, and a translational substudy has been funded by Sydney Catalyst. A further application to NHMRC and Cancer Australia has been submitted to fund the next phase of the trial. Cambridge Clinical Trials Unit are awaiting final approval from their human research ethics committee to open the study at 19 sites in the UK. The Children’s Oncology Group are awaiting approval from National Cancer Institute to open the study at up to 200 paediatric sites predominantly in the USA. Two representatives from the Australian and New Zealand Children's Haematology/ Oncology Group (ANZCHOG), Drs Rick Walker and Mark Winstanley, were welcomed to the Trial Management Committee. Acknowledgement goes to ANZUP research fellows Nicola Lawrence and Namrata Nayar, and the CTC operations staff led by Associate Oncology Program Manager Nicole Wong and trial coordinator Annie Yeung, for their tireless efforts in related to this study.

2. **Stage I testicular cancer surveillance recommendations**

Important evidence-based recommendations for the follow-up of stage I testicular cancer are being actively downloaded from the ANZUP website. The recommendations have been endorsed by the Oncological Society of Australia, Medical Oncology Group of Australia, and Cancer Institute NSW eviQ Cancer Treatments Online resource during 2016. It is hoped that the recommendations will reduce unnecessary variance and radiation exposure in this group of patients.
Studies in follow-up or completed

1. Chemotherapy and Cognition study

Results from this study of 150 patients, which prospectively monitored cognitive function in patients managed with and without chemotherapy for testicular cancer, and was led by Prof Ian Olver and Dr Hayley Whitford, were presented at the following meetings in 2016:

- Multinational Association of Supportive Care in Cancer Annual Meeting, Adelaide, June 2016
- American Society of Clinical Oncology Annual Meeting, Chicago, June 2016
- Medical Oncology Group of Australia Annual Scientific Meeting, Gold Coast, July 2016

Conference delegates were reassured that the study found no significant adverse cognitive effects of chemotherapy at 12 months following treatment, however were cautioned to interpret results with caution, given the limited sample size. A manuscript is in development.

2. Phase II study of accelerated BEP for advanced germ cell tumours

An updated analysis of this study - supported by Cancer Councils NSW, Victoria, Queensland and South Australia - which completed accrual of 45 patients in 2011 - was conducted by Drs Andrew Martin and Nicola Lawrence. Results at a median follow-up of 6 years found no further relapses, but 2 further deaths – one related to known disease progression, and one unrelated to disease or treatment. Results were presented at the following meetings in 2016:

- ANZUP Annual Scientific Meeting, Brisbane, July 2016 (oral abstract)
- Medical Oncology Society of Australia Annual Scientific Meeting, Gold Coast, August 2016 (oral abstract)
- American Society of Clinical Oncology Annual Meeting, Chicago, June 2016 (publication)

Results were also published in Annals of Oncology (Lawrence et al, 2016, 27(12):2302-2303).

Recent ANZUP fellow Dr Felicia Roncolato led the publication of a manuscript describing the impact of pulmonary function testing on bleomycin dosing in this clinical trial. It was found that asymptomatic reductions in DLCO caused 20% of bleomycin doses to be omitted and 30% of patients to receive <two-thirds of their planned doses. It was concluded that 25% reduction in DLCO appeared too cautious a threshold, and given the potential negative impact of this practice on anti-cancer effect, the routine use of pulmonary function testing to monitor for bleomycin toxicity should be questioned. Reference: Roncolato FT et al, Internal Medicine Journal 2016; 46(8) 893–898.

Studies in development

1. TIGER

This international randomised trial of high dose chemotherapy with TI-CE versus conventional-dose chemotherapy with TIP for refractory and relapsed germ cell tumours is led by Alliance (USA). ANZUP has secured funding from Movember for participation, and continue to work with Alliance and the National Cancer Institute to open the study at six ANZ sites.

2. e-TC 2.0

PoCoG in collaboration with ANZUP is conducting a phase 2 study, entitled “e-TC 2.0”, to further evaluate our recently developed internet-based intervention to address psychosocial distress for survivors of testicular cancer. The website content has been refined based on feedback from consumers, and ethics approval has been granted to evaluate e-TC 2.0 amongst testicular cancer survivors with persistent anxiety or depression. Recruitment is planned to commence in quarter 2 of 2017. Data collection is planned to be completed by the end of 2017. Acknowledgements to Drs Ben Smith and Louise Heniger from PoCoG for their ongoing leadership of this important resource.

International collaborations

Dr Ben Tran, deputy chair of the ANZUP germ cell subcommittee, is leading ANZUP's involvement in two important translational research projects. The first is the GAP5 Translational Research Project, funded by Movember, which aims to identifying the biological drivers of relapse in this cohort of men. The study remains in development. The second is the GCT explorer, which is a platform and database to support large-scale international translational studies, led by the Malignant Germ Cell International Consortium (MaGIC). It is hoped that ANZUP and its Australian collaborators will have the opportunity to participate in these projects.

A/Prof Guy Toner, ANZUP co-chair, together with ANZUP fellow Dr Nicola Lawrence and ANZUP statistician Dr Andrew Martin, coordinated the provision of data to an EORTC-led international collaboration to update clinical prognostication in metastatic germ cell tumours, ‘IGCCCG 2.0’. Data from the ANZ Germ Cell Trials Group “Good prognosis” study and the ANZUP Phase II study of accelerated BEP have been provided.

Concept Development Workshop

Dr Ben Tran chaired a successful concept development workshop for the germ cell subcommittee in May 2016, with over 15 participants from a range of backgrounds. Concepts discussed included surgical management of stage II seminoma and immunotherapy for chemotherapy-refractory advanced germ cell tumours.
Consumer involvement

Consumer representatives Matt Leonard and Jason Gray have been active in providing a consumer perspective on the activities of the germ cell subcommittee. Their key contributions to the e-TC 2.0 study are acknowledged.

Prostate Cancer Subcommittee: Scott Williams

It has been another bumper year for the Prostate Cancer Subcommittee, with our portfolio of active studies and concepts under development continuing to expand.

Our global phase III randomised studies, ENZAMET and ENZARAD, continue to be global flag bearers for ANZUP. The ENZAMET study is looking at whether the addition of enzalutamide to conventional androgen deprivation therapy improves survival and quality of life in men with newly diagnosed prostate cancer that has spread beyond the prostate. I am pleased to report that this study has been an outstanding success and now stands as the first ANZUP-led study that we have taken from concept through to being fully accrued. It has been a truly global effort, engaging centres in Australia, New Zealand, Canada, United Kingdom, Ireland and USA, with enrolment outpacing expectations, and hence accrual of the 1125 patients completing earlier than anticipated in March 2017. This is a fantastic achievement for the investigators and patients involved, and has achieved global recognition for ANZUP as a clinical trials group.

Similarly, ENZARAD continues to recruit in Australia, New Zealand, UK, Ireland and the USA, with enrolment outpacing expectations, and hence accrual of the 1125 patients completing earlier than anticipated in March 2017. This is a fantastic achievement for the investigators and patients involved, and has achieved global recognition for ANZUP as a clinical trials group.

Our Pain-Free TRUS B study opened in 2015 and now is focussed on building accrual. This is a randomised trial of inhaled Penthrox in addition to local anaesthetic for transrectal prostate biopsy. It is funded through the Priority-driven Collaborative Cancer Research Scheme (PdCCRS) (Cancer Australia and Prostate Cancer Foundation of Australia).

The partnership between ANZUP and PCFA announced last year to fund prostate clinical trials has had an initial allocation directed to a concept involving 177Lu-PSMA therapy. This targeted radiopharmaceutical therapy is showing great promise in early phase studies, and is now in the late stages of being developed into a randomised study comparing it to conventional second-line chemotherapy in advanced disease. Australia is at the forefront of this therapy and this study stands to further promote Australian research and ANZUP as leaders in prostate cancer research. Once again, our thanks to the members and staff who helped make this great partnership happen and those at PCFA who have been so supportive of our work.

In light of the PCFA partnership funding along with other highly successful fundraising ventures, we are in the privileged position of being able to provide significant support to new research concepts to get them over the initial hurdle of taking a concept to becoming an functioning study. We will undoubtedly hear more about the latest round of concepts as many progress through to working studies.

Our membership continues to grow with a diverse range of skills represented. I remind everyone to encourage colleagues with a prostate cancer interest to join and contribute. I would like to take the opportunity to thank my deputy chair, Carmel Pezaro, for her support and all those members who continue to contribute to the prostate teleconferences.

Finally, a big thank you to all the investigators and site staff for your ongoing effort and contributions to ANZUP trials.

Renal Cell Cancer Subcommittee: Craig Gedye

Firstly we would like to acknowledge again the incredible work of Ian Davis, who chaired the RCC Subcommittee from ANZUP’s inception until 2016. Ian and the ANZUP Board have created an organisation that supports incredible opportunities for research and Australasian GU cancer patients, and provides an environment in which we can compete internationally in clinical research.

The RCC Subcommittee continued to meet quarterly by teleconference and also held a face to face Concept Development Workshops in August 2016 and March 2017.

We have been able to work with several partners to add a number of trials to ANZUP’s portfolio for renal cell carcinoma, with three trials planned to open later in 2017.

KeyPAD (KidnEY cancer Pembrolizumab And Denosumab: Denosumab and Pembrolizumab in clear cell renal carcinoma: a phase II trial; ANZUP1601) is a phase II study testing the hypothesis that addition of RANKL inhibition will hinder tumour immuno-suppression and increase effectiveness of anti-PD1 immunotherapy.
In collaboration with the NHMRC Clinical Trial Centre, University of Sydney, we are rapidly developing this trial supported by both Merck Sharpe and Dohme and Amgen. Up to 70 participants across Australasia will be offered the PD1 inhibitor pembrolizumab in conjunction with the RANK-ligand inhibitor denosumab. The toxicities of these agents are non-overlapping, so the hope is that any increase in side-effects will be modest. Inhibition of RANK-ligand is hypothesised to mitigate immunosuppression driven by tumour-associated macrophages, and thus assist the effectiveness of pembrolizumab. The trial is scheduled to open in quarter 3 2017.

UNISoN (1602) is a Phase II sequential cohort trial of Single Agent Nivolumab, then Combination Ipilimumab + Nivolumab in patients’ metastatic or unresectable non-clear cell renal cell carcinoma. Supported by Bristol-Myers Squibb, this trial aims to test two sets of hypotheses, and may help change our overall treatment views for kidney cancer. In the study, participants with variant-histology renal cell carcinoma (e.g. papillary, chromophobe, pure sarcomatoid, Xp11 translocation tumours) will be offered nivolumab monotherapy in the first instance, and then if this is unsuccessful, a combination of ipilimumab and nivolumab followed by nivolumab monotherapy. In conjunction with the Centre for Biostatistics and Clinical Trials, Victorian Cooperative Cancer Centre, University of Melbourne, we hope to have this trial open in quarter 3 2017.

RAMPART is the Renal Adjuvant MultiPle Arm Randomised Trial (RAMPART): a multi-stage multi-centre randomised controlled platform trial international phase III trial of adjuvant therapy in patients with resected primary renal cell carcinoma (RCC) at high or intermediate risk of relapse. The Medical Research Council UK leads this study, but given ANZUP’s high contribution to the previous MRC adjuvant study SORCE, ANSUP has been represented on the Trial Development Group and TRANSRAMPART translational group from inception of the trial. Participants with high-risk resected renal cell carcinoma will be offered one year of blinded treatment with durvalumab monotherapy, durvalumab for one year + tremelimumab (anti-CTLA4) x 2 doses, or active surveillance. Co-primary endpoints are DFS and OC, with up to 1750 participants to be recruited. ANZUP has made an extra contribution to the protocol with the development of a patient preferences substudy to examine the participants’ experience of their treatment, allowing direct comparison to a similar substudy conducted with SORCE. The SORCE trial continues in follow-up but is no longer recruiting.

At our most recent CDW in March, a number of proposals were discussed with ideas to adapt existing treatments such as nivolumab and cabozantinib to extract improved efficacy and to mitigate side-effects. We are at the beginning of the next wave of improvements in patients’ outcomes for kidney cancer, with a wide field of immunoncology agents becoming available. We look forward to finding ways of improving existing therapies and adapting novel treatments to improve the outcome for Australasians suffering kidney cancer.

Thanks again to all the RCC subcommittee members, our clinical sites, our NHMRC Clinical Trials Centre collaborators, and especially our trial participants.

### Translational Research Subcommittee: Arun Azad

The past year has been one of change and lots of activity for the Translational Research Subcommittee. Among other changes, we have a new name (previously known as Correlative and Translational Research Subcommittee), a new chair (yours truly) and a new Deputy Chair (Anthony Joshua).

Translational specimen collection has been ongoing in several ANZUP trials including ENZAMET, ENZARAD, P3BEP, BCGMM and BL12. Thanks to all the participating sites for their diligent efforts in collecting these samples, which are crucial to the success of these trials and answering key biological questions that could ultimately shape our treatment of urological cancers. These samples will be used for future translational studies, which will be underpinned by grant submissions led by or involving ANZUP members.

The Translational Research Steering Committees for ENZAMET and ENZARAD have met several times over the past year and have now commenced the process of considering expressions of interest (EOI) for using biospecimens to support translational research projects and/or grant applications. EOIs have already been received from both national and international investigators and we anticipate that the biospecimens collected on these pivotal trials will continue to be highly attractive to translational prostate cancer researchers.

The Translational Research Subcommittee has also been busy putting together an exciting program for a translational symposium at the upcoming ANZUP ASM. We will have a diverse group of national and international speakers covering prostate, bladder and kidney cancer. Let’s hope this symposium becomes an annual event at the ASM.

We look forward to another productive year for ANZUP, and specifically for the Translational Research Subcommittee. In particular, in addition to existing studies, we hope to play a key role in the development of clinical trials with a primary translational endpoint.
Quality of Life and Supportive Care Subcommittee: Suzanne Chambers

CRE Prostate Cancer Survivorship

A national team of researchers were successful in obtaining NHMRC funding for a prostate cancer survivorship initiative. This work builds on an earlier collaboration between Griffith University, Prostate Cancer Foundation of Australia, Cancer Council Queensland and Edith Cowan University. The centre will explore four main themes: psychosocial and psychosexual health, exercise medicine, the economic costs of prostate cancer and geographic inequalities in prostate cancer outcomes.

The team of Chief and Associate investigators includes leading ANZUP members and the initiative will work closely in partnership with ANZUP and other key groups.

CI: Professor Suzanne Chambers, Professor Rob Newton, Professor Paul Scuffham, Associate Professor Peter Baade, Professor Daniel Galvao, Professor Jeff Dunn AO, Associate Professor David Smith, Clinical Professor Nigel Spry, Professor Frank Gardiner AM. AI: Associate Professor Anthony Lowe, Dr. Louisa Gordon, Mr David Sandoe, Professor Mark Frydenberg, Professor Karen Grimmer, Ms Helen Crowe, Dr. Melissa Hyde, Professor Kevin Stein, Associate Professor Lisa Horvath.

Support Needs for Men with Advanced Prostate Cancer

Qualitative research about the areas where men with advanced prostate cancer would like better support and how we can best deliver this support was undertaken. In the first phase of this project, 39 men completed a mailed survey about their support needs. Of these men, 28 consented to participate in an in-depth interview at the second phase. Analysis of interview transcripts is currently underway and a manuscript is currently under preparation for publication.

The Men and Sexual Health Prostate Cancer Study

An international longitudinal survey was initiated to better understand the impact of prostate cancer and its treatment on concerns about sexual health, decisions to seek support, and from whom they prefer to receive this support. To date, over 600 men have enrolled in the study from Australia, Ireland, New Zealand and Canada. More information can be accessed at www.menandprostatecancer.org.

Living Well with Prostate Cancer

The NHMRC-funded Living Well with Prostate Cancer Project trialled a mindfulness-based cognitive therapy group intervention for men with advanced prostate cancer. Last year, trial results were published in Quality of Life Research and the prestigious Journal of Clinical Oncology. Cancer Council Queensland and Griffith University would like to thank again all the ANZUP members involved with the project and all our recruiting sites for your hard work in referring men to the trial.

Strategic Planning of Subcommittee

A core group of people came together to identify that a focus for research within GU cancer that addressed patients supportive care needs. As a result of these robust discussions two priorities were identified: 1) using the quality of life data collected within our existing trials; and 2) understanding adherence to cancer treatment and supportive care interventions.

The contribution to be made across all GU cancers through these strategic focuses is important in drawing outpatient engagement with treatment and care, as well as contributing to future decision-making.

Another strategic focus of the subcommittee has involved identification of trials so that supportive care questions can be included to add value in a way that is efficient. Work commenced to propose the inclusion of a physical activity intervention to manage fatigue and ensure completion of protocol treatment in the ENZARAD Trial. The thinking behind this concept proposal emphasised the role of supportive care in getting patients through their planned treatments with maximum adherence. There are many opportunities within the ANZUP portfolio of trials to ask these kinds of questions and it is increasingly important and possible for our members to do so to address the concerns of patients.
I am pleased to present my fifth Annual Report on the CAP’s activities. We were delighted to welcome the addition of Matt Leonard NZ (testicular cancer) in May to complete (for the time being!) a well-represented, committed and engaged CAP moving forward.

We continue to provide the patient voice across ANZUP’s research portfolio that continues to grow each year through regular participation on the various disease specific subcommittees, review of Patient Information and Consent Forms (PICF), the SAC, our CAP teleconferences, and trial management committees.

All our CAP members have been affected by a cancer diagnosis in some way. This is what motivates our group to support and promote the importance of clinical trial research. We want to assist in any way we can to strive for improvements with treatments for patients with quality of life being a very important part of the treatment plan.

With this in mind, it is with sadness that I acknowledge one of our inaugural CAP members, Tony Sonneveld, who passed away on November 13 after living a very active life despite his prostate cancer diagnosis. He will be remembered for his passion as an advocate for prostate cancer patients and their families. Tony joined the CAP in 2012 and supported ANZUP at many levels including riding in the inaugural Pedalthon and attending the 2016 Pedalthon to watch his sons ride in this important event. He will be greatly missed and a huge reminder to us that the CAP’s role within ANZUP as the patient voice is important and valued.

Some key highlights for the CAP during the past year include:

- Completed the Patient Information and Consent Form (PICF) review for the KEYPAD trial with plans for review of the UNISON PICF not far away. It is pleasing to see other kidney cancer trials coming through the pipeline given the poorer outcomes that this group of patients have;

- Concept Development Workshops - providing another opportunity for the CAP to participate very early on in trial development and we all agreed that the exchange of information in these workshops was excellent;

- CAP representation at the face to face SAC strategy meeting in November;

- Active participating in ANZUP trial management committee meetings;

- The CAP enjoyed a very full and comprehensive Education Session at the 2016 ASM with excellent presentations including Chair Ian Davis on ANZUP’s Strategic Plan, Sonia Yip on translational research and what it means, Richard De Abreu Lourenço, (CREST) on making sense of the dollars in cancer trials, and the Quality of Life office explaining their role and how they work with ANZUP. We also heard about some research ideas focused on patient adherence to treatment and the role that exercise can play in improving patient outcomes.

- ANZUP once again hosted another very successful Community Engagement Forum with a great turn out to hear about ANZUP and the importance of clinical trial research with very positive feedback.

- We also continue to support and contribute to the informative consumer magazine A little below the belt and the Below the Belt Pedalthon – a fantastic event which raises important funds to support ANZUP’s research.

The CAP will now focus on how we can assist building greater community awareness of ANZUP through the ‘Friends of ANZUP’ program and engage with more consumers about the potential benefits of clinical trials. This will be an important agenda item for the group at the upcoming ASM in July with planning for this well underway.

I would like to thank the CAP for their enthusiasm and support when the call goes out (sometimes at short notice) to provide a patient voice in ANZUP’s research. A special thanks to Ray Allen who as deputy chair offers great support in sharing some of the added work we do; and to Leonie Young, Chair ANZBCTG CAP, who continues to offer our team support and mentoring. We very much enjoy and value the contribution that she makes to the CAP.

I cannot go without thanking on behalf of the CAP the ANZUP Board along with Marg McJannett and her hardworking team for the support and inclusion that the CAP feels as volunteers with ANZUP. We really enjoy our participation and look forward to participating at the many levels that we do in the year ahead.
ANZUP ASM 2016: IAN VELA

It was my pleasure and honour to act as the convenor for this year’s 2016 ANZUP ASM held in Brisbane. The meeting with the theme “GU Oncology - Broadening our Horizons” achieved its aim, with cutting edge clinically relevant scientific presentations from national and international faculty, updates on ANZUP led trials and concepts, the best of supportive care and nursing and updates on the future of urologic oncology. We were privileged to welcome to Australia for the first time our international guest speakers Dean Bajorin and Piet Ost and welcome home ex-patriot John Oliffe. Unfortunately our final international guest, Freddie Hamdy was unable to attend due to a family emergency.

Sunday started for the first time with the extraordinarily popular Nurse’s Breakfast sponsored by PCFA and Astellas. It was standing room only to hear from leading academic Nurses from around Australia and New Zealand. A highlight was our international guest John Oliffe who gave an inspirational message of how our dedicated and talented nurses can be involved in clinical trials and research.

The MDT Masterclass was again voted as a highlight of the meeting by many and was “masterfully” co-ordinated by Shomik Sengupta and Carmel Pezaro. A big thank you to all the various panel chairs and experts for making the Masterclass such a success.

The ANZUP Community Engagement Forum “A little below the belt” was enthusiastically supported by a large number of patients, survivors, family, friends and general members of the community at large. This forum is an important conduit for information to the public and consumers regarding ANZUP, ANZUP led trials and why clinical trials are important.

Ian Davis reinforced the important new partnership between ANZUP and the PCFA, with the announcement of a new PCFA funded ANZUP badged trial investigating the potential role of 177Lu-PSMA in metastatic prostate cancer. This trial will provide the very latest in potential therapies to our patients.

Outstanding presentations at the Sunday night Evening Symposium from Dean Bajorin and John Oliffe, spoke to translating research into practice and getting the message out to the community respectively.

Monday kicked off a packed program with Piet Ost and Dean Bajorin providing world class presentations on the cutting edge topics of the potential role of Radiation as a vaccine in kidney and urothelial carcinoma and the rapidly evolving world of genomics in bladder cancer. Spirited discussion was enjoyed during the ANZUP Concept Development Workshop, which was followed up with updates from the Community Advisory Panel and subcommittee chairs. The Best of the Best Oral presentations demonstrated the quality and breadth of research being undertaken by ANZUP members, as too did the record number of poster presentations. A busy Monday was very enjoyably rounded out with the conference dinner in the Hilton Ballroom, which included some of our local and international faculty demonstrating that their skills in the clinic are equally matched on the dance floor.

Tuesday started early with breakfast and the opportunity to “Meet the Professor” Dr Dean Bajorin. Dean gave an inspiring message of mentorship, discussing why he is an academic oncologist and how and why he has led the fellowship program at MSKCC.

The rest of Tuesday included state of the art presentations on less common tumors such as penile and testis cancer and Dr Bajorin presented the latest data on immune therapy in bladder cancer. A session was devoted to the important topics of the younger GU oncology patient and rehabilitation. We were extremely fortunate to have Freddie Hamdy involved in the meeting and “present”, through the wonders of technology, a fantastic talk on surgical research and clinical trials.

Piet Ost gave a fascinating presentation on the role of ablation of oligometastatic prostate cancer and then backed up to be involved in possibly one of the greatest debates ever seen anywhere, anytime – “Cytoreductive RRP (or EBRT to the prostate) is a good idea in men present with synchronous mets”. Our local dream team of Peter Heathcote and Joe Bucci put a well-constructed and spirited argument together for the negative however were pipped at the post by the affirmative team of Piet “Iolaus” Ost and Venu “Hercules” Chalasani. I am sure no-one present will ever look at a Mentos in quite the same way again.

The meeting closed with awards for the best presentations in various categories and the 2016 Tolmar ANZUP Clinical Research Fellowship was awarded to Dr Arun Azad.

My job as Convenor was very easy due to the fantastic support and work of the extra-ordinary convening committee (with special thanks to the local team of David Pryor, Tanya Holt, Shona Mackenzie and Aneta Suder), the YRD team and the ANZUP secretariat. This dedicated group ensured this year’s ASM was the most successful and largest to date and demonstrates how ANZUP is going from strength to strength.

No matter how much hard work is put in from the organizing committee, the meeting itself would not be possible without the generous support of our sponsors. For a full list of ASM sponsors, see page 35.

I look forward to seeing you to the 2017 ASM in Melbourne!

Ian Vela
2016 ANZUP ASM Convenor
THANKS TO OUR 2016 ASM SPONSORS

PLATINUM:

[Logos of Janssen, Prostate Cancer Foundation of Australia]

GOLD:

[Logos of Amgen Oncology, Astellas, Bristol-Myers Squibb, Novartis Oncology, Sanofi]

SILVER:

[Logos of Ferring Pharmaceuticals, Ipsen, Toler Australia]

BRONZE:

[Logos of Pfizer Oncology, Bayer, Janssen]

EVENING SYMPOSIUM SPONSORS:

[Logos of Amgen Oncology, Astellas, Astellas, Bristol-Myers Squibb]

BEST OF THE BEST SPONSOR:

[Logos of Amgen Oncology, Astellas]

MEET THE PROFESSOR BREAKFAST SPONSOR:

[Logos of Roche]

MDT MASTERCLASS SPONSORS:

[Logos of Amgen Oncology, Roche]

TRAVEL FELLOWSHIPS:

[Logos of Pfizer Oncology, AstraZeneca]

NURSES’ SESSIONS SPONSORS:

[Logos of Astellas, Prostate Cancer Foundation of Australia]

EXHIBITORS:

[Logos of Roche, Pfizer Oncology, AstraZeneca]

COFFEE CART SPONSOR:

[Logos of Novartis Oncology]
2016 ANZUP ASM: EXPANDING OUR HORIZONS

1.22 MILLION
TWITTER IMPRESSIONS

MEET THE PROFESSORS BREAKFAST
POSTER WALKABOUT
SAC MEETING
COMMUNITY ENGAGEMENT FORUM
“It’s great to get all the different disciplines together and all the teams from around the country including our international speakers. It’s a great way to facilitate research, promote the sharing of ideas putting them through their paces and into full concepts and trials.”

DAVID PRYOR, RADIATION ONCOLOGIST

“The ASM is a time, not only to listen to presentations and be involved in more formal meetings, but there’s a huge amount of corridor conversation, sideline chat and that’s actually incredibly important.”

LISA HORVATH, MEDICAL ONCOLOGIST
ANZUP ASM AWARDS AND ACHIEVEMENTS

2016 ANZUP/Bayer Travel Fellowships

Arun Azad
Sanjeev Bandi
Philip Bredin
Megan Crumbaker
Rachel Delahunty
Anis Hamid
Annette Haworth
Mahesh Iddawela
Andre Joshi
Nishi Karunasinghe
Rahul Ladwa
Kate Mahon
Blossom Mak
Todd Manning
Andrew Mant
Lauren Mitchell
Sayed Naher
Brian Ngo
Wee Loon Ong
John Park
Lana Pepdjonovic
Marlon Perera
Handoo Rhee
Matthew Roberts
Lewis Ronan
Benjamin Shum

TOLMAR ANZUP 2016 Fellowship

Arun Azad

Inaugural Astellas Young Investigator of the Year Award

Carmel Pezaro

ANZUP Trial Coordinator Scholarships

Irina Arzhintar
Charmayne Chorlton
Duncan Colyer
Jenny Edmunds
Laura Galletta
Cynthia Hawks
Sarah Mann
Manny Marquex
Lauren Mitchell
Lesley Oliver
Natasha Roberts
Janani Sivasuthan

TOLMAR HEAD OF MARKETING CAROLINE PILOT AND TOLMAR ANZUP 2016 FELLOWSHIP RECIPIENT ARUN AZAD

ANZUP 2016 TRIAL COORDINATOR SCHOLARSHIP RECIPIENTS

57 ABSTRACTS

IAN DAVIS, ASTELLAS YOUNG INVESTIGATOR OF THE YEAR AWARD RECIPIENT CARMEL PEZARO AND WITH ASTELLAS MEDICAL DIRECTOR ANDREW SLOANE

ANZUP 2016 TRAIL COORDINATOR SCHOLARSHIP RECIPIENTS

2016 ANZUP/BAYER TRAVEL FELLOWSHIP RECIPIENTS

2016 ANZUP ASM CONVENING COMMITTEE
Infrastructure Grants

Funds provided by Cancer Australia to support ANZUP infrastructure are managed by the University of Sydney NHMRC Clinical Trials Centre and therefore not reported in the financial accounts of ANZUP unless transferred in support of specific expenses incurred by ANZUP. Grants contributing to ANZUP infrastructure costs during the 2016-17 period are outlined below.

Funding

Cancer Australia Infrastructure Grant: 1 July 2013 to 31 August 2017- $1,840,000.00 awarded to ANZUP and the NHMRC Clinical Trials Centre. During this reporting period $248,785.00 was transferred to ANZUP and was reported in the Annual Accounts.

Research Grants

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

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

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


ENZAMET: A randomised phase III trial of Enzalutamide in first line androgen deprivation therapy for metastatic prostate cancer. Funding Astellas $16,287,968.00: 2014-2020. During this reporting period $186,798.06 was transferred to ANZUP and was reported in the Annual Accounts.

ENZARAD: A randomised phase III trial of Enzalutamide in androgen deprivation therapy with radiation therapy for high risk, clinically localised, prostate cancer. Funding Astellas, $12,178,420.00: 2014-2020. During this reporting period $13,000.00 was transferred to ANZUP and was reported in the Annual Accounts.

Pain Free TRUS B: A placebo-controlled, randomised trial of methoxyflurane to reduce the discomfort of prostate biopsy. Funding Cancer Australia $354,764.00 Prostate Cancer Foundation of Australia $242,331.00: 2015-2018.

BL.12: A Multicentre Randomized Phase II Trial Comparing Nab-Paclitaxel to Paclitaxel in Patients with Advanced Urothelial Cancer Progressing on or after a Platinum Containing Regimen. Funding NCIC Clinical Trials Group $1,384,662.00, Specialised Therapeutics $250,000.00: 2015-2018. During this period $21,462.00 was transferred to ANZUP, and reported in the Annual Accounts.

OPTIMUM: Optimising Perioperative Therapy in Muscle invasive Urothelial Malignancy. A phase 3 trial of cisplatin and gemcitabine (CG) vs accelerated MVAC (accMVAC) given before or after cystectomy. Funding University of Sydney DVC-R Bridging Support Grant, $30,000.00: January 2015-June 2015.

PCR MIB Pembrolizumab with ChemoRadiotherapy as treatment for Muscle Invasive Bladder Cancer. Grant funding support from Merck Sharp & Dohme (Australia), $455,800.00 to conduct the study, anticipated to take up to 5 years. No funding was received during the reporting period.

TIGER: A randomised Phase 3 trial comparing conventional-dose chemotherapy using paclitaxel, ifosfamide, citiplasin (TIP) with high-dose chemotherapy using mobilising paclitaxel plus ifosfamide followed by high-dose carboplatin and etoposide (TI-CE) as first salvage treatment in relapsed or refractory germ cell tumours (TIGER). Funding Movember $540,335. During this period $125,000.00 was received and is reported in the Annual Accounts.
PARTICIPATING CENTRES

ANZUP now conduct clinical trials in over 130 sites in Australia, New Zealand and internationally.

<table>
<thead>
<tr>
<th>ACT</th>
<th>Canberra Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW</td>
<td>Albury Wodonga Health</td>
</tr>
<tr>
<td>NSW</td>
<td>Australian Clinical Trials</td>
</tr>
<tr>
<td>NSW</td>
<td>Calvary Mater Newcastle</td>
</tr>
<tr>
<td>NSW</td>
<td>Campbelltown Hospital</td>
</tr>
<tr>
<td>NSW</td>
<td>Central West Cancer Services</td>
</tr>
<tr>
<td>NSW</td>
<td>Chris O'Brien Lifehouse</td>
</tr>
<tr>
<td>NSW</td>
<td>Concord Repatriation General Hospital</td>
</tr>
<tr>
<td>NSW</td>
<td>Genesis Cancer Care - Newcastle</td>
</tr>
<tr>
<td>NSW</td>
<td>Gosford Hospital</td>
</tr>
<tr>
<td>NSW</td>
<td>Goulburn Valley Health</td>
</tr>
<tr>
<td>NSW</td>
<td>Liverpool Hospital</td>
</tr>
<tr>
<td>NSW</td>
<td>Macquarie Cancer Clinical Trials</td>
</tr>
<tr>
<td>NSW</td>
<td>Nepean Hospital</td>
</tr>
<tr>
<td>NSW</td>
<td>North Coast Cancer Institute</td>
</tr>
<tr>
<td>NSW</td>
<td>Northern Cancer Institute</td>
</tr>
<tr>
<td>NSW</td>
<td>Port Macquarie Base Hospital</td>
</tr>
<tr>
<td>NSW</td>
<td>Prince of Wales Hospital</td>
</tr>
<tr>
<td>NSW</td>
<td>Rivera Cancer Care Centre</td>
</tr>
<tr>
<td>NSW</td>
<td>Royal North Shore Hospital</td>
</tr>
<tr>
<td>NSW</td>
<td>St George Hospital</td>
</tr>
<tr>
<td>NSW</td>
<td>St Vincent's Hospital Sydney</td>
</tr>
<tr>
<td>NSW</td>
<td>Sydney Adventist Hospital</td>
</tr>
<tr>
<td>NSW</td>
<td>Tamworth Hospital</td>
</tr>
<tr>
<td>NSW</td>
<td>The Tweed Hospital</td>
</tr>
<tr>
<td>NSW</td>
<td>Westmead Hospital</td>
</tr>
<tr>
<td>NSW</td>
<td>Westmead Specialist Centre</td>
</tr>
<tr>
<td>NSW</td>
<td>Wollongong Hospital</td>
</tr>
<tr>
<td>NT</td>
<td>Royal Darwin Hospital</td>
</tr>
<tr>
<td>QLD</td>
<td>Genesis Cancer Care - Wesley</td>
</tr>
<tr>
<td>QLD</td>
<td>Genesis Cancer Care - Toogoolawah</td>
</tr>
<tr>
<td>QLD</td>
<td>Gold Coast Hospital</td>
</tr>
<tr>
<td>QLD</td>
<td>Icon Cancer Care Wesley</td>
</tr>
<tr>
<td>QLD</td>
<td>Mater Adult Hospital</td>
</tr>
<tr>
<td>QLD</td>
<td>Nambour General Hospital</td>
</tr>
<tr>
<td>QLD</td>
<td>Oncology Research Australia (Toowoomba Hospital)</td>
</tr>
<tr>
<td>QLD</td>
<td>Princess Alexandra Hospital</td>
</tr>
<tr>
<td>QLD</td>
<td>Radiation Oncology QLD: Gold Coast</td>
</tr>
<tr>
<td>QLD</td>
<td>Radiation Oncology Services: Mater Adult Hospital</td>
</tr>
<tr>
<td>QLD</td>
<td>Royal Brisbane &amp; Women's Hospital</td>
</tr>
<tr>
<td>QLD</td>
<td>Townsville Cancer Centre</td>
</tr>
<tr>
<td>SA</td>
<td>Adelaide and Meath Hospital - National Children Hospital</td>
</tr>
<tr>
<td>SA</td>
<td>Ashford Cancer Centre Research</td>
</tr>
<tr>
<td>SA</td>
<td>Flinders Medical Centre</td>
</tr>
<tr>
<td>SA</td>
<td>Royal Adelaide Hospital</td>
</tr>
<tr>
<td>TAS</td>
<td>Royal Hobart Hospital</td>
</tr>
<tr>
<td>VIC</td>
<td>Austin Hospital</td>
</tr>
<tr>
<td>VIC</td>
<td>Australian Urology Associates</td>
</tr>
<tr>
<td>VIC</td>
<td>Ballarat Base Hospital</td>
</tr>
<tr>
<td>VIC</td>
<td>Bendigo Health</td>
</tr>
<tr>
<td>VIC</td>
<td>Border Medical Oncology</td>
</tr>
<tr>
<td>VIC</td>
<td>Box Hill Hospital</td>
</tr>
<tr>
<td>VIC</td>
<td>Casey Hospital</td>
</tr>
<tr>
<td>VIC</td>
<td>Epworth Freemasons Hospital</td>
</tr>
<tr>
<td>VIC</td>
<td>Epworth Healthcare Richmond</td>
</tr>
<tr>
<td>VIC</td>
<td>Footscray Hospital</td>
</tr>
<tr>
<td>VIC</td>
<td>Frankston Hospital</td>
</tr>
<tr>
<td>VIC</td>
<td>Geelong Hospital</td>
</tr>
<tr>
<td>VIC</td>
<td>Monash Medical Centre Clayton</td>
</tr>
<tr>
<td>VIC</td>
<td>Monash Cancer Centre Moorabbin</td>
</tr>
<tr>
<td>VIC</td>
<td>Murray Private Hospital</td>
</tr>
<tr>
<td>VIC</td>
<td>Peninsula Health Frankston Hospital</td>
</tr>
<tr>
<td>VIC</td>
<td>Peninsula South Eastern Haematology &amp; Oncology Group (PSEHOG)</td>
</tr>
<tr>
<td>VIC</td>
<td>Peter MacCallum Cancer Centre</td>
</tr>
<tr>
<td>VIC</td>
<td>Peter MacCallum Cancer Centre Moorabbin</td>
</tr>
<tr>
<td>VIC</td>
<td>Radiation Oncology Victoria Epping</td>
</tr>
<tr>
<td>VIC</td>
<td>Radiation Oncology Victoria Footscray</td>
</tr>
<tr>
<td>VIC</td>
<td>Radiation Oncology Victoria Frankston</td>
</tr>
<tr>
<td>VIC</td>
<td>Radiation Oncology Victoria Ringwood</td>
</tr>
<tr>
<td>VIC</td>
<td>Royal Melbourne Hospital</td>
</tr>
<tr>
<td>VIC</td>
<td>St Vincent's Hospital Melbourne</td>
</tr>
<tr>
<td>VIC</td>
<td>Sunshine Hospital</td>
</tr>
<tr>
<td>VIC</td>
<td>The Alfred Hospital</td>
</tr>
<tr>
<td>VIC</td>
<td>University Hospital Geelong</td>
</tr>
<tr>
<td>WA</td>
<td>Fremantle Hospital</td>
</tr>
<tr>
<td>WA</td>
<td>Sir Charles Gairdner Hospital</td>
</tr>
<tr>
<td>NZ</td>
<td>Auckland Hospital</td>
</tr>
<tr>
<td>NZ</td>
<td>Canterbury Urology Research Trust</td>
</tr>
<tr>
<td>NZ</td>
<td>Christchurch Hospital</td>
</tr>
<tr>
<td>NZ</td>
<td>Dunedin Hospital</td>
</tr>
<tr>
<td>NZ</td>
<td>Palmerston North Hospital</td>
</tr>
<tr>
<td>NZ</td>
<td>Wairau Hospital</td>
</tr>
<tr>
<td>CAN</td>
<td>Algoma District Cancer Program Sault Area Hospital</td>
</tr>
<tr>
<td>CAN</td>
<td>Allan Blair Cancer Centre</td>
</tr>
<tr>
<td>CAN</td>
<td>BC Cancer Agency Fraser Valley</td>
</tr>
<tr>
<td>CAN</td>
<td>BC Cancer Agency Vancouver Cancer Centre</td>
</tr>
<tr>
<td>CAN</td>
<td>Cambridge Memorial Hospital</td>
</tr>
<tr>
<td>CAN</td>
<td>Cancer Care Manitoba</td>
</tr>
<tr>
<td>CAN</td>
<td>Cancer Centre of Southeastern Ontario at Kingston General Hospital</td>
</tr>
<tr>
<td>CAN</td>
<td>CHUM - Hospital Notre-Dame</td>
</tr>
<tr>
<td>CAN</td>
<td>CHUQ-Pavillon Hotel-Dieu de Quebec</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PCR MIB</th>
<th>Pain-Free</th>
<th>TRUS B</th>
<th>B12</th>
<th>ENZARAD</th>
<th>ENZAMET</th>
<th>P3BEP</th>
<th>BGMM</th>
<th>NMIBC SI Evaluation</th>
<th>FASTRACK II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAN</td>
<td>Cross Cancer Institute</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAN</td>
<td>Dr Everett Chalmers Hospital - Horizon Health Network</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAN</td>
<td>Juravinski Cancer Centre</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAN</td>
<td>Lakeridge Health Oshawa</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAN</td>
<td>Ottawa Hospital Cancer Centre</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAN</td>
<td>Princess Margaret Cancer Centre</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAN</td>
<td>QEII Health Sciences Centre CDHA</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAN</td>
<td>Saint John Regional Hospital</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAN</td>
<td>Saskatoon Cancer Centre</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAN</td>
<td>Southern Alberta Institute of Urology</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAN</td>
<td>Thunder Bay Regional Health Science Centre</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RE</td>
<td>Beacon Private Hospital Dublin</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RE</td>
<td>Beaumont Hospital</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RE</td>
<td>Beth Israel Deaconess Medical Center</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RE</td>
<td>Cork University Hospital</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RE</td>
<td>Galway University Hospital</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RE</td>
<td>Mater Misericordiae University Hospital</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RE</td>
<td>Mater Private Hospital</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RE</td>
<td>St. Luke's Hospital</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RE</td>
<td>St James Hospital</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RE</td>
<td>St Vincent's University Hospital</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RE</td>
<td>University Hospital Waterford</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>Aberdeen Royal Infirmary</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>Addenbrookes Hospital</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>BSH (Royal Sussex Hospital)</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>Charing Cross Hospital</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>Great Western General Hospital</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>Guy's and St. Thomas Hospital</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>Kent &amp; Canterbury Hospital</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>London Regional Cancer Program</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>Nottingham City Hospital - City Campus</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>Royal Cornwall Hospital</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>Royal United Hospital Bath</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>St Bartholomew's Hospital</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>The Royal Marsden NHS Foundation Trust</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>University Hospital Southampton</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>University of London Hospital</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>Velindre Cancer Centre</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>Western General Hospital</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>USA</td>
<td>Dana-Farber Cancer Institute</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PUBLICATIONS AND PRESENTATIONS

2016 - 2017


Presentations:

Oral Presentations

Lawrence, N. Long-term outcomes of accelerated BEP (bleomycin, etoposide, cisplatin) for advanced germ cell tumors: updated analysis of an Australian multicenter phase II trial. Oral presentation in session: Best of the Best Research in 2016, Medical Oncology Group of Australia Annual Scientific Meeting 2016, August 3-5, Gold Coast, Australia.

Lawrence, N. Long-term outcomes of accelerated BEP (bleomycin, etoposide, cisplatin) for advanced germ cell tumors: updated analysis of an Australian multicenter phase II trial. ANZUP Annual Scientific Meeting 2016, July 10-12, Brisbane, Australia.

Poster Presentations


General information

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

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

The financial statements were authorised for issue, in accordance with a resolution of directors, on 8 May 2017.
The directors of ANZUP Cancer Trials Group Limited (the company) submit their annual financial report for the year ended 31 March 2017.

Directors

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

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

Information on directors

Professor Ian Davis Chair

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

Associate Professor Guy Toner Deputy Chair

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

Dr Nick Buchan

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

Mr Martin Dowling

Mr Martin Dowling has been an ANZUP Director since 2013 and on the Treasury Committee since 2015. He is currently Chairman of QLeave CCI and Chief Financial Officer of the Haynes Group. He has held executive and senior management level financial and commercial roles at some of the largest companies in the world in their respective industries. He has a Bachelor of Commerce and MBA degree and is a Fellow of CPA Australia and a graduate member of the Australian Institute of Company Directors.
Mr Joe Esposito

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

Ms Linda Martin

Ms Linda Martin is the Chief Executive Officer of the MOVE muscle, bone & joint health, a not for profit focussed on health sector reform in musculoskeletal health. Linda has steered this organisation through major brand and governance change and until recently was also Company Secretary. She is a Board Director for ANZUP Cancer Trials Group Limited. Linda spearheaded the establishment of the Musculoskeletal Clinical Leadership Group in Victoria and was an inaugural member of this group. She has been on a number of University and Research Advisory Committees. She is currently an industry representative on the Monash University, School of Public Health and Preventive Medicine Postgraduate Courses Committee and a member of the Stakeholder Advisory Council for the Centre for Research Excellence in Total Joint Replacement.

Linda has had previous roles as a Senior Executive in the Victorian Public Service, working in the community services and health sectors. She has also been Managing Director of management consultancy firm and a lecturer in Social Work at the University of Melbourne.

Linda consulted in the health and community service sectors and also in other diverse industries such as banking, insurance and transport safety. She has worked in public, private and not for profit organisations. Her focus has been on governance, strategic and business planning, project and change management, business system development and the development of strategic alliances and networks.

She has a Bachelor of Arts, Bachelor of Social Work and Diploma of Education from Monash University and a Master of Social Work from the University of Melbourne.

Associate Professor Shomik Sengupta

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

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

<table>
<thead>
<tr>
<th>Directors’ meetings</th>
<th>Number eligible to attend</th>
<th>Number attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ian Davis</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Guy Toner</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Nicholas Buchan</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Martin Dowling</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Joe Esposito</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Glenn Ferguson</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Linda Martin</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Henry Woo</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Shomik Sengupta</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

Principal Activity

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

Company Secretary

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

Professor Henry Woo

Henry Woo is a urological surgeon sub-specialised in the treatment of prostate disease. He is Professor of Surgery at the Sydney Adventist Hospital Clinical School of the University of Sydney. He is the Director of Uro-Oncology and the Professor of Robotic Cancer Surgery at the Chris O’Brien Lifehouse. He is also a Board Director of the charitable Australasian Urological Foundation. He is an associate editor of the journal Prostate Cancer Prostate Diseases and serves on the editorial boards of European Urology, BJU International, Asian Journal of Urology and Prostate International.

He regularly reviews manuscripts for major urological journals including European Urology, BJUI, Journal of Urology, Urology, Nature Reviews Urology and Journal of Endourology. He has over 140 publications in peer reviewed journals and several book chapters.

He also has interests in the role of social media in healthcare and is the coordinator of the International Urology Journal Club on Twitter and Urology Green List. He regularly blogs and has published on Croakey, KevinMD and BJUI Blogs as well as his personal blog site. He can be found on Twitter@DrHWoo.
ANZUP Cancer Trials Group Limited
Directors’ Report continued
31 March 2017

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

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

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

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

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

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

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

Indemnification of officers and auditors
The company has paid premiums to insure each director against liabilities for costs and expenses incurred by them in defending any legal proceedings arising out of their conduct involving a wilful breach of duty in relation to the company. The amount of the premium paid during the period was $3,100.

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

Signed in accordance with a resolution of Directors.

Ian Davis
Chairman
Sydney, 8 May 2017
DECLARATION OF INDEPENDENCE BY PAUL CHEESEMAN TO THE DIRECTORS OF ANZUP CANCER TRIALS GROUP LIMITED

As lead auditor of ANZUP Cancer Trials Group Limited for the year ended 31 March 2017, I declare that, to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit.

Paul Cheeseman
Partner

BDO East Coast Partnership

Sydney, 8 May 2017
ANZUP Cancer Trials Group Limited  
Statement of Profit or Loss and Other Comprehensive Income  
For the year ended 31 March 2017

<table>
<thead>
<tr>
<th>Notes</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>2,593,259</td>
<td>1,660,602</td>
</tr>
<tr>
<td>Employee benefits expenses</td>
<td>(523,845)</td>
<td>(395,686)</td>
</tr>
<tr>
<td>Administration expenses</td>
<td>(1,056,873)</td>
<td>(990,204)</td>
</tr>
<tr>
<td><strong>Net income for the year</strong></td>
<td>1,012,541</td>
<td>274,712</td>
</tr>
<tr>
<td><strong>Other comprehensive income for the year</strong></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total comprehensive income</strong></td>
<td>1,012,541</td>
<td>274,712</td>
</tr>
</tbody>
</table>

The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes.
## Statement of Changes in Equity
For the year ended 31 March 2017

<table>
<thead>
<tr>
<th>Notes</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### Current assets
- Cash and cash equivalents 5
  - 2017: 1,070,573
  - 2016: 1,185,335
- Other financial assets 6
  - 2017: 2,471,993
  - 2016: 1,554,361
- Trade and other receivables 7
  - 2017: 393,348
  - 2016: 173,312
- Total current assets
  - 2017: 3,935,914
  - 2016: 2,913,008

### Non-current assets
- Office equipment 8
  - 2017: 2,257
  - 2016: 4,869
- Total non-current assets
  - 2017: 2,257
  - 2016: 4,869

### Total assets
- 2017: 3,938,170
- 2016: 2,917,877

### Current liabilities
- Trade and other payables 9
  - 2017: 549,483
  - 2016: 562,373
- Employee benefits
  - 2017: 33,545
  - 2016: 16,746
- Total current liabilities
  - 2017: 583,028
  - 2016: 579,119

### Non-current liabilities
- Employee benefits
  - 2017: 18,534
  - 2016: 14,691
- Total non-current liabilities
  - 2017: 18,534
  - 2016: 14,691

### Total liabilities
- 2017: 601,561
- 2016: 593,810

### Net assets
- 2017: 3,336,609
- 2016: 2,324,067

### Equity
- Retained earnings
  - 2017: 3,336,609
  - 2016: 2,324,067
- Total equity
  - 2017: 3,336,609
  - 2016: 2,324,067

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 2017

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

<table>
<thead>
<tr>
<th></th>
<th>Retained earnings</th>
<th>Total equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 April 2015</td>
<td>2,049,355</td>
<td>2,049,355</td>
</tr>
<tr>
<td>Net income for the year</td>
<td>274,712</td>
<td>274,712</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td>274,712</td>
<td>274,712</td>
</tr>
<tr>
<td><strong>Balance as at 31 March 2016</strong></td>
<td><strong>2,324,067</strong></td>
<td><strong>2,324,067</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Retained earnings</th>
<th>Total equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 April 2016</td>
<td>2,324,067</td>
<td>2,324,067</td>
</tr>
<tr>
<td>Net income for the year</td>
<td>1,012,541</td>
<td>1,012,541</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td>1,012,541</td>
<td>1,012,541</td>
</tr>
<tr>
<td><strong>Balance as at 31 March 2017</strong></td>
<td><strong>3,336,608</strong></td>
<td><strong>3,336,608</strong></td>
</tr>
</tbody>
</table>

The above statement of changes in equity should be read in conjunction with the accompanying notes.
ANZUP Cancer Trials Group Limited
Statement of Cash Flows
For the year ended 31 March 2017

<table>
<thead>
<tr>
<th>Notes</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Cash flows from operating activities

Receipts from grants (inclusive of GST) 751,499 1,036,233
Receipts from sundry income (inclusive of GST) 963,134 788,150
Receipts from donations (inclusive of GST) 799,685 293,671
Interest received 59,935 48,325
Payments to suppliers and employees (1,770,800) (1,443,090)

Net cash inflow from operating activities 12 803,453 723,289

Cash flows from investing activities

Payments for office equipment (584) (2,359)
Investing in long-term bank deposits (917,631) (43,091)

Net cash outflow from investing activities (918,215) (45,450)

Cash flows from financing activities

Net cash outflows from financing activities - -

Net increase/(decrease) in cash and cash equivalents (114,762) 677,839
Cash and cash equivalents at the beginning of the year 1,185,335 507,496

Cash and cash equivalents at the end of the year 5 1,070,573 1,185,335

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

This financial report covers ANZUP Cancer Trials Group Limited (the company) as an individual entity for the year ended 31 March 2017. The company is limited by guarantee and is incorporated and domiciled in Australia. The financial statements are presented in Australian dollars, which is the company's functional and presentation currency.

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

New, revised or amending Accounting Standards and Interpretations adopted

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

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

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

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

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

Basis of preparation

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

Historical cost convention

The financial report has been prepared on an accrual basis and is based on historical costs. Cost is based on the fair values of the consideration given in exchange for assets.
being exchanged or used to settle a liability for at least twelve months after the reporting period. All other assets are classified as non-current.

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

(e) Cash and cash equivalents

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

(f) Plant and equipment

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

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

Office equipment – reducing balance at 20%.

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

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

(g) Trade and other receivables

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

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

(h) Trade and other payables

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

(i) Deferred income

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

(j) Employee benefits

Short-term employee benefits

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

Other long-term employee benefits

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

(k) Goods and Services Tax (GST)

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

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

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

(l) Other financial assets

Other financial assets are initially measured at fair value. Classification is determined based on the purpose of the instrument. Financial assets are derecogised when the rights to receive cash flows have been transferred.
Note 2. Critical accounting judgements, estimates and assumptions

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

Estimation of useful lives of assets

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

Employee benefits provision

As discussed in note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.
Notes 2017 2016

<table>
<thead>
<tr>
<th>Notes</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Note 3. Revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant income</td>
<td>824,263</td>
<td>554,082</td>
</tr>
<tr>
<td>Donations</td>
<td>799,685</td>
<td>289,446</td>
</tr>
<tr>
<td>Honorariums</td>
<td>13,211</td>
<td>30,699</td>
</tr>
<tr>
<td>Corporate Supporter Program</td>
<td>245,285</td>
<td>160,682</td>
</tr>
<tr>
<td>Annual Scientific Meeting</td>
<td>633,882</td>
<td>549,128</td>
</tr>
<tr>
<td>Interest income</td>
<td>72,789</td>
<td>65,401</td>
</tr>
<tr>
<td>Sundry income</td>
<td>4,144</td>
<td>11,164</td>
</tr>
<tr>
<td></td>
<td>2,593,259</td>
<td>1,660,602</td>
</tr>
<tr>
<td>Note 4. Administration expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant funding</td>
<td>267,936</td>
<td>212,577</td>
</tr>
<tr>
<td>Accounting and auditing fees</td>
<td>33,563</td>
<td>30,034</td>
</tr>
<tr>
<td>Annual Scientific Meeting expense</td>
<td>266,360</td>
<td>283,969</td>
</tr>
<tr>
<td>Consulting fees</td>
<td>49,272</td>
<td>16,824</td>
</tr>
<tr>
<td>Information technology</td>
<td>20,444</td>
<td>18,404</td>
</tr>
<tr>
<td>Insurance</td>
<td>24,812</td>
<td>26,522</td>
</tr>
<tr>
<td>Registration</td>
<td>12,849</td>
<td>21,266</td>
</tr>
<tr>
<td>Travel and accommodation</td>
<td>115,872</td>
<td>99,107</td>
</tr>
<tr>
<td>Catering and conference</td>
<td>31,227</td>
<td>64,654</td>
</tr>
<tr>
<td>Telephone and teleconferencing charges</td>
<td>6,904</td>
<td>8,424</td>
</tr>
<tr>
<td>Rent</td>
<td>16,944</td>
<td>10,693</td>
</tr>
<tr>
<td>Depreciation</td>
<td>3,197</td>
<td>2,359</td>
</tr>
<tr>
<td>Marketing expenses</td>
<td>74,431</td>
<td>134,044</td>
</tr>
<tr>
<td>Sundry expenses</td>
<td>65,971</td>
<td>61,327</td>
</tr>
<tr>
<td>Pedalthon expenses</td>
<td>67,091</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>1,056,873</td>
<td>990,204</td>
</tr>
<tr>
<td>Note 5. Current assets - cash and cash equivalents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash at bank</td>
<td>1,070,573</td>
<td>1,185,335</td>
</tr>
<tr>
<td>Note 6. Current assets – other financial assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Term deposits</td>
<td>2,471,993</td>
<td>1,554,361</td>
</tr>
<tr>
<td>Note 7. Current assets - trade and other receivables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade receivables</td>
<td>299,940</td>
<td>115,796</td>
</tr>
<tr>
<td>Other receivables</td>
<td>93,408</td>
<td>57,516</td>
</tr>
<tr>
<td></td>
<td>393,348</td>
<td>173,312</td>
</tr>
</tbody>
</table>
ANZUP Cancer Trials Group Limited
Notes to the financial statements continued
For the year ended 31 March 2017

Notes to the financial statements continued
For the year ended 31 March 2017

<table>
<thead>
<tr>
<th>Notes</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office equipment - at cost</td>
<td>12,931</td>
<td>12,346</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(10,674)</td>
<td>(7,477)</td>
</tr>
<tr>
<td></td>
<td>2,257</td>
<td>4,869</td>
</tr>
</tbody>
</table>

*Movements in carrying amounts*

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying amount at beginning of year</td>
<td>4,869</td>
<td>4,869</td>
</tr>
<tr>
<td>Additions</td>
<td>585</td>
<td>2,359</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(3,197)</td>
<td>(2,359)</td>
</tr>
<tr>
<td></td>
<td>2,257</td>
<td>4,869</td>
</tr>
</tbody>
</table>

**Note 9. Current liabilities - trade and other payables**

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade payables</td>
<td>12,091</td>
<td>96,418</td>
</tr>
<tr>
<td>Accruals</td>
<td>130,428</td>
<td>87,942</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>406,964</td>
<td>378,013</td>
</tr>
<tr>
<td></td>
<td>549,483</td>
<td>562,373</td>
</tr>
</tbody>
</table>

**Note 10. Remuneration of auditors**

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

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit of the financial report</td>
<td>4,200</td>
<td>4,100</td>
</tr>
<tr>
<td>Other services - assistance with preparation of the financial report</td>
<td>2,250</td>
<td>2,200</td>
</tr>
<tr>
<td></td>
<td>6,450</td>
<td>6,300</td>
</tr>
</tbody>
</table>

**Note 11. Key management personnel disclosures**

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

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key management personnel compensation</td>
<td>208,568</td>
<td>189,915</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net income for the year</td>
<td>1,012,541</td>
<td>274,712</td>
</tr>
<tr>
<td>Depreciation</td>
<td>3,197</td>
<td>2,359</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>(220,036)</td>
<td>161,788</td>
</tr>
<tr>
<td>Increase/ (Decrease) in trade and other payables</td>
<td>(12,890)</td>
<td>273,536</td>
</tr>
<tr>
<td>Increase in employee benefits</td>
<td>20,641</td>
<td>10,894</td>
</tr>
<tr>
<td>Net cash inflow from operating activities</td>
<td>803,453</td>
<td>723,289</td>
</tr>
</tbody>
</table>
Note 13. Related party transactions

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

Transactions with related parties
During the year, the company received honorariums of $13,211 (2016: $30,699). These honorariums were in relation to speaking engagements undertaken by Ian Davis.

Receivable from and payable to related parties
There were no trade receivables, trade payables or loans to or from related parties as at year end (2016: nil).

Note 14. After balance date events
No other matters or circumstances have arisen since the end of the year which may significantly affect the operations of the company, the results of those operations, or the state of affairs of the company in subsequent years.

Note 15. Contingent liabilities and capital commitments
The company has no contingent liabilities or capital commitments as at year end (2016: nil).

Note 16. Members’ guarantee
The company is limited by guarantee. If the company is wound up, each member of the company undertakes to contribute to the assets of the company an amount not exceeding $50 for payment of the debts and liabilities of the company including the costs of the winding up. This undertaking continues for one year after a member ceases to be a member of the company.

At 31 March 2017, the number of members was 1,155 (2015: 991).

Note 17. Economic dependence
The company receives valuable infrastructure funding from Cancer Australia to operate the business. At the date of this report, the Directors have no reason to believe that Cancer Australia will not continue to provide funding.

Note 18. Company details
The company’s registered office is:

Level 6, Lifehouse Building
119-143 Missenden Road
Camperdown NSW 2050

The principal place of business of the company is:

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

1. The financial statements, comprising the statement of profit or loss and other comprehensive income, statement of financial position, statement of cash flows, statement of changes in equity, and accompanying notes, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act) and:
   a. comply with Australian Accounting Standards – Reduced Disclosure Requirements and the Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013; and
   b. give a true and fair view of the entity’s financial position as at 31 March 2017 and of its performance for the year ended on that date.

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

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

Ian Davis
Chairman

Sydney, 8 May 2017
INDEPENDENT AUDITOR’S REPORT

To the members of ANZUP Cancer Trials Group Limited


Opinion

We have audited the financial report of ANZUP Cancer Trials Group Limited, which comprises the statement of financial position as at 31 March 2017, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial report, including a summary of significant accounting policies, and the responsible entities’ declaration.

In our opinion, except for the possible effects of the matters described in the Basis for Qualified Opinion paragraph, the accompanying financial report of ANZUP Cancer Trials Group Limited is in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act, including:

(i) Giving a true and fair view of the registered entity’s financial position as at 31 March 2017 and of its financial performance for the year ended on that date; and

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

Basis for Qualified Opinion

Cash donations are a significant source of fundraising revenue for ANZUP Cancer Trials Group. The registered entity has determined that it is impracticable to establish control over the collection of cash donations prior to entry into its financial records. Accordingly, as the evidence available to us regarding fundraising revenue from this source was limited, our audit procedures with respect to cash donations had to be restricted to the amounts recorded in the financial records amounting to $562,341. We therefore are unable to express an opinion whether cash donations that ANZUP Cancer Trials Group Limited recorded are complete.

Auditor’s Responsibility

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

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

The responsible entities of the registered entity are responsible for the other information. The other information comprises the information in the registered entity’s annual report for the year ended 31 March 2017, but does not include the financial report and our auditor’s report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

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

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

Responsibilities of the responsible entities for the Financial Report

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

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

The responsible entities of the registered entity are responsible for overseeing the registered entity’s financial reporting process.

Auditor’s responsibilities for the audit of the Financial Report

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

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website [http://www.auasb.gov.au/Home.aspx] at:
This description forms part of our auditor’s report.

BDO East Coast Partnership

Paul Cheeseman
Partner
Sydney, 8 May 2017
HOW YOU CAN HELP

**Kick off a pilot study**
Invest in a pilot study to test the feasibility or promising drug therapies, surgical methods, postoperative care and palliative care options

$50k–$250k

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

$1m–$5m

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

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

FIND OUT MORE

Get in touch
www.anzup.org.au

Find out about our Trials

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

View our UPdate Newsletter

View our A Little Below the Belt, consumer magazine

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

Join Friends of ANZUP

Donate and help fund a trial