If these results are confirmed clinically, it has the potential to radically change practice in treating prostate cancer with radiotherapy.

At the recent ANZUP Annual Scientific Meeting in Sydney, Professor Ted DeWeese from the Department of Radiation Oncology at Johns Hopkins University was one of the invited international speakers. In the first plenary session, he delivered a talk that could herald a paradigm shift in the management of prostate cancer (PC). The current standard of care for intermediate or high risk PC treated with curative radiotherapy (XRT) is to administer androgen deprivation therapy (ADT) before, during and after treatment for a period of six months or longer. Prof DeWeese went back to the origin of this treatment sequence, which arose out of a post-hoc analysis of pre-treatment factors in a randomized trial (RTOG 75-06) comparing pelvic radiotherapy with or without para-aortic extension. The substantial body of evidence subsequently accumulated has never questioned the assumption that ADT needs to be initiated before or concurrently with XRT. This stands in stark contrast to the standard treatment in breast cancer, where XRT is completed prior to starting hormonal therapy.

Prof DeWeese shared preclinical data showing that in PC cell lines, androgens induce double-strand breaks in DNA, thereby potentiating radiation-induced cell-death. This led to animal model studies where radiation to PC xenografts was associated with greater tumour control when administered after restoration of androgens compared to administration during androgen suppression.

If these results are confirmed clinically, it has the potential to radically change practice in treating PC by XRT. Early trials of androgen therapy are already underway in patients with advanced PC, and further results will be keenly awaited.

SHOMIK SENGUPTA
ANZUP Scientific Advisory Committee
EVENT OVERVIEW

Riding for 4 hours to defeat 4 cancers
Testicular, prostate, kidney & bladder cancers

Whether you’re an avid cyclist, new to the sport or just looking for a challenge – the “Below the Belt Pedalthon” is the race for you. As the name suggests, teams of up to 6 are challenged to ride as many laps as possible within 4 hours. Testing true teamwork and strategy, riders may ride for as many or as few laps as possible.

Have an industry rival? Looking for an excuse to challenge your peers? Bring it to the track! In 2014, 248 riders from 35 teams across several industries did more than 3,500 laps in the 4 hours.

In the spirit of bygone corporate golf days, Pedalthon promises to provide a unique occasion to network with other enthusiastic cyclists from the business community, promote teamwork and bonding in the pit lane and to enjoy yourself at one of Sydney’s finest closed track racing circuits.

How are you helping? All funds raised will benefit ANZUP Cancer Trials Group in their efforts to improve treatments and outcomes for those affected by urogenital (prostate, testicular, kidney and bladder) cancers. These more common, but less glamorous “below the belt” cancers account for more than 27,500 cancers diagnosed in Australia every year. We need your help to fund more trials.

PACKAGE HIGHLIGHTS
- Regular training schedules and tips provided by Australian cycling icons Brad McGee and Ben Kersten
- Individual pit lane garage for your team available for the day
- Access to mechanic, masseuse, food and drink
- Charity contribution
- Finishers’ awards and cycling goody bag
- Post ride event and function
- Complimentary 2015 BTB jersey

Cost
$2,000 per team excl GST

Event details
Tuesday 1st September 2015

7:30am: Registration
8:30am: Event & Safety Briefing
9:00am: 3 Hour Team Challenge
12:00pm: Sprint Challenge
1:00pm: Lunch, Awards, Celebration

#BTBpedal15

www.belowthebelt.org.au
Hello and welcome to ‘UPdate’

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Message from the Chair

Welcome to the August 2015 edition of the newsletter of the Australian & New Zealand Urogenital and Prostate Cancer Trials Group Ltd (ANZUP).

I am writing this soon after New Horizons blazed through the Pluto system, breaking new ground in science and opening our eyes to new possibilities and the marvels of what is around us. New Horizons has a fair way to go now to its next target, and very much further to go if it hopes to catch up to ANZUP. The flyby occurred just a few hours after the completion of our 2015 Annual Scientific Meeting in Sydney, which coincidentally broke new ground in science, opened our eyes to new possibilities and you can guess the rest. Feedback on the meeting was collected and is being considered as we begin (already!) to plan for 2016.

1. ASM 2015

Once again, though, we celebrate the fact that we can all meet together in a fantastic atmosphere of great science, productive conversations, broad-based multidisciplinary engagement, unfettered creativity, and simply great fun. How often are we able to describe a conference in terms like that? The ASM broke several records but in addition to the brilliance of the main meeting program and our local and international speakers, we also had another successful MDT Masterclass and a very well-attended Community Engagement Forum. This means that our message and influence continues to spread through the wider community, both medical/scientific and the general community. Our tweeters managed to reach over 1 million Twitter accounts, which is quite staggering. You will read more about the ASM elsewhere in the newsletter. Many thanks to our tireless convening committee led by Venu Chalasani, the ANZUP team under Marg McNannett’s wise leadership, and our conference team at YRD led by Kate Murphy. Thanks also to all of our sponsors who made the meeting possible.

Some may have left the ASM thinking they were going back to work for a rest but evidence would suggest that is unlikely to be the case. ANZUP’s trials are going...
from strength to strength so there is still plenty for us to do! Our two large international prostate cancer trials, ENZAMET and ENZARAD, are now well out into the Kuiper Belt of trial accrual and showing signs of continued acceleration. The accelerated BEP phase 3 trial has received a gravity assist from international groups and is now starting to accrue well. The Pain Free TRUS B study is moving to the launch pad. The BL12 trial in advanced urothelial cancer came to us from extra-terrestrials in Canada and is now accruing in Australia. It is possible that my space obsession has led me to mangle this metaphor a bit too far. ANZUP continues several other trials either actively recruiting or in follow-up and all of them share the characteristic that they will make a difference to our patients. That is why we are here.

2. Coming Up

ANZUP continues to ramp up its other activities as well. Once again we are planning face-to-face concept development workshops for later in the year. We are planning a Best Of meeting to be held in October. We have already contributed to several other meetings (USANZ, TROG, NCIC CTG) and more are to come. One very exciting initiative is the ANZUP GU Preceptorship in Prostate Cancer planned for November in Melbourne. This builds on the success of similar programs run by AGITG and ALTG (the gastrointestinal and lung cancer cooperative trials groups) and we are very fortunate indeed to have the expertise of Eva Segelov and Jeremy Shapiro in leading the ANZUP Preceptorship program. There was rapidly very intense interest in the program and we look forward to running it and seeing it continue into the future.

The second Below the Belt Pedalthon (www.belowthebelt.org.au) will take place in Sydney on 1 September 2015. The 2014 event was very successful and this year the Pedalthon is officially sanctioned by Cycling Australia so we are hopeful it will be even bigger and better. The Pedalthon was the brain child of Simon Clarke who saw a need and envisioned a way to meet it. It is remarkable and truly humbling to see what can happen when people pull together in such an effective way. If you’re an avid cyclist, or just want to have a bit of fun, why not sign up or get a team together? Even if you don’t, you are still invited to support the event through promoting it or sponsoring a participant or a team.

3. Changing Board

Several directors were required under the Constitution to step down this year and were able to renominate. All of them except one did renominate, leaving one vacancy for which there was one nomination received from the membership. That meant that no election was required to be held. I am delighted also to announce that Guy Toner, Henry Woo, Joe Esposito and I have been re-elected as directors and also to welcome Shomik Sengupta as our new elected director. Shomik brings a wealth of experience and, as many of you know, has already had key roles in many ANZUP activities. We are very glad to have him with us and I personally am delighted that so many of the other directors chose to stand for re-election. Unfortunately Liz Kenny, one of our inaugural directors, was unable to re-stand due to her many other commitments and we must farewell her from the Board. Anyone who knows Liz knows how much she is in demand and how generous she is of her time and wisdom. She is not leaving ANZUP but we will certainly miss her on the Board. Thank you Liz for such stalwart and faithful support over the years: you are one of the reasons we are where we are today.

ANZUP finds itself in a strong position and the wider universe awaits us. We celebrate our successes but every time we are in the ward, the clinic, the lab, or the presence of someone we love who is affected by one of these cancers, we know we still have a lot to do and a long way to go.

Please enjoy this edition of UPdate.

IAN DAVIS
Chair, ANZUP
ANZUP ASM 2015 Convenor’s Report:

This year’s ASM was held at the Sofitel Wentworth in Sydney, and brought together medical and radiation oncologists, urologists, nurses, psychologists, researchers and other health professionals to review and discuss the new developments in urological oncology. We were privileged once again to have outstanding international speakers: Chris Sweeney, Brian Rini, Ted DeWeese and Bertrand Tombal, as well as many fantastic local speakers. The theme “Redefining Personalised Medicine” saw a focus around treatments that are tailored to encompass prevention, diagnosis, prognosis and psychological support for patients.

The Annual General Meeting gave Ian Davis, ANZUP Chair, an opportunity to update members on the state of the organisation, our 2016-2018 Strategic Plan and a brief overview of current and future trials.

Sunday saw a number of different exciting sessions. The ANZUP “Multi-Disciplinary Team (MDT) Masterclass” offered a case based workshop with a series of panel discussions. At the same time we once again convened our Community Engagement Forum “A little below the belt”.

Sunday night’s Evening Symposium saw presentations from our international faculty Chris Sweeney on “Precision Medicine in Prostate Cancer”, and Brian Rini on “Optimising Current Systemic Therapy in Metastatic RCC”. Amongst Monday’s presentations was a unique panel discussion around PSA testing. The Prostate Cancer Foundation of Australia partnered with Cancer Council Australia to discuss the development of evidence based national clinical guidelines. There was a Best of the Best Oral session as well as Poster presentations from ANZUP members.

Tuesday opened with a clinical trial concept development workshop. ANZUP members presented their concepts and received valuable feedback from other members as well as our visiting international experts. Professor Tombal subsequently discussed the future potential for MRI in prostate cancer, both for localised disease and metastatic disease. Other talks included Professor James Kench explaining the new 1 to 5 histological grading system for prostate cancer, and Professor Emmett showcasing the new imaging modality of PSMA-PET fusion. The presentations ended with an insightful and provoking panel debate on the safe incorporation of new technologies in clinical practice and the best way forward.

A series of awards were presented including the annual Tolmar ANZUP Clinical Research Fellowship. This year it was awarded to Dr Ian Vela, a Urologic Oncologist at the Princess Alexandria Hospital, Brisbane.

The event generated a lot of wider discussion, good press and impressions through #ANZUP15 on Twitter. The event was only made possible with the ongoing support of our Sponsors: Platinum Sponsors Jansen and the Prostate Cancer Foundation of Australia; Gold Sponsors Sanofi, Novartis, Amgen and Astellas; Silver Sponsors Ferring, IPSEN, Tolmar, Cancer Institute NSW, Pfizer and Bayer; as well as other major supporter Macquarie Bank who sponsored the ASM Welcome Reception. ANZUP also acknowledges the support we receive from the Federal Government through Cancer Australia’s infrastructure funding.

We were very fortunate to have an extraordinary convening committee which included Joseph Bucci, Ian Davis, Haryana Dhillon, Howard Gurney, Kathryn Hall, George Hruby, Belinda Jago, Carmel Pezaro, David Pook, Weranja Ranasinghe, Kathryn Schubach, Shomik Sengupta, David Smith, Andrew Weickhardt and Henry Woo. I am also very grateful to all the ANZUP subcommittee chairs for their expedient review of submitted abstracts and concepts to ensure we made our tight timelines.

My thanks also to the ANZUP secretariat and the YRD team who brought it all together to ensure a hugely successful meeting.

VENU CHALASANI,
2015 Convenor
“The highlight for me has been the Masterclass on the first day which I participated in. I thought that was a really interesting experience in terms of educational focus for trainees, registrars and young clinicians as well. I think it’s something I’ll certainly take back to the trainees back home, let them know about it and make sure they get involved in future.”

NICK BUCHAN, UROLOGIST AND ANZUP BOARD MEMBER

Ian Vela accepts the Tolmar ANZUP Clinical Research Fellowship from Ian Davis and Tolmar’s Danny Dimitropoulos

THANKS TO OUR ASM SPONSORS

ANZUP acknowledges this year’s major sponsors. Without their support, the ASM could not have been such a great success. Our sincere thanks go to this year’s ASM sponsors:

PLATINUM:

GOLD:

SILVER:

EVENING SYMPOSIUM:

TRAVEL FELLOWSHIPS:

MDT MASTERCLASS:

WELCOME RECEPTION:

BEST OF THE BEST:

MDT MASTERCLASS TRANSPOUNDER SPONSOR

EXHIBITORS

SAVE THE DATE!

Please save the date for our next ANZUP ASM. We look forward to seeing you in

BRISBANE

10-12 JULY 2016

#ANZUP16
Annual Scientific Meeting Survey Results 2015

ASM ATTENDEES - BY PROFESSION

- 29% Medical Oncologists
- 25% Urologists
- 25% Nurses
- 9% Psychologists
- 4% Scientists
- 6% Allied Health

DAYS ATTENDED

- MDT Masterclass (Sun): 82%
- MDT Masterclass (Mon): 95%
- MDT Masterclass (Tue): 85%

FELT THE ASM MET THEIR EDUCATIONAL NEEDS: 98.5%

SAID THEY WOULD MAKE CHANGES TO THEIR PRACTICE ARISING FROM THE CONFERENCE: 48%

WOULD ATTEND/RECOMMEND TO OTHERS TO ATTEND FUTURE ANZUP CONFERENCES AND EVENTS: 98%

ANZUP MULTI DISCIPLINARY TEAM (MDT) MASTERCLASS

- 145 Total Tweeters
- 1,275,040 Total Impressions

OVERALL RATING FOR THE MDT MASTERCLASS: Good or Very good

- 97% for Content & Topics
- 97% Expertise & Contribution of Panelists
- 89% Overall Utility for Practice

CONSULTANTS: 42%
NURSES: 19%
MEDICAL ONCOLOGISTS: 26%
OTHER: 13%
“As always it’s been a great combination of international and local speakers, I’ve learned a lot and interacted with a lot of old and new friends.”

SHOMIK SENGUPTA
“It’s been really wonderful to meet lots of people, learn about a lot of things, in clinical trials and in testicular cancer which is my area. Everyone’s been really supportive here!”

JASON GREY, FIRST TIME ATTENDEE AND CANCER SURVIVOR

Thanks to Liz Ryan and the Bayer team for supporting our Travel Fellowships!

Ian Davis, Liz Ryan (Bayer) with recipients Surein Arulananda, Ross Calopedos, Yada Kanjanapan, Michael Lee, Shiva Nair, Natasha Roberts, Dhanusha Sabanathan, Manmeet Saluja, Sandhu Shahneen, Shankar Siva, Allan ‘Ben’ Smith, Javier Torres, Annie Wong, Richard Woodford

Fundraising session with Simon Clarke live from New York

Ted DeWeese and Venu Chalasani enjoying the debate

Bertrand Tombal presenting on treatment of localized high risk prostate cancer

SEE ALL THE PHOTOS FROM THE 2015 ASM AT:
The Forum brought diverse experts together to provide the public with information about ANZUP and discuss the importance of clinical trials in improving treatment for people diagnosed with prostate and urogenital cancers. The panel took questions from the floor covering topics from the rising costs of treatment, to the latest clinical trials and how to source credible health information online.

Thanks to our members and marketing we engaged 120 community members. Up 100% from last year.

Ian Davis was joined by panellists to discuss the issues around cancer, trials and care before taking questions from the floor. Annabel Childs and Denis Cubis gave both a nurse and patient perspective on a clinical trial. Shomik Sengupta gave an overview of ANZUP’s clinical trials. Suzanne Chambers talked about quality of life matters and Belinda Jago spoke to the need to engage consumers more in trials. Haryana Dhillion and guest speaker ABC Health journalist Sophie Scott discussed the issues around sourcing credible information. Deme Karikios spoke of the challenges of rising costs of cancer care on patients and doctors alike.

A BIG THANK YOU TO ALL OF OUR SPEAKERS AS WELL AS LEONIE YOUNG AND JOHN STUBBS FOR HOSTING OUR AFTERNOON.

“WELL DONE! A FULL PROGRAM OF INTERESTING TOPICS.”
- First time attendee"
Hello’s and Goodbye’s...

Liz Kenny

Stepping down from the board
It is with great sadness that we report that Liz Kenny has stepped down from the ANZUP Board and from her role as treasurer. Liz Kenny graduated in Medicine from The University of Queensland and completed her specialty training in Radiation Oncology at The Queensland Radium Institute. In 2005 she was appointed as Medical Director, Central Integrated Regional Cancer Service and is committed to improving Cancer Services in Queensland.

Liz has served as The Dean of The Faculty of Radiation Oncology, The Royal Australian and New Zealand College of Radiologists and The President of The Clinical Oncological Society of Australia. She is a past President of The Royal Australian and New Zealand College of Radiologists and currently serves as the Clinical Lead for the Queensland Health Imaging Program.

As a founding ANZUP Board member, Liz has dedicated 6 years of service to helping lead and guide ANZUP to become what it is today. We thank her greatly for all her time and effort and wish her the very best in the future.

Shomik Sengupta

New board member
ANZUP would like to warmly welcome Shomik Sengupta as our newest Board member.

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 and is currently the chair of the Victorian training committee and leader of the GU Oncology advisory group within USANZ. He has completed a Masters in Surgery (2002) and a Doctorate in Medicine (2014) through the University of Melbourne and has more than 70 original publications to date.

All this combined with his experience as the convenor of the 2013 ANZUP ASM means he brings a wealth of knowledge to the ANZUP Board.

Andrew “AJ” Tennant

New ANZUP officer
AJ joins the ANZUP team 3 days a week as the new Internal Communications and Project Manager.

Having trained in Law, AJ has almost a decade of experience working in marketing and advertising. For years he worked on writing and delivering campaigns for major brands and products. At the same time he sat on the board of small not-for-profits as a marketing expert.

Now he brings his experience in communication, PR and social media to ANZUP. He is motivated by an ongoing desire to get the great research and achievements of cancer combating professionals in front of both their peers and the wider community.

Damien Thomson

Retiring
After a long and distinguished career one of ANZUP’s favourite members is retiring. Dr Damien Thomson has been a pre-eminent staff specialist and Director of Medical Oncology and Associate Professor at Princess Alexandra Hospital Brisbane. Apart from his involvement with ANZUP, Damien has served a Board Member of the Winston Churchill Memorial Trust and Queensland Chairman – helping support Australians travel overseas to conduct research. It was fitting for ANZUP to award him one of our very first travel scholarships at our 2011 Annual Scientific Meeting for his great work. We wish him all the best.
Melbourne Urologist Shomik Sengupta is the newest member of the ANZUP board.

We sat down to find out a little more about our newest board member:

1. What’s something different that very few people in ANZUP would know about you?
   I play the “tabla” - an Indian hand drum.

2. Why did you originally join ANZUP? Who got you on board?
   I have always been interested in clinical research, and the aims and philosophy of the group really appealed to me. Ian Davis was instrumental in introducing ANZUP to me, and involving me in its activities.

3. What have you enjoyed most since joining?
   The collegiality and multidisciplinary nature of the group, and the effective processes for bringing research to fruition.

4. What’s your most interesting or funny memory of ANZUP or the ASMs?
   The dance floor at the ASM dinner always throws up some interesting memories!

5. You were the Convenor in 2012, what was that experience like?
   It was the biggest such assignment I have undertaken - it was scary, but also exciting. It was great to have many helping hands along the way, which is typical of ANZUP! When the meeting finally came together it was very satisfying.

6. What are your passions in life?
   My work and my family are the front runners. I love my sport and music as well.

7. What’s one thing (a quality, a skill, piece of knowledge) you hope you can bring to the board?
   Hopefully some surgical precision!

8. Outside of work, what’s your proudest personal achievement?
   My two kids are the biggest achievement of my life.

Meet Shomik Sengupta

ANZUP Membership benefits include:

- Access to a multidisciplinary network for Urogenital and Prostate cancer researchers, including clinicians, nurses, psychologists, scientists, allied health and consumer representatives
- Opportunity to contribute to the scientific and strategic development of ANZUP through its SAC and subcommittees
- Support for the development of investigator-initiated studies
- Mentoring and support of young investigators across all our research activities
- ANZUP newsletter UPDATE and regular sector news updates
- Discounted registration at ANZUP’s annual scientific meeting
- Access to educational resources, workshops and seminars
- Access to grant opportunities
- Voting rights at ANZUP annual general meeting and other general meetings
- Other benefits that will be extended from time to time for members only

Please join the group and take advantage of the many opportunities for training and mentorship. Maybe you’ll be a future leader of genitourinary cancer research, and maybe you’ll make the current leaders less crusty.

There is no membership fee and membership does not need to be renewed annually. Find out more http://anzup.org.au/members.aspx
The SAC met by teleconference on 13 May 2015 and again at its annual face-to-face meeting at the ASM on 12 July 2015. The face-to-face meeting is always a great opportunity for the broader membership to see the operations of the SAC and to think further about how we can all contribute. We had a vigorous discussion and a significant part of the agenda was devoted to thinking about how we function in terms of decision making and setting of priorities. The SAC provides guidance to ANZUP on its wider strategic direction. Sometimes our activities and strategies are linked to opportunities that arise, but we are now in the strong position where we are better able to create opportunities and be competitive internationally. The SAC will undergo a strategic planning process that will inform our direction over the next several years.

The ANZUP SAC is appointed by the Board on the basis of recommendations from various Colleges or special societies. This ensures that we have broad-based multidisciplinary representation, and also that we have clear communication lines from those external entities and back to them. The membership of the SAC is reviewed annually. At this meeting we farewelled Stefano Occhipinti and welcomed Haryana Dhillon as one of the psycho-oncology representatives.

The SAC continues to rely on the creativity and input from the four disease-specific subcommittees, the Quality of Life and Supportive Care subcommittee, the Correlative and Translational Research subcommittee, and the Consumer Advisory Panel which provides members to the other committees also. Each of these groups is very active and productive and we thank everyone who contributes. If you are interested but not yet participating, please let us know and we will add your details to the circulation lists so that you can contribute at whatever level you feel comfortable. We also encourage new members and in particular our trainees to participate, become familiar with how the organisation works, and in due course take on leadership roles themselves.

The SAC looks forward to another productive set of Concept Development Workshops as well as the existing processes by which trial ideas are born and developed.

IAN DAVIS
Chair, Scientific Advisory Committee

Queen’s Birthday Honours

Judith Clements

An award is a quite an achievement, a recognition from the Queen is something else. We’d like to recognise the outstanding work of Professor Judith Ann Clements. This year she was recognised for her eminent service to the biological sciences with a Companion (AC) in the General Division of the Order of Australia. Judith has worked to improve the understanding of cancers, particularly prostate cancer, as an advocate for the development of biomedical research facilities, and to the training of scientists.

Congratulations Judy, from everyone at ANZUP.
Clearly the major recent event has been the ANZUP ASM held at the Sofitel Hotel, Sydney. The ASM goes from strength to strength. A remarkable international faculty brought a global perspective to the meeting with excellent contributions from across the ANZ membership and invited national speakers. In addition to the MDT masterclass and ANZUP in action sessions, bladder highlights from the meeting included insights into optimal patients for bladder preservation from Farshad Faroudi, how to manage patients without availability of BCG from Paul Anderson and early data concerning the development of a new tool assessing patient reported outcomes in NMIBC delivered by Claudia Rutherford. This work, under the oversight of Manish Patel and colleagues has led to an NHMRC funding application (co-badged with ANZUP) to support the development of a meaningful PROM for our NMIBC patients – fingers crossed. Additionally the meeting provided an opportunity for a face to face meeting of the BCG/mitomycin trial management committee. This provided a perfect opportunity to troubleshoot various issues affecting recruitment to the trial in the wake of the global BCG shortage. Fortunately BCG supply appears to be improving, we have new centres commencing recruitment and other issues relating to mitomycin supply are also easing. We appreciate the significant efforts of the investigators, trials nurses, clinical trials centre staff and all those working hard to get recruitment back on track. Further thanks are due to senior management at Merck and Omegapharm for going the extra mile to smooth BCG and mitomycin supply issues respectively. The meeting provided further opportunity for discussion, planning and the airing of new ideas related to the future direction for the sub-committee in general.

In radiation oncology the funded RAIDER-B trial, examining adaptive radiotherapy options in muscle invasive bladder cancer is hoped to open soon to recruitment. The concept of combining a PD-1 inhibitor with chemo radiation has been received with enthusiasm by the sub-committee whilst details of this potential trial are being clarified.

The rebuttal to the NHMRC reviewer’s comments to the OPTIMUM concept (choice and timing of peri-operative chemotherapy in muscle invasive bladder cancer) has been submitted. Members may remember this concept, unsuccessful in the last funding round, received a near miss grant from University of Sydney to support ongoing development. There is a genuine buzz around this trial concept with increasing momentum and support not just across the ANZUP membership but also amongst the USANZ and indeed potential international collaborators. This is perhaps not surprising as this trial will resolve two key contemporary dilemmas in the management of muscle invasive bladder cancer. We wait with bated breath upon the funding outcome.

The ACCEPT concept plans to enhance peri-operative cystectomy care through an evidence based early recovery care pathway. Informed by an ANZUP survey of urologists an integrated care pathway is under development, this work supported by a small grant received from the West Australian Cancer and Palliative Care Network. It is hoped a consensus will be reached and the care pathway introduced at multiple high volume cystectomy centres. A future goal is to perform a randomised trial of interventions in peri-operative care, based around this adopted standard. Whilst ambitious, this has the potential for numerous benefits including supporting the OPTIMUM trial with best peri-operative care, providing much needed data on cystectomy in Australia and New Zealand and most importantly improving outcomes for patients. Watch this space…

DICKON HAYNE
Chair, Bladder Cancer Subcommittee
BL12 is a multicentre randomised phase II trial comparing Nab-paclitaxel to Paclitaxel in patients with advanced urothelial cancer progressing on or after a platinum containing regimen.

**Trial Aim:**
To determine if treatment with nab-paclitaxel is superior to treatment with paclitaxel in patients with advanced urothelial cancer.

**Primary objective** - To compare progression free survival (PFS) between the two arms.

**Secondary objectives** - To compare overall survival, response rates, clinical benefit rates, adverse events, quality of life and health economics between the two arms.

**Translational objectives** - To assess correlations between biomarkers, genetic polymorphisms and clinic-demographic factors with clinical outcomes.

**Study Population:**
Adult patients with metastatic or locally advanced inoperable urothelial cancer and;

ECOG performance status 0-2

Progression on or within 1 year of platinum based chemotherapy

No prior taxanes

**Trial Design:**
BL12 is a multi-centre, randomised, controlled, open-label, two-arm parallel, phase II clinical trial.

This study is being conducted in collaboration with NCIC CTG (National Cancer Institute of Canada Clinical Trials Group).

**ANZ Study Chair:** Dr Ben Tran

**Recruitment Target:**
International recruitment target is 199 patients. In Australia and New Zealand the recruitment target is 100 patients.

BL12’s first Australian site was opened in April 2015 and accrual is expected to take 2-3 years.

**Study treatment:**
Participants will be randomised to receive either:

**Arm 1**
Nab-paclitaxel. Consisting of IV infusion every 3 weeks until disease progression or unmanageable toxicity.

**Arm 2**
Paclitaxel. Consisting of pre-medication and IV infusion every 3 weeks until disease progression or unmanageable toxicity.

**Further information:**
ANZ co-ordinating centre (NHMRC CTC)
Email: bl12@ctc.usyd.edu.au
Phone: +61 (0)2 9562 5000

ANZUP Website:
www.anzup.org.au
ANZCTR#: ACTRN12614001079639
Phase III RCT of accelerated BEP (plus translational sub study) - Now open at 27 sites and 15 patients recruited.

This randomised trial of chemotherapy with accelerated BEP versus standard BEP for patients with intermediate or poor-risk advanced germ cell tumours is supported by Cancer Council Australia and Cancer Australia. 27 of 29 ANZ sites have been activated including all 4 New Zealand sites, and 15 patients have been recruited from Austin (PI Dr Andrew Weickhardt, 2 patients), Auckland (PI Dr Fritha Hanning, 2 patients), Peter MacCallum Cancer Centre (PI Prof Guy Toner), 2 patients, Princess Alexandra (PI Damien Thomson, 2 patients), Chris O’Brien Lifehouse (PI A/Prof Peter Grimison, 2 patients), Nepean (Dr Amanda Stevanovic), Concord (PI Prof Martin Stockler), Prince of Wales (PI Dr Elizabeth Hovey), Royal Brisbane and Womens (PI Dr David Wyld), and Christchurch (PI Dr Jim Edwards). We are working with the Cambridge Clinical Trials Unit UK (PI Dr Danish Mazhar) and ICORG (PI Dr Raymond McDermott) who aim to open the study in the UK and Ireland by the end of year. We continue negotiation with other potential international collaborators. Our translational substudy supported by Sydney Catalyst is active. Our trial coordinator Annie Yeung, Associate Oncology Program Manager Nicole Wong, and ANZUP research fellows Nicola Lawrence and Howard Chan continue to work actively on this important study. If you have any questions in relation to this study, then please use the p3bep@ctc.usyd.edu.au email address.

Movember

ANZUP continues to work with Movember on their GAP5 Translational Research Project, which is a translational project that aims to identifying the biological drivers of relapse in this cohort of men. It is hoped that the final research plan will give ANZUP and its Australian collaborators the opportunity to participate in this important research.

Current concepts in development

Concepts in development include a study for stage 1 testicular cancer addressing promotion and patterns of surveillance and unmet needs, led by Drs Andrew Weickhardt and Fritha Hanning; and a national germ cell registry. ANZUP hopes to participate in the TIGER study, which is an international randomised trial of high-dose chemotherapy with Ti-CE versus conventional-dose chemotherapy with TIP for refractory and relapsed germ cell tumours led by Alliance and by EORTC, and are grateful for interest from Movember in supporting Australia’s involvement.

Updates from studies in follow-up

“e-shed survivorship interventional study”: Dr Ben Smith presented promising results at the ANZUP ASM 2015 from this pilot study of an internet-based intervention to address psychosocial distress for survivors of testicular cancer, which was conducted by the PsychoOncology Co-operative Research Group (PoCoG) in collaboration with ANZUP and Swinburne University of Technology. Work continues to refine the intervention and develop a prospective phase 2 study.

“Chemotherapy and Cognition”: Prof Ian Olver and Dr Hayley Whitford are reviewing statistical analyses by COGSTATE for this study of 150 patients, which has prospectively monitored cognitive function in patients managed with and without chemotherapy for testicular cancer. A conference presentation and manuscript are expected early in 2016.

Phase II study of accelerated BEP for advanced germ cell tumours: Follow-up is ongoing for this study, with an updated 5-year analysis planned for the end of 2015.

Call for new members

The Germ Cell Sub-committee always welcome new members including trainees who will contribute to research activity. Please encourage your interested colleagues and trainees to join the sub-committee. We are a multi-disciplinary group, and we encourage participation of members not only from medical oncology, but also from surgery, radiation oncology, nursing, psycho-oncology, and basic science. Again I thank the efforts of investigators, staff from ANZUP and the CTC, and patients for these achievements.

PETER GRIMISON
Chair, Germ Cell subcommittee
There continues to be a lot of activity in the prostate subcommittee. Our pair of enzalutamide randomised trials continue to expand with international site activations. ENZARAD now has 34 sites open with another 14 imminent, including further centres in the UK, Ireland and the USA. 87 men are now enrolled on study with an encouraging upturn in accrual in recent months. A major protocol revision has recently been approved and will be circulated soon. These changes are likely to attract increased interest in the study by allowing N1 disease to be included and expanding the radiation therapy to include pelvic node therapy and brachytherapy boost options. We encourage sites to promote the new protocol widely once local approval is confirmed. ENZAMET has 54 sites open with another 29 pending, with a global presence including many Canadian centres. 221 men are now enrolled globally. A recent amendment allows the early use of docetaxel chemotherapy, making this a very relevant design to inform future practice. Biospecimens are being collected as part of both studies and concepts for their use are already flowing in. These will be assessed in collaboration with correlative and translational research committee members.

The Pain-Free TRUS-B study has a protocol finalised and will be activated across several centres. This is a randomised trial of inhaled Penthrox in addition to local anaesthetic for transrectal prostate biopsy. It has funding through the Pdcrs (Cancer Australia and Prostate Cancer Foundation of Australia). We look forward to seeing this open soon.

Several concepts continue to be developed in the committee, and we encourage the proposal of new concepts. Our membership continues to grow, with a diverse range of skills and I remind everyone to encourage any colleagues with a prostate cancer interest to join and contribute.

SCOTT WILLIAMS
Chair, Prostate Cancer Subcommittee

The RCC subcommittee has continued to meet quarterly by teleconference. The EVERSUN trial has now been closed out and the manuscript was published early in 2015 in Annals of Oncology. This was a milestone for ANZUP as the EVERSUN trial was the first concept to be generated and taken to completion through ANZUP. The SORCE adjuvant trial continues to follow patients on active treatment or follow-up. The negative results recently presented at the ASCO Genitourinary Cancers Symposium for the adjuvant ASSURE trial were disappointing, however SORCE has substantial differences from that study and the clinical question remains a very important one. Additionally, the patient preferences PAS in SORCE sub study led by Prunella Blinman and Martin Stockler is a unique opportunity to assess this often-unmeasured “cost” of treatment in terms of toxicity.

The Concept Development Workshop on 21 November 2014 led to several possible new initiatives that are currently being polished for further discussion and maturation, including identification of potential funding sources. Again these ideas are based on our understanding of the science and our recognition of areas of clinical needs and gaps in the evidence. We hope to be able to present more news on these soon.

Recent months have seen the PBS reimbursement of two relevant drugs for RCC for second-line therapy: everolimus and sorafenib. It is gratifying that we now have funded options in first and second line, but we cannot be complacent: we need more and better options and clinical trials continue to be required as key options for patients at all points in their disease course.

The Renal Cell Cancer subcommittee welcomes new members and ideas for new studies. We are also looking for suitable renal CAP members so please get in touch if you or a patient would be suitable.

IAN DAVIS
Chair, RCC subcommittee
**Living Well with Prostate Cancer**

The NHMRC-funded Living Well with Prostate Cancer Project has now completed recruitment, reaching our target of 190 consented participants. This project is trialling the effectiveness of a mindfulness-based cognitive therapy (MBCT) group intervention over the telephone for men with advanced prostate cancer.

We have now completed all the intervention mindfulness groups and will continue to collect follow-up data throughout 2015. Cancer Council Queensland and Griffith University would like to thank all the ANZUP members involved with the project and all our recruiting sites for your hard work referring patients. If you would like any more information about the project, please contact the Project Manager, Rob McDowall, on (07) 3634 5314 or email robmcdowall@cancerqld.org.au.

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

The Prostate Cancer in Gay and Bisexual Men and their Partners Study uses mixed methods to gain knowledge and understanding of how prostate cancer affects sexual wellbeing and quality of life (QOL) in gay and bisexual men and their partners. The study has successfully recruited 124 gay and bisexual (GB) men and 27 male partners to complete the study survey. In addition, 46 GB men and 7 male partners have participated in an interview in order to gain a deeper understanding of their experiences. Additionally, 225 surveys and 19 interviews have been completed by heterosexual men to allow for greater insight into the specific needs and experiences of gay, bisexual, and heterosexual men to inform more targeted health care provision and ongoing support post cancer.

Compared to heterosexual men, GB men reported significantly lower day-to-day QOL, higher prostate cancer related anxiety, greater psychological distress, and lower masculine self-esteem. At the same time, GB men reported higher sexual confidence, lower sexual dysfunction, and more sexual desire, arousal and activity both before and after prostate cancer. GB men were more likely to discuss sexual changes with others, to renegotiate sexual practice and use sexual aids after prostate cancer, but were less satisfied with prostate cancer treatment. Theoretical thematic analysis is being conducted on the qualitative data. The following first level themes have been identified: impact of sexual changes and sexual renegotiation; impact on gay and masculine identities; consequences for psychological wellbeing; the relational context of prostate cancer; and negotiating professional support and information.

Journal articles are currently being written to disseminate the results. The implications of these findings for understanding GB men’s unique needs in the sphere of prostate cancer, as well as for service provision and policy guidelines, will be discussed.

The Prostate Cancer Foundation of Australia and University of Western Sydney would like to thank all ANZUP members involved in referring participants to this study.

**SUZANNE CHAMBERS**
Chair, Quality of Life and Supportive Care Committee

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**Free ClinTrial Refer ANZUP App**

The ClinTrial Refer ANZUP app provides a current list of clinical research trials conducted in cancer centres in Australia and New Zealand. Designed for oncologists, general practitioners, research unit staff and patients, ClinTrial Refer ANZUP has searchable clinical research trial details, hospital locations and contacts, and inclusion and exclusion criteria.

Available for download from

Biospecimens (tissue and blood) for translational research continue to be collected from patients from several ANZUP trials in prostate cancer (ENZAMET, ENZARAD) and germ-cell tumours (P3BEP) and will be a valuable resource for future translational research projects.

The new international trial BL12 A multicentre randomised phase II trial comparing nab-paclitaxel to paclitaxel in patients with advanced urothelial cancer progressing on or after a platinum containing regimen has opened and patients will also be approached to donate tissue and blood for research.

In our renal cell carcinoma trials, Australian biospecimens from the SORCE are en route to the MRC central laboratories in the UK. Results of the EVERSUN –T translational studies were published with the final EVERSUN trial results. The circulating tumour cell work was conducted at Colleen Nelson’s laboratory, Brisbane and serum biomarkers analyses at Nick Pavlakis’s laboratory at the Kolling Institute, Sydney.


The much anticipated 2015 ANZUP ASM has now been and gone for another year. For the CAP this is our opportunity to meet face to face and it is truly a fantastic opportunity to catch up, so differently to our usual teleconferences. The CAP continues to have representation on the ASM convening committee and is invited to present an update on our activities. This year we were also delighted to co-chair one of the sessions.

The CAP Education session was held on Sunday morning. We were also delighted to meet 3 potential new consumer members who were invited to attend to learn more about ANZUP and how the CAP works. Ian Davis reported on ANZUP’s new strategic plan over the next three years. There was good discussion around how the CAP might help to support its implementation. He also gave us an update on emerging new therapies presented at ASCO. Guy Toner spoke to us about clinical trials, the process of developing ideas through concept development workshops such as the ones ANZUP ran last year. Workshops like this are made possible through fundraising activities and in particular the amazing success of the 2014 Pedalthon with the idea bought to ANZUP by Simon Clarke a patient of Peter Grimison. It was great to bring the fundraising discussion to the table at this year’s ASM with the session entitled Fundraising & the Role of Health Care Professionals.

We also had the opportunity to meet ANZUP Fellows Howard Chan and Nicola Lawrence. They provided an overview of their role and how it fits within the clinical trial process for ANZUP. Howard had joined a CAP teleconference a couple of months ago when we reviewed the Pain Free TRUS B PICF. It was a good opportunity

Twitter

Did you know ANZUP is tweeting with 1015 followers? In fact our community of members is thriving sharing key updates, trial updates, news and good news stories.

The #ANZUP15 thread at the ASM in July had over 1.2 million impressions in less than 4 days. Connect with our members as they continue to tweet. You can find and follow us @ANZUPtrials.
for Howard to hear firsthand how the CAP go about their review process and their reasons for recommending changes in order to help ensure the information provided is presented in clear non-technical language to assist patients in making an informed decision about whether a clinical trial is suitable for them. We thank Ian Davis, the ANZUP Board, and Marg and her team for the invitation and inclusion at the ASM along with their ongoing support.

The CAP, in line with ANZUP’s strategic plan, is considering ways it can contribute to help build greater community awareness of ANZUP and to engage with more consumers about the potential benefits of clinical trials. With this in mind we invited Leonie Young, ANZ BCTG CAP Chair, to present an overview of their Impact Program. This is an internet based community site that was developed to connect with breast cancer patients who had participated in clinical trials in 2001. Now many years down the track they promote their Impact Program to all community members interested in Breast Cancer clinical trials, a much broader audience. Learning from their experience will be really helpful to us as we consider shaping a similar program for an ANZUP consumer network. We thank Leonie so much for sharing this with us and for her continuing advice and guidance to our group. From here the CAP will form a small working group to work on a project proposal for presentation to the Board on the many positive benefits of greater engagement with the community.

We continue to contribute articles to the Consumer Newsletter “A little below the belt” which is a truly professional resource that should be read by all your patients and their families who are diagnosed with a urogenital cancer. We encourage you all to help support this newsletter by distributing this to your patients.

BELINDA JAGO
Chair, Consumer Advisory Panel

The Kennedy Foundation is officially supporting the ANZUP, maintaining their commitment to give back to the community.

On Friday 7th of August, Howard Gurney Henry Woo and many of the ANZUP team were present at the 4th Annual NRMA Kennedy Awards for Excellence in NSW Journalism at the Australian Turf Club’s Royal Randwick. A cheque for $10,000 was presented by NSW Premier Mike Baird to Henry Woo from ANZUP. Kennedy Foundation Chairman Peter Ryan welcomed the opportunity to support the ANZUP trials. “The clinical trials are an important cog in the fight to tackle these cancers in men and help the sufferers as they battle their disease,” Mr Ryan said. The government funding was boosted with the proceeds of a Kennedy Foundation raffle on the night.

The NRMA Kennedy Awards have quickly become a prestigious annual event, worthy of the great legacy left by the late Les Kennedy and were established to help media professionals in hardship.
OTHER NEWS

St Gallen Advanced Prostate Cancer Consensus Conference

ANZUP recently endorsed the first St Gallen Advanced Prostate Cancer Consensus Conference (APCCC). The expert panel identified and reviewed the available evidence and their recommendations (published in the Annals of Oncology) can be viewed here: [http://annonc.oxfordjournals.org/content/early/2015/06/02/annonc.mdv257]

2016 Young Investigator Award

The Conquer Cancer Foundation of ASCO is accepting applications for the 2016 Young Investigator Award. This one-year, $50,000 grant is an exciting opportunity for research proposals in all oncology subspecialties. Applications can be made here: [http://www.conquercancerfoundation.org/cancer-professionals/funding-opportunities/young-investigator-award].

ESMO Asia 2015

Organised by a top international faculty, the ESMO Asia 2015 Congress will be held December 18-21 in Singapore. ESMO is the place to be for all oncologists, clinical, basic, translational & industry researchers, radiotherapists, oncology surgeons, organ-based specialists and all other medical professionals involved in the diagnosis, treatment and follow-up of patients with different types of cancer. Register now - [http://www.esmo.org/Conferences/ESMO-Asia-2015-Congress/Registration or bitly link - http://bit.ly/1T5c8Z9]

The abstract submission deadline is fast approaching - 26 August 2015 is the submission deadline for regular abstracts and late-breaking abstract skeleton data. 4 November 2015 is the final submission deadline for late-breaking abstracts. So submit your abstract now - [http://www.esmo.org/Conferences/ESMO-Asia-2015-Congress/Abstracts]

Update on Testosterone and Prostate Cancer

The main method of treating prostate cancer is hormone suppression. Through reducing the levels of male hormones – testosterone and dihydrotestosterone, clinicians are able to suppress the growth of the prostate cancer cells. This is often referred to as castration either through medical therapy (i.e. drugs such as LHRA agonists) or surgical (removing the testicles). For the last 40 years castration has been defined as a level of testosterone <50ng/dL and this is still the guideline recommended by Andrology Australia.

Recently there has been growing evidence to suggest that this definition be changed to <20ng/dL as improved outcomes are achieved. Both the European Association of Urology and American Urological Association have adopted this change, it is with great interest as to whether Australia will follow suit with the changes.

Quality of Life Office Update

Dr Claudia Rutherford has recently joined the ANZUP Quality of Life (QOL) and Supportive Care Committee as the QOL Office representative. Claudia who presented at the ASM is available to assist ANZUP members with any aspects of the design and conduct of QOL studies. The QOL Office offers a range of services to members of ANZUP, including:

• free web resources, including a checklist of items to include in the QOL sections of your trial protocol, information about common QOL measures and information about how to analyse QOL data;
• an advisory service - to assist ANZUP members with their QOL sub-studies;
• regular free training workshops about the concept of QOL and other patient-reported outcomes (PROs), and how to design and conduct QOL/PRO studies;
• Best Practices for Integrating PROs in Oncology Clinical Trials Webinar series available at [http://ncorp.cancer.gov/resources/materials.html];
• The CONSORT PRO extension [http://jama.jamanetwork.com/article.aspx?articleid=1656259#RationaleforaConsortExtensionFocusedonPatient-ReportedOutcomes].

For more information visit pocog.org.au/qoloffice
Cancer Institute NSW Prostate Cancer Registry

Prostate cancer is the most common cancer diagnosed in Australian men. Currently limited data is available at a population level to assess variation in care and its impact on short and long-term outcomes.

The Cancer Institute NSW with the NSW Agency for Clinical Innovation and Monash University has established the state’s first Prostate Clinical Cancer Registry, a population-based clinical registry funded by the Movember Foundation to improve the quality of care and outcomes for men living with prostate cancer in NSW. Modelled on successful international and local registries, the NSW PCCR will capture diagnosis, treatment, quality of life and mortality data for all men diagnosed with prostate cancer from 1st January 2015 onwards.

Contribution from health professionals is vital and involves working with Registry staff to identify men with newly diagnosed prostate cancer and providing access to clinical data for eligible men. Participating clinicians and hospitals will be provided with risk adjusted benchmarking reports and Continuing Medical Education points.

To find out more visit [NSW PCCR](http://nsw-prostate-registry.cancerinstitute.org.au/)

Upcoming 2015 Events

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<tr>
<td>AUG 17 - 21</td>
<td>The Prostate Cancer World Congress, Cairns</td>
<td><a href="http://prostatecancercongress.org.au/">http://prostatecancercongress.org.au/</a></td>
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<td>SEP 1</td>
<td>Below the Belt Pedalthon ANZUP fundraiser Sydney</td>
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<td>OCT 5 - 7</td>
<td>International Cancer Imaging Society Meeting, London</td>
<td><a href="http://www.icimaging.org.uk/index.cfm?task=meetings&amp;meetingid=76">http://www.icimaging.org.uk/index.cfm?task=meetings&amp;meetingid=76</a></td>
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<td>OCT 29 - NOV 1</td>
<td>The Royal Australian and New Zealand College of Radiologists’ 2015 Annual Scientific Meeting Adelaide</td>
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<tr>
<td>NOV 17 - 19</td>
<td>Clinical Oncology Society of Australia’s (COSA) Annual Scientific Meeting 2015 Hobart</td>
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Thankyou to our 2015 Corporate Supporters

We are very grateful for the infrastructure support we receive from Cancer Australia however the funds are not sufficient to support ANZUP’s increasing research activities. In 2012 we established our Corporate Supporter program and are delighted that this program has continued to grow. Through this program we have made significant inroads to supporting and facilitating better engagement with our members. We welcome and acknowledge our corporate supporters and partners for 2015.

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Issue 3, our rural and regional issue was recently published and available at our recent ASM. A little below the belt provides our consumer community with an accessible, readable, and accurate account of what it is we do. We also feature stories of our patient’s and their journey through a clinical trial. Don’t miss their story about ENZARAD and BCG MM. Thank you to our ANZUP members in Perth and Orange for their assistance in bringing Colin and Stephen to us and our other members who wrote stories regarding telehealth and bringing a trial from a concept to funding.

This edition focusses on our regional and remote consumers, clinicians, and trial coordinators. What we discovered is that for many patients, the decision to have treatment has to be weighed up against the time away from home and long journeys away from family and work. Having access to ANZUP’s clinical trials in a regional location can mean the difference between choosing treatment and choosing no treatment.

We have an active readership through http://issuu.com/anzup/docs/online_single_pages/1 and on the ANZUP website http://www.anzup.org.au/docview.aspx?id=279. A little below the belt is a resource designed for your patients and their families. Not only do we outline our current trials, but we also answer some of the questions patients are too embarrassed or scared to ask. Our Ask the Dr and By way of Definition sections are well read and well received. To help build a repository of answers, please send your most commonly asked questions (with a response) to liz.thorp@anzup.org.au.

At the recent Community Engagement Forum, we had very positive feedback about the magazine expressed as gratitude by our consumers. We encourage you to consider sharing this engaging and informative publication with your patients in your waiting room or by providing a printed copy at the time of a visit.

You can access previous editions through the ANZUP website or contact us, and we will send printed copies directly to you.

If you have a patient or former patient who has been on a trial who would consider having their story written, please let us know. The value of these “my own experience” stories cannot be understated. Likewise, if you want to help us share your experience as an ANZUP member with our consumers, please let us know if you have written a paper that may be of interest to them.

We are building a community of consumers who will advocate for our trials, enabling us to recruit more patients to ANZUP trials.
SAVE THE DATE

Australian & New Zealand Urogenital and Prostate Cancer Trials Group is pleased to announce we will be convening our Annual Scientific Meeting in Brisbane.

BRISBANE
10-12 JULY 2016

Please check our ANZUP website for updates

www.anzup.org.au

Our new convenor for the ASM 2016 is Ian Vela. Congratulations Ian we can’t wait for next year!

“The ASM has been a great opportunity to learn about the latest developments in the urogenital cancers and also for me personally being able to collaborate with people in the GU world.”
– Deme Karikios

“We’re looking forward to inviting everyone up to sunny Brisbane to enjoy the warm and a very exciting program we have for you next year!”
– Ian Vela, Convenor

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“Seeing everyone on the dancefloor at the conference dinner was definitely a highlight. Seeing the Professors, the big dog surgeons, the young nobodies, I think it really embodied the sense of community that ANZUP has been fostering.”
– Ross Calopedos

“It’s a very interdisiciplinary conference so you get to talk to people across the spectrum who are actually working to help the patients experience improve.”
– Jane Ussher

“I’ve been really enjoying it because of the diversity of the different speciality presentations…It’s getting exposure that I wouldn’t be able to in other kinds of meetings.”
– Howard Chan