ANNUAL REPORT 2019

Making a difference to the lives of people affected by bladder, kidney, testicular, penile and prostate cancers
The Directors of ANZUP Cancer Trials Group Limited ("ANZUP") are pleased to submit the Annual Report for 2019

ANZUP Cancer Trials Group Limited

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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.
<table>
<thead>
<tr>
<th>CONTENTS</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANZUP 2018/19 Highlights</td>
<td>2-3</td>
</tr>
<tr>
<td>Chairman's Report</td>
<td>4-6</td>
</tr>
<tr>
<td>Chief Executive Officer's Report</td>
<td>7-8</td>
</tr>
<tr>
<td>Organisational Chart</td>
<td>9</td>
</tr>
<tr>
<td>Governance Structure</td>
<td>10</td>
</tr>
<tr>
<td>Advisory Committee and Subcommittees</td>
<td>11</td>
</tr>
<tr>
<td>Corporate Supporters</td>
<td>12</td>
</tr>
<tr>
<td>Membership</td>
<td>13</td>
</tr>
<tr>
<td>ANZUP History</td>
<td>14-15</td>
</tr>
<tr>
<td>Goals and Achievements</td>
<td>16-21</td>
</tr>
<tr>
<td>Clinical Trials Awareness Campaign</td>
<td>22-23</td>
</tr>
<tr>
<td>Research Highlights – Committee Reports</td>
<td>24-31</td>
</tr>
<tr>
<td>Rude Food Campaign</td>
<td>32-33</td>
</tr>
<tr>
<td>Below the Belt Pedalthon</td>
<td>34-36</td>
</tr>
<tr>
<td>2018 ASM Report</td>
<td>37-40</td>
</tr>
<tr>
<td>Grants and Awards</td>
<td>41</td>
</tr>
<tr>
<td>Participating Centres</td>
<td>42-43</td>
</tr>
<tr>
<td>Publications and Presentations</td>
<td>44</td>
</tr>
<tr>
<td>Financial Report</td>
<td>45-64</td>
</tr>
<tr>
<td>Further Information and Contact Details</td>
<td>65</td>
</tr>
</tbody>
</table>
**ANZUP 2018/19 HIGHLIGHTS**

**MEMBERSHIP***

- **2016/17**: 2
- **2017/18**: 2
- **2018/19**: 1,515 members
- Increase of 53% since 2016

**ANZUP & CO-BADGED TRIALS**

- **2016/17**: 9
- **2017/18**: 13
- **2018/19**: 14

**NEW TRIAL PARTICIPANTS IN 2018/19**

- **2016**: 53%
- **2017**: 1
- **2018**: 15
- Increase of 53% since 2016

**ASM DELEGATES**

- **2016**: 297
- **2017**: 335
- **2018**: 395

**PRECEPTORSHIP ATTENDEES**

- **2016**: 35
- **2017**: 36
- **2018**: 42

**CDW WORKSHOPS**

- **2016**: 4
- **2017**: 4
- **2018**: 5

**CDW CONCEPTS ATTENDEES**

- **2016**: 29
- **2017**: 22
- **2018**: 32

*As at 31 March, 2019

**Active trials, including those in follow-up.**
ANZUP CLINTRIAL REFER APP SCREEN VIEWS

WEB PAGE VIEWS

TWITTER FOLLOWERS

ANZUP

ASM TWITTER IMPRESSIONS

FELLOWSHIPS, SCHOLARSHIPS AND AWARDS

(Including Travel Fellowship, Study Co-Ordinator, Young Investigator and Best of the Best)

CORPORATE SUPPORTERS

IN-KIND SUPPORTERS

Below the Belt

Pedalthon
Riding for Urogenital Cancers

2016
2017
2018/19

4,414
4,176
6,214

248
243
350

$303K
$255K
$295K

2.65M
1.891
1.22M

3.86M
2,139

71
1,446
1,604

119,020
140,912
184,028

1,560
1,891

2,139

2016
2017
2018

2016
2017
2018

*As at 31 March, 2019

2016
2017
2018
It is an honour to provide this report on behalf of the ANZUP Board describing ANZUP’s activities over the last year.

ANZUP exists to improve outcomes for people affected by genitourinary cancers. We do this by performing clinical trials to generate evidence that will inform practice and move the entire field forwards. We bring together clinicians, researchers and the broader community; anyone involved in the care of or research into genitourinary cancers is welcome as an ANZUP member. Clinical trials remain our core business, however we recognise that we have other functions and responsibilities also. ANZUP is a key provider of educational initiatives for our members and training opportunities for people developing careers in clinical and translational genitourinary cancer research. We are a community that brings people together to allow us to learn from each other and to work productively in ways that would not otherwise be possible in our otherwise isolated patches. We are a bridge to other stakeholders and to other organisations nationally and internationally with similar objectives. And we have strong links with the broader community, ensuring that we are always focussed on the issues that are important to the people for whom we care. Our communications function effectively in both directions, allowing our research findings to be disseminated broadly and to influence health care policy and practice.

ANZUP is currently operating under its Strategic Plan 2018-2020. This plan builds upon our previous progress over the first ten years of our existence and provides a map for the next few years as to where we should be placing our efforts. An operational plan with clearly defined objectives, milestones, and measurable deliverables, underpins the Strategic Plan and allows the Board to see clearly where progress has been made and where work is yet to be done. The Board also recognises that the therapeutic landscape for genitourinary cancers continues to evolve rapidly and that we need to be constantly aware of new evidence and developing opportunities as they arise. ANZUP continues to be flexible and agile enough to adjust its priorities accordingly and we believe it is essential to retain this capacity.

Our specific strategic priorities for the 2018-2020 Strategic Plan are:

Goal 1. Continue to build on and develop high quality cutting edge clinical trials.

We need to continue to identify gaps and clinical needs across disease types, in order to inform concept development and investment of resources. Our trials need to have clinical impact and be able to inform and improve clinical practice. Keys to success will involve expanding the output of our subcommittees and workshops; simplifying the process of moving a concept from idea to implementation; growing collaborations with national and international partners and stakeholders, and continuing to maintain our multidisciplinary / multimodality / interprofessional philosophy of working together. Over the last year we have initiated trials in each of the disease types, and have clear pipelines for new ideas that will translate into future trials.

Goal 2. Increase awareness, participation and access to ANZUP trials.

This goal requires increasing engagement both of our membership and the broader community. We wish to promote ANZUP activities in rural and remote areas, and continue to grow our presence and trials capacity in New Zealand and across the Asia-Pacific region and beyond. Our profile can only grow in the wider community if we continue to have effective engagement of consumers, carers, and others to allow education about and promotion of ANZUP activities and the
importance of clinical trials. Over the last year we have brought in new sites, developed initiatives that will support work in regional and remote centres and in New Zealand and have continued to grow links in our local geographic region that we hope will eventually lead to new trial opportunities.

Goal 3. Strengthen and build our capacity and capability to ensure we can deliver our Strategic Plan.

This goal requires good governance principles across the organisation, as well as securing our financial viability and autonomy. Our systems also need to allow us to support our growing membership effectively and to consider issues of succession planning and future-proofing. We have brought in new team members to our central secretariat who bring much-needed skills and expertise, allowing us (for example) to take on sponsor responsibilities for new trials. We have expanded our concept development workshops to include quality of life and supportive care proposals, and those based on translational or health economic research.

Goal 4. Engage, collaborate and enhance mutually beneficial relationships.

ANZUP does not work in a vacuum. We have many stakeholders and we have effective collaborative links with other organisations and groups with interests complementary to our own. We have developed stakeholder strategies to help build and sustain these relationships, and to identify and underpin new ones as they develop. Examples include renewal of our agreement with PCFA for joint fundraising for clinical trials, and agreement with PCFNZ to provide resources for ANZUP clinical trials to be run in New Zealand. ANZUP is also pleased to renew its funding agreement with the Australian Government through the Cancer Australia Support for Clinical Trials program, now in effect through to mid 2021.

Goal 5. Increase engagement of the membership. ANZUP comprises a diverse group of clinicians, researchers, community representatives, and others.

We will be successful only as long as we are able to meet the needs of our members and provide them with necessary support. We continue to look for gaps and opportunities to build on our multidisciplinary membership. We have active programs to support junior researchers, including mentorship, training, grants, travel and research support, and specific educational opportunities such as our preceptorships and Best Of series. We are conscious that only a minority component of our large membership is actively engaged in ANZUP activities. We wish to ensure that all members have the opportunity to contribute, and to continue to grow opportunities for them to do so.

Goal 6. Broaden ANZUP’s profile in the community locally, nationally and internationally.

We believe it is important for ANZUP to grow its profile in order to bring in new members and contributors to our programs, provide relevant and meaningful support for the wider community, grow awareness of the importance of clinical trials and evidence gaps in genitourinary cancer care, and of course to identify new sources of funding to support the work we need to do. Our fundraising initiatives such as the Sydney and Melbourne Pedalthons help us raise our profile as well as generate resources for the Below the Belt Research Fund, all of which is returned back to the research community. Our “Rude Food” social media marketing campaign was extremely successful in getting our message out to the broader community. We will continue to identify new opportunities as we move into the next financial year.

What about our core business? Despite our young age, we are already making a significant impact on the international stage and our work is affecting health policy and practice globally. New trials under development continue to address the gaps in evidence and will allow further engagement with our collaborative partners nationally and internationally. The world is watching us, and we are delivering on our promise.

Underpinning all of this is our need to support the wider community and in particular to provide support for junior researchers who will take on leadership roles in ANZUP in
the future. We have expanded our grant and support schemes, and have introduced new initiatives such as the international prostate cancer preceptorship to be held in the US later in 2019.

ANZUP also continues to perform well from a corporate perspective. We do not exist to make money, but we do need to amass resources that will help support the work we do and allow new projects to come to fruition. The Board has approved several financial strategies that give the directors confidence that our resources are being invested and used widely. ANZUP is a not-for-profit company and a registered charity, and our goal is to reinvest in our programs and our membership so that we can continue to grow and become more productive. The Board has established robust governance and risk management principles, and we continue to benefit from the generosity and the broad expertise of our Board members.

ANZUP celebrated its tenth birthday in 2018. We are moving rapidly towards our teens but we do so in a mature, well-considered way. I was going to include the word “controlled,” which is also technically correct, but does not properly recognise the huge leaps that we have undertaken successfully in recent years. Our team has grown in response to our organisational needs but remains very lean and efficient. The team is stable and unified under the careful and thoughtful leadership of our CEO Marg McJannett. We could not do what we do though without the extraordinary generosity of donated time and expertise of our members, who contribute at every level of the organisation, and including our tireless Consumer Advisory Panel.

Thank you once again to my fellow Board directors, our great management team, 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 2019 Annual Report of ANZUP Cancer Trials Group.

Ian Davis
Director and Chair of the ANZUP Board
Since our inception in 2008, ANZUP certainly has grown considerably. As we enter our 11th year, it is an even more exciting time for us than ever before as we are now recognised both nationally and internationally for our genitourinary clinical trials. Our membership continues to grow, from 150 members in 2008 to a remarkable 1,515 as of March, 2019. Highly multidisciplinary and running across over 20 disciplines, our membership provides key insights across each of the below the belt cancers we represent (prostate, penile, testicular, bladder & kidney) bringing together a collegiate network of oncology, surgical, medical, radiation, nursing, psychology and allied health professionals from within the genitourinary cancer space.

With ongoing support from our membership, a body of key stakeholders and our wider ANZUP community, we continue to fiercely pursue our strategic plan, with a vision to conduct high quality research in order to improve health outcomes for patients affected by genitourinary cancers. With the support from all invested in ANZUP’s research, our clinical trials portfolio continue to grow, from identifying emerging drug interventions, to developing innovative surgical procedures and enhanced approaches to the management of below the belt cancers.

We currently have 10 active trials, recruiting across all the cancers we represent. Several of our trials are in follow up, with a number of trials in development with plans to open Q3/4 2019. Importantly, we continue to maintain our relationships and partnerships in Australia and New Zealand, whilst fostering international collaborations with trial groups in Ireland, UK, Europe, USA and Canada.

At the time of writing this report we have been advised by the American Society of Clinical Oncology (ASCO) that our late breaking abstract on the ENZAMET trial (Overall survival results of a phase III randomized trial of standard-of-care therapy with or without enzalutamide for metastatic hormone-sensitive prostate cancer) has been selected as one of the four presentations for the Plenary Session at the 2019 Meeting in Chicago. ASCO is the premier cancer meeting in the world and they receive more than 6,000 abstracts which are reviewed by their Scientific Program Committee and ASCO Leadership Team. This is an amazing achievement and a testimony to ANZUP and our collaborative partners the NHMRC CTC, Cancer Trials Ireland, Canadian Cancer Trials Group and the Dana Farber Cancer Institute that has generated meaningful and clinically impactful data. We acknowledge and thank the patients for their participation in the study, the principal investigators, co-investigators, and study coordinators at the 83 centres across Australia, New Zealand, Canada, United Kingdom and Ireland for their dedication and enthusiasm. A special thanks also to the co-chairs of the study – ANZUP Chair Professors Ian Davis and Christopher Sweeney.

The work we do is only made possible by the dedication of each and every member of our ANZUP community. I take this opportunity to celebrate the dedication displayed by ANZUP’s Board, who continue to expertly guide our strategic direction, as well as our committed membership, Scientific Advisory Committee, Subcommittees, the ANZUP management team and our volunteers, without whom, our clinical trials could not successfully run. Equally, we celebrate you, our ANZUP community, for your continued support in driving our mission to improve the lives of over 27,000 Australian men and women affected by below the belt cancers every year.

Strategic & Business Planning:

ANZUP is currently operating under the 2018-2020 Strategic Plan, as developed by the Board in December 2017 (see page 16). Meetings continued to be scheduled regularly across the year with the Finance & Audit Committee, Fundraising and Promotion Subcommittee, Operations Executive, Scientific Advisory Committee (SAC), SAC subcommittees, Consumer Advisory Panel (CAP) and Trial Management Committees (TMC). These meetings help to ensure our ANZUP activities are aligned with our overarching Mission and Strategic Plan.

Finances:

ANZUP receive infrastructure funding from the Australian Government through Cancer Australia. Whilst we value this financial and in-kind support from Cancer Australia independent funding is required for each clinical trial. It is therefore critical for ANZUP to build greater financial independence and self-sufficiency through a number of fundraising avenues.

Clinical trials research is time consuming and expensive. As a consequence, ANZUP needs to continue to seek and develop
sustainable and innovative funding options to allow us to initiate trials and support our members in their concept and trial development. Further details on ANZUP’s finances can be found from page 45.

Data and quality:
ANZUP works closely with the coordinating centres (NHMRC Clinical Trials Centre and the Centre for Biostatistics and Clinical Trials) to achieve quality processes on trial development and operations. Each organisation uses quality management systems, standard operating procedures (SOPs) and templates for accuracy and consistency. Data systems undergo vigorous planning, programming and checking processes prior to going live. Monitoring and formal audit processes complement these activities and annual training is provided to significant site staff to ensure data quality is maintained. All procedures and data systems comply with national and international guidelines on the conduct of clinical trials.

ANZUP also has an Independent Data and Safety Monitoring Committee (IDSMC) to evaluate the plausible benefits and risks associated with patient participation in ANZUP trials, and assess whether this justifies continuing the trials according to their original design. The IDSMC periodically reviews trial data and informs the appropriate Trial Management Committee (TMC) and Scientific Advisory Committee chairs.

Education and mentoring:
To further improve health outcomes for patients, ANZUP continues to seek opportunities to expand on educational and mentoring opportunities for our membership. The next generation of scientists and clinical researchers are very important to us, as they will pave the way for clinical trial to come. We host a variety of events targeted to junior researchers, in efforts to further their education and burgeoning clinical concepts.

ANZUP’s Annual Scientific Meeting (ASM) is the peak regional multidisciplinary meeting for genitourinary cancers attracting those involved in clinical trial research from all over Australia, New Zealand and internationally. We continually need to learn more about our fields but also to hear about what others are doing.

As we celebrated our 10th anniversary year, the 7th standalone ANZUP ASM was a wonderful opportunity to reflect on the achievements over the last decade. For an organisation which basically started from scratch in 2008, to now seeing it being recognised internationally for our clinical trials is a truly outstanding accomplishment.

The #ANZUP18 theme ‘Putting People First’ focused on the management of GU cancers from a holistic, people-centric perspective. The program focused on patients, carers and every individual involved in the multidisciplinary care of patients and clinical research. A sentiment which not only reflects ANZUP’s priorities but also recognised the people who have made ANZUP what it is today.

The program once again included the highly successful Translational Research Symposium, the popular MDT Masterclass and an expanded PCFA ANZUP Nurses Symposium and ANZUP’s annual Community Engagement Forum. The ANZUPx presentations and Crossfire debates igniting a lot of thought and discussion among the delegation. Everyone went home buzzing, needing a rest but at the same time energised. We are very grateful to our outstanding convening committee led by the ever enthusiastic and tireless Henry Woo.

We look forward to our #ANZUP19 ASM, with David Pryor as convenor with the theme ‘Making Connections’. The program will look at how to connect patients, clinicians and researchers through clinical trials, regardless of geographic, cultural or social barriers.

ANZUP’s Concept Development Workshops (CDWs) are another vital ANZUP activity which aims to encourage members to consider submitting their ideas/concepts for broader feedback from a multidisciplinary panel including senior investigators, statisticians, consumers, trainees and operational staff with the aim of becoming an ANZUP sponsored trial. The workshops, held across the cancers ANZUP represents, provided an opportunity for early-career researchers to receive mentorship whilst sharing ideas for emerging clinical trials.

ANZUP’s inaugural GU (non-prostate) preceptorship, was held in November in Melbourne. Led by Prof Eva Segelov the Preceptorship delivered a truly multidisciplinary program for the ~40 trainees in attendance. Over the course of the 1½ days there was interactive discussion around the evolution of the current management of kidney, bladder and testicular cancer and those landmark trials which have formed the foundation of modern day therapy giving a better understanding on how the landscape of practice has changed, and why. Another educational initiative fostering an open learning environment for trainees and junior consultants.

Staffing:
Over the 2018/19 reporting period, we have grown the ANZUP management team bringing a broader range of skill-sets and experience in internal and external communications and marketing, event production and promotion, executive administration, fundraising, corporate supporter relationships, clinical trials management and database coordination and support. I am very grateful to our small but hardworking team for their dedication and commitment to growing and supporting our members in their research endeavours, and our fantastic volunteers (Lesley Tinkler and Jo Stubbs), who continue to work tirelessly to support the management team in so many ways.

Finally, I would like to take this opportunity to acknowledge and thank our Chair, Ian Davis, Deputy Chair, Guy Toner, and our hard working Board members, SAC, Subcommittees, CAP, Trial Investigators, membership and donors for your continued support and commitment to ANZUP. It is only with your help we can make a difference to the lives of people affected by kidney, testicular, penile, bladder and prostate cancers.

Thank you.

Margaret McJannet
Chief Executive Officer, ANZUP
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.

Governance Committee
The purpose of the Governance Committee is to ensure that the Board fulfills its legal, ethical, and functional responsibilities through adequate governance policy development, recruitment strategies, monitoring of Board activities, and evaluation of Board members’ performance.

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 Sub委员会
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 (Alison Martin, 1 FTE), Marketing and Communications Manager (Lucy Byers, 1 FTE), Internal Communication and Projects Manager (Nicole Tankard, 1 FTE), Marketing and Communications Officer (Claudia Brooks, 1 FTE), Clinical Trials Project Manager (Jaclyn Verghis, 1 FTE) and Database and Administration Coordinator (Nima Amatya, 1 FTE). The company’s registered office is in Sydney.

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

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

SAC Subcommittees
The SAC is advised by disease specific subcommittees (Prostate, Renal, Germ Cell and Bladder/Urothelial/Genitourinary) 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 each of its coordinating centres - the NHMRC Clinical Trials Centre at The University of Sydney and the Centre for Biostatistics and Clinical Trials. The committee is responsible for oversight of trials and group operations. This committee meets by teleconference approximately once per month.

Independent Data Security Monitoring Committee (IDSMC)
The broad aim of the IDSMC is to evaluate the plausible benefits and risks associated with patient participation in ANZUP trials. The IDSMC comprises at least three members who are experienced in clinical research and are not conflicted with ANZUP. The committee oversees a number of ANZUP studies and co-opts others onto it when additional advice is required. The IDSMC advises the relevant Trial Management Committee (TMC) Chair(s), Group Chair and Scientific Advisory Committee Chair.

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

Ian Davis – Chair
Martin Stockler – Deputy Chair
Arun Azad
Nicholas Buchan
Suzanne Chambers AO
Warick Delprado
Haryana Dhillon
Joe Esposito
Craig Gedye
Fritha Hanning
Lisa Horvath
Dickon Hayne
George Hruby
Belinda Jago
Anthony Joshua
James Kench
Andrew Martin
Catherine Paterson
David Pook
Pamela Russell
Kathryn Schubach
Shomik Sengupta
Christopher Sweeney
Bertrand Tombal
Guy Toner
Ben Tran
Scott Williams

Ex-officio

Simran Chawla (until December 2018)
Margot Gorzeman
Elizabeth Liow
Margaret McJannett
Shalini Subramaniam
Jaclyn Verghis
Sonia Yip
Alison Zhang

FINANCE AND AUDIT COMMITTEE

Joe Esposito – Chair
Bernadette Crennan
Ian Davis
Martin Dowling

Ex-officio
Margaret McJannett
Glenn Murray
Katie Pancari

FUNDRAISING AND PROMOTION SUBCOMMITTEE

Joe Esposito – Chair
Ray Allen
Bernadette Crennan
Ian Davis
Belinda Jago

Ex-officio
Lucy Byers
Margaret McJannett

CONSUMER ADVISORY PANEL

Belinda Jago – Chair
Raymond Allen – Deputy Chair
Joe Esposito
Jason Gray – Until Feb 2019
Les Land
Matt Leonard
Colin O’Brien
Peter Stanford – Until Feb 2019
John Stubbs – Until Feb, 2019
Leonie Young

Ex-officio
Ian Davis
Margaret McJannett

SUBCOMMITTEE CHAIRS/ DEPUTY CHAIRS

BUP (Bladder, Urothelial and Penile Cancer):
Chair – Dickon Hayne
Deputy Chair – Shomik Sengupta

Germ Cell:
Chair – Ben Tran
Deputy Chair – Fritha Hanning

Prostate Cancer:
Chair – Scott Williams
Deputy Chair – Lisa Horvath

Quality of Life & Supportive Care:
Chair – Haryana Dhillon
Deputy Chair – Catherine Paterson

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

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

ANZUP & NHMRC CLINICAL TRIALS CENTRE (CTC)

Operations Executive Committee:
Ian Davis – Chair
Juliana Di Iulio – Clinical Trials Program Coordinator
Laura Galletta – Clinical Trial Manager
Craig Gedye – Principal Investigator
Alison Hall – Business Planning and Operations
Alan Herschtal – Senior Biostatistician
Elizabeth Liow – ANZUP Fellow
Margaret McJannett – ANZUP CEO
David Pook – Principal Investigator
Amanda Seegeum – Clinical Trials Coordinator
Jaclyn Verghis – Clinical Trials Project Manager
Andrew Weickhardt – Principal Investigator

ANZUP & CENTRE FOR BIOSTATISTICS AND CLINICAL TRIALS (BaCT)

Operations Executive Committee:
Ian Davis – Chair
Juliana Di Iulio – Clinical Trials Program Coordinator
Laura Galletta – Clinical Trial Manager
Craig Gedye – Principal Investigator
Alison Hall – Business Planning and Operations
Alan Herschtal – Senior Biostatistician
Elizabeth Liow – ANZUP Fellow
Margaret McJannett – ANZUP CEO
David Pook – Principal Investigator
Amanda Seegeum – Clinical Trials Coordinator
Jaclyn Verghis – Clinical Trials Project Manager
Andrew Weickhardt – Principal Investigator
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 2018/2019 corporate supporters include:

Astellas, AstraZeneca, Bayer, Bristol-Meyers Squibb, Ipsen, Janssen, Novartis and Pfizer Oncology.

In-Kind Supporters

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

Active Display Group, AFI Branding, The Saturday Paper and FC Lawyers.
2019 ANZUP MEMBERSHIP

NUMBER OF MEMBERS

As at 31 March 2019, ANZUP had 1,515 members which is an increase of 16% since 1 April 2018

MEMBERSHIP DISTRIBUTION

AUSTRALIA/ NEW ZEALAND TOTAL

QLD: 223
NSW: 518
WA: 81
NT: 9
VIC: 436
TAS: 19
ACT: 27
SA: 78

US: 11
Canada: 6
UK: 3
Ireland: 2
Belgium: 2
Malaysia: 2
China: 1
Denmark: 1
India: 1
Singapore: 1
Switzerland: 1
France: 1
Germany: 1

1,482
91

REST OF THE WORLD: 33

BUILDING OUR MULTIDISCIPLINARY MEMBERSHIP

- Medical Oncologist: 255
- Clinical Trials Coordinator: 246
- Trainee: 224
- Registered Nurse: 186
- Urologist: 168
- Radiation Oncologist: 112
- Scientist: 67
- Allied health: 66
- Psychologist: 28
- Nuclear medicine: 26
- Supportive care: 20
- Student: 24
- Fellow: 17
- Pathologist: 16
- Consumer advocacy: 12
- Pharmacist: 10
- Epidemiologist: 9
- Statistician: 8
- Radiologist: 5
- Endocrinologist: 5
- Health economics: 3
- Surgeon: 3
- Anaesthetist: 2
- Medical physics: 2
- General Practitioner: 1

REST OF THE WORLD TOTAL: 33
ANZUP’S HISTORY

2008

Awarded infrastructure funding from Cancer Australia

Official launch of ANZUP in Sydney

ANZUP Scientific Meeting held on the Gold Coast with COSA

2009

First Annual General Meeting

ANZUP Scientific Advisors Meeting in Melbourne with COSA

Joint ANZUP/USANZ Scientific Meeting held in Melbourne

Joint Scientific Meeting in Perth with COSA

2010

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

2011

First face to face Scientific Advisory Committee meeting

First Trainee Day (renamed Masterclass in 2014)

First stand-alone Annual Scientific Meeting (ASM) Sydney

2012

ANZUP accrues highest number of participants outside UK for renal cancer trial (SORCE)

First Annual General Meeting

ANZUP completes its first trial (EVERSUN) and presents results at ASCO GU

BCG MM (non-muscle-invasive bladder cancer trial) opens to recruitment

2013

ANZUP leads global Enzalutamide trials

Launch of ANZUP ClinTrial Refer app

Inaugural Pedalthon fundraiser Sydney

2014

Inaugural Pedalthon fundraiser Sydney

ANZUP leads global Enzalutamide trials

Launch of ANZUP ClinTrial Refer app

First Annual General Meeting
Launched
Below the Belt
Research Fund

Inaugural
ANZUP GU
Preceptorship
in Prostate
Cancer

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

ANZUP’s global
ENZAMET
trial reaches
recruitment
target of 1,100
patients

Sydney
Pedalthon raises
more than $1
million in four
years

UNISO:N
(non-clear cell
renal cell) and
KEYPAD (clear
cell renal cell)
trials open to
recruitment

ANZUP reaches 1,300 members
and is involved in 13 active trials

Hosted the first Asia Pacific
Advanced Prostate Cancer
Consensus Conference (APCCC)
Satellite Symposium

395 delegates attend the ASM
(July) – largest number of
deleagtes to date

TIGER trial (germ cell) opens –
August 2018

ANZUP and PCFA renew their
memorandum of understanding
to continue their collaboration
on prostate cancer trials

TheraP trial reaches 50% recruitment

‘Is there a trial for me?’
campaign launched with Breast
Cancer Trials Australia

ANZUP celebrates
10th anniversary year

ANZUP PCFA’s partnership
sees TheraP nuclear medicine
advanced prostate cancer trial
open to recruitment

Inaugural Melbourne Pedalthon

BCGMM trial (bladder)
recruits its 200th patient
(13 March)

Below the Belt research
Fund awarded to 18 projects

Concept development
Workshops expanded to
include 5th workshop –
Quality of Life

ENZAMET trial selected
as one of four ASCO
Plenary Presentations

2015

2016

2017

2018

2019

Rude Food Campaign
launched

2nd Melbourne
Pedalthon with 34 teams
riding

ANZUP reaches 1500
members (12 March)

BCGMM trial (bladder)
recruits its 200th patient
(13 March)

Below the Belt research
Fund awarded to 18 projects

Concept development
Workshops expanded to
include 5th workshop –
Quality of Life

ENZAMET trial selected
as one of four ASCO
Plenary Presentations

2015

2016

2017

2018

2019
MISSION, OBJECTIVES, PRIORITIES

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

GOAL 1 Continue to build on and develop high quality cutting edge clinical trials

ANZUP aims to bring together a multidisciplinary membership base, those involved in the research and treatment of GU cancers, alongside a body of individuals with personal experience of these cancers. With this diverse panel ANZUP has developed a robust, high quality clinical trial procedure. These trials are varied across each of the tumour streams ANZUP represents, and utilise diverse treatments including radionuclear medicine and online psychotherapy tools.

The Principal Investigators (PI) on many of the ANZUP trials have different medical specialties including radiation oncologists and medical oncologists. It is an ongoing process to ensure the trial lead investigators come from varied disciplines, in efforts to have holistic input into the conducted research. ANZUP is also working to ensure junior researchers from all disciplines attend and contribute at workshops and events. Participation is encouraged by inviting junior researchers to the Masterclasses, the Preceptorship and Best of GU meeting. In addition, junior researcher can apply for the Young investigator of the Year award which will then finance their attendance at ANZUP meetings.

Regular analysis is undertaken by each subcommittee, as they report on current trials, trials in development and concepts submitted and in the pipeline at quarterly teleconferences. All subcommittee members are encouraged to consider and submit new concepts through the established Concept Development Workshops that run across each of the four cancers ANZUP represents.

<table>
<thead>
<tr>
<th>Concept development</th>
<th>2017</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total workshops</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Total attendees</td>
<td>98</td>
<td>115</td>
</tr>
<tr>
<td>Total concepts presented</td>
<td>22</td>
<td>32</td>
</tr>
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</table>

Another means through which ANZUP builds on its clinical trial process is the monthly trial updates that are circulated to all members in efforts to improve patient recruitment to ANZUP trials. In addition, ANZUP also provides regular updates about trial recruitment status using various forms of communication including the ANZUP ClinTrial Refer app, trial specific e-newsletters, sessions held at the Annual Scientific Meeting as well as the Trials Management Committees (TMC) meetings.

ANZUP facilitates a biannual International Trials Steering Committee meeting with the international partners involved in ANZUP’s ENZAMET and ENZARAD trials. This meeting provides a platform to consider the GU clinical trials landscape and discuss/explore gaps in research, new concepts and build relationships with the international clinical trial community.

ANZUP’s Scientific Advisory Committee (SAC) is central to the running of the organisation and enables members to discuss new trial ideas and develop proposals into fully fledged protocols.
ANZUP continues to increase awareness, participation and access to ANZUP trials through a variety of ways. Significantly, subcommittee membership has increased across all cancer types.

<table>
<thead>
<tr>
<th>Subcommittee</th>
<th>Total Members</th>
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<tbody>
<tr>
<td></td>
<td>Mar 2018</td>
</tr>
<tr>
<td>Prostate</td>
<td>442</td>
</tr>
<tr>
<td>Bladder, Urothelial and Penile</td>
<td>302</td>
</tr>
<tr>
<td>Germ Cell</td>
<td>190</td>
</tr>
<tr>
<td>Renal</td>
<td>274</td>
</tr>
</tbody>
</table>

Regular attendees are also consistently being asked to promote and encourage colleagues and trainees to join and attend the subcommittee meetings. Promotion of ANZUP also takes place at external meetings to highlight the benefits of ANZUP membership. This has been done at ANZUNS, the USANZ New Zealand Section Meeting, COSA and the Asia Pacific Prostate Cancer Conference.

To date, the number of rural/regional sites participating in ANZUP trials totals 30 with 250 patients recruited. ANZUP routinely invites rural members and their patients to provide content for the clinical newsletter Update and consumer magazine, ‘A Little Below the Belt’. The magazine is distributed to more than 400 cancer centres, of which 28 are rural/regional.

ANZUP and the National Cancer Cooperative Clinical Trials Groups have provided funding for the Australasian Tele-trial Model and will further explore participation in the tele trials initiative over the next 12 months. This model is being developed by the COSA Regional and Rural Group, and aims to use telehealth to improve access to clinical trials. The model will not only benefit regional, rural and remote patients, but has the potential to connect centres within the same city to improve the access and recruitment to highly specialised clinical trials, including rare cancer trials.

The Consumer Advisory Panel (CAP) membership is reviewed annually to ensure the best mix of individuals on this panel. The CAP is involved across all ANZUP research activities including the Scientific Advisory Committee, subcommittee meetings, Concept Development Workshops and the Annual Scientific Meeting.

Community links have been further reinforced by inviting consumers to the Community Engagement Forum (CEF). The CEF is a free community forum that provides information and the opportunity to discuss the importance of clinical trials, raise the profile of ANZUP and the impact a diagnosis of ‘below the belt’ cancers can have on a person and their family.

Social media is another way ANZUP is engages and educates the wider community on ANZUP activities and clinical trials generally. ANZUP and Below the Belt Pedalthon have twitter accounts, Facebook pages and the Below the Belt Pedalthon also has an Instagram account.

**GOAL 2**

Increase awareness, participation and access to ANZUP trials
GOAL 3

Strengthen and build our capacity and capability to ensure we can deliver our Strategic Plan

ANZUP continues to review and develop its systems, procedures and governance principles to ensure we can deliver our strategic plan. The organisational structure of ANZUP reflects its corporate governance and operational areas of responsibility. The board, comprised of the Directors of the Company is responsible for financial management, corporate governance, reporting and compliance, and continual revision of organisational policy to ensure we develop a robust quality management system to deliver our strategic plan.

ANZUP’s Concept Development Workshops utilise templates to streamline the concept process. The templates for submission and concept review, along with the associated process, were refined in early 2017 by the SAC. We continue to liaise with our subcommittees and broader membership around tools that assist collaboration to build our capacity and capabilities.

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.

Fundraising continues to be a crucial element of ANZUP’s activities, enabling delivery on our strategic plan. An excellent example is the Below the Belt Research Fund, which ensures all of the money raised through the Sydney and Melbourne Pedalthons is used to support research that is intended to lead future ANZUP trials. The Below the Belt Research Fund has to date raised over $1.4 million. ANZUP’s financial sustainability is also supported by the ASM. ANZUP continues to grow the ASM by developing and delivering a high quality scientific program. The meeting showcases ANZUP’s research activities and attracted 395 delegates in 2018.

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
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<tbody>
<tr>
<td>Delegates</td>
<td>297</td>
<td>335</td>
<td>395</td>
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<td>International speakers</td>
<td>4</td>
<td>6</td>
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</tr>
<tr>
<td>Submitted abstracts</td>
<td>57</td>
<td>83</td>
<td>59</td>
</tr>
<tr>
<td>Fellowships, scholarships and awards</td>
<td>40</td>
<td>47</td>
<td>42</td>
</tr>
</tbody>
</table>
GOAL 4

Engage, Collaborate and grow stakeholder relationships

ANZUP currently engages, collaborates and grows stakeholder relationships through a variety of means. Crucially, the renewed funding agreement with the Australian Government through the Cancer Australia Support for Clinical Trials supports ANZUP’s infrastructure.

We also cannot function at our greatest capacity without the variety of collaborative links we have forged. This is exemplified by the three co-badged trials with other Cancer Cooperative Trials Groups (CCTGs) and our membership of the Executive Officers Network (EON) and Clinical Trials Consumer Network (CTCN). The EON provides a platform on which to share resources and ideas to build stronger links between groups while the CTCN shares information between the groups’ Consumer Advisory Panels (CAPs).

In 2018/19 ANZUP collaborated with the NHMRC Clinical Trials Centre (CTC) at the University of Sydney to conduct 8 clinical trials. This long standing relationship ensures quality processes on trial development and operations.

ANZUP’s Key Relationships include:

Key Relationships

- Australia & New Zealand Urological Nurses Society (ANZUNS) – represented on the ANZUP SAC by Kath Schubach
- Australian Clinical Trials Alliance (ACTA)
- Cancer Australia
- Cancer Councils
- Clinical Oncology Society of Australia (COSA)
- Colleges (e.g. RACP, RANZCR, RACS)
- Kidney Health Australia
- Medical Oncology Group of Australia
- Movember
- National Cancer Cooperative Trials Groups
- Prostate Cancer Foundation Australia (PCFA)
- Urological Society of Australia & New Zealand (USANZ)

International Partnerships and Collaborations

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

The most critical stakeholder relationship continues to be ANZUP’s multidisciplinary membership. For members, ANZUP provides an annual calendar of education and networking opportunities including the ASM, Concept Development Workshops, GU Preceptorship and the Best of GU evening symposium. 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. The renewed agreement with PCFA to improve access to and funding for prostate cancer trials has cemented another key relationship.

Member communication is ongoing with regular email, print, social media and app updates. An annual survey of members is also undertaken to better understand and improve the way ANZUP provides support for members’ research endeavours. Staying in touch with the latest GU clinical trials research, networking and the opportunity to attend educational events consistently rate highly in ANZUP member surveys.
ANZUP’s membership continues to grow and diversify, calling us to explore the ways in which we can aptly support and provide opportunities for our multidisciplinary membership. Crucially, ANZUP continues to develop communication strategies as tailored to the needs and interests of our members. This includes subcommittee participation, trial news, trial development, trial management and educational and fundraising events across various channels including email, print, social media and app updates.

The Concept Development Workshops, held across each of the major cancers ANZUP represents is another medium through which we support our membership. The workshops, facilitated by the chairs of each subcommittee, aid in the development of emerging clinical trial concepts transforming them into fully fledged clinical trials whilst providing a key educational and mentoring opportunity for members across each of the four tumour streams.

ANZUP is also active across a range of social media platforms, with profiles on Twitter, Facebook, LinkedIn and YouTube, while Below the Belt Pedalthon has profiles on Twitter, Facebook and Instagram. ANZUP’s Twitter account maintains a stronghold in terms of activity, with a highly engaged clinical following.

Other external communication strategies include the biannual publication of a 60-page consumer magazine, ‘A little below the belt’ which is distributed digitally and via print to cancer centres – ANZ, key stakeholder, donors, supporters and members. In addition we hold an annual Community Engagement Forum. This is free for the general public to attend and provides the community with information about clinical trials. The Below the Belt Pedalthon, now held in both Sydney and Melbourne, also raises community awareness of clinical trials, urogenital cancers and the Below the Belt Research Fund.

Opportunities to engage and communicate with corporate and philanthropic groups continue to be explored. ANZUP has established relationships with philanthropic and charity groups including the Paul Ramsay Foundation, Perpetual IMPACT Philanthropy, the Kennedy Foundation, PCFA and PCF NZ, Movember and the Melbourne Racing Club Foundation.

ANZUP utilises community and corporate databases to regularly communicate about the Below the Belt Pedalthon and other fundraising opportunities and events. Links have also been established with respected medical broadcasters and journalists, including Sophie Scott, Jill Margot and Norman Swan, to increase media coverage around ANZUP clinical trials.

‘I strongly encourage all trainees to consider attending the next CDW in your area of interest.’

ANZUP member, Edmond Kwan
ANZUP's profile has grown exponentially since our inception in 2008, on a local, national and international level.

The CAP plays a critical role in fostering increased community engagement and awareness of ANZUP and our clinical trial portfolio on both a local and national level. Significantly, ANZUP works alongside the CAP to gain a better understanding of the consumer perspective on clinical trials. ANZUP implements key strategies to involve and educate the wider community on clinical trial research and subsequent results. The CAP membership itself is reviewed annually to ensure that there is an ideal mix of individuals on the panel. Trial information is easily available to the public via the ANZUP website, and is delivered in lay terms for accessibility.

‘Friends of ANZUP’ is another initiative developed by ANZUP, encouraging consumers where possible to receive regular updates on ANZUP activities. Through ‘Friends of ANZUP’, members receive a hardcopy of the consumer magazine, ‘A little Below the Belt’, as well as in invitation to the annual Community Engagement Forum.

The ANZUP website is a key point of reference to maintain our profile both amongst our current membership, and the wider community. The website is mobile-friendly, and frequently updated to ensure the most relevant information is accessible. There are features of the website for members-only, trials information for healthcare professionals as well as patients and carers, access to ANZUP publications, details of ANZUP’s events and awards as well as donor/supporter information. The website acts as the face of ANZUP – the first port of call for individuals seeking information on ANZUP activities, and as such is routinely maintained.

The Community Engagement Forum continues to build brand awareness as well as a deeper understanding of ANZUP activities. The free forum helps to maintain community links, held as an element of the ASM. The role of the forum is to provide the opportunity for an open discussion on the importance of clinical trials, to raise the ANZUP profile as well as discuss the lasting impact that a ‘below the belt’ cancer diagnosis can have on an individual and their family.

Celebrity endorsement is another means through which the ANZUP profile continues to be raised. The Rude Food campaign saw a plethora of internationally renowned chefs champion the ANZUP cause. Similarly, the Pedalthon continues to attract the support of high profile athletes including Kaarle McCulloch (who first became an ambassador in 2015).

The International Trials Steering Committee is an international relationship ANZUP continues to maintain. The committee provide scientific oversight of the conduct, analysis and reporting of internationally-involved trials - recommending, considering and reviewing proposed modifications to the study design protocol, reporting and analysis plan.

Internationally, the ANZUP ASM continues to attract a high-profile and impressive international faculty, specifically selected according to their skillsets and experience within ANZUP-represented cancers. Leading global clinicians speak, sharing their highly regarded views and experience with the Australian ANZUP audience. In 2018, 7 international speakers presented to 390 delegates.
As part of our strategic plan, ANZUP is committed to increasing engagement with patients, their carers, consumers and the broader community to promote the importance of clinical trial research in below the belt cancers.

To do this successfully, ANZUP needs to challenge the many myths and misconceptions among the general public surrounding clinical trials. Even for patients, there can be a lack of understanding on how trials work. What patients take away from their doctor can be different from what clinicians think they have understood.

ANZUP partnered with Breast Cancer Trials (BCT) to produce a new video to help educate the public and tackle the misconceptions about clinical trials.

The video features Professor Fran Boyle AM, members of the ANZUP and BCT Consumer Advisory Panels and trial participants, Cheryl Grant and Les Land.

Thanks to the generous support of Tonic Health Media, the 60 second campaign video was shown on the Tonic on demand network in over 1,900 GP waiting rooms around Australia during July and August 2018, with the aim to prompt patients to ask, ‘Is there a clinical trial for me?’

Tonic Health Media’s research indicates average wait times in GP clinics of 30 minutes with 71% of patients reporting they had watched Tonic TV and 22% asking their GP about the content they had seen on screen.

As part of the campaign, a post evaluation was conducted to see how the clinical trials awareness campaign was viewed by the patients and their carers.

More than 50% of viewers said the advertising changed the way they thought about clinical trials.
ANZUP partnered with Breast Cancer Trials (BCT) to help educate the public and tackle the misconceptions about clinical trials by rolling out a media campaign through Tonic Health Media in July – August 2018.

RESULTS FROM ONLINE VIDEO ADVERTISING CAMPAIGN (”IS THERE A TRIAL FOR ME”)

<table>
<thead>
<tr>
<th>Plays</th>
<th>Sites</th>
<th>Total Audience in Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,870,899</td>
<td>1,728</td>
<td>12,547,297</td>
</tr>
</tbody>
</table>

RESULTS FROM ELECTRONIC DIRECT MAIL (EDM) (”A TRIAL FOR ME”)

- **2,524** GP’s REACHED

SURVEY RESULTS:

- **67%** WERE PREVIOUSLY AWARE OF CLINICAL TRIALS
- **66%** TOOK AWAY ALL THE KEY MESSAGES FROM THE AD

“Clinical trials improve diagnosis and treatment of cancers, can improve patient’s quality of life”

“Clinical trials research helps us to understand cancer better and improve diagnosis and treatment”

“Speak to your doctor about appropriate clinical trials for you”

- **95%** FELT THE AD GAVE THEM ENOUGH INFORMATION
- **56%** SAID THAT THE AD CHANGED THE WAY THEY THOUGHT ABOUT CLINICAL TRIALS
- **63%** COULD RECALL ANZUP AS A RESULT OF THE AD AND FELT INFORMED ABOUT HOW TO FIND OUT MORE INFORMATION
RESEARCH HIGHLIGHTS

SCIENTIFIC ADVISORY COMMITTEE: IAN DAVIS AND MARTIN STOCKLER

The ANZUP Scientific Advisory Committee (SAC) provides overall scientific oversight of ANZUP’s activities. It reviews and prioritises concepts in the light of the ANZUP Strategic Plan 2018-2020, and is a source of advice and mentorship for researchers developing concepts. The SAC is also the mechanism that ensures ANZUP continues to have at its core a broad-based multidisciplinary group, able to listen and learn from each other and to provide advice. The SAC is the conduit to ANZUP from the community and other stakeholders, ensuring that we listen and understand where the clinical needs and evidence gaps are. The SAC is also a communication conduit back to the community, allowing other groups to understand the work we do, the implications of our research findings, the importance of wide engagement, and to help implement the evidence we generate into clinical policy and practice.

The ANZUP Board endorsed an updated Strategic Plan for 2018-2020. The SAC undertook a “horizon scanning” meeting in February 2019 in response to this and also to continue its previous work to refresh its perspective and processes. The horizon scanning meeting reviewed the strategic goals and considered key discussion points, including disease- and discipline-based research priorities; specific issues relating to research capability in New Zealand and in rural or remote areas; the implications of telemedicine and teletrials; consideration of how to engage and support indigenous communities in research in genitourinary cancers; whether we are adequately addressing the needs of culturally and linguistically diverse populations; links to other groups; membership and stakeholder engagement; streamlining of processes; and novel models for clinical research. A number of specific actions were defined and we continue to work through these. The SAC agenda has been reviewed and streamlined to move it away from a predominantly passive reporting mode and more towards a forward-thinking and strategic body that takes advantage of its diverse membership.

We are very grateful for the contributions of all our SAC members. The Board reviews SAC membership every year in the light of recommendations from the various professional bodies or special societies represented in its composition. ANZUP plans to continue to refresh the SAC membership to ensure that new people have opportunities to participate and that the discourse remains as broad-based as possible.

ANZUP members are welcome and invited to participate in ANZUP processes. We welcome your involvement in our subcommittees and workshops, and of course your participation in our Annual Scientific Meeting and other educational and development activities. If you are interested in hearing more or in being more engaged then please do not hesitate to contact us for more information. This is your organisation: let us know what you think we should be doing, and feel free to be as engaged in it as you wish to be.
This year we renamed the bladder subcommittee… **BUP** – Bladder, Urothelial and Penile Cancer Subcommittee. Bladder cancer describes most of the workload included in the remit of the subcommittee. Upper tract transitional cell cancer and bladder transitional cell cancer are both ‘Urothelial cancer’ (diseases of the lining of the urinary tract) and concepts and trials related to upper tract TCC have already been adopted by the bladder cancer sub-committee. Other types of bladder cancer that are not ‘urothelial’ do exist. Penile cancer is a rare but significant male cancer not previously specifically recognised by the ANZUP sub-committees and needing a home. Whilst there was some debate about the acronym (you can guess what) ultimately BUP received most support.

Bladder cancer however remains our core business and there is much that needs to be done. Of the 15 most common Australian cancers, bladder cancer remains the ONLY malignancy where outcomes are deteriorating as demonstrated by survival data from the Australian Institute of Health and Welfare showing a overall reduction in 5 year survival (9% survival reduction in men and 16% reduction in women). This situation is unacceptable and it is the responsibility of organisations such as ANZUP to strive to promote research activities leading to better outcomes for bladder cancer patients. This involves not only building and diversifying our clinical trials portfolio but further extending our activities to include audit, cancer data projects, guidelines and advocacy.

The major trials and progress of the BUP subcommittee are detailed below.

**Currently recruiting ANZUP trials**

**BCGMM:** A randomised phase III trial adding mitomycin C to BCG as adjuvant intravesical therapy for high-risk, non-muscle-invasive bladder cancer.

A successful NHMRC funding application for completion of the BCGMM trial will ensure this important ANZUP trial is completed. Recruitment has been bolstered by the increased site payments and several new sites are planned to open including a UK and possibly a Canadian site. With more than 215 patients recruited this is now the largest recruiting Australian bladder cancer study. BCG shortages are again potentially an issue but remember the best way to preserve Australian BCG supplies is to recruit patients to this study!

**PCR MiB:** Pembrolizumab with Chemoradiotherapy as treatment for muscle invasive bladder cancer

This MSD-supported Phase 1 study is open at 5 sites across Australia with 15 out of the planned 30 patients recruited so far. Recruitment for this unique trial has improved significantly. Remember this novel and innovative ANZUP trial when discussing patients at their various multidisciplinary team meetings.

**Trials co-badged with ANZUP**

**Patient Reported Symptom Index in Non-Muscle Invasive Bladder Cancer:** (University of Sydney study, formally co-badged with ANZUP).

This study involves developing NMIBC cancer specific quality of life tools which can be used to assess patient experience and compare outcomes in the context of clinical trials. The first stage is completed (225 patients) and thus far 80 out of the planned 250 patients for the second stage.

**From the Concept Development Workshops**

The Concept Development Workshops (CDW) are now an integral component of new trials development. They give members a unique opportunity to present new concepts, participate in robust discussion around gaps in research and plan for future grant applications.

- **ANZUP cystectomy database** – BTB funding has supported multi-ste applications for this national cystectomy Redcap based audit tool.
- **Cystexercise** – this pre-habilitation study prior to cystectomy utilizing exercise physiology has commenced recruitment and a funding application for a larger multi-centre study has been submitted to NHMRC.
- **WACUP** – WAter irrigation compared to single dose post-resection intravesical Chemotherapy to reduce Urothelial cancer reimplantation. Having secured BTB funding for a pilot study an NHMRC funding application was submitted this round for a multi-centre prospective trial.
- **Penile Cancer in Western Australia** – this now completed detailed clinical audit was presented at the USANZ Annual Meeting and won the Keith Kirkland Prize.
- **SUBDUE-1** – this concept exploring sub-urothelial Durvalumab has received approval for drug support Astra Zeneca and a phase1 trial is planned.
The RCC Subcommittee continued to meet quarterly by teleconference and also held a face to face Concept Development Workshop in May 2019. ANZUP is now running three kidney cancer studies and the subcommittee plans to open a fourth study this year.

UNISoN (1602) is the Phase II trial of Single Agent Nivolumab, then Combination Ipilimumab + Nivolumab on disease progression, in patients with metastatic or unresectable non clear-cell renal cell carcinoma. This trial continues to provide a treatment option for patients who have no government funded treatments available. There is now more emerging evidence that sarcomatoid variants of kidney cancer may respond particularly well to immune therapies like nivolumab and ipilimumab. This underlies the importance of studying treatment options in the rarer variants of kidney cancer. UNISoN continues to recruit patients quickly and will complete accrual well ahead of schedule. This is a fantastic effort and demonstrates to our collaborators in the pharmaceutical industry our ability to run trials efficiently and provide results quickly. This is important as we continue to design and discuss future trials with our partners.

UniCab (1802) is the Phase II trial of cabozantinib in patients with metastatic or unresectable non clear-cell renal cell carcinoma who have progressed on, or are not candidates for immunotherapy. This study is funded by Ipsen, the company who has the license for cabozantinib in Australia. The timelines for this study were very tight and our team did an incredible job in opening the first site (Ashford Cancer Centre) in April which was less than 15 months from when the trial idea was first presented to Ipsen. Further sites are now open and we plan to have our first patient on study prior to August. This study was designed as a partner to the UNISoN study, as patients can be enrolled on UniCab if they progress on UNISoN. This study also provides a treatment option for patients who have medical conditions that do not allow them to be treated with immunotherapy.

KeyPAD (1601) is a phase II study testing the hypothesis that addition of RANKL inhibition will block tumour immuno-suppression and increase effectiveness of anti-PD1 immunotherapy. Patients all receive the PD-1 antagonist pembrolizumab with the RANKL inhibitor denosumab after progression on TKIs. Multiple immunotherapy combination studies are being evaluated currently in clinical trials in an attempt to identify combinations with increased efficiency without worsening of side effects. KeyPAD continues to recruit and will evaluate the effectiveness of this promising combination.

Plans for future studies are well underway with a focus on combination therapies in non clear-cell renal cell carcinoma, given the success of the Unison. The subcommittee is aiming to have our next study in this indication open within the next year.

Thanks again to all the RCC subcommittee members, our clinical sites, our NHMRC Clinical Trials Centre collaborators, and especially our trial participants.
It is that time of year again, where we take pause and reflect on the achievements we are making in improving outcomes for patients of prostate cancer. Over the reporting period, we have come in leaps and bounds as the ANZUP and prostate cancer subcommittee continue to grow, both in academic prowess and enthusiasm, placing Australia and New Zealand very much on the map in prostate cancer clinical trial research.

The ANZUP-led ENZAMET trial randomized 1125 men with metastatic hormone sensitive prostate cancer to enzalutamide or standard anti-androgen therapy in conjunction with testosterone suppression. This study closed to enrollment in 2017, with patients recruited from Australia, New Zealand, the USA, the UK, Ireland and Canada. The first interim analysis showed a survival benefit for the enzalutamide arm. In addition, our randomized trial of enzalutamide in addition to androgen deprivation therapy with radiation therapy for high risk localized prostate cancer, ENZARAD, has completed recruitment. This study again enrolled patients globally including Australia, New Zealand, USA, Ireland, UK and Europe. These two studies place ANZUP as a global collaborative lead for multinational studies.

Our randomised trial of inhaled Penthr™ analgesia in addition to local anaesthetic for transrectal prostate biopsy remains strong, with accrual now over the halfway mark. A large upswing in accrual is in no small part related to the building of the study in NZ. So strong has been the support from our kiwi colleagues that Nick Buchan, Urologist in Christchurch, has taken over as study Principal Investigator, taking over the excellent work done by Jeremy Grummet. Jeremy will forever hold the mantle of being the first person in ANZUP to take a clinical question to an ANZUP concept session and grow it to an open study fully funded by a national competitive grant process. We are now focussed on supporting accrual in open sites as well as the opening of additional sites.

Our TheraP study continues to be a standout performer, assessing the role of prostate cancer-targeted radioisotope therapy using 177Lutetium-PSMA as second-line salvage therapy by comparing it in a randomised trial to cabazitaxel chemotherapy in men with metastatic castrate resistant prostate cancer. After quite an intense period of development, the team of investigators led by Prof Michael Hofman along with the “backroom” folks at ANZUP and the NHMRC Clinical Trials Centre have done a fantastic job, with the study now active at 11 sites and having accrued 2/3rds of the desired target. TheraP has garnered significant national and international interest, showcasing the strength of Australian research teams in the global sphere of clinical trial research.

We also have a study co-badged with the AARTnet and TROG groups examining the utility of PSMA-PET imaging in the management of newly-diagnosed high risk prostate cancer (the proPSMA trial). Using a randomised design, the study is progressing exceptionally well, with meeting the desired accrual of 300 cases already.

The ICECaP collaboration, managed by ANZUP, has conducted a significant amount of data focused on deriving and validating surrogate endpoints in prostate cancer research. Health economics has played a key role in this, aiming to understand the impact of surrogate markers and therefore the best way to implement the findings. ANZUP has been tasked with this project and has been successful at garnering industry funding to commence the work. We will be working with our established health economics team in taking this forward over the next few years.

Continuing on as an exciting ANZUP initiated activity is the concept development workshop, the most recent of which was held in May. Eleven study ideas were presented, with a view to developing a path forward to a fully-fledged prostate cancer clinical trial. The multidisciplinary nature of the event means that a holistic analysis of trial concepts are conducted, from psycho-oncology and survivorship to molecular biology and biomarker studies. The workshop is a truly outstanding and educational event, with a vision to finding the answers to the tough clinical questions in prostate cancer research.

I extend my thanks to the prostate subcommittee for the dedication to improving outcomes in prostate cancer, and look forward to another busy and successful year ahead!
Germinoma Subcommittee:

The Germinoma Subcommittee continues to be very productive and welcomes new members including trainees who will contribute to research activity. A focus for 2019 will be to develop a surgical protocol, consider the merits of a randomised registry-based trial, and engage our endocrinology colleagues in exploring a protocol for hypogonadism or fertility.

Currently recruiting ANZUP trials

Phase III RCT of Accelerated BEP (plus translational sub study): The aim of this Australian-led, international, 2-stage open-label randomised phase 3 trial is to determine if accelerated BEP is more effective than standard BEP as first-line chemotherapy for men, women and children with intermediate- or poor-prognosis advanced GCTs. Peter Grimison has been and continues to be the driving force behind this important study.

The study was initiated in 2013, with 80 participants recruited as of March 2019. Previous funding from Cancer Australia, Cancer Research UK and Children’s Oncology Group (USA) supported opening of the study at 25 sites in Australia and New Zealand and 4 UK sites, with 15 additional UK and > 200 eligible US sites open in 2018.

A Cancer Australia grant application was successful in 2018, gaining additional funding to keep the study going into the next phase.

ANZUP Stage I Testicular Cancer AND metastatic Testicular cancer Follow-up recommendations:

Evidence-based recommendations for the follow-up of stage I testicular cancer continue to be available on the ANZUP website. In 2018, recommendations for follow-up of metastatic patients were developed, and are now also available on the ANZUP website. The stage 1 recommendations are the one of the most viewed ANZUP webpages, with close to 500 views in the first quarter of 2019 alone. The metastatic recommendations are also getting some traction with 200 views in the same time period.

e-TC 2.0: A prospective study of an eHealth intervention for testicular cancer survivors led by Ben Smith and Louise Heniger in collaboration with Psycho-Oncology Co-operative Research Group (PoCoG), building on the successful e-TC study. The study is now complete and we eagerly await the report.

TIGER: Movember is generously supporting ANZUP’s participation in the TIGER study. This important international randomised trial for refractory and relapsed germ cell tumours, of high-dose chemotherapy with Ti-CE versus conventional dose chemotherapy with TIP, is led by Alliance. TIGER is open at 4 ANZUP sites and already has recruited 3 patients. Given the uncommon nature of refractory patients, please make sure you consider referring your patients to a TIGER site, at least for discussion.

iTestis: iTestis is a detailed database with a web-based interface that facilitates prospective collection of high quality clinical data. iTestis has received ANZUP Below the Belt funding and launched in late 2018. Already, across 5 sites, over 100 patients have been recruited. Although there is no funding support for data collection, iTestis may be able to send out data abstractors on a regular basis to assist with data collection. Please contact Ben if you are interested in contributing patient data into this important initiative. Currently, iTestis is being rolled out to selected high volume centres with interested and engaged investigators. The vision is for 70% of Australia’s germ cell tumour patient population to have data collected within iTestis, and then to consider rolling out to interested international collaborators.

Hypogonadism in Germ Cell Tumour patients: At the 2017 Concept Development Workshop, there was a lot of enthusiasm to explore the role of testosterone replacement in mild hypogonadal germ cell tumour patients. A meeting was held at the 2017 ANZUP Annual Scientific Meeting following the Germ Cell Masterclass, where medical oncologists, urologists and endocrinologists discussed the pros and cons of testosterone replacement. Currently, a concept is being developed to examine the impact of hypogonadism and the potential benefits of testosterone replacement in selected patients.

International collaborations

Translational Research Projects (Movember GAP5): GAP5 aims to identify the biological drivers of platinum resistance in chemotherapy treated metastatic testicular germ cell tumour patients. The study aims to identify 100 platinum refractory and 100 platinum sensitive patients, collate their tumour specimens...
and engage with laboratories across five international sites to identify markers of resistance. ANZUP, through selected high-volume sites, is contributing patient data and specimens to this important project.

**Psychosocial and Peer Support for Testicular Cancer Project (Movember GAP7):** GAP7 is a Movember project designed at developing a tool for patients newly diagnosed with testicular cancer. The aim of the project is to facilitate peer support among testicular cancer patients, and provide a robust resource of information. While it may appear to overlap with e-TC 2.0, the idea is for GAP7 to feed into e-TC, with GAP7 dealing with the immediate stress linked to being newly diagnosed, and e-TC providing support to patients with ongoing anxiety/depression associated with the diagnosis. ANZUP, through selected high-volume sites, is involved in the testing and assessment of this resource.

**What’s coming up?**

Micro RNA analyses appear to be a promising biomarker for testicular cancer, both seminoma and non-seminoma. A children’s oncology group study is currently enrolling patients internationally, and also through paediatric centres in Australia. A SWOG study is aiming to begin in late 2019. ANZUP is working hard to gain funding to participate in one of these studies, and contribute to what we expect to be a major step forward for testicular germ cell cancers.

**IGCCCG 2.0:** ANZUP co-chair Guy Toner, together with ANZUP fellow Nicola Lawrence and ANZUP statistician Andrew Martin are coordinating the provision of data to an EORTC-led international collaboration to update clinical prognostication in metastatic germ cell tumours. Data from the former ANZ Germ Cell Trials Group’s ‘Good prognosis’ study and the ANZUP Phase II study of accelerated BEP are being provided.

**QUALITY OF LIFE AND SUPPORTIVE CARE SUBCOMMITTEE: HARYANA DHILLON AND CATHERINE PATERSON**

It has been yet another productive year for the Quality of Life (QoL) and Supportive Care Subcommittee, with some key progress being made on the below the belt funded projects falling under the remit of our committee.

While ANZUP’s Concept Development Workshops (CDWs) continue to have a QoL focus, during the past 12 months we have held the first workshop entirely dedicated to QoL and Supportive Care concepts. We have now identified at least two people from our subcommittee who will regularly attend all CDWs, as well as the meetings of each subcommittee. In doing this, our aim is to draw a Supportive Care and QoL perspective into each project, facilitating inclusion of nursing, supportive care, and QoL questions and substudies into ANZUP trials. It is our hope that by incorporating a QoL perspective into CDWs, that we can identify the issues relevant to ANZUP patients and their families that are common across each of the tumour streams ANZUP represents. February’s QoL and Supportive Care CDW, aimed to sharpen our research direction, build upon the BTB funded projects and ANZUP’s growing body of existing clinical trials. As a result of this development, we hope to mount some critical psychosocial and supportive care initiatives within the ANZUP trials portfolio, with a mission to improving outcomes for patients and their families.

We have also been successful in obtaining funding for pilot projects through the Below the Belt Pedalthon Research Fund. This scheme has enabled the development of several projects to be completed over the next year with a QoL focus. Projects range from qualitative studies aimed at understanding the patient experience of new treatments, all the way to factors impacting adherence to active surveillance in prostate cancer.

The e-health intervention for testicular cancer survivors has now closed to recruitment after reaching its target. Led by Ben Smith and Louise Heniger, the team continues to work with a vision to improving the survivorship experience of men and their families.

This past year, we also welcomed Catherine Paterson as the Quality of Life and Supportive Care Subcommittee Deputy Chair. Alongside myself, Catherine will work to facilitate the incorporation of a supportive care component into ANZUP led concepts and trials.

All of this activity is exciting to see, but it is clear we need to focus our energy on where we can make the greatest contribution to ANZUP. I look forward to another productive year ahead, in which we can continue to improve outcomes for the patients impacted by GU cancers.
As ANZUP celebrated its 10 year anniversary during 2018 and reflected on its growth and many achievements, the CAP also acknowledges what it has achieved during this time. As a group, we have grown in expertise and continue to participate in providing responsive and relevant advice to the ANZUP membership across a broad range of activities from a consumer perspective. We are a passionate and committed group, freely volunteering our time and with this in mind, I am very pleased to present this year’s report on behalf of the CAP.

Some highlights of the year in review

- The Annual Scientific Meeting is the CAP's only collective face to face meeting which also provides the opportunity for our annual education session together. We thank Andrew Martin, Richard De Abreu Lourenco, Ian Davis and Simran Chawla for taking time out to present to us.

- The CAP also participated in the main program with Colin O'Brien being invited to present in the session ‘At what cost? Do the latest therapies put people first?’ and his personal experience on the “cost of dignity”, sending a powerful message about how important it is to put people first.

- We even provided a very entertaining commentator/judge/referee Matt Leonard for the Bike Challenge at the ASM dinner.

- The CAP also participated in the main program with Colin O’Brien being invited to present in the session ‘At what cost? Do the latest therapies put people first?’ and his personal experience on the “cost of dignity”, sending a powerful message about how important it is to put people first.

- CAP Member Leonie Young was awarded an Honorary Doctorate from the University of Brisbane. The Honorary Doctorate was in recognition of her distinguished service to the community, particularly as an advocate for women diagnosed with breast cancer.

- The clinical trials awareness video produced in collaboration with BCT was launched at the ASM with CAP Member Les Land also a clinical trial participant featuring in this educational video.

It has been yet another busy and productive year for the Translational Research Subcommittee, with a variety of exciting highlights and several trials in follow-up whose results we eagerly await. I was privileged enough to lead the inaugural Translational Research Symposium in July as part of the ANZUP ASM. Leading a team of 9 presenters, the symposium brought together an esteemed faculty of scientists and clinicians, with the keynote speaker - internationally renowned researcher in kidney and bladder cancer - Monty Pal, from the City of Hope. Monty spoke on kidney cancer genomic and biomarkers, his talks being complemented by a line-up of Australia and New Zealand’s finest in uro-oncology research, including: Anthony Joshua, Kate Mahon, Lisa Butler, Edmond Kwan, Colleen Nelson, Luke Selth, Roxanne Toivanen and Michael Hofman.

Excitingly, in collaboration with Chris Sweeney and his team at Harvard/Dana-Farber as well as a range of other investigators, translational grant proposals centred on ENZAMET and ENZARAD were submitted for the PCF Challenge and NIH RO1 funding rounds, with much anticipation for their upcoming results. We and Lisa Horvath continue to lead this initiative, working closely alongside the Translational Research Steering Committee for these two pivotal trials.

The subcommittee was again represented across each of the concept development workshops this year, featuring a variety emerging clinical concepts - many with a strong translational component. We look forward to these novel ideas being further developed into fully-fledged ANZUP trials.

Bio-specimen collection continues as part of existing trials, including TheraP, BCG, MMC, P3BEP, KEYPAD and UNiSoN. As always, we are grateful for the patients and families who enrol on our trials and donate biospecimens that underpin our translational research. We could not conduct our activities without these high-quality samples, and acknowledge the participating sites diligence in obtaining correlative samples from our ANZUP trials.

We look forward to another successful year ahead for the Translational Research Subcommittee. In particular, we hope to play a pivotal role in the development of new clinical trials, with a primary translational endpoint.
• A couple of CAP members attended different international conferences for the UICC (Union for International Cancer Control) and IKKC (International Kidney Cancer Coalition) and had the opportunity to promote ANZUP’s approach to collaborating and involving consumers at all levels of their research activities.

**CAP Membership**

We very sadly reported during the year that Alastair McKendrick passed away on the 25th September 2018, 14 years after his initial kidney cancer diagnosis. A true gentleman who will be greatly missed by all who knew him for his dry sense of humour which remained to the end as he urged all of us to “work harder” in our quest to help improve outcomes for patients and their families.

We had a number of CAP members whose terms were coming to an end and were invited to apply for a further term of 3 years.

John Stubbs, Jason Gray and Peter Stanford all elected not to renew their CAP membership due to personal commitments. We thank them for their valued contribution to ANZUP as part of the CAP over many years.

Other members have had their next 3 year term confirmed and we look forward to continuing to support the ANZUP Membership.

Other key activities in 2018/19 include:

• The CAP continue to review Patient Information and Consent Forms for ANZUP trials.

• We were also involved in an exercise guide for men with metastatic prostate cancer.

• We continue to contribute to the Concept Development Workshops, Sub committee teleconferences, Trial Management committees, BTB Review panels and other Fellowships and Awards.

• Contribute to ANZUP’s consumer magazine ‘A little below the belt’ and other awareness raising activities such as the Pedalthons and Community Forums.

As CAP members we value the opportunity to be involved and to be able to put our “unwanted” cancer experiences to better use. We hope that in collaboration with researchers and clinicians, we can help improve outcomes for other patients and their families though clinical trial research.

We look forward to what the next year may bring as ANZUP continues to grow and prosper.
Food for thought – Top chefs help ANZUP fight ‘below the belt’ cancers

In February 2019, ANZUP’s ‘Rude Food’ campaign launched across social media channels Instagram and Facebook.

The ‘Rude Food’ campaign was designed to get the message out about how clinical trial research into ‘below the belt’ cancers is improving health outcomes for patients with prostate, testicular, kidney, penile and bladder cancer and the community.

With over 30 local and international top chefs including Manu Feildel, Ainsley Harriot and Fast Ed got behind the campaign and created ‘Rude Food’ dishes with subtle nods to the anatomy that ANZUP focuses our clinical research on, with a message on why they were involved.

The campaign continued to gain momentum, and in March 2019 won the Best Social Media Campaign at the BJUI Journal Social Media Awards held at the EAU19 meeting in Barcelona.

Over 65 media outlets across print, social and radio also covered the campaign.

The idea behind the campaign was to encourage discussion about these cancers and raise funds for the vital research needed to find preventions and treatments. ANZUP and the chefs encouraged everyone to get involved and create their own ‘Rude Food’ dish and share it with their friends, family & colleagues.

The ‘Rude Food’ campaign aimed to engage men and women in monitoring their health ‘below the belt’ while learning more about the importance of clinical trial research and how they can get involved.

The campaign aimed to encourage people to get checked for ‘below the belt’ cancers, generate awareness about the importance of clinical trials in improving treatment and outcomes and to encourage people to ask their doctor ‘Is there is a clinical trial suitable for me?’

Everyone has been touched by cancer in some way and it can be difficult to know where to start.

You can see more of the campaign on Instagram - https://www.instagram.com/anzuptrials/.
#rudefood campaign highlights

- **2,342,721** total impressions
- **Voted Best Social Media Campaign** at the BJUI Journal Social Media Awards
- **450** Friends of ANZUP signups
- **16,136** Facebook impressions
- **6,446** new profile visits
- **65** media outlets covered the campaign
- **6:27 am - 18/3/19 from Crowne Plaza Barcelona - Fira Center - Twitter for Android**
The Below the Belt Pedalthon, founded in 2013, remains one of ANZUP’s foremost fundraising initiatives, founded to promote awareness for the Below the Belt cancers that ANZUP represents – testicular, prostate, bladder, kidney and penile cancers. In doing so, the Pedalthon provides the critical funds that improve health outcomes for the 27,000 Australian men and women diagnosed with below the belt cancers every year. Since its inception, the Pedalthon event has raised close to $1.5 million, with these vital funds supporting ANZUP’s research endeavours.

Over at Sydney Motorsport Park, Eastern Creek on Tuesday 18 September, ANZUP held its 5th annual Sydney Pedalthon with great success. Continuing to attract significant corporate participation, 200 riders took to the track riding a combined 12,812 kilometres. The Sydney Pedalthon raised a staggering $217,000 with 100% of these funds being directed straight into the Below the Belt Research Fund.

The energy, enthusiasm and generosity shown by our “Pedalthoners”, sponsors and supporters ensured our 5th year of racing was one of the biggest and best years yet. 33 teams competed in what was a hard fought competition on race day, with Norton Rose Fullbright taking out the winning title with a combined team total of 156 laps. ANZUP’s own Dream Team also proved strong competitors as the 3rd highest overall fundraisers. Louise Emmett was highest individual fundraiser. The Sydney Pedalthon continued to build upon key relationships with the 2018 event supported by Gold Sponsors Morton and Genesis Cancer Care, Silver Sponsors Pfizer and Thirdi and post race lunch sponsor Bayer and branding, prizes and promotion acquired from 21 other generous event supporters.

Following the fun-filled success of the Sydney Pedalthon, the second ever annual Melbourne Pedalthon was held on Sunday 17 March. It was a jam-packed day full of healthy competition, teamwork and fun, with 34 teams and 150 riders participating and helping to raise $78,000 for ANZUP’s Below the Belt Research Fund. The family challenge was again a hit, increasing community participation to the standard racing format. 4 key sponsors – Bristol Myers-Squibb (Platinum Sponsor), Melbourne Racing Club Foundation (Venue Sponsor), Ipsen (Silver Sponsor) and BOQ Specialist (Drinks Station Sponsor) – were secured, as well branding, prizes and promotion from 19 event supporters.
THANKS TO OUR 2018/19 PEDALTHON SPONSORS AND SUPPORTERS

MELBOURNE 2019

PLATINUM SPONSOR
Bristol-Myers Squibb
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SYDNEY 2018

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SUPPORTERS
It was my pleasure and honour to act as the convener for the 2018 ANZUP ASM.

We wanted to see how much we could shake up the program without interfering with the integrity of the meeting. We believe we succeeded in delivering a program of a high educational quality that was innovative and inclusive of the patient, carer and all members of the multidisciplinary team.

Staying true to the theme ‘Putting People First’, the ASM focused on the management of genitourinary (GU) cancers from a holistic, people-centric perspective. We introduced some innovative ideas, new sessions, and modified others—all with the intention of celebrating ANZUP’s coming of age over the past 10 years for #ANZUP18.

Renowned national and international speakers took to the stage to deliver engaging, dynamic and thought-provoking talks. The first—‘We have all come to tell our stories’—set the scene for everything that followed. Fran Boyle shared her knowledge and experience as well as a personal account of her own health challenges. This was bookended by the final ANZUPx session, including a powerful message from one of our international guests, Laurence Albiges, on the importance of mentoring female clinicians. More personal anecdotes were then shared in the ‘Red Chair’ session hosted by Ben Tran on the final afternoon.

Over the three days, the quality and impact of our international faculty cannot be overstated, with Laurence Albiges, Viktor Grünwald, Tamim Niazi, Monty Pal, Angie Smith, Chris Sweeney and Bertrand Tombal playing a significant part in the scientific, social and progressive aspects of the meeting.

Other highlights included a Q&A evening symposium hosted by multi-award winning producer and broadcaster Norman Swan who challenged the distinguished multidisciplinary panel as to whether we really do put people first.

We also saw a trial of a script concordance workshop for the Prostate Cancer Multidisciplinary Team (MDT) Masterclass, which was superbly executed by Carmel Pezaro and Joseph Ischia. The famous ASM debate became not one but four creatively contested crossfire challenges, with Angie Smith and Andrew Weickhardt’s ‘Wonder Woman vs Batman’ approach to the cystectomy argument a standout. The global trial landscape was headlined by our international guests and sequenced with ANZUP trial updates presented by Principal Investigators.

The annual free Community Engagement Forum featured presentations and panel discussions covering quality of life, treatment choices, survivorship, impacts on intimacy and the cost of cancer care. This session gave the public the opportunity to engage with an experienced team of healthcare professionals and patient advocates while learning about ANZUP and our clinical trials research program.

For the first time at an ANZUP ASM, questions from the floor were facilitated by the interactive platform, Pigeonhole Live. Across the four MDT Masterclass live polls and six Q&A sessions, 352 unique users (or 93% of delegates) had at least one interaction with the platform, with 127 questions asked and 405 votes cast on popular questions.

This year we again raised the social media bar with record Twitter engagement of more than 3.86 million #ANZUP18 impressions and 2,403 tweets—with Monty Pal, Angie Smith and Haryana Dhillon setting a new record as key influencers. Attendance also increased to more than 390 delegates—all testament to the high quality, collegial, educational, entertaining ASM for which ANZUP has become renowned.

Thank you to every speaker, sponsor, chair, delegate, participant, committee member and organiser for their contribution. Without all the support and hard work of all involved this year’s ASM would not have been the most successful and largest to date. We look forward to seeing you in Brisbane for #ANZUP19.
ANZUP ASM 2018 HIGHLIGHTS

“The program was engrossing and entertaining, and full of treats. I was amazed by the science and by the humanity of what we do and who we are.”

“2018 set a new standard for sure. The international speakers were so engaging and there were many outstanding national speakers as well.”
"Cutting edge talks. Excellent organisation"

"Loved the ANZUPx idea! Very inspiring talks"
THANKS TO OUR 2018 ASM SPONSORS

PLATINUM:

MSD

Prostate Cancer Foundation of Australia

GOLD:

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SILVER:

AMGEN

Bayer

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GRANTS AND AWARDS

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 2018-19 period are outlined below.

Funding

Cancer Australia Infrastructure Grant: 1 July 2013 to 31 August 2018- $2,300,000 awarded to ANZUP and our collaborator on the grant NHMRC CTC. During this reporting period $150,000 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:

BCG+MMC: A randomised phase III trial adding mitomycin C to BCG as adjuvant intravesical therapy for high-risk, non–muscle-invasive bladder cancer. Funding Cancer Australia $457,143: 2013-2018. No funds were transferred to ANZUP during the reporting period.


ENZAMET: A randomised phase III trial of Enzalutamide in first line androgen deprivation therapy for metastatic prostate cancer. Funding Astellas $17,131,966: 2014-2020. During this reporting period $2,525,000 was received during the reporting period, and is 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, $11,946,080: 2014-2020. During this reporting period $900,000 was received and 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. During this reporting period, no funds were transferred to ANZUP.

BL.12: 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. Funding NCIC Clinical Trials Group $1,384,662.00, Specialised Therapeutics $250,000.00: 2015-2018. During this period no funds were transferred to ANZUP.

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. $109,270 was received during the reporting period, and is reported in the annual accounts.

TIGER: A randomised Phase 3 trial comparing conventional-dose chemotherapy using paclitaxel, ifosfamide, cisplatin (TIP) with high-dose chemotherapy using mobilising paclitaxel plus ifosfamide followed by high-dose carboplatin and etoposide (TI-CE) as first salvage treatment in relapsed or refractory germ cell tumours (TIGER). Funding Movember $261,997. During this period $119,500 was received and is reported in the Annual Accounts.

KEYPAD: A phase II trial using denosumab and pembrolizumab in clear cell renal carcinoma. Funding by Merck Sharpe Dohme and Amgen ($2,454,925). During this reporting period $429,791 was received and is reported in the annual accounts.

UNICAB: During this reporting period $150,000 was received and reported in the annual accounts.

UNISO: A phase II sequential cohort trial of single agent nivolumab, then combination ipilimumab + nivolumab in metastatic or unresectable non-clear cell renal cell carcinoma. Funding from Bristol Myers Squibb ($). During this reporting period $340,000 was received and is reported in the annual accounts.

TheraP: An open label, randomised, stratified, 2-arm, multicentre phase 2 trial of Lu-PSMA617 theranostic versus cabazitaxel in progressive metastatic castration resistant prostate cancer. Funding received from PCFA and Endocyt ($2,525,000). During this reporting period $900,000 was received and reported in the annual accounts.

All funds received are utilised for the conduct of trial activity as performed by third party organisations under the direction of ANZUP.
## Participating Centres

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**ENZARAD** recruitment closed 4/6/2018 but is in follow up

**ENZAMET** recruitment closed 24/3/17 but is in follow up
**PARTICIPATING CENTRES**

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</tr>
<tr>
<td>Austria</td>
<td>Salzburger Landeskliniken - Universitätsklinikum Salzburg</td>
</tr>
<tr>
<td>Belgium</td>
<td>AZ Groeninge Kortrijk - Campus Kennedylaan</td>
</tr>
<tr>
<td>Canada</td>
<td>Alberta Kidney Disease Program Scott Area Hospital</td>
</tr>
<tr>
<td>Canada</td>
<td>Allan Blak Cancer Centre</td>
</tr>
<tr>
<td>Canada</td>
<td>BC Cancer Agency (BCCA) Fraser Valley</td>
</tr>
<tr>
<td>Canada</td>
<td>Cancer Care Manitoba</td>
</tr>
<tr>
<td>Canada</td>
<td>CHUM - Hopital Notre-Dame</td>
</tr>
<tr>
<td>Canada</td>
<td>CHUQ Pavillon Hotel-Dieu de Quebec</td>
</tr>
<tr>
<td>Canada</td>
<td>Cross Cancer Institute</td>
</tr>
<tr>
<td>Canada</td>
<td>Dr. Everett Chalmers Hospital - Horizon Health Network</td>
</tr>
<tr>
<td>Canada</td>
<td>Juravinski Cancer Centre</td>
</tr>
<tr>
<td>Canada</td>
<td>Lakeridge Health Oshawa</td>
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<td>Canada</td>
<td>London Regional Cancer Program</td>
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<tr>
<td>Canada</td>
<td>Princess Margaret Cancer Centre</td>
</tr>
<tr>
<td>Canada</td>
<td>Saskatchewan Cancer Centre</td>
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<tr>
<td>Canada</td>
<td>BC Cancer Agency Vancouver Cancer Centre</td>
</tr>
<tr>
<td>Canada</td>
<td>Cambridge Memorial Hospital</td>
</tr>
<tr>
<td>Canada</td>
<td>Cancer Centre of Southeastern Ontario at Kingston General Hospital</td>
</tr>
<tr>
<td>Canada</td>
<td>Ottawa Hospital Cancer Centre</td>
</tr>
<tr>
<td>Canada</td>
<td>GSI Health Sciences Centre COH</td>
</tr>
<tr>
<td>Canada</td>
<td>Saint John Regional Hospital</td>
</tr>
<tr>
<td>Canada</td>
<td>Southern Albertina Institute of Urology</td>
</tr>
<tr>
<td>Canada</td>
<td>Thunder Bay Regional Health Science Centre</td>
</tr>
<tr>
<td>Ireland</td>
<td>Adelaide and Meath Hospital - National Children Hospital</td>
</tr>
<tr>
<td>Ireland</td>
<td>Beaumont Private Hospital Dublin</td>
</tr>
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<td>Beaumont Hospital</td>
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<tr>
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<td>Cork University Hospital</td>
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<tr>
<td>Ireland</td>
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<tr>
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</tr>
<tr>
<td>Ireland</td>
<td>St James Hospital</td>
</tr>
<tr>
<td>Ireland</td>
<td>St Luke's Hospital</td>
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<td>Ireland</td>
<td>St Vincents University Hospital</td>
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<tr>
<td>Slovenia</td>
<td>The Institute Of Oncology</td>
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<tr>
<td>Spain</td>
<td>Institut Catala d’Oncologia - ICO Badalona - Hospital Germans Trias i Pujol (Institut Catala D’Oncologia)</td>
</tr>
<tr>
<td>Spain</td>
<td>Hospital Dominoa</td>
</tr>
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<td>Spain</td>
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<tr>
<td>UK</td>
<td>Aberdeen Royal Infirmary</td>
</tr>
<tr>
<td>UK</td>
<td>Addenbrookes Hospital</td>
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<tr>
<td>UK</td>
<td>Barts Health NHS Trust, Bartholomew’s Hospital</td>
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<tr>
<td>UK</td>
<td>Beatson West of Scotland Cancer Centre</td>
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<tr>
<td>UK</td>
<td>Bristol University Hospital</td>
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<tr>
<td>UK</td>
<td>BSUH - Royal Sussex Hospital</td>
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<td>Charter Cross Hospital – Imperial College Healthcare NHS Trust</td>
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<td>UK</td>
<td>Guys and St Thomas Hospital</td>
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<tr>
<td>UK</td>
<td>Kent &amp; Canterbury Hospital</td>
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<tr>
<td>UK</td>
<td>Nottingham City Hospital – City Campus</td>
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<td>UK</td>
<td>Royal Cornwall Hospital</td>
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<td>St James Hospital - Leeds</td>
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<td>UK</td>
<td>The Royal Marsden Hospital</td>
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<tr>
<td>UK</td>
<td>University Hospital Southampton</td>
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<td>UK</td>
<td>University of London Hospital (UCH)</td>
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<tr>
<td>UK</td>
<td>Western General Hospital</td>
</tr>
<tr>
<td>USA</td>
<td>Beth Israel Deaconess Medical Center (BIDMC)</td>
</tr>
<tr>
<td>USA</td>
<td>Bexar County Cancer Foundation</td>
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<td>Arkansas Children’s Hospital</td>
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<tr>
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<td>USA</td>
<td>Cincinnati Children’s Hospital</td>
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<td>USA</td>
<td>Dana Farber Cancer Institute</td>
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<tr>
<td>USA</td>
<td>Joe Dimaggio Cancer Centre</td>
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<tr>
<td>USA</td>
<td>Mayo Clinic</td>
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<tr>
<td>USA</td>
<td>Nemours Children’s Clinic</td>
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<tr>
<td>USA</td>
<td>Nick’s Children’s Hospital</td>
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<td>USA</td>
<td>Saint Mary’s Hospital, West Palm Beach</td>
</tr>
<tr>
<td>USA</td>
<td>Sinai Hospital of Baltimore</td>
</tr>
<tr>
<td>USA</td>
<td>Toledo Children’s Hospital</td>
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<td>USA</td>
<td>University of Minnesota Hospital</td>
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<td>USA</td>
<td>University of Kansas</td>
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<tr>
<td>USA</td>
<td>Vanderbilt University Medical Centre</td>
</tr>
<tr>
<td>USA</td>
<td>Washington University School of Medicine, St Louis</td>
</tr>
</tbody>
</table>
PUBLICATIONS AND PRESENTATIONS 2018/19

Publications

SORCE
16 July, 2018
What survival benefits are needed to make Adjuvant Sorafenib worthwhile after resection of intermediate – or high-risk renal cell carcinoma? Clinical investigators’ preferences in the SORCE Trial.

P3BEP
Journal of Clinical Oncology

BJU, January 2019

Lancet Oncology, October 2018

TheraP
BJU, submitted March 2019
Michael S. Hofman, Louise Emmett, John Violet, Alison Zhang, Nicky J. Lawrence, Martin Stockler, Roslyn J. Francis, Amir Irvani, Scott Williams, Arun Azad, Andrew Martin, Margaret McJannett, ANZUP TheraP team, Ian D. Davis. A randomised phase 2 trial of [177]Lu-PSMA-617 theranostic versus cabazitaxel in progressive metastatic castration resistant prostate cancer: (ANZUP 1603).

ENZAMET
ASCO, late breaking abstract submitted March 2019
Overall survival (OS) results of a phase III randomized trial of standard-of-care therapy with or without enzalutamide for metastatic hormone-sensitive prostate cancer (mHSPC): ENZAMET (ANZUP 1304).

ENZAMET
NEJM, submitted March 2019
Enzalutamide with Standard First-Line Therapy in Metastatic Prostate Cancer.

P3BEP (ANZUP 1302)
Journal of Clinical Oncology
An international randomized phase III trial of accelerated versus standard BEP chemotherapy for adult and paediatric male and female patients with intermediate and poor-risk metastatic germ cell tumors (GCTs). Alison Yan Zhang, Guy C. Toner, Nicola Jane Lawrence, Martin R. Stockler, Andrew James Martin, Kate Ford, Amanda Gwendolyn Stevanovic, David Wyld, Euan Thomas Walpole, Simon Troon, Fritha J. Hanning, Girish Mallesara, Andrew James Weickhardt, Alison Jane Birtle, Ian D. Davis, Peter S. Grimison.

TheraP
ASCO GU, 14-16 February 2019
An international randomised phase 3 trial of accelerated versus standard BEP chemotherapy for adult and paediatric male and female patients with intermediate and poor-risk metastatic germ cell tumours: P3BEP (ANZUP 1302).

Presentations

BL.12
ASCO, 1-5 June, 2018
Srikala S Sridhar et al. Abstract #219679 CCTG BL12: Randomized phase II trial comparing nab-paclitaxel (Nab-P) to paclitaxel (P) in patients (pts) with advanced urothelial cancer progressing on or after a platinum containing regimen. 2018 American Society of Clinical Oncology (ASCO) Annual Meeting, McCormick Place, Chicago, IL, USA.

P3BEP
ASCO, 1-5 June, 2018

P3BEP
3rd AYA congress, 4-6 December, 2018
Crossing the paediatric and adult hospital divide: An international randomised phase 3 trial of accelerated versus standard BEP chemotherapy for adult and paediatric male and female patients with intermediate and poor-risk metastatic germ cell tumours.

P3BEP
ASCO GU, 14-16 February 2019
An international randomised phase 3 trial of accelerated versus standard BEP chemotherapy for adult and paediatric male and female patients with intermediate and poor-risk metastatic germ cell tumours: P3BEP (ANZUP 1302).

TheraP
ASCO GU, 14 February 2019
TheraP: A randomized phase II trial of [177]Lu-PSMA-617 theranostic versus cabazitaxel in progressive metastatic castration-resistant prostate cancer.

Dr Simeon Ngweso – Villas Marshall Prize Winner
USANZ ASM 2019
Penile cancer in Western Australia: “Discrepancies in registry Coding for Penile cancer” and “The significance of demographic location in survival outcomes”.
ANZUP Cancer Trials Group Limited
ABN: 32 133 634 956


Directors’ report .................................................. 47
Auditor’s independence declaration .......................... 50
Financial statements .............................................
  Statement of profit or loss and other comprehensive income.... 52
  Statement of financial position .............................. 53
  Statement of changes in equity ............................ 54
  Statement of cash flows .................................... 55
  Notes to the financial statements .......................... 56
Directors’ declaration .......................................... 62
Independent auditor’s report ................................ 63

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 10 May 2019.
The directors of ANZUP Cancer Trials Group Limited (the company) submit their annual financial report for the year ended 31 March 2019.

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 AM
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 interest is in urologic cancer and his primary research interests are in cancer immunology and the biology of urologic cancers. Prof Davis is a member of the Standing Subcommittee on Research and of the Medical and Scientific Committee for the Cancer Council Victoria. He is the founder of the Urologic Oncology Group of the Clinical Oncology Society of Australia (COSA) and a member of 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 held executive and senior management level financial and commercial roles at some of the largest companies in the world. He has delivered in leadership roles against a broad portfolio of responsibilities across a range of industries including mining, mining services, manufacturing and engineering. 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. He is committed to the pursuit of charitable and societal goals as a Director on not-for-profit boards and also actively in the local community.

Mr Joe Esposito

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

Mr Glenn Ferguson AM

Mr Glenn Ferguson AM is a Solicitor of the High Court of Australia and the Supreme Court of Queensland. He is a past President of the Law Council of Australia and past President of Lawasia the law association for Asia and the Pacific and a past President of the Queensland Law Society. He is also a Senior Counsellor with the Queensland Law Society and has previously chaired their professional standards committee. Glenn is a Founding Fellow of the Australian Academy of Law, a Fellow of the Australian Institute of Company Directors and a Fellow of the Australia and New Zealand College of Notaries. He was appointed the inaugural Adjunct Professor in Law at the University of the Sunshine Coast. He is currently Chair of WorkCover Queensland, Lexon Insurance and a Governor of the College of Law. He has been appointed by both Federal and State Governments to various advisory boards and task forces in the legal, business and immigration sectors. In the 2015 Australia Day Honours, Glenn was made a Member of the Order of Australia “For significant service to the law and to the legal profession, both nationally and in the Asia Pacific region, and to the community”.

Ms Linda Martin

Ms Linda Martin is managing director of Linda Martin Consulting, providing mentoring and coaching to executives. She has held many senior executive roles in government and was previously CEO of Musculoskeletal Australia. Linda has worked in diverse industries in the public, private and not for profit sectors, including in health, community and other service sectors. Linda’s focus has been on leading edge strategy, governance, change management and the development of strategic alliances. She is passionate about achieving consumer outcomes in health and welfare.

Professor Henry Woo

Professor Henry Woo is a urological surgeon who subspecialises in prostate disease. He is the Director of Uro-Oncology and Professor of Robotic Cancer Surgery at the Chris O’Brien Lifehouse. He is also Professor of Surgery at the Sydney Adventist Hospital Clinical School of the University of Sydney. He has published widely in major urological journals. He is an Associate Editor of the journal Prostate Cancer Prostatic Diseases and serves on the journal editorial boards of European Urology, BJUI, Prostate International, Asian Journal of Urology and World Journal of Men’s Health. He also serves on the board of the charitable Australian Urological Foundation (AUF) and is a member of the Executive Committee of the Asian Pacific Prostate Society (APPS). He is passionate about clinical trials and procuring the best evidenced based options for his patients. He also has particular interests in surgical education and the role of social media in learning and health advocacy.

Professor Shomik Sengupta

Professor Shomik Sengupta is a consultant urologist and Director of Research & Training at Austin Health, and Clinical 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 leader of the GU Oncology advisory group within USANZ and is on the Executive Committee of the Clinical Network of the Cancer Council
of Victoria. 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.

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

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

<table>
<thead>
<tr>
<th>Director</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>5</td>
</tr>
<tr>
<td>Linda Martin</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Henry Woo</td>
<td>5</td>
<td>4</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.
Objectives of the company

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

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

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

Review of operations

The company's net income for the year was $118,924 (2018: $512,333).

At 31 March 2019, the company had net assets of $4,029,990 (2018: $3,825,957).

Changes in state of affairs

There were no significant changes in the state of affairs of the company during the year ended 31 March 2019.

Subsequent events

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

Future developments

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

Court proceedings

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

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

Environmental issues

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

Indemnification of officers and auditors

The company has paid premiums to insure each director against liabilities for costs and expenses incurred by them in defending any legal proceedings arising out of their conduct involving a wilful breach of duty in relation to the company. The amount of the premium paid during the period was $3,567.

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
17 May 2019
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 2019, 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, 17 May 2019
ANZUP Cancer Trials Group Limited
Statement of Profit or Loss and Other Comprehensive Income
For the year ended 31 March 2019

<table>
<thead>
<tr>
<th>Notes</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
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<tr>
<td>Revenue</td>
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<td>4,228,818</td>
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<tr>
<td>Employee benefits expenses</td>
<td>(775,642)</td>
<td>(624,316)</td>
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<td>Trial and investigation support</td>
<td>4 (a)</td>
<td>(2,241,300)</td>
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<tr>
<td>Administration expenses</td>
<td>4 (b)</td>
<td>(1,092,952)</td>
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</table>

**Net current year surplus**
118,924

512,333

Other comprehensive income for the year

Unrealised gains/(losses) on financial assets
85,109
(22,985)

**Total comprehensive income**
204,033
489,348

The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes.
ANZUP Cancer Trials Group Limited  
Statement of Financial Position  
For the year ended 31 March 2019

<table>
<thead>
<tr>
<th>Notes</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
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<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
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<td>1,667,061</td>
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<tr>
<td>Trade and other receivables</td>
<td>6</td>
<td>141,866</td>
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<tr>
<td><strong>Total current assets</strong></td>
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<td>1,808,927</td>
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<td><strong>Non-current assets</strong></td>
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<td></td>
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<tr>
<td>Office equipment</td>
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<td>4,074</td>
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<tr>
<td>Other financial assets</td>
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<td>4,510,012</td>
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<tr>
<td><strong>Total non-current assets</strong></td>
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<td>4,514,086</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
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<tr>
<td><strong>Current liabilities</strong></td>
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<tr>
<td>Trade and other payables</td>
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<td>2,227,914</td>
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<tr>
<td>Employee benefits</td>
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<td><strong>Total current liabilities</strong></td>
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<td>2,263,426</td>
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<tr>
<td><strong>Non-current liabilities</strong></td>
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<tr>
<td>Employee benefits</td>
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<td>29,597</td>
</tr>
<tr>
<td><strong>Total non-current liabilities</strong></td>
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<td>29,597</td>
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<tr>
<td><strong>Total liabilities</strong></td>
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<td>2,293,023</td>
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<tr>
<td><strong>Net assets</strong></td>
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<tr>
<td><strong>Equity</strong></td>
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<tr>
<td>Retained earnings</td>
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<td>3,967,866</td>
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<td>Financial assets reserve</td>
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<td><strong>Total equity</strong></td>
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</tr>
</tbody>
</table>

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 2019

<table>
<thead>
<tr>
<th>Financial Assets Reserve $</th>
<th>Retained earnings $</th>
<th>Total equity $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 April 2017</td>
<td>-</td>
<td>3,336,609</td>
</tr>
<tr>
<td>Net income for the year</td>
<td>-</td>
<td>512,333</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>(22,985)</td>
<td>-</td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td>(22,985)</td>
<td>512,333</td>
</tr>
<tr>
<td>Balance as at 31 March 2018</td>
<td>(22,985)</td>
<td>3,848,942</td>
</tr>
<tr>
<td>Balance at 1 April 2018</td>
<td>(22,985)</td>
<td>3,848,942</td>
</tr>
<tr>
<td>Net income for the year</td>
<td>-</td>
<td>118,924</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>85,109</td>
<td>-</td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td>85,109</td>
<td>118,924</td>
</tr>
<tr>
<td>Balance as at 31 March 2019</td>
<td>62,124</td>
<td>3,967,866</td>
</tr>
</tbody>
</table>

The above statement of changes in equity should be read in conjunction with the accompanying notes.
## Statement of Cash Flows

For the year ended 31 March 2019

<table>
<thead>
<tr>
<th>Notes</th>
<th>2019</th>
<th>2018</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) | 3,530,913 | 3,038,546 |
- Receipts from sundry income (inclusive of GST) | 960,789 | 1,109,983 |
- Receipts from donations (inclusive of GST) | 376,005 | 633,419 |
- Interest received | 9,621 | 22,337 |
- Dividend, interest and distribution received | 132,458 | 48,141 |
- Payments to suppliers and employees | (4,058,526) | (3,227,443) |

**Net cash inflow from operating activities** 12 | 951,260 | 1,624,983 |

### Cash flows from investing activities

- Payments for office equipment | (2,664) | (1,195) |
- Net withdrawals/(contributions) in FVTOCI financial assets | (736,860) | (1,239,036) |
- Investing in long-term bank deposits | - | - |

**Net cash outflow from investing activities** | (824,633) | (1,240,231) |

### Net increase/(decrease) in cash and cash equivalents

- 211,736 | 384,752 |

### Cash and cash equivalents at the beginning of the year

- 1,455,325 | 1,070,573 |

### Cash and cash equivalents at the end of the year

- 1,667,061 | 1,455,325 |

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 2019. 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.

Basis of preparation

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

Historical cost convention

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

Accounting policies

(a) Going concern

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

(b) Income tax

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

(c) Revenue recognition

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

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

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

(d) Current and non-current classification

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

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

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

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

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

Office equipment – reducing balance at 20%.

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

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

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

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

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

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

(j) Employee benefits

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

Other long-term employee benefits
The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are recognised in non-current liabilities, provided there is an unconditional right to defer settlement of the liability. The liability is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.
Note 1. 
Summary of significant accounting policies (continued)

Accounting policies (continued)

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

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

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

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

Note 2. 
Critical accounting judgements, estimates and assumptions

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

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

**Employee benefits provision**
As discussed in note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date 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.
## Note 3. Revenue

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant income</td>
<td>2,764,059</td>
<td>2,183,432</td>
</tr>
<tr>
<td>Donations</td>
<td>376,005</td>
<td>307,563</td>
</tr>
<tr>
<td>Honorariums</td>
<td>22,494</td>
<td>14,290</td>
</tr>
<tr>
<td>Corporate Supporter Program</td>
<td>56,250</td>
<td>135,000</td>
</tr>
<tr>
<td>Sponsorship</td>
<td>157,181</td>
<td>271,605</td>
</tr>
<tr>
<td>Annual Scientific Meeting</td>
<td>700,579</td>
<td>669,204</td>
</tr>
<tr>
<td>Interest income</td>
<td>9,621</td>
<td>22,337</td>
</tr>
<tr>
<td>Investment income</td>
<td>132,458</td>
<td>52,456</td>
</tr>
<tr>
<td>Sundry income</td>
<td>10,170</td>
<td>6,673</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,228,818</strong></td>
<td><strong>3,662,560</strong></td>
</tr>
</tbody>
</table>

## Note 4 (a). Trial and investigation support

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant funding</td>
<td>1,968,993</td>
<td>1,174,619</td>
</tr>
<tr>
<td>Grant funding: Below The Belt expense</td>
<td>272,307</td>
<td>261,241</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,241,300</strong></td>
<td><strong>1,435,860</strong></td>
</tr>
</tbody>
</table>

## Note 4 (b). Administration expenses

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting and auditing fees</td>
<td>32,547</td>
<td>32,154</td>
</tr>
<tr>
<td>Annual Scientific Meeting expense</td>
<td>413,147</td>
<td>383,613</td>
</tr>
<tr>
<td>Consulting fees</td>
<td>38,127</td>
<td>58,500</td>
</tr>
<tr>
<td>Information technology</td>
<td>51,733</td>
<td>12,615</td>
</tr>
<tr>
<td>Insurance</td>
<td>20,998</td>
<td>23,555</td>
</tr>
<tr>
<td>Registration</td>
<td>422</td>
<td>-</td>
</tr>
<tr>
<td>Travel and accommodation</td>
<td>66,304</td>
<td>86,166</td>
</tr>
<tr>
<td>Catering and conference</td>
<td>155,638</td>
<td>216,447</td>
</tr>
<tr>
<td>Telephone and teleconferencing charges</td>
<td>9,086</td>
<td>23,912</td>
</tr>
<tr>
<td>Rent</td>
<td>25,000</td>
<td>24,000</td>
</tr>
<tr>
<td>Depreciation</td>
<td>1,442</td>
<td>2,043</td>
</tr>
<tr>
<td>Marketing expenses</td>
<td>122,269</td>
<td>56,164</td>
</tr>
<tr>
<td>Sundry expenses</td>
<td>36,989</td>
<td>68,978</td>
</tr>
<tr>
<td>Pedalthon expenses</td>
<td>119,250</td>
<td>101,904</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,092,952</strong></td>
<td><strong>1,090,051</strong></td>
</tr>
</tbody>
</table>

## Note 5. Current assets - cash and cash equivalents

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at bank</td>
<td>1,667,061</td>
<td>1,455,325</td>
</tr>
</tbody>
</table>

## Note 6. Current assets - trade and other receivables

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade receivables</td>
<td>97,865</td>
<td>129,138</td>
</tr>
<tr>
<td>Other receivables</td>
<td>44,001</td>
<td>92,886</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>141,866</strong></td>
<td><strong>222,024</strong></td>
</tr>
</tbody>
</table>

## Note 7. Non-current assets – other financial assets

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managed funds</td>
<td>4,510,012</td>
<td>3,688,044</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,510,012</strong></td>
<td><strong>3,688,044</strong></td>
</tr>
</tbody>
</table>
ANZUP Cancer Trials Group Limited

Notes to the financial statements continued
For the year ended 31 March 2019

........................................................................................................................................

**Financial Report**

**Note 8. Non-current assets - property, plant and equipment**

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office equipment</td>
<td>18,233</td>
<td>14,126</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(14,159)</td>
<td>(12,717)</td>
</tr>
<tr>
<td><strong>Carrying amount</strong></td>
<td><strong>4,074</strong></td>
<td><strong>1,409</strong></td>
</tr>
</tbody>
</table>

**Movements in carrying amounts**

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying amount at beginning of year</td>
<td>1,409</td>
<td>2,257</td>
</tr>
<tr>
<td>Additions</td>
<td>4,107</td>
<td>1,195</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(1,442)</td>
<td>(2,043)</td>
</tr>
<tr>
<td><strong>Carrying amount</strong></td>
<td><strong>4,074</strong></td>
<td><strong>1,409</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade payables</td>
<td>359,592</td>
<td>76,248</td>
</tr>
<tr>
<td>Accruals</td>
<td>171,197</td>
<td>133,697</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>1,697,125</td>
<td>1,272,721</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,227,914</strong></td>
<td><strong>1,482,666</strong></td>
</tr>
</tbody>
</table>

**Note 10. Remuneration of auditors**

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

<table>
<thead>
<tr>
<th>Service</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit of the financial report</td>
<td>4,500</td>
<td>4,320</td>
</tr>
<tr>
<td>Other services - assistance with preparation of the financial report</td>
<td>2,500</td>
<td>2,310</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7,000</td>
<td>6,630</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>Key management personnel compensation</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>216,619</td>
<td>203,154</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net income for the year</td>
<td>118,924</td>
<td>512,333</td>
</tr>
<tr>
<td>Depreciation</td>
<td>1,442</td>
<td>2,043</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>78,716</td>
<td>171,324</td>
</tr>
<tr>
<td>Increase/ (Decrease) in trade and other payables</td>
<td>745,248</td>
<td>933,183</td>
</tr>
<tr>
<td>Increase in employee benefits</td>
<td>6,930</td>
<td>6,100</td>
</tr>
<tr>
<td><strong>Net cash inflow from operating activities</strong></td>
<td>951,260</td>
<td>1,624,983</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 $22,494 (2018: $14,291). 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 (2018: 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 (2018: 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 2019, the number of members was 1,515 (2018: 1,333).

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
ANZUP Cancer Trials Group Limited
Director’s Declaration
For the year ended 31 March 2019

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 2019 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:

[Signature]

Ian Davis
Chairman

Sydney, 17 May 2019
INDEPENDENT AUDITOR’S REPORT

To the members of ANZUP Cancer Trials Group Limited


Qualified opinion

We have audited the financial report of ANZUP Cancer Trials Group Limited (the registered entity), which comprises the statement of financial position as at 31 March 2019, 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 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 2012, including:

(i) Giving a true and fair view of the registered entity’s financial position as at 31 March 2019 and of its financial performance for the year then ended; 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 Limited. 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 $376,005. We therefore are unable to express an opinion whether cash donations 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 auditor independence requirements of 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

Those charged with governance are responsible for the other information. The other information obtained at the date of this auditor’s report is information included in the Directors’ report for the year ended 31 March 2019, 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 on the other information obtained prior to the date of this auditor's report, 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 responsible entities for the Financial Report

The responsible entities of the registered entity are responsible for the preparation and fair presentation of the financial report 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 is free from material misstatement, whether due to fraud or error.

In preparing the financial report, 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 responsible entities either intends to liquidate the registered entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance 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:


BDO East Coast Partnership

Paul Cheeseman Partner
Sydney, 17 May 2019
HOW YOU CAN HELP

**Kick off a pilot study**

Invest in a pilot study to test the feasibility of promising drug therapies, surgical methods, post-operative 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 comes in all shapes and sizes. In-kind donations can include secretariat support, meeting room use and auctionable goods for fundraising.

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