

A Little Below The Belt

The latest from the world of 'Below the Belt' cancers.



Bladder
Cancer



Kidney
Cancer



Testicular
Cancer



Penile
Cancer



Prostate
Cancer

Act now to accelerate the next research breakthrough

ANZUP stands out due to our unique approach and impact in urogenital cancer research.

Patient-Centred

ANZUP prioritises cancer research outcomes that matter to patients and their loved ones, like quality of life and reduced side effects, in addition to improvements in disease control and overall survival.

Independent. Always.

Research & Trials are driven by clinicians and researchers focussed on identifying areas of clinical need, not commercial interests, fostering independent, high-impact discoveries like the ENZAMET trial.

Multidisciplinary

ANZUP unites over 2,000 professionals – doctors, nurses, clinical researchers, scientists, psychologists, allied health professionals, community representatives and other groups – ensuring diverse perspectives that shape innovative trials.

Seed-to-Success Model

ANZUP's "Below the Belt" Research Grants are aimed at supporting ideas that explore and test innovative ideas that have the potential to impact urogenital cancer where government or industry funding is not available and provide the evidence to support further trials and research that may lead to clinical practice changing outcomes.

Your donation to our Below the Belt Research, no matter how big or small, will ensure that all ideas and avenues have been explored.



Donate Today

Turn our vision of *Living life without fear of cancer* into reality.

For bespoke support or a confidential discussion, please contact:

Marcel Svatos
Business & Philanthropy Manager
Marcel.Svatos@anzup.org.au



Scan the QR code to donate now.

Every donation over \$2 in Australia or \$5 in New Zealand is tax deductible.

What is ANZUP?

The Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP) brings together world-leading doctors, nurses, allied health care professionals, clinical trial coordinators and staff, scientists, researchers, and community representatives to take on Below the Belt cancers – bladder, kidney, testicular, penile, and prostate.

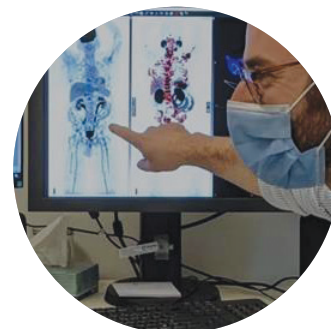
Our mission is to improve the lives of people affected by bladder, kidney, testicular, penile and prostate cancers towards our vision of living life without fear of cancer. We do this through practice changing research and clinical trials that lead to better treatments and care. Because no one should have to live in fear of cancer.

About This Issue

Welcome to *A Little Below the Belt*, your go-to guide for the latest in Below the Belt cancer research, clinical trials, and community stories. Whether you're a patient, carer, or simply someone who wants to learn more, this magazine is designed to keep you informed.

Inside, you'll find easy-to-digest insights into bladder, kidney, testicular, penile, and prostate cancers, updates on ANZUP's world-leading research, and real stories from people making a difference. We've also packed in helpful resources, ways to get involved, and a few surprises along the way.

Because when it comes to Below the Belt cancers, knowledge isn't just power – it's peace of mind.



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ANZUP acknowledges the Traditional Owners of the land on which we operate our business, the Gadigal people of the Eora Nation. We pay our respects to ancestors and Elders, past and present, and extend this respect to all the Aboriginal and Torres Strait Islander people across all of country.

ANZUP is committed to celebrating the rich history and cultural heritage of the world's oldest living cultures, as well as their spiritual connection to land, water, and community. We also acknowledge Māori as tangata whenua of Aotearoa New Zealand and as Treaty partners with the Crown, as outlined in Te Tiriti o Waitangi.

A Note From Our Leadership



ANZUP Chair, Ian Davis

Welcome to this latest edition of "A little below the belt."

OK, this is a bit confronting, isn't it? We're talking about cancer, which is never a fun topic of conversation. And we're talking about genitourinary cancers, those cancers that affect the "rude bits" that occur roughly below the belt: cancers of the prostate, bladder, kidney, penis, and testicles. Those are words you probably do not use in everyday conversation. And then on top of that we're talking about clinical trials? It's a bit much, don't you think?

Yes. Yes it is. It's a bit too much for the thousands of people affected by these cancers every year in Australia and New Zealand. These cancers taken as a group are the commonest cancers we see in our communities, and yet we don't really like to talk about them. Often we ignore warning signs, or fail to follow advice to seek screening or medical review, and the cancers are not found until it is too late to cure them. Sometimes the reasons for coming late would almost be funny if they were not so serious, like the patient I once saw with a large testicular cancer who thought his budgie smuggler display on the beach was pretty impressive until he found out why.

It's hard to talk about and it's hard to think about, and it's even harder to do something effective about it. But that is what we must do. ANZUP is the Australian and New Zealand Urogenital and Prostate Cancer Trials Group. We are a registered charity, and we are here to improve outcomes for people affected by these cancers, whether they are the ones with the cancer or the people who love the ones affected by the cancer. We have effective treatments, and in some cases these cancers can be cured, but there are always some that cannot be cured and where our treatments simply are not good enough.

These are huge areas of need: these people are facing very stark decisions that are literally about life and death, and we need to be able to support them, give good advice, and give the best treatments we possibly can.





The only way we can improve medical treatment is through clinical trials.

You might not have known that. Health professionals can be expert in the conditions they treat, but only because they have strong evidence to guide them. That evidence can only be generated by clinical trials, which are designed to test new treatments, tell us which ones we should use, and also sometimes tell us about things we might have done previously that really should not be done any more. **This is “evidence-based medicine.”** It cannot be replaced by grey-haired crusty old experts who have a lifetime of anecdotes (“eminence-based medicine”), and it definitely cannot be replaced by someone doing a quick internet search where the top hits are people out to exploit those who are most vulnerable (“effluence-based medicine.”)

ANZUP does clinical trials in genitourinary cancers because although enormous progress has been made, as long as people continue to suffer the effects of these cancers then we know we need to do better. There are still far too many gaps in the evidence. We also need to ensure we have a community where people are continually learning, keeping across the latest advances in science, and are training and mentoring the next generation of clinicians and scientists who are the ones who are going to be looking after all of us in the future.

Clinical trials are hard, and expensive, and take a long time. Many of the people who volunteer to take part in one might not directly benefit from it, but they all make an enormous difference for those who come after. ANZUP does the clinical trials that others cannot or do not want to do. And our vision is a simple and clear one:

“Living life without the fear of cancer.”

We thought about that long and hard. We are not going to make promises we cannot keep: it's not realistic to think we can cure all these cancers, with what we know today. But what we can do is improve the way we find them and treat them, and reduce the impact that these cancers have on people's lives. It would be great to take the cancer away altogether, and we continue to look for more and better ways to do that. But if we can't, wouldn't it be good if we could change the terrorist called cancer that wants to kill us, into the grumpy neighbour that we would rather not be around but who otherwise is not causing any harm? What if you had a cancer, and you could just

get on with your life as you would if you had high blood pressure or diabetes? What if you could take joy in what life offers you, instead of having to think about how these diseases try to take joy from you and those you love? Those are worthy goals, and we think it's a worthy aspirational goal for an organisation like ours.

ANZUP numbers well over two thousand clinicians, scientists, and community advocates, from all over the world.

We have done clinical trials involving thousands of patients, and we have transformed the way many of these cancers are treated.

We do this with the incredible generosity of people who donate their time and expertise free of charge. And we are also incredibly grateful for our partners and donors, because even the smallest donations make a huge difference. They allow us to support a range of projects, from small pilot studies all the way up to full clinical trials. All of these continue to add to the body of evidence, and mean that the next person who comes through the door with a life-changing diagnosis is that much closer to being able to live their life without fear of that cancer.

You will find a wealth of information in this publication, including details of our clinical trials and other research, stories and vignettes, and descriptions of all the activities ANZUP does. We invite you to be part of this family, by raising awareness of these cancers and of the importance of clinical research. We will be very grateful for any donations that will help us continue to grow our work and support our educational activities. But even if you simply are a voice of support, or you wear a slightly rude sock, or you suggest to someone that maybe they could consider taking part in a clinical trial: you will have made a difference, and we thank you.

And by the way: the man with the bulky budgie smugglers did well, because he had experts looking after him who were well trained, and he could make informed decisions about his treatment because there was evidence from clinical trials to guide him. Now he has a funny story and a salutary lesson for his children and his grandchildren, and he will be able to tell them himself. He has a healthy respect for cancer, and he continues to live his life without fearing it.

Please enjoy this edition of “A Little Below the Belt.”

Ian Davis
Chair, ANZUP



ANZUP CEO, Samantha Oakes

At ANZUP, everything we do is driven by a clear mission: to improve the lives of people affected by bladder, kidney, testicular, penile, and prostate cancers. Our vision – **Living Life Without Fear of Cancer** – is more than a statement. It's a promise we carry into every trial, every partnership, and every conversation.

Since stepping into the role of CEO, I have been continually inspired by the commitment of our members, researchers, partners, supporters, and consumers. Together, we are building a future where urogenital cancers are no longer feared, and where people can live longer, better lives after diagnosis.

The impact of our community is extraordinary. With 35 clinical trials underway or completed, involving more than 10,000 participants across 131 global sites, our reach is vast – but the true measure of success is the difference it makes to patients and families. Behind every data point is a story of courage, resilience, and hope.

Over the past year, ANZUP has reached research milestones that mark real progress for patients:

- **Bladder cancer:** Our PCR-MIB trial showed that combining immunotherapy, chemotherapy, and radiation delivered encouraging results, with long-term follow-up showing durable survival benefits. These findings, shared internationally, point to a promising new treatment option. The clinical trial lead Prof Andrew Weickhardt presented the results of long-term follow up of this trial at the 2025 American Society of Clinical Oncology Annual Meeting in Chicago earlier this year and we are excited about how this trial may lead into further research for those affected by bladder cancer.
- **Kidney cancer:** Kidney cancer (or renal cell carcinoma) is the 7th most diagnosed cancer in Australia with limited treatment options as the disease progresses to spread throughout the body (advanced kidney cancer). The KEYPAD trial, led by A/Prof Craig Gedye explored combining immunotherapy with denosumab, a drug used in osteoporosis for the treatment of advanced kidney cancer. Early results show this approach is safe with early signs of effectiveness, with full outcomes to come later this year, holding promise for new treatment strategies.
- **Prostate cancer:** Together with Prof Michael Hofman and Prof Arun Azad, we have delivered world first advances in innovative treatments. The #UpFrontPSMA trial demonstrated that adding the radioligand treatment LuPSMA therapy to standard treatment improved disease control in people with advanced prostate cancer. Around 96% of people diagnosed with prostate cancer will survive to their five-year milestone but for those with advanced and hard-to-treat cancer, this number is much lower at around 40%. The world first ENZA-p trial, led by Prof Louise Emmett, combined LuPSMA with enzalutamide and showed not only improved survival but also better quality of life, with results published in The Lancet Oncology. In parallel, our TheraP translational research identified blood-based biomarkers (ctDNA) that could predict which patients benefit most from LuPSMA, paving the way for more personalised care.
- **Testicular cancer:** The iTestis registry, led by Dr Ben Tran and Dr Ciara Conduit has now enrolled over 2,500 Australian participants, creating a rich resource of real-world patients and clinical scenarios to better understand germ cell tumours and support more efficient clinical trials. While testicular cancer is the most diagnosed cancer in young men, testicular cancer and other germ cell tumours are rare compared to other cancers, therefore this resource has already proved useful for ANZUP's CLIMATE, PRESTIGE and PREPARE studies, allowing these clinical trials to be conducted more efficiently with recruitment progressing faster than what would have been possible without the resource.



- **Kidney cancer support:** Unfortunately, there is very little evidence for the management of active surveillance for patients with kidney cancer. Through the OAK project, driven by our Consumer Advisory Panel Chair Belinda Jago and project lead Dr Natasha Roberts, we are co-designing a digital resource with patients and carers to support non-invasive management, ensuring people are empowered with information and choice to better navigate their treatment pathway.
- **Partnerships:** In late 2024, we announced a landmark three-year partnership with the Prostate Cancer Foundation of Australia. Together, we will accelerate research that changes lives, backed by an initial \$1.2 million investment into clinical trials for the most aggressive prostate cancers.

Each of these milestones represents more than scientific achievement – they mean new options, new hope, and new possibilities for patients and families. Yet we know the need remains urgent. Every year, more than 40,000 people across Australia and New Zealand will hear a diagnosis of one of these cancers, and more than 6,000 will lose their lives. Many others live with the long-term impacts of treatment.

That's why we will never stop. Every trial we run and every partnership we forge brings us closer to a future where people can truly live life without fear of cancer.

Most importantly, I want to thank you – our community – for standing with us. Your trust, generosity, and involvement make this work possible. Together, we are driving research forward and changing outcomes for thousands of people every year.

I hope you enjoy this update and feel as inspired as I do about the progress we are making – together.





ANZUP CAP Chair, Belinda Jago

I am privileged to have been Chair of the ANZUP Consumer Advisory Panel (CAP) since 2013.

ANZUP's CAP, currently with 12 members, are people who have either had a prostate or urogenital (bladder, kidney, testicular or penile) cancer diagnosis or have cared for a family member/loved one. They have a commitment to clinical trials research as a key strategy for improving the outcomes of people affected by these Below the Belt cancers. CAP members are drawn from a broad range of backgrounds and as a group have a wide perspective of the needs of cancer patients.

My interest in clinical trial research peaked following my role as a carer for my daughter who was diagnosed at 13 with very rare adult kidney cancer in 2006 and tragically died at the young age of 19.

Volunteering as part of the CAP at ANZUP provides people with similar experiences to me, with an opportunity to share the knowledge and skills you acquire during a cancer diagnosis and treatment plan in your or your family's cancer journey.

The CAP provides a mechanism for advice on trial design and conduct, recruitment, and two-way communication strategies to support dissemination of research findings back to the community and to inform ANZUP of the community's needs.

The CAP plays a vital role in the provision of advice and feedback from a community perspective on issues as diverse as the direction of ANZUP's research strategy and priorities, to community engagement and support.

We hope you enjoy our "new look" consumer magazine which is an important part of feeding back to the community what ANZUP is currently doing in the clinical trial space.



Below the Belt Cancers:

What You Need to Know



**Bladder
Cancer**



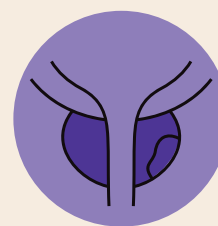
**Kidney
Cancer**



**Testicular
Cancer**



**Penile
Cancer**



**Prostate
Cancer**

The more you know, the better equipped you are to take charge of your health.

What are Below the Belt Cancers?

Below the Belt cancers affect the organs that are part of the urogenital system, the system which includes the urinary and genital organs: including the kidneys, bladder, prostate, testes, and penis. These hard workers carry out jobs like filtering waste, producing hormones, and yes, the reproductive stuff too.

Every year, over 38,000 Australians and 5,500 New Zealanders are diagnosed with a Below the Belt cancer. To put that in perspective, nearly 119 people are diagnosed with one of these cancers – bladder, kidney, testicular, penile, or prostate – every single day.

Below the Belt cancers don't always shout for attention. Many start quietly, without symptoms, so it's important to know your body and get regular check-ups. With the rate of cancer diagnoses continuing to rise, it's important to take stock of whether something doesn't feel right – because early detection can make all the difference.

So, what should you be looking out for? Here's a quick guide to the five Below the Belt cancers and the signs to know.



Early detection
can make a big difference



In Australia & New Zealand:

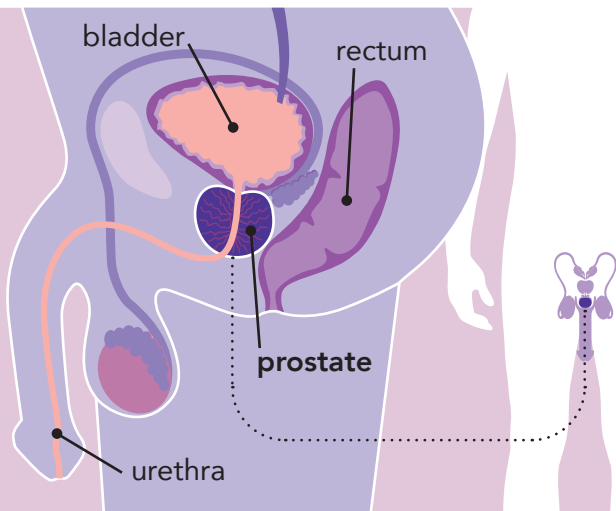
119 people
diagnosed daily
with one of these cancers

What is Cancer?

Cancer is a complex group of diseases where cells grow uncontrollably in the body, and can invade through tissues and spread to other parts of the body. Normally, cells grow, divide, and eventually die to be replaced by new cells through normal body processes. But sometimes, things go rogue – cells keep multiplying and avoid cell death when they shouldn't, forming a mass or lump called a tumour. Some may be benign causing no harm, and some may be malignant, meaning that they have the potential to cause harm and will likely require treatment.

When cancers are detected early, they can often be treated successfully but when cancer comes back, or is detected at an advanced stage where cancer cells have spread to other parts of the body, they can be very difficult to treat. That's why detecting cancer early is so important – it gives you the best shot at effective treatment.

Spotlight on Prostate Cancer



The Prostate

The prostate is a small, walnut-sized gland found below the bladder and in front of the rectum. It wraps around the urethra (the tube you urinate from) and produces a fluid to support sperm from the testes that together with fluids from other organs, makes up semen. The prostate also helps press out semen during ejaculation.

What is Prostate Cancer?

Prostate cancer is the most common cancer in Australia and New Zealand, with over 28,000 cases expected to be recorded in 2025. The good news? If it is caught early, survival rates are high – with nearly all of people diagnosed (96%) expected to be alive after five years, thanks largely to advancements in clinical care driven by research.

Who's at Risk?

A few things can bump up your risk of prostate cancer:

Age

The older you get, the higher the risk. Most cases are diagnosed after 50.



Family history and genes

If prostate, breast, or ovarian cancer runs in your family, your risk is higher. Some changes in genes (like errors that occurs in BRCA genes) also can elevate risk. People who are of African descent also have a higher chance of developing prostate cancer.



You can lower your risk by:

Lifestyle

Eating a diet low in processed foods, exercising regularly and maintaining a healthy body weight.



Not Smoking

Tobacco use is linked to 5% of prostate cancer deaths and elevates the risk of developing a wide range of other cancers, so it is best to avoid smoking in any form.



Most common cancer globally

High survival rates if caught early

Symptoms to Watch For:

Prostate cancer often grows silently, but if symptoms show up, they might include:

Trouble urinating



Blood in the urine



Erectile dysfunction



Blood in the semen



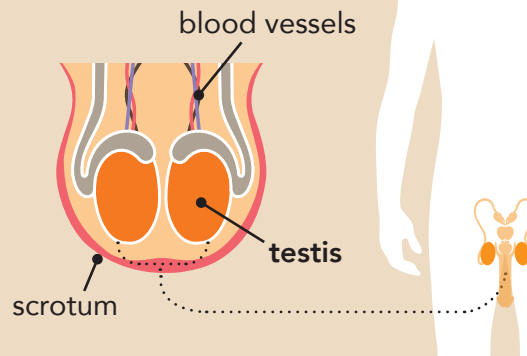
Pain in the hips or pelvis



Spotlight on Testicular Cancer

The Testicles

The testicles are the two oval-shaped organs that live in the scrotum. They are responsible for making sperm and producing the sex hormone testosterone.



Uncommon,
but most cases
are diagnosed in
**people aged
15-45 years**

What is Testicular Cancer?

Testicular cancer is relatively uncommon, with over 1,000 cases in Australian and New Zealand in 2025. But it tends to strike the young – the mean age at diagnosis is about 37. Testicular cancer is most common in young adults between the ages of 15 and 45. The silver lining? It's highly treatable when caught early with around 97.5%* of people diagnosed with testicular cancer surviving 5 years. However, there are still many undesirable side effects from treatment of testicular cancer, including fertility issues, sexual dysfunction, anxiety, fatigue, body image concerns, and psychological distress due to the fear of recurrence (the cancer coming back after treatment) which is why research is key to improving survival and quality of life for those affected.

**for cases diagnosed between 2017-2021*

**High
survival
rates**

**Some undesirable
side effects from
treatment**

– further medical research
is key to improving
survival and quality of life.

Who's at Risk?

We don't know exactly what causes testicular cancer, but there are a few things that can increase your risk:

Undescended testicles:

If a testicle didn't move
into the scrotum at birth.



Family history and genes

If a relative has had testicular cancer, your risk of developing testicular cancer is higher. Testicular cancer is also more common in Caucasians.



Previous testicular cancer

If you've had testicular cancer before, there's a higher chance it could come back, or occur in the other testicle.



Symptoms to Watch For:

**A lump or swelling in a
testicle, which may be
painless**



**A feeling of heaviness
in the scrotum**



**A dull ache in the groin
or lower stomach**



**Pain in the lower back
or abdomen**



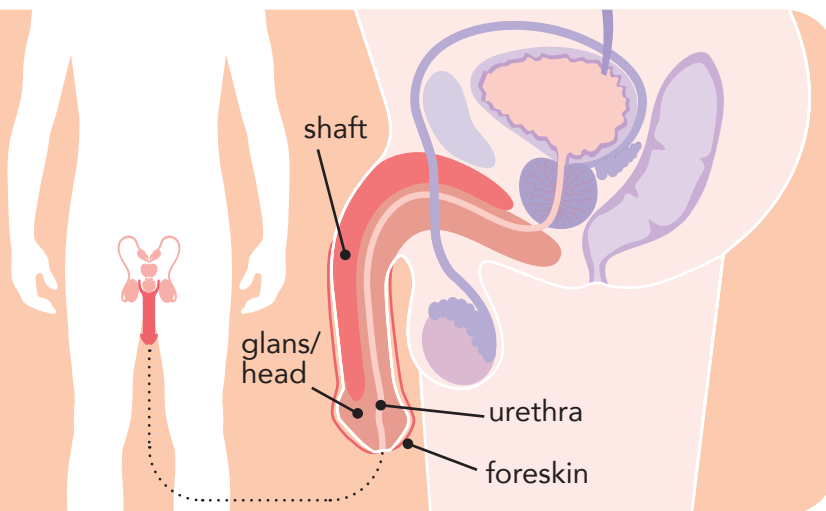
**Enlargement or
tenderness of the breast
tissue (due to hormones
created by cancer cells
that can act on male
breast tissue)**



Spotlight on Penile Cancer

The Penis

The penis is the external organ responsible for urination and ejaculation.



What is Penile Cancer?

Penile cancer is a rare disease but can be serious with those who are diagnosed having around a 71%* 5 year relative survival. In 2025, there were 165 new cases in Australia and New Zealand, with most diagnoses happening around age 68.

Who's at Risk?

HPV infection

Around 6 in 10 penile cancers are linked to human papillomavirus (HPV), particularly types 16 and 18.



Lack of circumcision (in cases of poor hygiene)

When hygiene isn't maintained, uncircumcised individuals may have a higher risk.



Chronic irritation

Conditions like phimosis (a tight foreskin) or long-term inflammation can increase the risk.



Other factors

Tobacco smoking, UV exposure, weakened immune system due to a health condition (eg HIV/AIDS), and certain skin conditions like psoriasis may also play a role.



Symptoms to Watch For:

A sore or growth on the head, shaft, or foreskin of the penis that does not heal.



Bleeding, discharge or a lump under the foreskin.



Changes in skin colour on the penis or foreskin.



Pain or swelling on the shaft or tip.



Pain, swelling or a rash on the penis that doesn't go away.



Most diagnoses @ around 68 yrs

Rare
but can be serious

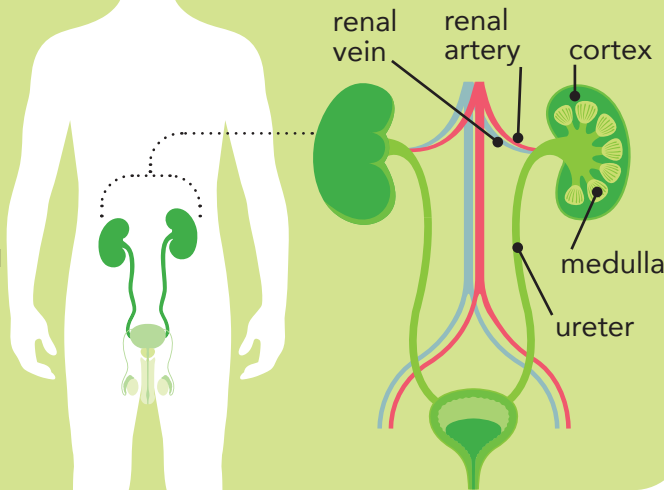
71% of those diagnosed have a chance of living 5 yrs*

*for cases diagnosed between 2017-2021

Spotlight on Kidney Cancer

The Kidneys

Your kidneys are two bean-shaped organs that filter waste from your blood, control blood pressure, and help maintain a balanced of water, salts and minerals (eg. sodium, calcium, phosphorus and potassium) in the blood.



What is Kidney Cancer?

Kidney cancer is a common cancer in Australia, with over 4,800 cases expected in 2025. Men are more than twice as likely to develop kidney cancer compared to women. Around 83% of people diagnosed with kidney cancer will survive 5 years. The most common type is renal cell carcinoma, making up about 90% of cases.

Who's at Risk?

Age

Most cases occur after 45.



Lifestyle

Smoking and being overweight or obese increases the risk of developing kidney cancer.



High blood pressure

Long-term hypertension can raise your risk.



Family history and genetics

A family history of kidney cancer or genetic conditions like von Hippel-Lindau, Birt-Hogg-Dubé syndrome, and others disease can increase the risk.



Chemical exposure

Long-term exposure to toxins like asbestos or cadmium can increase risk.



Symptoms to Watch For:

Kidney cancer can be a silent condition, but if symptoms do appear, they might include:

Change in colour of the urine to dark, brown or rusty or blood in your urine (even if it comes and goes).



Persistent pain in your back or side, just below the ribs.



A lump or swelling in the side or lower back.



Fatigue, fever, or unintentional weight loss.



High blood pressure or anemia (low red blood cell count).



Fever not caused by a cold or flu.



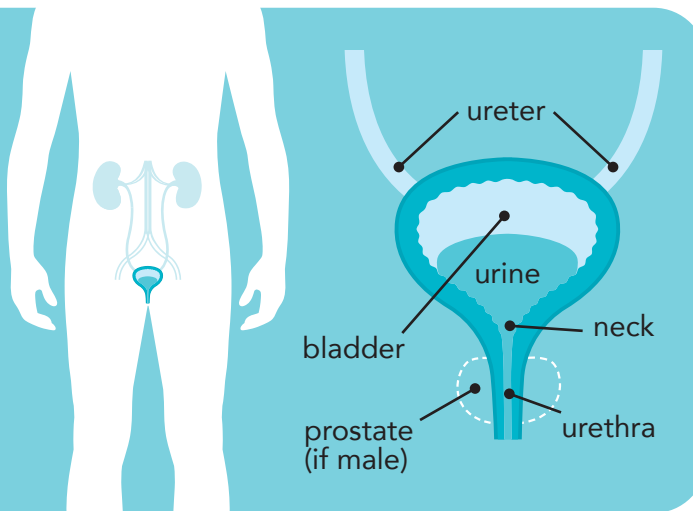
A common cancer in Australia

More common amongst men

Spotlight on Bladder Cancer

The Bladder

The bladder is a hollow organ in the pelvis that stores urine. It's part of the urinary system, which helps empty urine produced by the kidneys through the urethra.



What is Bladder Cancer?

Bladder cancer is a common cancer in Australia. Men are three times more likely to get it, with around 2550 new males cases and 800 females cancers expected to be diagnosed in 2025. Unfortunately, despite advances in research, the survival rates of those remain poor, with only 57% of people affected by bladder cancer expected to meet their five-year milestone.

Who's at Risk?

Age

Most cases occur after 55.



Gender

People assigned male at birth are three times more likely to develop bladder cancer.



Family history and genetics

A history of bladder cancer or genetic conditions may increase risk.



Smoking

The #1 risk factor – smokers are up to four times more likely to develop bladder cancer.



Chemical exposure

Working with industrial chemicals like dyes, paints, or rubber can raise your risk.



Chronic bladder issues

Frequent UTIs or long-term catheter use may contribute.



Symptoms to Watch For:

Blood in urine (pink, red, or brown)



Frequent or urgent need to urinate.



Pain or burning during urination, or difficulty urinating.



Pelvic pain or discomfort.



Unexplained weight loss or fatigue (in advanced cases)



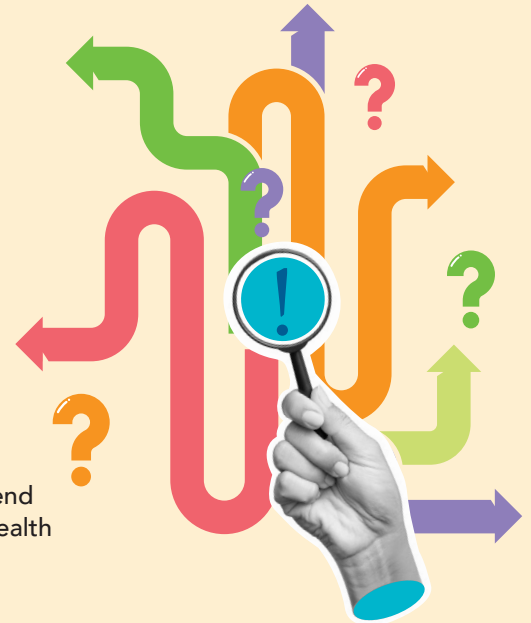
**A common
cancer in
Australia**

**Men – 3 times
more likely**
to get bladder cancer
than women

Treatment Options

Early detection and treatment saves lives. Know your risks, stay informed, and act early – your health is worth it!

When it comes to Below the Belt cancers, the type of treatment will depend on the cancer type, stage, and other individual health factors, and your health team will discuss with you to help you make the right decision.



Some of the main ways to treat Below the Belt cancers include*:



Active Surveillance:

For slow-growing cancers, monitoring instead of immediate treatment.



Surgery:

Removing the tumour or affected organ.



Radiation Therapy:

Using high-energy rays to kill cancer cells or shrink tumours.



Chemotherapy:

Using drugs to target fast-growing cancer cells.



Hormone Therapy:

Blocking hormones that fuel cancer growth, particularly for prostate cancer.



Targeted Therapy:

Attacking cancer cells more precisely while sparing healthy cells.



Immunotherapy:

Drugs that boost the body's immune system to fight cancer cells.

*No two cancers are the same, and treatments differ between people. Not all of these will be appropriate for every sort of Below the Belt cancer.



Clinical Trials:

Exploring new treatments and combinations for better outcomes.



For more information on how cancer is treated, see:
<https://www.cancer.org.au/cancer-information/treatment>

Our Strategy

Vision



Living life without fear of cancer.

Mission



To improve the lives of people affected by bladder, kidney, testicular, penile and prostate cancers.

Values



- Commitment
- Collaboration
- Integrity
- Respect
- Agility

ANZUP's Strategic Pillars



Cancer Research

(core business)

- Practice changing, multidisciplinary collaborative clinical trials in urogenital cancer.
- Investigator-led industry-independent cancer research.
- An integrated translational research program that leverages results and data to advance the understanding of urogenital cancers.
- Results and data are accessible for future research to further the outcomes for those impacted by urogenital cancers.



Reach and Relevance

(external focus)

- ANZUP recognised as a leader in urogenital cancer research within both the clinical and broader community.
- Diverse, equitable and inclusive reach and impact (incl. underserved populations e.g. Indigenous and culturally and linguistically diverse people, rural and remote, socioeconomically disadvantaged)
- ANZUP's globally significant research influences policy and practice to improve outcomes for those affected by urogenital cancer.
- Cancer research that is relevant to; and with bidirectional engagement with consumers and those with a lived experience of cancer.



Capacity Building and Sustainability

(internal focus, incl. membership)

- Financial sustainability and resilience through increased and diversified funding sources (including philanthropy, and fundraising).
- Robust resources, technology, processes, and security to support sustainable scalability.
- Broad and diverse engagement with ANZUP's growing membership.
- Scalable research capacity through leadership, mentorship and education.



People and Partnerships

(governance focus)

- A culture of commitment, collaboration, integrity, respect and agility.
- Diversity, equity and inclusivity across all areas of ANZUP.
- Future sustainability through best practice governance and succession planning across ANZUP's governance and committees.
- A well resourced and supported workforce to sustain ANZUP's future growth and capacity.
- Productive partnerships to increase ANZUP's capacity for globally significant cancer research and impact towards our mission.





How We're Tackling Below the Belt Cancer

At ANZUP, we're dedicated to improving the lives of people affected by Below the Belt cancers – including bladder, kidney, testicular, penile and prostate cancers.

We bring together doctors, nurses, allied health care professionals, clinical trial coordinators and staff, scientists, researchers, and community representatives to conduct world-class innovative clinical trials, paving the way for better treatments and care.



What is a Clinical Trial?

Every step forward in cancer care begins with a clinical trial.

These carefully designed research studies test new treatments and interventions to determine whether they are effective at controlling cancer, improving quality of life, reducing symptoms, and minimising side effects. Before any new treatments or intervention becomes available, it must go through rigorous testing to ensure its safety and effectiveness.



Our Wins!

Since our inception in 2008, ANZUP has enrolled

over

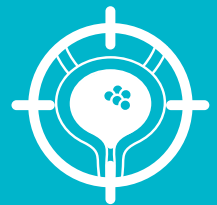
10,000

participants in
35 clinical trials
across **131 sites**
worldwide.

These trials have contributed to life-changing advancements in cancer care.



ANZUP's Key Research Milestones 2024-2025



New hope for people with bladder cancer: promising results from ANZUP's PCR-MIB trial

Immunotherapy is changing the way we treat many types of cancer. One of these treatments, **pembrolizumab**, helps the body's own immune system recognise and fight cancer cells. It works by targeting a protein called **PD-1**, which acts like a "brake" on the immune system. By releasing this brake, pembrolizumab allows the immune system to attack the cancer more effectively.

Doctors already use pembrolizumab to treat people with **advanced or metastatic bladder cancer** – that is, when the cancer has spread beyond the bladder. Early research has suggested that adding pembrolizumab to chemotherapy or radiation could improve outcomes, but the combination of all three treatments together had never been tested.

That's where **ANZUP's PCR-MIB clinical trial** came in. The trial tested whether combining **pembrolizumab, chemotherapy and radiation therapy** could be done safely and effectively for people with muscle-invasive bladder cancer.

The results, published in 2024 in the European Association of Urology journal, were very encouraging.

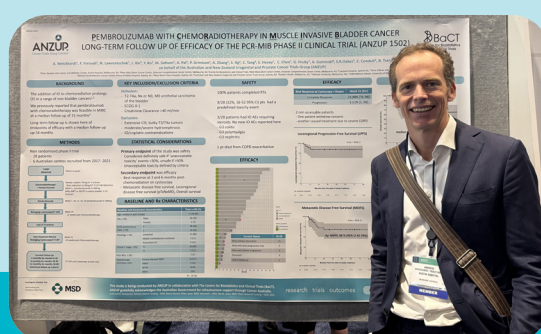
- **88% of participants** showed no signs of cancer after 24 weeks of treatment.
- **78% were free from cancer spread** two years after treatment.

These strong early results suggest that the combination treatment is both safe and potentially more effective than current standard treatments – but larger studies are needed to confirm this.

At the 2025 **American Society of Clinical Oncology (ASCO)** Annual Meeting in Chicago, Australia's **Associate Professor Andrew Weickhardt** presented further long-term results. After more than four years of follow up results showed that:

- No new side effects or safety concerns were found.
- **68% of participants** remained free from cancer spread.
- **64% were still alive** at four years.

These results give real hope that combining immunotherapy with traditional treatments may improve outcomes for people with bladder cancer. ANZUP plans to continue researching this approach in future, larger clinical trials – bringing us one step closer to better treatments and brighter futures for patients.



Poster presentation by A/Prof Andrew Weickhardt at ASCO 2025.

Could an Osteoporosis Drug Help Fight Kidney Cancer?

A new Australian-led study explores an unexpected pairing



A medication best known for protecting bones may have a surprising new use – **helping the immune system fight kidney cancer.**

Researchers in Australia and New Zealand have been testing whether **denosumab** (commonly used to treat osteoporosis) can enhance the effects of **immunotherapy** in people with **clear cell kidney cancer**, the most common form of the disease.



A/Prof Craig Gedye

The trial, known as **KEYPAD**, and led by Associate Professor Craig Gedye, brings together two very different treatments.

Immunotherapy helps the body recognise and attack cancer cells, while denosumab strengthens bones and may also subtly

influence the immune system. Scientists believe this combination could make immunotherapy work better for more patients.

The KEYPAD trial showed encouraging results, with **no new side effects** aside from what would already be expected.

Out of 59 people recruited into the trial, about one in three (**32%**) **participants responded to the treatment.** On average, this **response lasted 17 months.** Additionally, in over half (**53%**) of **participants, the cancer had not grown** between starting the trial and being measured again after 6 months of treatment.



A Promising New Approach for Advanced Prostate Cancer

Targeted radiation combined with chemotherapy shows clear benefits



A new Australian-led study has found that combining a targeted radiation treatment with chemotherapy may improve outcomes for people with advanced prostate cancer.

The study, called **UpFront PSMA**, tested a therapy known as **Lutetium-177 PSMA (LuPSMA)** – a treatment that seeks out prostate cancer cells wherever they are in the body and delivers a tiny, targeted dose of radiation to destroy them. Because the radiation only travels about one millimetre, it attacks cancer cells while leaving healthy tissue mostly unharmed.

Researchers wanted to know if giving LuPSMA **before chemotherapy** could help people newly diagnosed with advanced prostate cancer. All participants received standard hormone therapy, with some also receiving LuPSMA before starting chemotherapy.

The results were presented at the **European Society of Clinical Oncology** in Barcelona and published in **The Lancet Oncology**. After four years, **41% of people** who received LuPSMA had **no detectable signs of cancer** in their blood, compared with **16%** who received standard treatment alone. Importantly, side effects were similar in both groups.

These findings mark the **first clear evidence** that LuPSMA, when added to standard treatment, may help control the disease earlier and improve long-term outcomes for people with advanced prostate cancer.

While larger studies are needed, this breakthrough offers **new hope** – showing how an innovative targeted therapy could soon become a powerful new option in the fight against prostate cancer.



Exciting results from the #UpFrontPSMA study presented at ESMO 2024 in Barcelona by Prof Michael Hofman and Prof Arun Azad.

UpFrontPSMA

Phase 2 study

Undetectable PSA rates at 1 year

(OR 3.9; p=0.002)

41%

16%



PSA progression-free survival
(HR 0.60; p=0.039)

30 months

21 months



Radiographic progression-free survival
(HR 0.58; p=0.067)

Not reached

22 months

Grade 3 / 4 adverse events
(typically attributable to docetaxel)



29%



27%

Australian trial shows improved survival and quality of life with novel treatment approach for advanced prostate cancer



For most people diagnosed with prostate cancer, treatment is successful – with around **96% surviving at least five years** after diagnosis. But for those with **advanced or hard-to-treat prostate cancer**, survival drops sharply to around **40%**, highlighting the urgent need for new and more effective therapies.

The **ENZA-p study**, led by **Professor Louise Emmett**, has delivered promising results that could change how doctors treat this aggressive form of the disease. The study tested a **new combination treatment** that pairs a hormone therapy called **enzalutamide** with a **targeted radiation therapy** known as **Lutetium-177 PSMA (LuPSMA)**.

Enzalutamide helps slow cancer growth by blocking testosterone, but some cancers stop responding or resist the treatment altogether. LuPSMA, on the other hand, delivers a small, targeted dose of radiation directly to prostate cancer cells wherever they are in the body, killing them while sparing healthy cells.

The **ENZA-p trial** found that combining these two treatments **improved overall survival and quality of life** for people with high-risk, advanced prostate cancer. It also tested a **world-first “adaptive dosing” approach**, where doctors used scans and blood tests to track how well patients were responding and tailor treatment to suit each individual.



Prof Louise Emmett (left), lead investigator of the ENZA-p study.

This milestone study opens the door to exploring the combination earlier in treatment for people with metastatic prostate cancer. The results attracted national media attention – including coverage in *The Australian* – and offer **new hope for patients and their families**, showing that smarter, more personalised treatments may soon help people live longer and better with advanced prostate cancer.



The ENZA-p study presented by Prof Louise Emmett at ASCO 2025.

A Simple Blood Test Could Help Tailor Prostate Cancer Treatment

Targeted radiation combined with chemotherapy shows clear benefits



For people with **advanced prostate cancer**, treatment can be a tough road. When hormone therapy stops working, doctors often turn to **chemotherapy** – a treatment that can extend life but may also cause fatigue, nausea, and other difficult side effects.

Recent research has shown that a **targeted radiation therapy** called **Lutetium-177 PSMA (LuPSMA)** can be an effective alternative. LuPSMA seeks out prostate cancer cells wherever they are in the body and delivers a precise dose of radiation to destroy them, often with fewer side effects.



The **THERAP Translational Research study**, led by **Dr Ed Kwan**, aimed to find a way to identify which patients are most likely to benefit from LuPSMA versus chemotherapy.

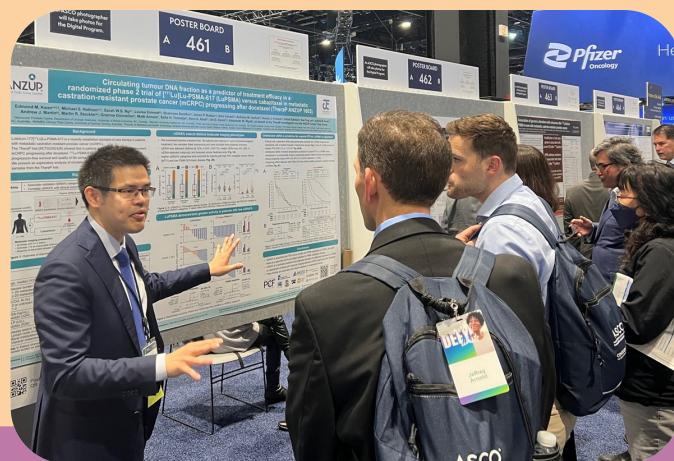
Dr Kwan's team analysed **circulating tumour DNA (ctDNA)** – tiny fragments of DNA shed by tumours

and found in the bloodstream. By studying 290 blood samples from 180 people who took part in the THERAP trial, researchers discovered that **ctDNA levels can help predict a patient's response to treatment**.

People with **lower ctDNA levels** tended to respond better to LuPSMA, while those with **higher levels** saw more benefit from chemotherapy. The findings were presented at the **American Society of Clinical Oncology** in June 2024, attracting global attention.

This breakthrough provides the **first real-world evidence** that a simple blood test could help doctors choose the best treatment for people with advanced prostate cancer.

It's a major step toward **personalised cancer care** – offering patients a less invasive, more accurate way to find the treatment most likely to work for them, improving both outcomes and quality of life.



Dr Edmond Kwan presented the ANZUP THERAP trial poster at ASCO 2024.

Building Knowledge to Improve Testicular Cancer Care

The iTestis platform reaches a major milestone in patient data collection



The **iTestis platform** is helping doctors and researchers across Australia learn more about **testicular cancer** and other rare germ cell tumours – cancers that can occur in the testis or, more rarely, in other parts of the body.

Thanks to the funding through ANZUP's **Below the Belt** community, iTestis is a **user-friendly, web-based database** that brings together up-to-date clinical information from people who have been diagnosed and treated for germ cell tumours.



In 2024/2025, iTestis celebrated a significant achievement – **more than 2,500 people have now contributed their information** to the platform. This growing pool of data has already been used to support important research, including studies exploring **how cancers that start outside the testes behave** and how patients respond to **chemotherapy after surgery to remove the testis (orchidectomy)**.

iTestis has also become the clinical database supporting major Australian studies such as **CLIMATE, PRESTIGE, and PREPARE**, helping researchers conduct clinical trials more efficiently and include real-world patients.

Testicular cancer is the **most commonly diagnosed cancer in young people**, but because it remains rare overall, it can be hard to recruit enough patients for clinical trials in Australia and New Zealand. The iTestis platform helps overcome that challenge by **bringing together data from patients nationwide**, allowing doctors and researchers to better understand how germ cell tumours develop and how different treatments work.

This milestone means that every person who shares their data through iTestis contributes to **improving treatment and care** – not just for today's patients, but for future generations of people affected by testicular cancer.

Helping Patients Take Control of Kidney Cancer Care

New digital resources aim to support non-invasive treatment decisions



For people living with **kidney cancer**, there is limited information about **active surveillance** – a non-invasive approach that carefully monitors the cancer instead of immediately resorting to surgery or other treatments. Many patients and families feel they lack the guidance and support needed to make informed decisions.

The **OAK project** is addressing this gap by developing a **digital resource** designed to empower patients, carers, and clinical teams in **Australia and New Zealand**. The platform is being created in collaboration with the ANZUP **Consumer Advisory Panel (CAP)** to ensure the resources meet the real-world needs of those affected.

OAK has received **discretionary funding from the ANZUP Scientific Advisory Panel**, a significant endorsement of its importance. The project is progressing steadily, with tools being designed to provide:

- **Clinical recommendations** that prioritise patient needs and support non-invasive care.
- **Informational resources** tailored specifically for patients and carers.
- **Decision-making support** to help patients actively participate in their care choices.

Once completed, the OAK resource will give people with kidney cancer **better access to reliable, easy-to-understand information** about non-invasive treatment options. It will help patients and families **feel informed, supported, and confident** when discussing care with their healthcare team.

By focusing on patient needs and making information accessible, OAK represents an important step toward **more personalised and patient-centred kidney cancer care**, giving Australians living with kidney cancer the tools to make decisions that are right for them



CAP Members Juliet De Nittis and Ray Allen shared valuable consumer insights at the #ANZUP24 ASM.

A Landmark Partnership to Advance Prostate Cancer Research

ANZUP and PCFA team up to improve treatment and survival



A new three-year partnership between **ANZUP** and the **Prostate Cancer Foundation of Australia (PCFA)** aims to **accelerate research and clinical trials** to improve outcomes for people with prostate cancer.

The announcement was made at the **Parliamentary Big Aussie Barbie** in Canberra, 10 October 2024, with prominent leaders including the Deputy Prime Minister and Federal Ministers in attendance. Four-time Logie winner and PCFA Ambassador **Hugh Sheridan**, whose father died of prostate cancer, also joined the event.

The research builds on a **long-standing collaboration** – ANZUP and PCFA who have co-funded clinical trials since 2015. Under the new agreement, the first **\$1.2 million funding tranche** will support clinical trials focused on **improving survival for people with the deadliest forms of prostate cancer**. The partnership will drive national investment in innovative prostate cancer research.

For people and families affected by prostate cancer, this collaboration promises **faster access to cutting-edge treatments, more clinical trials, and better survival outcomes**. By combining the expertise and resources of both organisations, the partnership aims to **bring hope, improve care, and ultimately change lives** for those facing this disease.



PCFA and ANZUP announced a three-year partnership to tackle prostate cancer.

Recruiting Trials

To enrol in an ANZUP trial, start by talking to your doctor who can help identify if a trial is suitable and if you meet the eligibility criteria.



ANZadapt Trial

Cancer is a disease that changes over time. When cancer changes, a treatment that worked before might start to become less effective. Hormone tablets are approved in Australia to treat advanced prostate cancer, however, even if these drugs are helpful their effectiveness usually diminishes over time.

The ANZadapt trial is testing a new idea to try to slow down the changes in cancer by giving treatment for just long enough to control the cancer, and then pausing the treatment if the cancer is controlled. If the cancer starts to grow again, the treatment is started again to try to control the cancer again. This idea is called 'adaptive therapy' as the treatment is adapted for each person. Adaptive therapy may slow the the development of treatment resistance by controlling how fast the cancer cells change and keep treatment useful for as long as possible.

The ANZadapt trial aims to find out if this pause/restart strategy is better than taking hormone tablets every day continuously.

Cancer Type

Prostate



Patient Population

Patients with asymptomatic or minimally symptomatic metastatic CRPC in whom treatment with abiraterone acetate (AA) or enzalutamide (ENZ) is indicated.

Study Chair

A/Prof Craig Gedye

Recruitment Target

84 participants

P3BEP Trial

The current gold standard practice for the treatment of germ cell tumours is the use of a chemotherapy combination called BEP which consists of three chemotherapy agents, **B**leomycin, **E**toposide and **C**isplatin administered on a 3 weekly cycle. BEP is given with a drug called pegylated G-CSF (or pegfilgrastim) which stimulates white cell production to maintain immune system health. The purpose of this study is to determine whether giving the same dose of BEP on a 2-weekly schedule will be more effective than a 3-weekly schedule and will be well tolerated. The 2-weekly schedule is called 'accelerated BEP'.



Cancer Type

Testicular

Patient Population

Patients aged 11 to 45 years with intermediate or poor-risk advanced germ cell tumours requiring first-line chemotherapy

Study Chair

Prof Peter Grimison

Recruitment Target

Stage 1: 150 patients

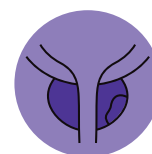
Stage 2: 350 patients

DARO-LIPID Trial

This study is taking a novel approach to using predictive biomarkers to select people for lipid (fat) targeted treatments, to attempt to overcome hormone resistance in people with metastatic hormone resistant prostate cancer.

There is increasing evidence that abnormal fat metabolism promotes the growth of prostate cancer cells. We have previously shown that abnormal patterns of blood-borne fats (called ceramides) can identify a group of people with metastatic hormone resistant prostate cancer who are likely to be resistant to standard of care anti-androgen hormone treatments: abiraterone and enzalutamide. In the DARO-LIPID study, we will first identify which participants with metastatic hormone resistant prostate cancer have the high ceramide fat signature through a blood test. Participants who do not have this fat signature will receive usual care by their oncologist. Participants with this fat signature who consent to the study will all receive darolutamide as standard of care. Participants will then be randomly split into two groups with one group also receiving the fat drug called opaganib to target the abnormal fat changes and the second group receiving a placebo.

The study is designed to see if opaganib can increase the number of people who respond to darolutamide, and increase the time that they get benefit from the treatment. We will also look at how the opaganib is affecting lipid/fat metabolism in the body/tumour.



Cancer Type

Prostate

Patient Population

The target population is people with treatment naive metastatic castrate-resistant prostate cancer (mCRPC) who have had no treatment with ARPIs including enzalutamide, apalutamide, darolutamide or abiraterone.

Study Chairs

Prof Lisa Horvath and
Dr Tahlia Scheinberg

Recruitment Target

60 participants

GenI-AIRSPACE Trial

Prostate cancer affects over 30,000 people in Australia and New Zealand each year, but not all cases are the same. Some grow slowly and may never need aggressive treatment, while others can progress quickly. Currently, doctors rely on several diagnostic tools and biomarkers (eg. prostate serum antigen (PSA) levels in the blood, imaging, biopsy pathology, tumour burden) to decide whether a patient should undergo active surveillance (monitoring without immediate treatment) or receive other treatments. However, these methods aren't perfect and are poor predictors outcome. This dilemma inevitably leads to overtreatment of large numbers of low-risk cases with expensive treatments that often have unwanted side effects. A better way to personalise care could help people avoid unnecessary procedures while ensuring those at higher risk get timely treatment.

The GenI-AIRSPACE trial, activated in November 2024, aims to determine if genetic testing can refine treatment decisions for people with favourable intermediate risk prostate cancer. The trial will use three different, but complimentary types of genetic tests and aim to produce 'genetic risk scores' that can safely guide clinical management. These tests may identify those people who have an elevated risk of the cancer getting worse and requiring immediate treatment from those with low-risk prostate cancers that can go on active surveillance and can be safely spared active treatment.

This trial could transform prostate cancer management and provide evidence for the implementation of genetic testing as a routine part of prostate cancer care. The future of prostate cancer care can be smarter, safer, and more personalised. GenI-AIRSPACE is leading the way.

Cancer Type

Prostate



Patient Population

People with Intermediate-risk Prostate Cancer

Study Chair

Prof Niall Corcoran

Recruitment Target

Stage 1: 112 participants
Stage 2: 348 participants
Stage 3: 1950 participants

“Our trial will test and inform patients whether they carry genetic mutations linked to a higher risk of prostate cancer progression. This will allow them to make more informed decisions about treatment.”

Prof Niall Corcoran,
GenI-AIRSPACE Study Chair



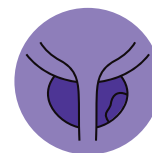
WOMBAT Trial

Prostate cancer cells rely on testosterone for their survival and growth. Androgen deprivation therapy reduces testosterone levels in the body starving prostate cancers of their fuel and are highly effective treatments to control the growth of prostate cancer. Androgen deprivation therapy can be used in combination with androgen receptor pathway inhibitors, which act to suppress the action of testosterone on prostate cancer cells, is a two-punch attack to limit the growth of prostate cancer cells resulting in improved outcomes for people affected by prostate cancer. While effective, these hormonal treatments used over long periods of time can be associated with unwanted effects like hot flashes and night sweats, and treatment resistance will eventually develop. This often shows up as an increase in prostate-specific antigen (PSA), measured through a blood test.

In an attempt to combat prostate cancer treatment resistance, an innovative treatment called bipolar androgen therapy (BAT) has been developed, which involves cycling between very- high levels and very low levels of testosterone. WOMBAT is designed to test whether the addition intermittent androgen receptor pathway inhibition (darolutamide) to BAT that cycles between high and low levels of testosterone can restore the sensitivity of prostate cancer to hormonal treatment while counteracting some of the negative metabolic consequences of long-term hormonal therapy.

Cancer Type

Prostate



Patient Population

WOMBAT will recruit adults with M0 castrate resistant prostate cancer with PSA progression but not radiological progression on darolutamide (as per conventional imaging criteria)

Study Chairs

Prof Anthony Joshua and
Dr Megan Crumbaker

Recruitment Target

69 participants



NINJA (co-badged) Trial

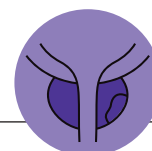
The NINJA clinical trial aims to compare two emerging schedules of radiotherapy in the treatment of intermediate or high risk prostate cancer. Participants will be randomly assigned to one of two radiotherapy schedules as part of this study.

In schedule 1 (called Stereotactic Body Radiotherapy) participants will receive 5 radiotherapy treatments over 2 weeks, and in schedule 2, (called Virtual High Dose Rate Boost), participants will receive Stereotactic Body Radiotherapy delivered in 2 treatments over 1 week followed by 12 treatments of conventional external beam radiotherapy over 2 and a half weeks.

It is hoped this research will potentially improve the accuracy and quality of radiotherapy treatment in prostate cancer.

Cancer Type

Prostate

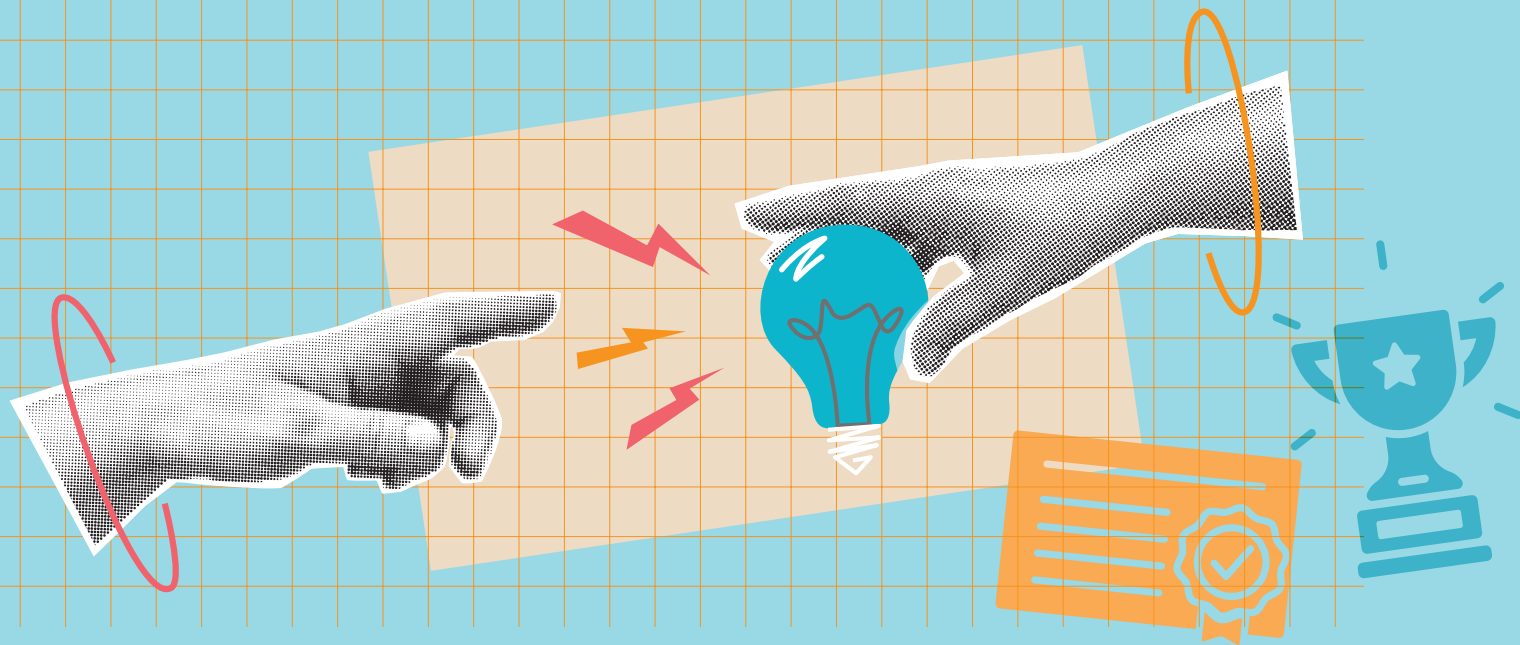


Study Chairs

Prof Jarad Martin and Dr Mark Sidhom

Recruitment Target

472 participants



Grants & Awards

Below the Belt Research Fund

Since 2015, Below the Belt events have raised over \$2 million, kick-starting over 45 research projects that turn innovative ideas into groundbreaking cancer research.

2024 Below the Belt Research Fund Winners



Arti Raghubar is investigating how kidney tumor cells interact with surrounding tissues and immune cells resulting in signals that either promote or suppress response to treatments. The project aims to identify molecular changes that predict treatment responses.



Cynthia Hawks is testing a faster, simpler bladder cancer treatment using a combination of chemotherapy drugs infused into the bladder at the same time.



Vinod Subhash is investigating whether tiny particles in blood can be used to track how prostate cancer responds to hormonal treatment and identify biomarkers that will help guide personalise treatment strategies in people affected by advanced prostate cancer.



Weranja Ranasinghe is testing whether a new biomarker can predict which bladder cancer patients will respond to standard-of-care BCG treatment.

2025 Below the Belt Research Fund Winners



Andrew Redfern and Julien Van Damme are studying cancer cells from all 501 BCG+MM trial participants to develop a personalised approach to bladder cancer treatment, helping patients receive the most effective care while avoiding unnecessary side effects.



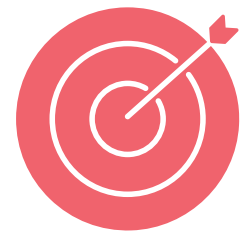
Carole Harris is working to make stool sample testing a routine part of care for people being treated for bladder cancer. This will help us understand how the gut microbiota (the community of microorganisms in our digestive system) changes during cancer treatment and how these changes might affect patient outcomes.



Harriet Herbison and Edmond Kwan are developing a new blood test ('liquid biopsy') to monitor how prostate cancers change shortly after treatment begins, with the goal of giving real-time insights and guiding future treatment choices.



Mitchell Lawrence is developing a living biobank for penile cancer – the first of its kind in Australia – and using it to accelerate the development of new clinical trials.



Synchrony Fellowship

This prestigious award provides up to \$500,000 to researchers working on prostate and urogenital cancers. The fellowship supports projects using existing data, building future research capacity, and addressing key clinical challenges.



2024 Synchrony Fellowship Winner

Dr. Wee-Kheng Soo: Developing a Quality of Life-Derived Frailty Index to assess how well patients cope with treatment. This tool will help personalise cancer care, balancing overall survival benefits with improved quality of life.

“ANZUP continues to push the boundaries of cancer research, delivering real-world impact through innovation, collaboration, and patient-focused clinical trials.”

A Story of Hope & Survival

Juliet De Nittis faced an aggressive kidney cancer diagnosis with limited options, she joined a clinical trial – one that would ultimately save her life.



Who is Juliet De Nittis?

I am a success story. I wouldn't be here today without the immunotherapy treatment I received through an ANZUP clinical trial.

No one ever wants to hear the words, "You have cancer." But for Juliet, the timing couldn't have been worse. On the eve of her daughter's 16th birthday, she was diagnosed with kidney cancer.

Inside, she was breaking, but she held it together for her daughter. Doctors gave her only a year or two to live – at best. When more test results came in, that estimate was cut down to just eight months.



"It was a shock," Juliet says. "I wanted to live."

Juliet had been experiencing stomach and back pain, but for many, kidney cancer has no symptoms at all. And the disease is becoming increasingly common.

Her cancer was aggressive, advanced, and had already spread to her lungs. Treatment options were limited - until she was offered a chance to join ANZUP's UNISoN clinical trial.

As part of the trial, Juliet received an immunotherapy drug called nivolumab, which worked by priming her immune system to recognize and destroy her cancer cells.

"Now, incredibly, after two years of immunotherapy treatment and another year treatment-free, my cancer is still in remission. It's stable, and my latest scan revealed something I never thought I'd hear: 'Lungs clear!' My expiry date has expired."

"I firmly believe a clinical trial saved my life", Juliet says.



Q&A with Juliet

Q: What went through your mind when your doctors explained everything about participating in the clinical trial?

JDN: I thought, *If there's a chance, I have to take it.* Even if it didn't work for me, I'd be part of something that might help the next person.

Q: What information did you look at when you were trying to decide whether to participate?

JDN: Like most people, I started with Google, which can be incredibly depressing. But what really helped was speaking with my specialist, and the trial coordinators. I asked questions, took notes, and made sure I understood everything. That way, I felt part of the decision-making process, rather than just having things happen to me.

Q: What was your experience on the trial like?

JDN: I was placed on the UNISoN trial and given a new immunotherapy treatment to see if it would work for me.

My oncologist told me, *"Because of the type of cancer you have, if we had nothing to treat you with, you would be dead."* That was a sobering moment.

The medical staff – doctors, trial coordinators, incredible nurses, and support staff at the Clinical Trials Centre – were brilliant. They were kind, patient, and professional. They made a world of difference during my treatment.

I was completely surprised by the success I've had. You wish for it, but you don't let yourself believe it!

Q: What advice would you give others facing a similar situation?

JDN: First, I would ask the question: *"Is there a trial suitable for me?"* I felt extremely lucky to be eligible for a trial – it gave me the best possible chance for a good outcome.

I didn't just join the trial hoping the treatment would work for me. I also wanted to contribute to research for future cancer patients. I'm here today because of the people who participated in trials before me, and I feel a deep gratitude for that.

"First, I would ask the question: Is there a trial suitable for me?"





Do **you** have a story you could share?

Making your voice heard can assist others with sharing their experiences and opinions, ultimately raising awareness about below the belt cancer types and the treatment or support options available to patients, carers, family, friends, colleagues, or health care professionals.



Please send any information
to anzup@anzup.org.au



Johi's Story: The Hidden Mental Toll of Kidney Cancer

At 37, Johi Kain was navigating the chaos of new motherhood when persistent symptoms disrupted her routine: abdominal pain, night sweats, migraines, and sudden weight loss. Like many mums, she chalked it up to postpartum recovery. But the reality was far more serious.

Johi started connecting the dots after confiding in a colleague about her worsening abdominal pain. Her colleague, a cancer survivor, urged her to make an appointment with her GP.

Kidney cancer rarely shows symptoms in its early stages, and when symptoms do arise, they can often be mistaken for less serious conditions such as urinary tract infections or kidney stones. To investigate what might be behind Johi's increased pain, her GP ordered an ultrasound.

When Johi logged into her health portal to check her results later that evening, her world was turned upside down. The ultrasound revealed a 5cm tumour in her left kidney. She had early-stage clear cell renal cell carcinoma (RCC).

"It was a long night waiting for the doctor to open," she recalls.

RCC is the most common form of kidney cancer in adults, but Johi didn't fit the typical patient profile. The average age of diagnosis is 65, and men are twice as likely to be diagnosed as women.

Two weeks later, Johi underwent a radical nephrectomy to remove her left kidney. While her physical recovery began swiftly, the emotional toll hit harder than expected. The shock of a melanoma diagnosis during recovery only added to the burden.

"The hardest part wasn't the cancer itself," Johi shares. "It was the lack of support in the months after diagnosis and surgery. People don't know how to bring it up, so they just don't."



Without access to mental health supports, and feeling alone in her experience, Johi found her mental health deteriorating to the point of crisis.

"Much of my life felt out of my control in the months after," she explains. "At times, it felt hard to find a sense of direction through it." Connecting with the community mental health team and Cancer Council NSW peer workers provided much-needed validation, helping her make sense of her experience. Through their support, she was reminded of what she could control – taking small, meaningful actions aligned with what truly mattered to her.

Johi has since recovered physically and emotionally. Determined that no one else feels as she did, she channels her experience into action – advocating for better support in cancer care and mental health. She has worked in lived experience and peer support roles, using her story to help others navigate their own journeys.

Johi's story highlights the need for compassion, conversation, and practical support when it comes to cancer care. Because at the end of the day, it's not just about surviving – it's about ensuring no one feels alone in the fight.

Support can make all the difference, but loved ones don't always know how to help. Many people struggle to ask for or accept support, and those without a strong personal network may feel even more isolated. That's where professional services can step in, providing a vital safety net.

Advice for patients:



Prioritise your mental health. Your emotional wellbeing is just as important as your physical recovery. Consider connecting with mental health supports or accessing a helpline to navigate the mental load.



Seek community support. Online spaces, particularly those run by cancer organisations, can be a lifeline. The Cancer Council also offers excellent resources and peer support for patients.



Keep detailed records. A medical folder containing referrals, test results, and scans can save you stress. Double-check that your medical team has shared records accurately – it can be important to make sure everyone is on the same page.



Be your own advocate. If there is something unusual about your body and is concerning you, seek advice from your health practitioner and if you are still worried, seek a second opinion.

Advice for loved ones:



Don't avoid the 'C word': "It's okay to ask about how I'm going."



Be there during key moments: "Check in after scans or oncologist appointments – those were the times I was most anxious."



Offer practical help: Accompanying someone to appointments and taking notes can make a world of difference.

Resources

The Cancer Council

13 11 20

www.cancercouncil.com.au

www.onlinecommunity.cancercouncil.com.au

Lifeline Australia

13 11 14

www.lifeline.org.au

13 YARN

13 92 76

<https://www.13yarn.org.au/>

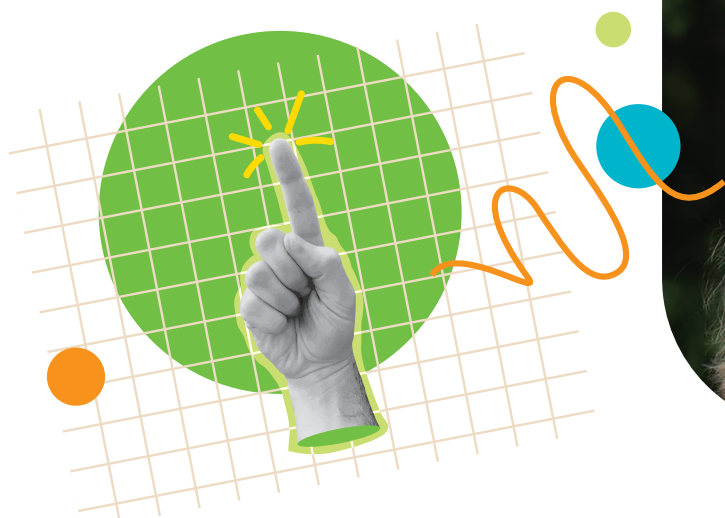
Kids Helpline

1800 55 1800

<https://kidshelpline.com.au/>

Christian was told nothing could be done.

Now, his cancer is undetectable.



How Clinical Trials Shape Cancer Care

The biggest advances in cancer treatment don't happen by chance. They happen when bold ideas meet cutting-edge science – and when they do, the impact is profound.

Christian Edouard-Betsy knows this firsthand. The 66-year-old father of four was at work when his doctor called him in immediately to discuss the results of a routine blood test for his prostate.

"When I got there, he just said, 'I don't like your result, and I think you've got a real active and aggressive prostate cancer.' Hearing that word 'cancer' – that just knocked me."

Initial surgery seemed successful, but the cancer had already spread to his lymph nodes. Hormone therapy worked for a while – until his PSA levels soared. Then came the devastating news:

"The urologist said to me, 'I'm sorry, there's nothing we can do.' And I thought, what?"

But there was something. Christian was referred to an oncologist running a clinical trial, testing a combination of two treatments for advanced prostate cancer. He didn't hesitate.

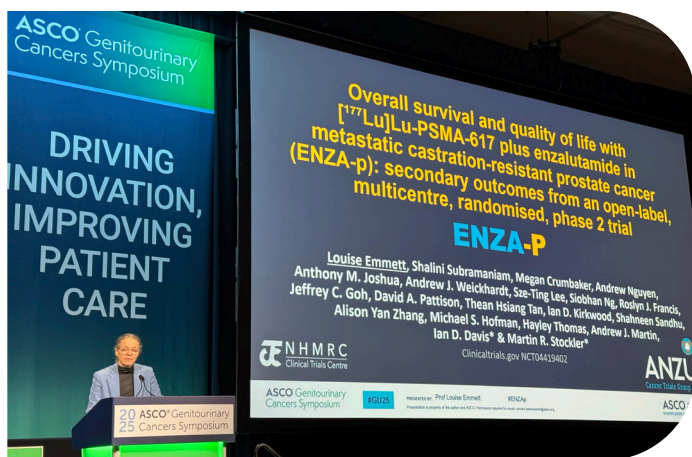
"It's an aggressive cancer, and you either go big or go home. I am one of the first patients who went through the trial."

That trial was ENZA-p, a world-first study led by the Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP). It combined a targeted radioligand therapy, **Lu-PSMA-617**, with the hormonal drug **enzalutamide**, creating a powerful one-two punch against prostate cancer.

Published in *The Lancet Oncology* and presented at the ASCO Genitourinary Cancers Symposium, the study findings revealed that people in the trial lived longer and felt better, reporting less pain and fatigue.

Christian was one of them.

"My PSA levels were out of control, but now? Undetectable. The professor said to me, 'We're pretty sure you don't need any more treatment – it seems to be working.'"



What Makes This Trial Different?

ENZA-p didn't just test a new drug combination – it introduced a **world-first approach to adaptive dosing**. Instead of a one-size-fits-all treatment plan, researchers used imaging and blood results to personalise therapy.

This **targeted** approach means treatments can be more effective while reducing side effects – an innovation that could change the way prostate cancer is treated in the future.

"Our findings show that participants who received this new combination treatment experienced longer and better lives."

– Professor Louise Emmett,
ENZA-p Study Chair

Why This Research Matters?

Metastatic castration-resistant prostate cancer (mCRPC) is a tough diagnosis. Once the cancer spreads and stops responding to hormone therapy, options are limited. Right now, only **3 in 10 people with mCRPC survive five years**.

With **over 28,000 new cases** expected in Australia this year and prostate cancer projected to affect **372,000 Australians by 2040**, research like this is critical.

The Role of Research

Clinical trials like ENZA-p are essential for testing new treatment approaches, improving outcomes, and shaping the future of cancer care. CEO Samantha Oakes explains:

"This research could revolutionise care for people with advanced prostate cancer who currently have very few treatment options."

What's Next?

Christian's story is just one of many, and the success of the ENZA-p trial is proof of what's possible. The ENZA-p study has opened the door for **more effective** treatments for prostate cancer – bringing hope to thousands of people and their families. The next big breakthrough is out there. It just needs fuel to get over the line.

Key Findings:

- ✓ **Better survival:**
The combination treatment helped people live longer
- ✓ **Better quality of life:**
Improved pain and fatigue scores for patients
- ✓ **Smarter treatment:**
A first-of-its-kind 'adaptive dosing' approach helped personalise treatment based on individual responses

Why This Matters?:

Prostate cancer in Australia & New Zealand:

- 28,868 cases diagnosed in 2025
- By 2040, prostate cancer will be the most prevalent cancer in Australia, with 372,000 people living with it.

From Patient to Future Doctor: Jack's Journey with Bladder Cancer



When Jack Taylor started medical school at the University of Western Australia, he expected long hours of study, new friends, and plenty of learning. What he didn't expect was a cancer diagnosis just four weeks into his degree.

At only 19, Jack was told he had bladder cancer. Suddenly, he found himself experiencing life not just as a medical student, but as a patient too.

"Ironically, it happened right during our one-week 'cancer block' at uni," Jack recalls. "So it was all very on-topic, but also very surreal. I don't know what it's like to go through med school without this experience – but it's definitely given me a different perspective."



Jack Taylor with Professor Dickon Hayne, Chair of the BCG+MM study.

Taking Part in the BCG+MM Trial

Not long after his diagnosis, Jack was asked if he wanted to take part in a clinical trial – the ANZUP BCG+MM trial, testing a new combination of treatments for bladder cancer.

"At first I was a bit apprehensive," Jack admits. "I always thought clinical trials were something you did as a last resort, when nothing else worked. I never imagined it could be my first treatment option."

But Jack decided to go ahead, and he's glad he did.

"Honestly, I had a really positive experience. Being part of the trial meant I got lots of follow-ups and extra care, which made me feel well looked after. It wasn't any more time-consuming than standard treatment – and if anything, I had fewer side effects."

Why This Trial Matters

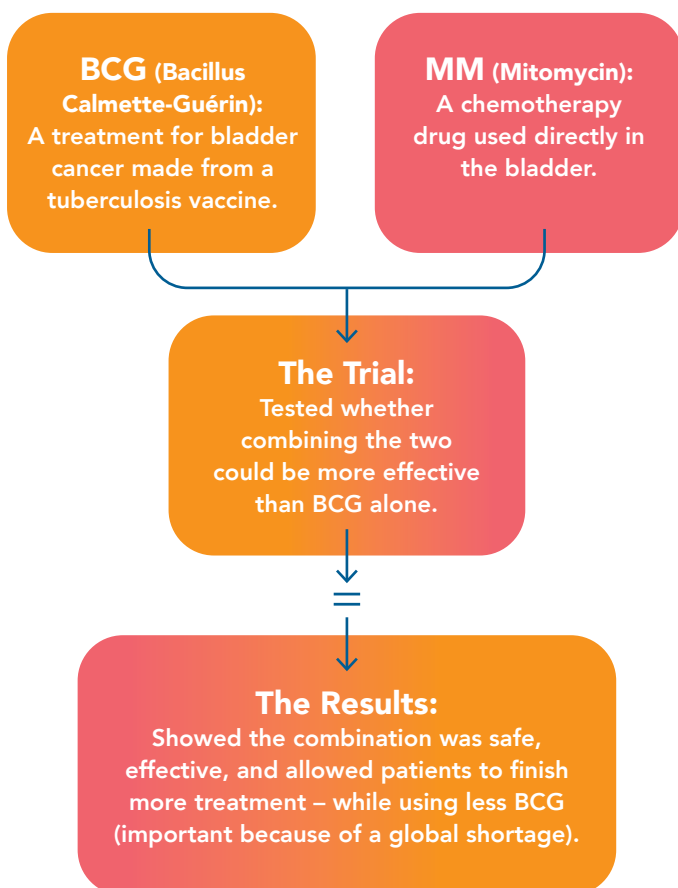
The BCG+MM trial looked at whether combining BCG (a common bladder cancer treatment made from a tuberculosis vaccine) with another drug, mitomycin, could improve results for patients.

Prof Dickon Hayne, study chair of the BCG+MM study, presented the overall survival results of the BCG+MM trial at the 2025 American Society of Clinical Oncology (ASCO) Annual Meeting in Chicago.

The findings show that BCG – which works by stimulating the body's immune system – when used in combination with mitomycin chemotherapy, is a safe and effective alternative to BCG alone. It also requires 40 percent fewer BCG doses, and evidence suggests that those at highest risk of recurrence may benefit even more from the combination approach. Patients receiving the combination were more likely to continue the treatment course than those on BCG alone. In a time of a global shortage of BCG, the results of this trial could help to expand access to this treatment ensuring more patients get access to the care they deserve.



What is the BCG+MM trial?



Seeing Medicine from Both Sides

Going through cancer treatment so early in his training has shaped how Jack sees his future career.

"As a patient, of course you feel the fear and uncertainty," he says. "But as a medical student, I also found it quite cool – the idea that a tuberculosis vaccine could be used to treat cancer. It definitely gave me a deeper appreciation for the science."

It also changed how he looks at evidence in health care.

"When you're inside a clinical trial, you see just how carefully everything is run – the checks, the safety measures, the people behind it all. It makes you respect where our evidence comes from in a way you don't normally see as a student."

Looking Ahead

Now back in medical school and continuing his journey to becoming a doctor, Jack carries both his patient and student experiences with him.

"Going through something like this definitely shapes you," he reflects. "I'm grateful I could be part of research that not only helped me but will also help patients in the future."

Jack's story is a reminder that clinical trials aren't just about science – they're about people. Thanks to patients like him, treatments improve, options grow, and hope becomes reality for countless others facing cancer.



Show your support
of below the belt
cancer research
and buy a pair
(or three)!



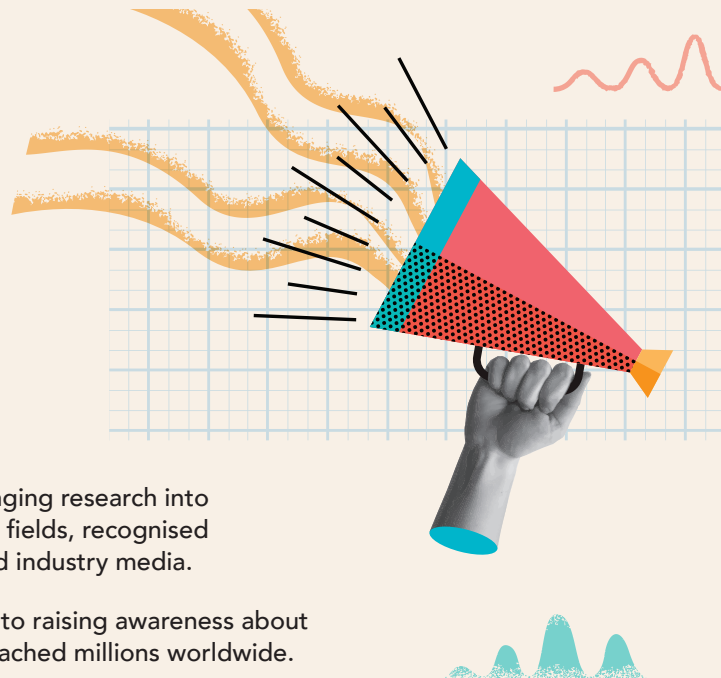
Available now on the Sydney Sock Project website

sydneysockproject.com/collections/anzup



Show us how you choose to wear your socks on social media using the hashtag #SSPANZUP

ANZUP in The Media



ANZUP has an amazing track record of conducting practice-changing research into Below the Belt cancers. Our expert members are leaders in their fields, recognised not only within the clinical community but also in mainstream and industry media.

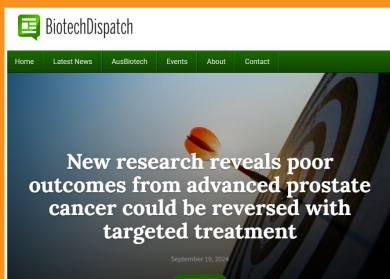
From groundbreaking prostate cancer treatment breakthroughs to raising awareness about Below the Belt cancers, ANZUP's research and advocacy have reached millions worldwide.

Here are some of the biggest media moments from this year:

ENZAMET

(Biotech News)

"Advanced prostate cancer poor outcomes can be reversed with targeted treatment."



Body+Soul Feature

"The Below-the-Belt cancers you need to look out for, according to a doctor."



The below-the-belt cancers you need to look out for, according to a doctor

Never ignore a warning sign
Mia Erickson

Singleton Argus via AAP Syndication

(Published in 75 outlets – 67M reach)

"World-first treatment boosts prostate cancer survival."



World-first treatment boosts prostate cancer survival



Prostate cancer patients with a poor prognosis have benefited from a groundbreaking treatment trial. Photo: Mick Takas/AAP PHOTOS

The Australian (Page 3 Print & Online – 2.7M reach)

"Christian was told nothing could be done. Now, his cancer is undetectable."



Trial results offer hope to prostate cancer sufferers

Prostate cancer sufferer Christian Alexander-Bell, 48, is now cancer-free after taking part in a groundbreaking trial.



St George & Sutherland Shire Leader

"Fundraiser tackles Below the Belt cancers in Australia & NZ."



Surfing 111 waves throughout October

By Eva Kollmer
Updated October 4 2024 - 11:59pm, first published October 4 2024 - 10:00am
0 Comments



Chief Executive of ANZUP Samantha Oakes, of Carlton, is participating in the 111 Your Way fundraiser by surfing 111 waves throughout October. Picture by Darryl Menzies

Want to read more?
Scan the QR code
to explore ANZUP's
media highlights.

Community & Fundraising

Update

At ANZUP, we know that every effort – big or small – fuels life-changing cancer research. Whether it's a personal challenge, a team event, or simply supporting a friend, our community of fundraisers continues to step up, take action, and make a real difference for those affected by Below the Belt cancers.

Thanks Peter & Crew

In May 2025, Peter Holland and his cycling crew proudly took on the Mudgee Classic challenge, riding in support of ANZUP and raising funds for Below the Belt cancer research, cheeky socks and all, thanks to the Sydney Sock Project. With impressive endurance and team spirit, **Peter and his team not only completed the ride but also raised an incredible \$1,000 for our cause.** We're so grateful for their energy, passion and commitment to improving the lives of those impacted by Below the Belt cancers, thank you, Peter!



Thanks Michael, Max & James

In a truly inspiring display of endurance and mateship, Michael Papathanasiou and his friends Max and James took on their own epic Coast to Crow challenge in April, running 100km from the Big Prawn on the Central Coast all the way to the Crows Nest Hotel. Their incredible effort was driven by a deeply personal motivation, raising funds for ANZUP in honour of Michael's brother, who was diagnosed with testicular cancer. **Together, they raised an outstanding \$13,138 to support Below the Belt cancer research.** A massive thank you to this remarkable trio for their determination, heart and support.



111 YOUR WAY



In October 2024, ANZUP's 111 Your Way campaign gave fundraisers the freedom to raise money and awareness for Below the Belt cancers in a way that suited them best. Whether it was running, swimming, surfing, or even capturing 111 wildflower photos, participants took on the challenge in their own unique style – all while making a real difference.

Why 111? Every single day, 111 people across Australia and New Zealand are diagnosed with a Below the Belt cancer. This campaign gave our community a way to honour them while raising vital funds for research.

What Our Fundraisers Achieved:

*Together, our incredible
111 Your Way fundraisers logged:*



580 hours of workouts, meditation, and dancing with kids



21,669 km of walking, running, and cycling



1,112 laps swum



111 waves surfed, rocks climbed, wildflower photos taken, and even acts of kindness performed!

Fundraising Champions:



Belinda Jago – a powerhouse fundraiser, raising an incredible **\$7,111**



Natasha Taylor – raising **\$1,699** in honour of her son Jack, 22, who is currently undergoing treatment for bladder cancer. This was Natasha's first time fundraising for ANZUP, and her dedication has been inspiring.



*Through their efforts, 111 Your Way
reached over 500,000 people,
sparking vital conversations and raising
awareness for those affected by
Below the Belt cancers.*

Stay tuned for 111 Your Way 2025 – it's your chance to challenge yourself, get creative, and make a difference!

Introducing the ANZUP Team



Samantha Oakes

Chief Executive Officer

Adjunct Professor Sam Oakes PhD FRSN AAICD brings over 20 years of experience in the Health and Medical Research and Not for Profit sectors to the role of Chief Executive Officer, ANZUP Cancer Trials Group Ltd. A proven change maker and relationship builder and an established career in medical research, Sam's research leadership led to important discoveries including a new dual therapeutic and anti-metastatic strategy for triple negative breast cancer and pancreatic adenocarcinoma. In 2019-2020, Sam established and led the Long-Term Clinical Follow Up Unit in the Australian Genomic Cancer Medicine Centre (AGCMC), now known as OMICO, one of Australia's largest precision medicine programs. As Director, Research Investment, and member of the Senior Executive Leadership Team at the National Breast Cancer Foundation, Sam has led and overseen the distribution of over \$45 million dollars in investment in world class breast cancer research, the development and implementation of the 2023-2028 NBCF Pink Horizon Research Strategy and contributed to organisation-wide change and growth. Sam is a passionate advocate and communicator of Health and Medical Research that will ultimately save lives, alleviate suffering, and improve quality of life and is committed to helping ANZUP continue to deliver on its mission of improving the lives of those diagnosed with Below the Belt cancers towards our vision of living life without fear of cancer.

Why ANZUP? My grandfather passed away after a diagnosis of kidney cancer with no hope of an effective treatment. When I learnt about the world class research ANZUP conducts to improve the lives of all people affected by Below the Belt cancers, I knew ANZUP was the perfect home for me. While we have done incredibly well, there is so much more we need to do, and I wanted to be part of ANZUP's story to create a better future for all people who are affected by these cancers.



Sandra Jeffers

Administrator

Sandra Jeffers joined ANZUP in 2025 as the ANZUP Administrator. Sandra is responsible for ensuring the smooth operation of the office and providing high-level executive support to the CEO, senior management team, and the ANZUP membership.

Previously, Sandra served as Research Grants Administrator at the National Breast Cancer Foundation for 8 years, where she oversaw a large portfolio of grants, coordinated grant rounds, liaised with researchers and committees, and ensured accurate reporting and compliance across all funding processes.

Sandra holds a BSc in Public Health and Health Promotion from University College Cork, Ireland and brings expertise in executive support, stakeholder engagement, and process management across complex and fast-paced organisations.

Why ANZUP? I chose ANZUP because I am proud to support an organisation dedicated to improving the lives of people affected by urogenital cancers. By being organised and keeping things running smoothly, I hope that I can play a small part in helping the team make a big difference.



Jenny Arkell

General Manager, Marketing and Engagement

Jenny recently joined ANZUP as General Manager, Marketing and Engagement. She brings over 25 years of marketing and communications experience spanning local and state government, the not-for-profit sector, and private enterprise.

A strategic and results-driven leader, Jenny has a proven track record of developing and executing integrated marketing and communications strategies that drive awareness, engagement, and measurable outcomes. She has deep expertise in stakeholder engagement, known for building trusted relationships, navigating complex environments, and aligning diverse interests to achieve shared goals.

Jenny has led high-impact membership engagement programs, using targeted campaigns and data-informed insights to enhance member value and retention. Her strengths include managing brand integrity, mitigating reputational risk, and delivering initiatives that balance commercial objectives with community priorities.

Why ANZUP? I chose to work with ANZUP because its Vision — Living life without fear of cancer and Mission: To improve the lives of people affected by bladder, kidney, testicular, penile and prostate cancers— deeply resonated with me. It's a powerful and hopeful statement that reminds us of what's at stake for patients and families. What drew me in was the opportunity to help amplify the incredible work our healthcare professionals are already doing. By sharing their stories and driving greater awareness and engagement, we can ensure these vital trials are funded and that our impact continues to grow.



Nicole Tankard

Membership and Engagement Manager

Nicole has over 15 years' experience and has worked across a range of industries including financial services, professional services, telecommunications and energy. Nicole holds a Bachelor Degree in Communications majoring in Public Relations and Marketing and joined ANZUP in 2019.

Why ANZUP? As with many of us, I have had family and friends who have been touched by cancer. The work that ANZUP does through running clinical trials and translational research to help improve the lives of people with below the belt cancers resonated with me.



Min Liu

Membership Communications Specialist

Min has over 7 years' experience in the media industry, which involves journalism, production, social media and digital marketing. She joined ANZUP in March 2023. Min is a skilled writer and storyteller, with a knack for distilling complex ideas into compelling narratives. She is also adept at creating multimedia content, including videos, graphics and infographics, to help bring our work to life for our audiences. Min holds a Bachelor's Degree in Journalism and Mass Communication and a Master's Degree in Digital Communication and Culture.

Why ANZUP? I joined ANZUP because of its incredible mission to make a real impact in Below the Belt cancer research, combined with a supportive and collaborative team that's passionate about what they do. It's inspiring to be part of something that truly makes a difference!



Belle Healy

Marketing and Fundraising Officer

Belle has a Bachelor's degree in Cognitive and Brain Sciences and a background in nonprofit marketing and communications. A wordsmith with a passion for science, she digs into research to find the stories that matter, spotlighting the human side of cancer research and the real-world impact of clinical trials. Belle joined ANZUP in July 2024 and is driven to raise awareness and inspire action to help change lives.

Why ANZUP? My role at ANZUP allows me to draw on a diverse range of skills to create content that educates, sparks meaningful conversations, and drives real change for people affected by Below the Belt cancers. I'm proud to be part of an organisation committed to world-class research and scientific innovation, and to connect audiences with what we do.



Liz Peetz

Database Specialist

Liz is an experienced professional in database management and membership administration, working within the not-for-profit sector for over 16 years. Being experienced in CRM database management and customisation, she brings a variety of beneficial skills to ANZUP.

Why ANZUP? I joined ANZUP as I wanted to belong to an organisation that was dedicated to improving the lives of people who were undergoing treatment for cancer.



Marcel Svatos

General Manager, Business and Philanthropy

Marcel has over 15 years of management experience in large and small organisations across seven different industries in Australia and Europe. As a true generalist, Marcel's key competences include people management, leadership, customer/member/donor/stakeholder engagement, implementation of new systems and technology, and efficiency improvements as well as streamlining of processes. Marcel has corporate governance experience, including reporting to board of directors and the development of strategy and business plans.

Why ANZUP? ANZUP's research is first class. I see great potential for growth by developing and implementing strategies for operational efficiency and funding diversification, so we can do even more to achieve our mission.



Sarah Johnson

Grant Development Officer

Sarah holds a Bachelor's degree in Marine Science and brings extensive experience in research compliance, research support, administration, and project management. Before joining ANZUP, Sarah worked at the National Breast Cancer Foundation in Sydney and, during 10 years overseas, in the Research and Education Department at the Equine Veterinary Medical Centre in Qatar. Sarah is responsible for strengthening ANZUP's fundraising efforts by identifying and securing grants from trusts and foundations to support ANZUP's investigator-initiated clinical trials.

Why ANZUP? I chose to work with ANZUP because of its clear and powerful mission: to improve the lives of people affected by bladder, kidney, testicular, penile, and prostate cancers. I'm inspired by the collaborative approach ANZUP takes to research and clinical trials, and I'm proud to contribute by helping secure the funding needed to make this impact possible.



Jennifer Thompson

General Manager, Cancer Research

Ms Jennifer Thompson holds a Masters in Health Policy and is an experienced research operations manager and manager of research strategy and partnership. Jennifer has built her career across multiple settings including pharmaceutical clinical trials, cooperative group clinical trials, site management of research, and management of research and research governance in the not-for-profit sector. Jennifer leads the research management team at ANZUP, supports research project development activities, and ensures ANZUP's research maintains high levels of oversight and adherence to regulatory requirements.

Why ANZUP? I've worked with ANZUP twice now in my career. Coming back to being directly employed at ANZUP in 2023 was an easy choice to make as it felt like "coming home". As a cancer survivor myself, ANZUP's mission aligns perfectly with my passion for assisting clinician-researchers wanting to extend and improve the lives of people with cancer.



Tom Cusick

Senior Clinical Trials Project Manager

Thomas has an academic background in medical sciences and research. The excitement, challenges and opportunity to have a positive impact on the lives of others inspired Thomas to pursue a career in clinical trials research. Prior to joining the ANZUP team in June 2020, he previously worked at The Garvan Institute of Medical Research, The Kinghorn Cancer Centre and the St Vincent's Prostate Cancer Centre; where he accumulated substantial research experience managing multiple clinical trials.

Why ANZUP? When I was considering my career path, I knew I wanted to do something that would hopefully have a positive and meaningful impact on others. ANZUP has provided me the opportunity to work alongside like-minded people who are dedicated to improving the lives of others through high-quality clinical research. Being part of this collective effort is incredibly fulfilling. Seeing the tangible outcomes of our trials, and knowing that they directly contribute to better care and hope for people affected by cancer is both incredibly rewarding and humbling. I feel genuinely grateful to be part of the ANZUP family, where every achievement reflects the commitment and compassion of the people behind it.



Antoinette Fontela

Senior Clinical Trials Project Manager

Antoinette has an academic background in science and has worked in the health industry for over 20 years, with the majority of that experience being in medical oncology clinical trials research. Antoinette wanted to continue working in oncology clinical trials and loves how ANZUP transitions concepts and ideas into clinical trials. She finds it highly rewarding knowing participants have access to clinical trials and are able to benefit from research.

Why ANZUP? I chose to work for ANZUP because I enjoy working in the oncology field, and ANZUP felt like a great next step after my experience in clinical trials at the site. It gives me a new opportunity to make a difference for people affected by Below the Belt cancers, which is important to me.



Archana Nair

Senior Clinical Trials Project Manager

Archana has been working in the field of clinical research for the last 12 years, with an academic background in biochemistry. Being a recipient of the New Zealand Association of Clinical Research Scholarship in 2015, she was able to achieve a certificate of proficiency in Introduction to Clinical Research and Clinical Trial Practice, Ethics and Clinical Research, and Qualitative Methods in Clinical Research, offered by Victoria University of Wellington New Zealand.

Why ANZUP? I chose to work with ANZUP because it gives me the opportunity to work alongside research-driven doctors who are experts in below-the-belt cancers and who bring real-life clinical experience to the questions they ask. ANZUP's support for these clinician-led, collaborative group trials means we are making a life-changing difference for people affected by these cancers – and I am proud to be a part of it.



Vinod Subhash

Translational Research Operations Manager

Vinod Subhash, PhD is a biomedical scientist with over 10 years of experience in cancer research, specifically focusing on solid tumors. At ANZUP, Vinod leads the Translational Research Operations, bringing a unique combination of academic research expertise and operational insights to cancer clinical trials. Prior to joining ANZUP, Vinod's post-doctoral research focused on biomarker studies for early detection and response monitoring in cancers.

Why ANZUP? I chose to work with ANZUP to facilitate impactful research that enhances our understanding of clinical trial outcomes and uncovers novel therapies, ultimately improving the lives of people with Below the Belt cancers through collaboration and innovation.



Stephanie Attwell

Clinical Trials Coordinator

Stephanie is the Clinical Trials Coordinator for ANZUP. She holds a doctorate degree in clinical psychology and a bachelor's degree in occupational therapy. She joins the team with more than five years' experience in oncology clinical trials having worked in various roles in both academic and hospital settings. She has also previously worked on other research areas, such as mental health and musculoskeletal conditions. Prior to a career shift to clinical trials, she was previously an educator for ten years, having taught both undergraduate and postgraduate students.

Why ANZUP? I have chosen to work at ANZUP as I see the value and meaning of the research that we do in changing lives of participants. It is also amazing to see the full circle of how new ideas are generated and moved into clinical trials and then see how the results can potentially change the course of clinical service delivery to improve patient's outcomes.



Alex Paine

Clinical Trials Assistant

Alex completed his Bachelors of Medical Science from UNSW in 2022, majoring in medical microbiology and pharmacology. Prior to joining ANZUP, he spent 3 years developing and revising health policies and procedures within the education sector. At ANZUP, Alex provides support to our Project Managers, manages trial finances and liaises with trial sites, staff and vendors to ensure smooth trial operations. Alex is passionate about clinical trials and is dedicated to advancing medical research and fostering innovation in the development of cancer treatment.

Why ANZUP? I'm passionate about cancer research, and this role gives me the opportunity to contribute meaningfully while making a real difference in people's lives. I was also drawn to the ANZUP's strong culture of innovation and collaboration, which makes it an exciting place to grow and have an impact. I'm very grateful to the ANZUP team for giving me this opportunity.

A Little Below The Belt

The latest from the world of 'Below the Belt' cancers.

ANZUP Cancer Trials Group Limited

Health Translation Hub, Level 8, 55 Botany Street, Randwick NSW 2031

Call +61 2 9054 3600

Email anzup@anzup.org.au

www.anzup.org.au

www.belowthebelt.org.au



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