ANZUP®
Cancer Trials Group Limited

Annual Report

2025-2026













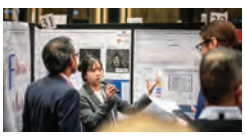




ANZUP®
Cancer Trials Group Limited

research
trials
outcomes

ANZUP Cancer Trials Group Limited

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ANZUP Cancer Trials Group

ANZUP acknowledges the Traditional Owners of the lands on which our company is located and where we conduct our business. We pay our respects to ancestors and Elders, past and present. ANZUP is committed to honouring the First Peoples' unique cultural and spiritual relationships to the land, waters and seas and their rich contribution to society. We also acknowledge the Māori people as tangata whenua of Aotearoa New Zealand and as Treaty partners with the Crown as agreed in Te Tiriti o Waitangi.

Cancer is the disease Australians fear most

65% of Australians have been, or are affected by cancer either personally or through someone they love*.

At ANZUP, we are changing that story.

Patient-Centred

We prioritise research that delivers outcomes that matter most to patients and their loved ones, including improved quality of life, fewer side effects, better cancer control and survival.

Driven by Need

Our research and trials are driven by our multidisciplinary members and consumers focused on addressing areas of genuine clinical need rather than commercial interests, enabling independent, high-impact discoveries.

Multidisciplinary

We bring together over 2,700 professionals including doctors, nurses, researchers, scientists and community representatives ensuring diverse expertise and perspectives to help shape innovative cancer trials.

Seed to Success Model

Our "Below the Belt" Research Grants support bold, innovative ideas with the potential to transform the future of urogenital cancer care, particularly those that may not yet attract government or industry funding. By enabling early-stage research, these grants generate the evidence needed to inform treatment choices, and to drive further trials and discoveries that can ultimately change clinical practice and improve patient outcomes.

Our mission is to improve the lives of people affected by bladder, kidney, testicular, penile and prostate cancers, driving research that leads to better treatments, better care and better outcomes for patients.

But progress does not happen by chance. They happen when bold ideas are tested.

That's why ANZUP funds innovative research and clinical trials including ideas that may not yet attract government or industry support.

These ideas have the potential to change the future of cancer care.

Your support makes this possible.

Every donation helps fund the research that could transform lives.

Donate today and help create a future where people can live without fear of cancer.

Scan the QR code to donate now.

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

For a confidential discussion about supporting ANZUP's research:

Marcel Svatos
General Manager, Business and Philanthropy
Marcel.svatos@anzup.org.au

* Roy Morgan January 2026

Contents

ANZUP'S Key Research Milestones 2025-2026

A faster and simpler bladder cancer treatment: the **G-DISCO** and **G-DISCOTEQ** studies.

A more effective option for high-risk bladder cancer: The **BCG+MM** study.

ENZARAD: Optimised treatment for patients with high-risk local and locally advanced prostate cancer.

EVOLUTION trial results: a new combination approach for advanced (metastatic) prostate cancer.

Longer and better lives for people with advanced (metastatic) prostate cancer: **ENZAMET.**

ENZA-P: A new combination treatment approach to improve overall survival and quality of life for people with advanced prostate cancer.

A potential new combination therapy repurposing bone protection agents with immunotherapy for better kidney cancer outcomes: **KEYPAD**

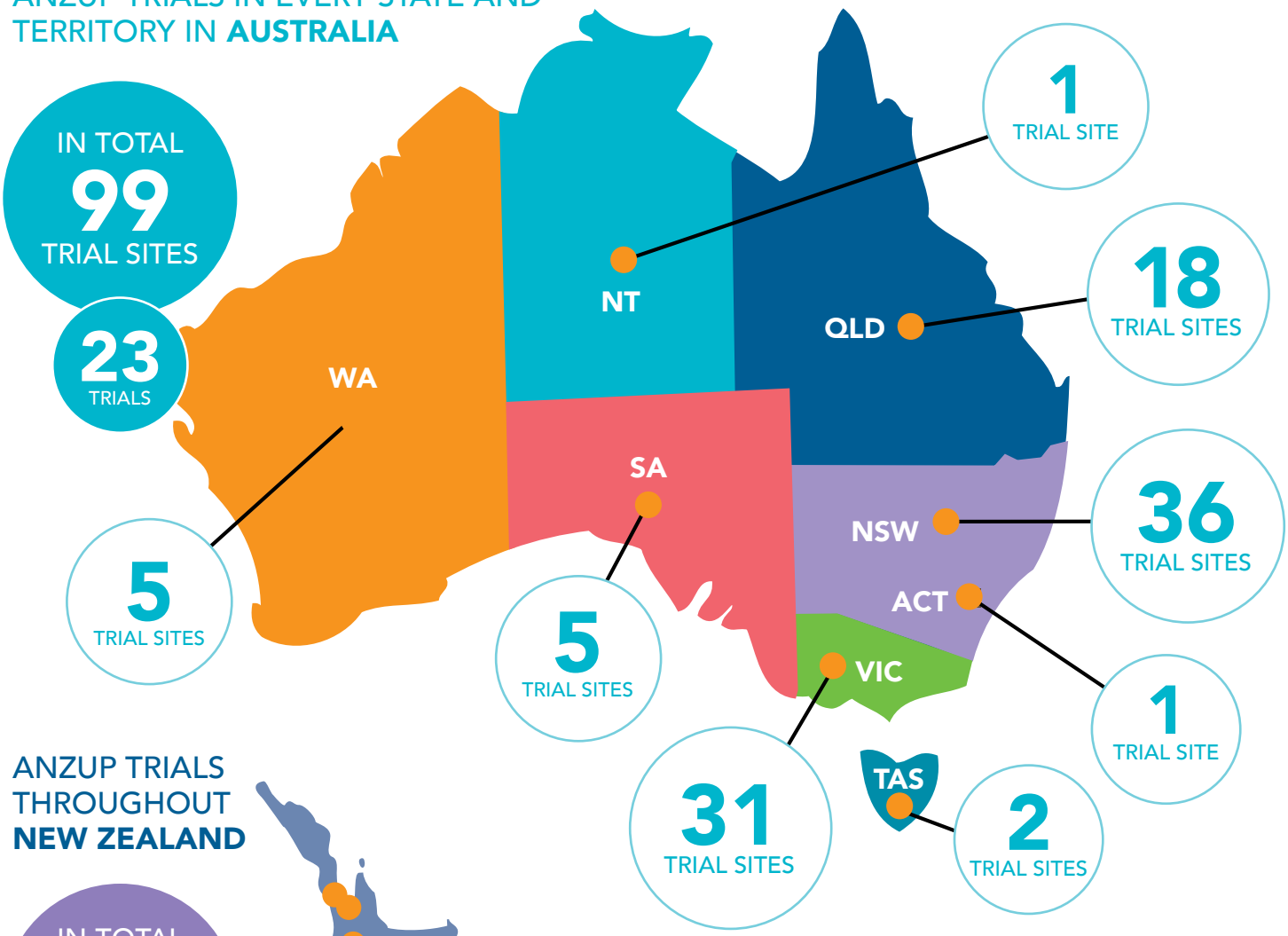
A new blood test for predicting testicular cancer recurrence and offer hope for fewer unnecessary treatments: **CLIMATE.**

PCFA breakthrough theranostics grant: first-in-human ANZUP-led program.

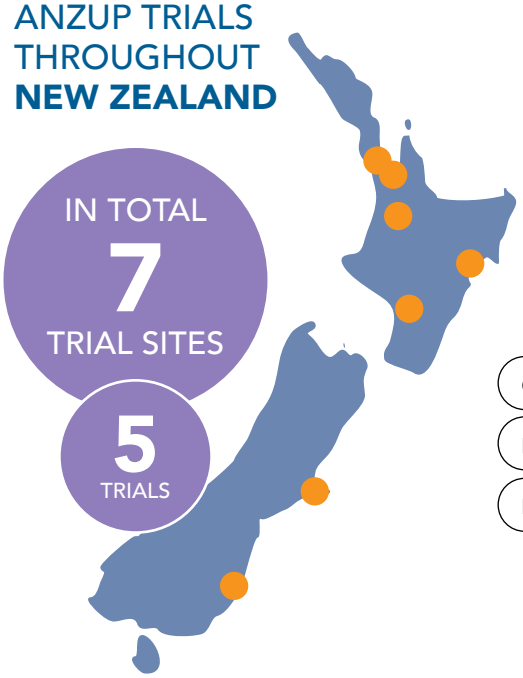
Participating Centres

Throughout Australia and New Zealand

ANZUP TRIALS IN EVERY STATE AND TERRITORY IN **AUSTRALIA**



ANZUP TRIALS THROUGHOUT **NEW ZEALAND**



CURRENT ANZUP TRIALS (23)

BLADDER	TESTICULAR	PROSTATE		KIDNEY
G-DISCO*	P3 BEP	ANZadapt	ENZAMET*	UNICAB*
BCG+MM*	CLIMATE*	DARO-LIPID	ENZARAD*	UNISoN*
PCR-MIB*	TIGER*	GenI-AIRSPACE	ENZA-p*	RAMPART*
		WOMBAT	proPSMA*	FASTRACK II*
		EVOLUTION*	NINJA	
		DASL-HICAP*	UpFrontPSMA*	
		TheraP*		

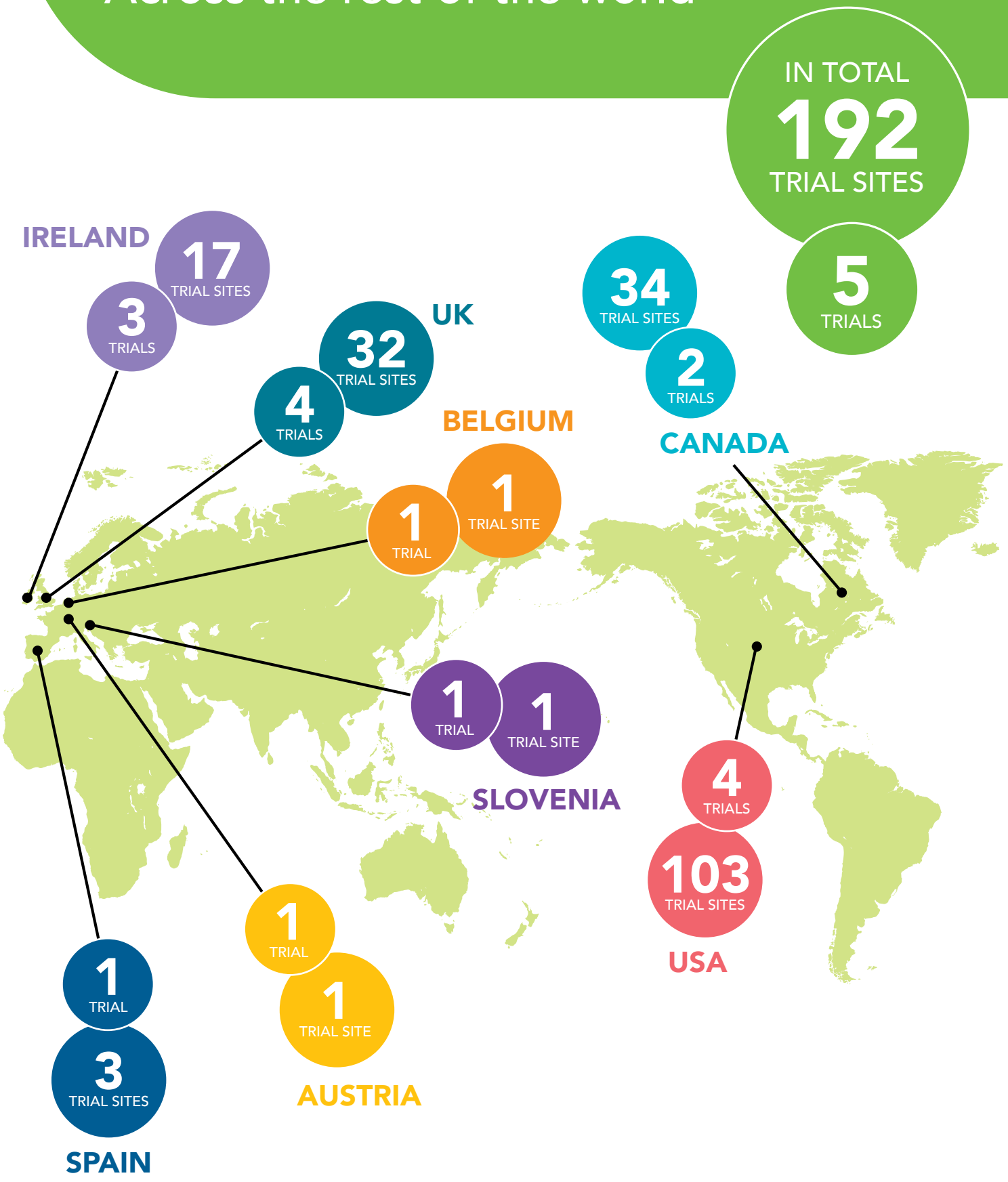
* TRIALS IN FOLLOW UP

CO-BADGED STUDIES

*As at 31 March, 2026

Participating Centres

Across the rest of the world



*As at 31 March, 2026

ANZUP 2025-26 Key Statistics

NUMBER OF MEMBERS

AS AT 31 MARCH 2026 ANZUP HAD 2,703 MEMBERS, A 172% INCREASE SINCE 2016.

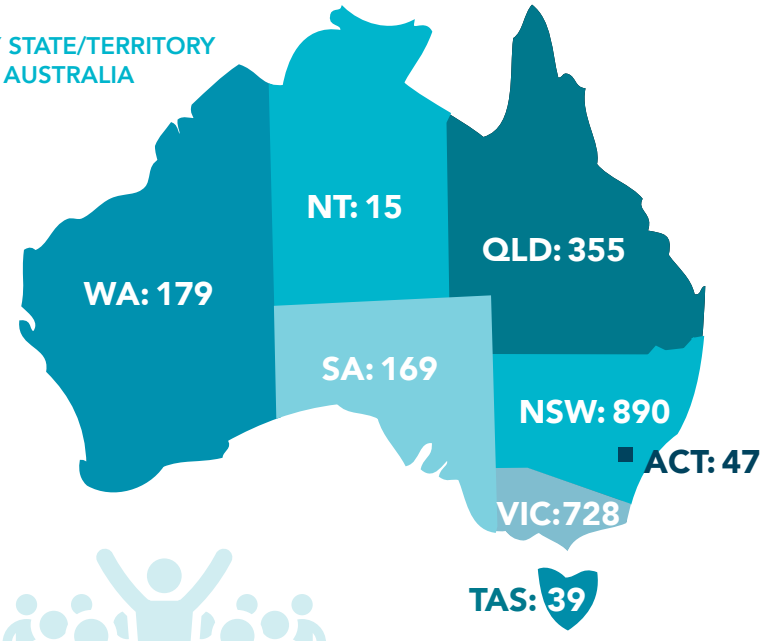
172%
since 2016

MEMBERSHIP DISTRIBUTION

2,422 TOTAL MEMBERS IN AUSTRALIA

281 TOTAL MEMBERS ACROSS THE REST OF THE WORLD

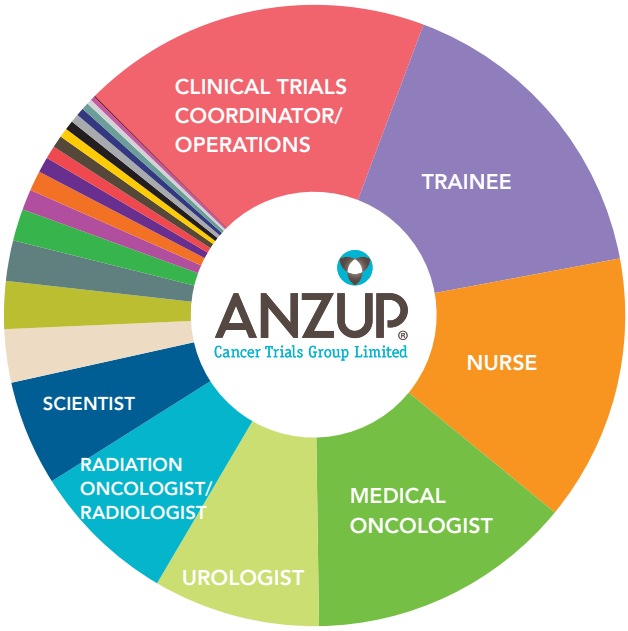
BY STATE/TERRITORY IN AUSTRALIA



ARGENTINA	1	JAPAN	1
BELGIUM	3	KENYA	1
CANADA	13	KOREA	1
CHINA	1	NEPAL	1
DENMARK	1	NEW ZEALAND	149
ETHIOPIA	1	PAKISTAN	1
FRANCE	1	PHILLIPINES	1
GERMANY	3	SINGAPORE	5
HONG KONG	1	SPAIN	2
INDIA	12	SWEDEN	1
MALAYSIA	28	SWITZERLAND	2
INDONESIA	2	TURKEY	1
IRAN	4	UK	10
IRELAND	9	US	25

MULTIDISCIPLINARY MEMBERSHIP

Clinical Trials Coordinator/Operations	18.20%
Trainee	16.35%
Nurse	13.87%
Medical Oncologist	13.84%
Urologist	8.69%
Radiation Oncologist/Radiologist	7.58%
Scientist	5.48%
Other	2.77%
Nuclear Medicine	2.48%
Student	2.11%
Health Ecomonics	1.66%
Supportive Care and other	1.07%
Researcher	1.04%
Pathologist	0.81%
Psychologist/Psychiatrist	0.67%
Fellow	0.63%
Pharmacist	0.48%
Epidemiologist	0.48%
Statistician	0.44%
Exercise Physiologists	0.41%
Endocrinologist	0.37%
Surgical	0.26%
Dietitian	0.22%
GP	0.07%



39

ANZUP LED & COLLABORATIVE **CLINICAL TRIALS** (2025/2026)

10,000+

ANZUP **TRIAL PARTICIPANTS** SINCE 2008

480

2025 ANZUP ANNUAL SCIENTIFIC MEETING (ASM) **DELEGATES**

2025 FELLOWSHIPS, SCHOLARSHIPS, AWARDS

88

TOTAL AWARDS IN 2025

4 BELOW THE BELT AWARDS

5 BEST OF THE BEST AWARDS

41 STUDY COORDINATOR SCHOLARSHIPS

38 EDUCATION FELLOWSHIPS

Chair's Report

BY IAN DAVIS,
DIRECTOR AND CHAIR OF
THE ANZUP BOARD

ANZUP "FAMILY" AT ASCO GU, SHOWCASING ANZUP'S RESEARCH ACHIEVEMENTS ON THE GLOBAL STAGE.

IAN DAVIS

I am honoured to present to you on behalf of the Board the ANZUP Cancer Trials Group Limited Annual Report for 2025-2026.

This has been another extraordinary year for ANZUP. We have implemented our new strategic plan, incorporating our mission to **improve the lives of people affected by bladder, kidney, testicular, penile, and prostate cancers**; with a vision of **"Living life without fear of cancer."** This vision was carefully thought through. Cancer is not something that can be defeated with glib statements and unobtainable goals, although the work of ANZUP and many other organisations has made great advances towards improving cancer outcomes. To say we want to remove the scourge of urogenital cancers from the world might be admirable, but it disrespects those already affected by these cancers and who might be destined to die or have their lives transformed by them. Improved treatments for cancer are important, but even more important is to recognise the effects of these cancers and to have a holistic approach towards improving life for those affected by them. ANZUP seeks to reduce the burden of these cancers at all levels: improved life span; improved quality of life; improved understanding of why cancers behave why they do; informed approaches to improving treatment; productive engagement of all involved in the research and care of these cancers; and better support for all people affected by them, including all those we love.

IAN DAVIS, CHAIR OF ANZUP, AT #ANZUP25 ASM – A MAJOR FORUM BRINGING PEOPLE TOGETHER TO IMPROVE THE LIVES OF THOSE AFFECTED BY BELOW THE BELT CANCERS.

Our values underpin all we do.

The core values are used to help with the team's performance evaluation as part of the appraisal process held annually. More importantly by living these values at work they continue to build our:

COMMITMENT to our mission.

COLLABORATION with community, our people and other groups to achieve our goals.

INTEGRITY in everything that we do.

RESPECT for others.

AGILITY in being able to embrace innovation and run with new opportunities effectively.

Our strategic plan consists of four pillars, and the ANZUP team continues to deliver against all of these very effectively.

Cancer Research is our core business, and encompasses the clinical trials and integrated translational research we undertake to generate the evidence we need to improve outcomes.

Reach and Relevance relates to our position as a world-leading cancer research organisation in this field, and ensures we meet the needs of those most in need.

Capacity Building and Sustainability provides the necessary support for our systems and allows us to plan ambitious stretch targets for future work, while engaging and supporting our membership.

People and Partnerships is about supporting our teams, members and stakeholders, leveraging new and existing partnerships, and making sure that ANZUP continues to be relevant and impactful for many years to come.

Our measures of success are linked to the pillars of our strategic plan, and include metrics around the number and types of trials and related research projects we undertake; our effects on health care policy and practice, and upon health outcomes; our ability to support our current and planned projects, leveraging external funding opportunities but with increasing independence; and ensuring we look after our people and those with whom we work and whom we serve.

The Board monitors these processes carefully, and I am pleased to report that ANZUP is meeting all targets or is well on its way to doing so. Some require ongoing system change for success, and we continue to work with our stakeholders and partners to meet these requirements.

ANZUP is a not-for-profit company and a registered charity in all Australian states and territories and in New Zealand. It continues to grow in size and scope, and its activities continue to be highly impactful. We are subject to the requirements of the Australian Charities and Not-for-Profits Commission, and must meet all our legislated requirements including financial viability. You will find detailed financial reports elsewhere in this Annual Report. The bottom line is that the company is doing well; is able to pay its debts as and when they fall due; and has a viable strategy for growth and sustainability, including ambitious targets for financial independence.

We often refer to ANZUP as a "family." I believe this is accurate. I work with ANZUP staff, its executive team, the Board, volunteers, members, and patients and their families, all of whom contribute selflessly and with amazing generosity to support a community that is unique.

We have already made substantial differences for the better, with many more trials and other research projects approaching maturity and readiness for translation into practice. The ANZUP staff are highly capable and productive. The Board is effective, insightful, experienced, and unafraid to provide critical input when needed. Our patients willingly participate in our trials, knowing that the outcomes might be of most benefit for people other than themselves. Our volunteers turn up, and do what has to be done, with enormous cheerfulness and energy. We are blessed at every level of our organisation to have expert and lived experience input from our Consumer Advisory Panel, which helps keep our vision clear and our focus sharp. I cannot think of anywhere I would rather be.

This Annual Report is filled with stories and examples of how ANZUP is making a positive difference for people affected by these "below the belt" cancers. You will see snapshots of our activity, and have a sense of where we are heading. You will see how effectively the company has been managed, and the plans we have for sustainable expansion. You will understand that we are not satisfied, and will not be until we finally achieve our vision of helping people to live their lives without fear of these cancers.

I commend to you this 2025-2026 Annual Report of ANZUP Cancer Trials Group.

Ian Davis,
Director and Chair of the ANZUP Board

CEO's Report

BY SAMANTHA OAKES,
CHIEF EXECUTIVE OFFICER,
ANZUP

SAMANTHA OAKES

At ANZUP, everything we do starts with a clear purpose: improving the lives of people affected by bladder, kidney, testicular, penile and prostate cancers. Our vision; Living Life Without Fear of Cancer, is more than words on a page. It guides our decisions every day, shaping the clinical trials we lead, the partnerships we grow, and the way we engage with our everyone.

Now in my second year as CEO, I continue to be awed by the people who make up the ANZUP family, our members, consumers, staff and the wider community. Their passion, generosity and commitment to better outcomes for patients is something I witness every day. It inspires and motivates me, and reinforces just how important our work is.

One of the highlights of the past year was the launch of our new three-year Strategy in April. From the outset, it was important to me that this strategy reflected a truly co-designed approach. I'm deeply grateful to everyone who contributed, especially our Consumer Advisory Panel. Their insights ensured that the real experiences of people affected by cancer remain at the heart of our priorities.

This strategy sets out a clear path forward and everything we do anchors back to our work as we continue to advance our mission and move closer to our vision. Grounded in our values of Commitment, Collaboration, Integrity, Respect and Agility it focuses on four key areas: Cancer Research; Reach and Relevance; Capacity Building and Sustainability; and People and Partnerships.

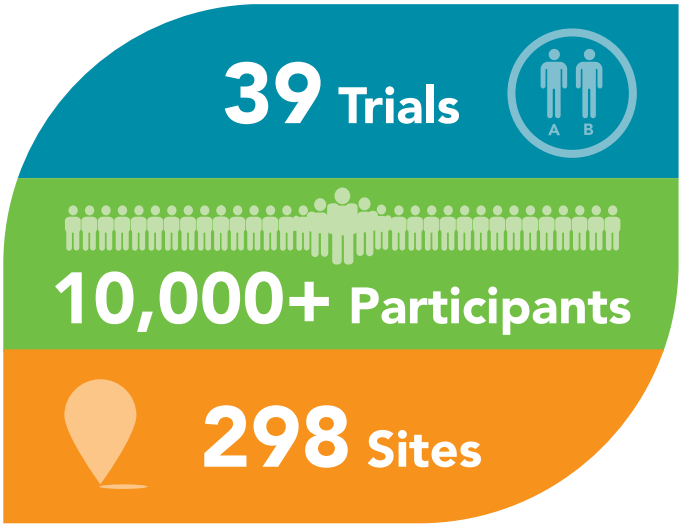
What excites me most is seeing this strategy come to life. Every day, our team and collaborators are turning these priorities into action driving research forward and delivering meaningful outcomes for people affected by below-the-belt cancers.

Cancer Research

At the heart of ANZUP's work is a continual focus on delivering high-quality, practice changing clinical trials that lead to better outcomes for people affected by below-the-belt cancers. Every study we undertake is designed with one clear goal in mind and that is to help people live longer, live better, and face their diagnosis with greater confidence and hope, living life without fear of cancer.

Across prostate, kidney, bladder, testicular and penile cancers, ANZUP brings together multidisciplinary teams of clinicians, researchers and consumers to develop innovative approaches to care. From cutting-edge therapies such as nuclear medicine and immunotherapy to advances in supportive care, our research continues to push boundaries with not only improving survival, but also enhancing quality of life for patients during and beyond treatment.

The scale and impact of this work continues to grow, and it is something I am immensely proud of. Our portfolio now spans 39 clinical trials across various stages of development, recruitment and follow-up, with more than 10,000 participants involved across 298 sites globally. Behind these numbers are individuals and families whose contributions are helping to reshape cancer care not just here in Australia and New Zealand, but around the world. I extend my sincerest thanks to all participants and their families who contributed to this research.



THE 2025 ANZUP ASM WAS HELD IN SYDNEY

This year, we saw significant momentum across our research program, with six ANZUP-led trials and one co-badged study actively recruiting, alongside a strong pipeline of trials progressing through follow-up and development. Just as importantly, we achieved a number of meaningful milestones that are already influencing clinical practice and offering new options to patients.

From simpler and more accessible treatment approaches for bladder cancer, to more effective therapies for those at highest risk, our research is delivering real change. Landmark prostate cancer studies such as ENZAMET, ENZARAD, EVOLUTION and ENZA-p are redefining treatment pathways demonstrating improved survival and better quality of life, particularly for those with advanced disease. In kidney cancer, trials like KEYPAD are exploring powerful new combinations that bring together immunotherapy and re-purposed bone protection agents to improve outcomes. In testicular cancer, the CLIMATE study is paving the way for more personalised care, with the potential to reduce unnecessary treatment by better predicting whether some cancers are more likely to come back after treatment.

We are also continuing to invest in the future of cancer care, including a groundbreaking first-in-human theranostics program an important step toward more targeted and precise treatments.

Our impact is not confined to our region. Through strong international collaborations on studies such as ENZAMET, ENZARAD and DASL-HiCAP, ANZUP researchers are playing a leading role on the global stage. These partnerships ensure that our patients have access to world-class research and that our findings contribute to improving care worldwide.

What excites me most is seeing how this work translates into real-world impact new standards of care, better treatment options, and ultimately, better outcomes for the people we serve. That is what drives us, and that is what will continue to guide our work in the years ahead.

Reach and Relevance

Ensuring our research doesn't just exist, but is understood, valued and accessible, is a priority I care deeply about. At ANZUP, we know that great science only has real impact when it connects with people and when it's shared in a way that resonates, informs and empowers. Telling the story behind our research why it matters, who it helps, and how it changes lives is just as impactful as the science itself.

Ensuring that our clinical research reaches people where they are is an essential aspect of our strategy to improve equitable access to life improving treatments. Over the past year, our clinical trials have been active across 21 rural and regional sites, with 145 patients either recruited or in follow-up. This is something we are incredibly committed to. Access to clinical trials shouldn't depend on your postcode, and expanding our reach into regional communities is critical to improving equity and ensuring more people can benefit from the latest advances in care.

Central to keeping our work relevant is the voice of consumers. Our Consumer Advisory Panel (CAP) continues to play an integral role across ANZUP bringing lived experience into our Scientific Advisory Committee (SAC), subcommittees, Idea Generation Workshops and our Annual Scientific Meeting. Their perspective is incorporated into the very inception of ideas and ensures the research we pursue reflects what truly matters to the people we serve. This is how we make our science meaningful.

Bringing the healthcare community together is another important part of this story. Our Annual Scientific Meeting is a highlight each year and not just as a forum for sharing results, but as a space for connection, collaboration and inspiration. In 2025, we welcomed 480 delegates to Sydney, with 77 abstracts presented and contributions from 90 national speakers alongside an outstanding international faculty. Along with our other meetings and events throughout the year, these gatherings help spark new ideas, strengthen partnerships and ultimately drive better outcomes for patients.

We also continue to find new ways to share our work more broadly. Whether it's through our Monthly Trial UPdate, trial-specific communications, our website, or social media, we are constantly looking at how we can better communicate the progress and impact of our research. Our growing online community now close to 9,000 followers and gradually growing, reflects a genuine appetite for clear, accessible information about cancer research and what it means for patients and families.

For me, this is what reach and relevance is all about making sure our work is not only world-class, but also understood, shared and felt by the people who need it most.

Capacity Building and Sustainability

Delivering complex, world-class clinical trials doesn't happen by chance it takes the right capability, the right partnerships and a strong, sustainable foundation. Building and maintaining that foundation is something we are deeply committed to as an organisation.

Over the past year, we've continued to strengthen how we operate refining our systems, investing in our people, and ensuring we have the governance and structure in place to support a growing and increasingly ambitious research program. I'm incredibly grateful to our Board, who provide thoughtful oversight and ensure we continue to operate with integrity, transparency and accountability as we grow.

Sustainability is also about partnership, and we are fortunate to have the support of many who believe in what we do. Ongoing funding from the Australian Government through Cancer Australia's Support for Cancer Clinical Trials Program provides critical infrastructure that underpins our work, and plays an important role in expanding access to trials particularly for people in regional, remote and underrepresented communities.

At the same time, we are continuing to build greater independence through diversified funding, including philanthropy and community support. I want to sincerely thank our corporate partners, sponsors and donors who make this work possible, and in particular acknowledge our long-standing partnership with the Prostate Cancer Foundation of Australia.

What always stands out to me is the power of our community. Fundraising initiatives like the Below the Belt Research Fund, supported through campaigns such as the Sydney Sock Project and Gifts in Wills, have now contributed more than $2 million toward early-stage research. That seed funding is critical it's what allows bold new ideas to take shape and ultimately become the trials that change practice and improve patient outcomes.

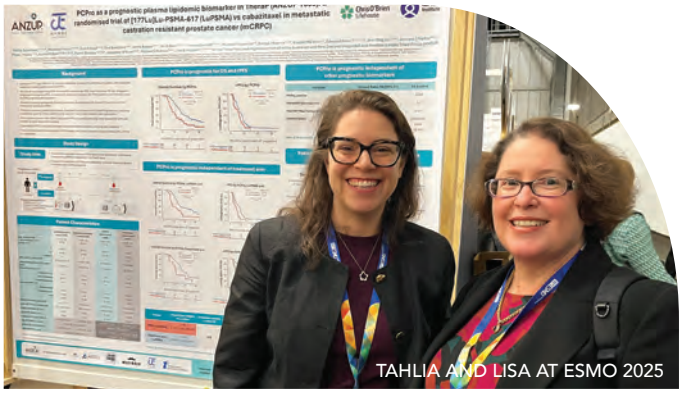
Looking ahead, one of the most important investments we can make is in people. Supporting the next generation of clinical trial leaders is something I'm incredibly passionate about. Through our fellowships, mentoring, workshops and education programs, we are helping early-career researchers build the skills, confidence and networks they need to lead the breakthroughs of tomorrow.

This year alone, we saw that future in action through our Ideas Generation Workshops, where new ideas are challenged, refined and strengthened through collaboration. We also expanded this thinking internationally, and promoted the NZ in ANZUP by hosting our first New Zealand workshop, an exciting step in recognising the unique opportunities to grow impactful research across the region.

And just as importantly, we continue to create spaces for learning and connection across the clinical community. From our Best of GU Oncology Symposium to the Kidney Cancer Masterclass, and our engagement across the Asia-Pacific region, these moments of knowledge-sharing and collaboration are essential. They bring people together, spark new thinking, and ultimately strengthen our ability to deliver better outcomes for patients.

For me, capacity building and sustainability isn't just about infrastructure or funding, it's about creating an environment where great ideas can thrive, where people feel supported to lead, and where we can continue to deliver meaningful impact, well into the future.

ITSC MEETING AT ASCO GU 2025



TAHLIA AND LISA AT ESMO 2025

People and Partnerships

ANZUP's greatest strength has always been its people and the partnerships that make our work possible. It's something I feel incredibly proud of every day.

Our multidisciplinary community continues to grow, bringing together clinicians, researchers and healthcare professionals from across medical oncology, urology, radiation oncology, nursing, imaging, psycho-oncology and translational science. With more than 2,700 members across seven subcommittees, ANZUP is a vibrant, collaborative network where ideas are shared, challenged and strengthened. Through a full calendar of educational and networking opportunities, I continue to see new connections forming and collaborations emerging that will shape the future of cancer care.

This year also marked an exciting new chapter for ANZUP, with our move into the UNSW Health Translation Hub in Randwick. Being part of this collaborative environment, alongside The George Institute for Global Health, has opened up new opportunities to deepen our impact. The shared expertise and resources available to us including our dedicated research and development team are already strengthening our pipeline of clinical trials and enabling new collaborations to take shape. It's a tangible example of how the right partnerships can accelerate innovation and deliver better outcomes for patients.

Collaboration sits at the heart of everything we do. Over the past year, we have continued to work closely with leading research institutions and clinical trial groups across Australia and beyond. From long-standing partnerships with the NHMRC Clinical Trials Centre through to collaborations with organisations such as WEHI, the George Institute for Global Health, Hunter Medical Research Institute and Icon Group, as well as co-badged trials with Peter MacCallum Cancer Centre, TROG and others these relationships are critical. They allow us to bring together world-class expertise, share knowledge and deliver research that has real impact, both nationally and internationally.

What inspires me most, though, is the people behind all of this. I am constantly energised by the passion, generosity and commitment of the ANZUP community. I feel particularly fortunate to work alongside our Chair, Professor Ian Davis, whose leadership and dedication truly embody our values. I would also like to acknowledge our Board, and our exceptional executive leadership team, whose drive and commitment ensure that we continue to deliver at the highest standard.

Together, we are part of something meaningful. We are advancing research, strengthening partnerships, and working towards a future where people live longer, healthier lives without fear of cancer.

It is my great pleasure to present ANZUP's 2025/2026 Annual Report to you.

Professor Samantha R. Oakes
Chief Executive Officer, ANZUP

Subcommittee	Total Members								
	2018	2019	2020	2021	2022	2023	2024	2025	2026
Prostate	442	493	531	579	668	724	730	759	785
Bladder Urothelial and Penile	302	335	367	395	423	459	449	467	470
Germ Cell	190	209	230	246	264	289	273	283	286
Renal	274	305	331	349	378	410	417	425	424
Translational				191	222	244	249	264	270
Quality of Life and Supportive Care					247	260	239	252	257
Imaging and Theranostics							44	68	78

*Figures from March each year
** Some members serve on multiple subcommittees.


THE 2025 ESMO ANZUP TEAM


ASCO 2025

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.

Research Governance

Scientific Advisory Committee

IAN DAVIS,
CHAIR

SCOTT WILLIAMS,
DEPUTY CHAIR

The medical and scientific landscape for cancer is constantly changing. New discoveries and insights lead to new treatments and approaches that can be transformative for people affected by cancer. The often-slow pace of clinical trials research makes it challenging to keep ahead of the field and to ensure that research questions remain relevant when they are answered many years after first being asked. ANZUP has an excellent track record in asking and answering such questions, due in no small part to its scientific community and its care to devise clinical trial questions that can result in measurable and positive change.

The ANZUP Scientific Advisory Committee (SAC) is the scientific "engine room" of ANZUP. It is constituted to ensure that ANZUP is advised by a broad multidisciplinary group able to provide insight and guidance across a range of clinical and research areas. This team provides leadership and scientific direction to ANZUP to help it set its priorities and future directions.

The SAC is a mechanism to keep ANZUP focussed on its mission and to use its resources wisely. No individual will be able to keep abreast of the scientific advances that are current or imminent in all fields; however, the SAC allows all of this information to be brought together and considered effectively.

The ANZUP SAC comprises four disease-specific subcommittees: Prostate, Renal, Germ Cell, and Bladder / Urothelial / Penile. There are also three non-disease-specific subcommittees: Quality of Life and Supportive Care, Translational Research, and Imaging and Theranostics. Membership of the SAC also includes relevant medical disciplines, nursing, quality of life expertise, statistics, basic science, translational research, epidemiology, and international representation including New Zealand expertise. The Consumer Advisory Panel has critical input and expertise at all levels of ANZUP including at the SAC, ensuring that the needs and priorities of the wider community are heard, considered, and incorporated into all of our activities and research; and that ANZUP is able to maintain effective two-way communication with all of its stakeholders.

ANZUP Scientific Advisory Committee (SAC)

Guiding ANZUP's research priorities through expert collaboration and consumer partnership

***Disease-Specific** Subcommittees*

- Prostate Cancer
- Renal Cancer
- Germ Cell Cancer
- Bladder / Urothelial / Penile Cancer

***Cross-Cutting** Subcommittees*

- Quality of Life and Supportive Care
- Translational Research
- Imaging and Theranostics

Multidisciplinary Expertise

Clinical Specialists · *Nursing* · *Quality of Life Expertise* · *Statistics & Epidemiology* · *Basic Science & Translational Research* · *International Representation*

Consumer Advisory Panel

Providing critical input across all levels of ANZUP

- Ensuring community priorities are heard and incorporated into research activities
- Supporting effective two-way communication with stakeholders.

The various subcommittees meet regularly to discuss scientific matters relevant to their fields and to oversee conduct of ANZUP research. Part of this includes annual Ideas Generation Workshops for each committee, which result in a wealth of ideas at different stages of maturity, many of which go on to become fully-fledged ANZUP trials. The SAC plays a key role in assessing these projects and providing guidance on prioritisation of use of ANZUP resources.

The SAC meets virtually three times per year, and has an annual face-to-face meeting at the Annual Scientific Meeting. These meetings include review of ongoing projects, planning for future projects, and strategic discussions about ANZUP's research priorities with advice for the Board and the executive. Occasionally matters arise that require a swift response from ANZUP while still requiring consultation and broad input. The SAC executive comprises the ANZUP Board chair, Board deputy chair, SAC chair, subcommittee and Consumer Advisory panel chairs, ANZUP CEO, and ANZUP clinical trials project manager. These people are able to be called upon at short notice to provide input allowing ANZUP to respond in short time frames for time-critical opportunities or other strategic matters important for delivering on our mission.

ANZUP aims to be inclusive. Any ANZUP member is able to participate in ANZUP activities, including in leadership roles. Many members prefer simply to be notified about ANZUP activities and to be kept in the communication loop. Others participate actively in committees or other ANZUP functions. We are grateful for all levels of contribution, and we do not want any member to feel overlooked or under-appreciated. Please let the ANZUP team know if you wish to be added to any committee or other activity.

Ian Davis
Chair, ANZUP Scientific Advisory Committee

Leadership, Mentorship and Education

Leadership, mentorship and education continue to be core strengths of ANZUP, supporting the development of future leaders and strengthening our research capacity.

A key initiative this year has been the implementation of the Assistant Chairs Program. This program provides emerging leaders with structured opportunities to work alongside Committee Chairs, contributing to governance, coordination, and strategic priorities while building practical leadership experience. It also strengthens succession planning by developing a clear pathway into future Chair and senior leadership roles.

Through this initiative, ANZUP is building leadership capability across the organisation, enhancing collaboration and supporting the delivery of high-quality, impactful clinical research.

Our Research Impact

Bladder Urothelial and Penile Cancer


DICKON HAYNE, CHAIR


ANDREW WEICKHARDT, DEPUTY CHAIR


ALISON ZHANG, ASSISTANT CHAIR


LUKE GRUNDY, ASSISTANT CHAIR

Bladder cancer is a common cancer in Australia and New Zealand. Men are three times more likely to get it, with around 2,960 males and 920 females expected to be diagnosed in Australia and New Zealand in 2025. Unfortunately, despite advances in research, the survival rates of those affected by this disease remain poor, with only 57% of people affected by bladder cancer expected to survive five years after diagnosis. Therefore, new therapeutic strategies for bladder cancer are desperately needed.

Urothelial cancer is the most common type of bladder cancer that begins in the lining of the urinary tract and involves the bladder, as well as the tubes that connect the kidneys to the bladder (ureters), and the part of the kidney that collects urine.

Penile cancer is a rare cancer affecting only around 200 Australian and New Zealand people every year and starts in the skin or tissue of the penis. Around 72% of people diagnosed with penile cancer will survive 5 years after their diagnosis.

More research is needed to advance the outcomes of those affected by bladder, urothelial, and penile cancers and the BUP Subcommittee is pleased to report the following key achievements.

A Faster and Simpler Bladder Cancer Treatment: The G-DISCO and G-DISCOTEQ Studies

BCG (Bacillus Calmette-Guérin) is a treatment that stimulates the body's immune system inside the bladder to help stop bladder cancer from coming back or getting worse. It is commonly used for people with intermediate and high-risk non-muscle invasive bladder cancer and can delay the cancer progressing to a more advanced stage. It can also reduce the need for major surgery to remove the bladder.

However, BCG doesn't work for everyone. Some people are not suitable for it, some do not respond, and others may choose not to have their bladder removed even if the cancer returns. For these patients, doctors often recommend a combination of two chemotherapy drugs, gemcitabine followed by docetaxel, delivered directly into the bladder. This approach can reduce the risk of the cancer coming back.

At the moment, these drugs are given one after the other. Each drug needs to stay in the bladder for about two hours. This means treatment can take around five hours in total, which is demanding for patients and places pressure on healthcare services.

The G-DISCO (ANZUP2403 G-DISCO - Gemcitabine-Docetaxel Intravesical instillation Synchronous CO-administration) study tested whether two chemotherapy drugs, gemcitabine and docetaxel, can be safely delivered together in a single treatment directly into the bladder. The aim of the study was to shorten treatment time, reduce the burden on patients and the health system, and keep the treatment just as effective.

Participants received the treatment once a week for six weeks and were closely monitored for side effects and how well the cancer responds. By simplifying how the treatment is delivered, this trial aimed to maintain those benefits while improving the overall patient experience and minimise the potential occupational exposure during drug administration.

The first-in-human trial was presented at the 2026 European Association of Urology Congress and showed that delivering these two chemotherapy drugs was feasible, safe, and well-tolerated with more than three quarters of people with high-grade bladder cancer surviving to their three-month milestone. These encouraging results have supported the establishment of a larger trial, G-DISCOTEQ, which was awarded ANZUP discretionary funding to test this treatment approach in a larger number of patients. If successful, results of this trial could support the establishment of this method of drug delivery as an effective alternative to delivering the drugs one-by-one, helping them spend less time in treatment and more time living their lives.

What this means for the patient:

Together, these studies aim to deliver a more efficient, patient-friendly treatment option for people with bladder cancer, improving the treatment experience while maintaining clinical outcomes.

DR KEVIN KEANE PRESENTED FIRST-IN-HUMAN DATA FROM THE G-DISCO STUDY AT THE 2026 EUROPEAN ASSOCIATION OF UROLOGY CONGRESS.

A More Effective Option for High-Risk Bladder Cancer: The BCG+MM Study

Non-muscle invasive bladder cancer is common and can significantly affect quality of life. Even with the best available treatment, more than 30% of people with high-risk tumours will need their bladder removed or treated with radiation within five years, highlighting the urgent need for better treatment options.

Early research suggested that adding mitomycin (a chemotherapy drug) to standard BCG treatment (Bacillus Calmette-Guérin, a therapy that stimulates the body's immune system to attack cancer cells in the bladder) could improve outcomes.

To test this properly, ANZUP conducted a large randomised clinical trial comparing BCG alone with BCG plus mitomycin. The study looked at whether the treatment could delay the time for the cancer to get worse, overall survival, side effects and quality of life, with the aim of finding a treatment that is both more effective and affordable.

The BCG+MM (ANZUP 1301) trial recruited 501 patients from across Australia and one site in the UK.

Prof Dickon Hayne presented the overall survival results of the BCG+MM study at ASCO 2025 in Chicago, and key quality-of-life findings at the 2026 Annual EAU Congress. The results, published in European Urology in February 2026, provide important insights for people with high-risk non-muscle invasive bladder cancer.

What is the BCG+MM trial?

BCG (Bacillus Calmette-Guérin): A treatment for bladder cancer made from a tuberculosis vaccine.

MM (Mitomycin): A chemotherapy drug used directly in the bladder.

The Trial: Tested whether combining the two could be more effective than BCG alone.

The Results: Showed the combination had similar efficacy and safety to BCG alone, and allowed more patients to finish treatment – while using less BCG (important because of a global shortage).

PROF DICKON HAYNE PRESENTED RESULTS FROM THE BCG+MM STUDY AT EAU26.

The study showed that BCG+MM works just as well as BCG alone, but with a lighter treatment burden for patients. More people were able to complete their treatment with fewer interruptions, and quality-of-life outcomes were similar. Side effects were comparable, with serious side effects mainly related to BCG itself. Notably, BCG+MM requires 39% fewer BCG doses, making the treatment easier and more manageable for patients.

What this means for the patient:

These findings are especially important during a global shortage of BCG. By safely reducing the number of BCG doses needed, this approach could help expand access to treatment and ensure more patients receive the care they need.

The impact of this trial continues beyond the main results. Looking to the future, the team is:

- Building a tissue bank from the BCG+MM trial, with tumour samples collected from around 70% of participants so far.
- Collaborating with Valar Labs to use artificial intelligence to help predict which patients will benefit most from combination therapy versus BCG alone.
- Planning additional research projects using these samples to support more personalised, targeted treatment for people with high-risk bladder cancer.

An exciting next step in our innovative bladder cancer research program has been opened: SUBDUE-3

SUBDUE-3 builds on SUBDUE-1, an earlier study in which the immunotherapy drug durvalumab was injected directly into the bladder wall (called sub-urothelial injection) in patients who were already scheduled to have their bladder surgically removed (cystectomy).

Results from SUBDUE-1 showed that this approach was:

- Feasible: the treatment could be safely delivered
- Safe: no immune-related side effects were observed
- Biologically active: the injection triggered a measurable immune response in the tumour

SUBDUE-3 takes this work further. In this new study, durvalumab is labelled with a small amount of Zirconium, allowing it to be tracked using PET (Positron Emission Tomography) scans. After being injected around the bladder (as in SUBDUE-1), patients will undergo a series of PET scans and blood tests to see exactly where the drug travels locally in the bladder, in nearby lymph nodes, and throughout the body.

What this means for the patient:

This research helps us better understand how locally delivered immunotherapy spreads, and the immune system responses it triggers in the body. It also provides critical insights into how the drug is distributed and how much of it reaches different areas of the body. Together, these findings may help guide the development of more targeted immunotherapy treatments in the future, with the potential to reduce side effects while maintaining effectiveness. Opening the study is a major milestone and an exciting step forward for translational bladder cancer research.

Kidney (Renal) Cancer

CRAIG GEDYE,
CHAIR

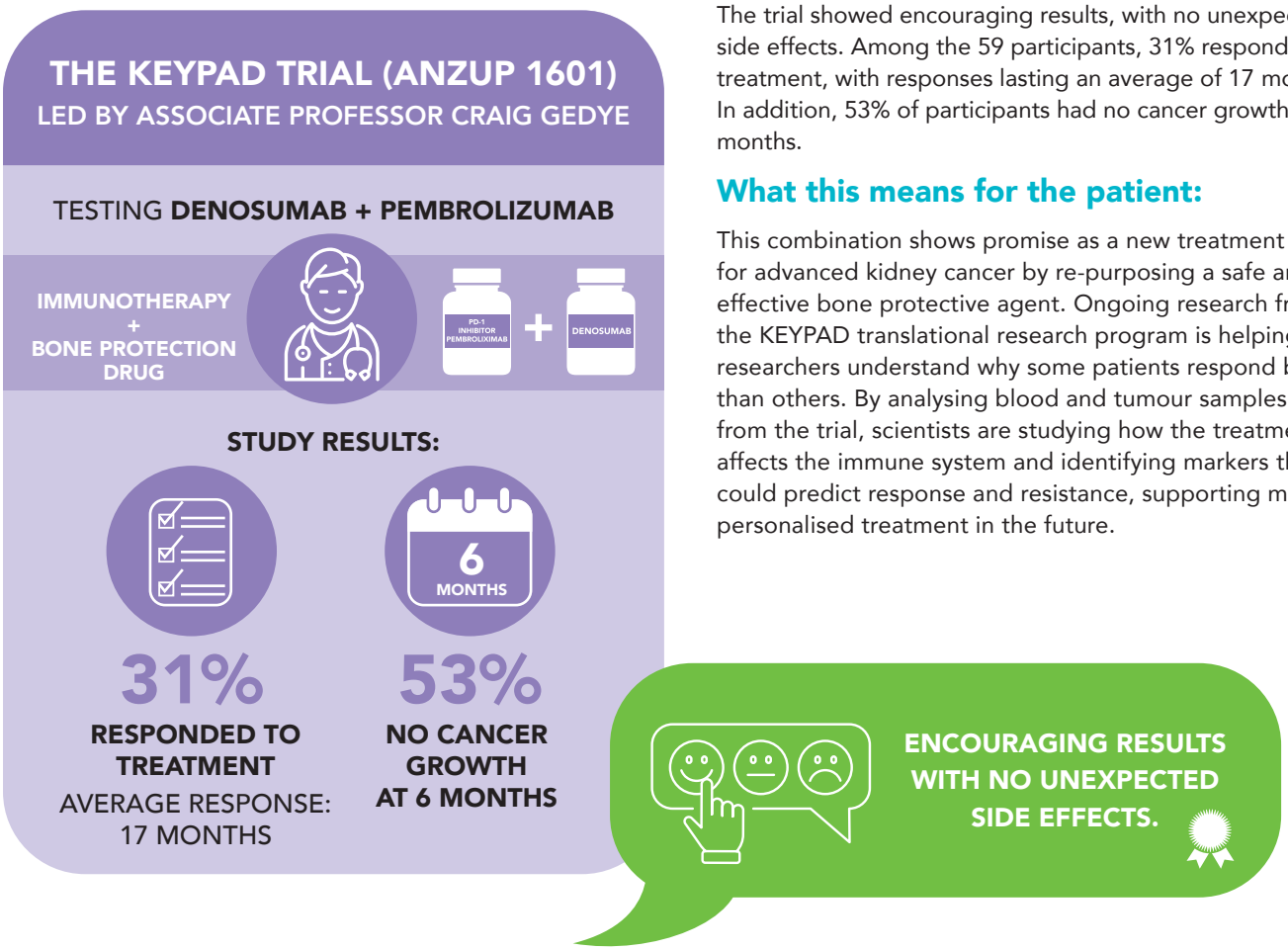
DAVID POOK,
DEPUTY CHAIR

CAROLE HARRIS,
ASSISTANT CHAIR

AMANDA TAM,
ASSISTANT CHAIR

Renal cell cancer is a disease that begins in the kidneys. Imagine your kidneys as two sophisticated cleaning systems in your body, constantly filtering your blood to remove waste and make urine. Renal cell cancer is what happens when some of the normal cells in your kidney start to grow uncontrollably, forming a lump or tumour. Kidney cancer is a common cancer in Australia and New Zealand, with over 5,550 cases expected in 2025. 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.

The Renal Cell Committee is pleased to share the following key milestones and achievements from the past year.



Repurposing bone protection agents in new combinations with immunotherapy for better kidney cancer outcomes: KEYPAD

A medication commonly used to protect bones may also help the immune system fight kidney cancer.

The KEYPAD (ANZUP 1601) trial, led by Associate Professor Craig Gedye, tested whether denosumab (a commonly used bone protective agent) could enhance the effects of immunotherapy in people with clear cell kidney cancer. The study combined pembrolizumab, an immunotherapy that helps the immune system attack cancer cells, with denosumab, which may also influence immune responses.

The trial showed encouraging results, with no unexpected side effects. Among the 59 participants, 31% responded to treatment, with responses lasting an average of 17 months. In addition, 53% of participants had no cancer growth at six months.

What this means for the patient:

This combination shows promise as a new treatment option for advanced kidney cancer by re-purposing a safe and effective bone protective agent. Ongoing research from the KEYPAD translational research program is helping researchers understand why some patients respond better than others. By analysing blood and tumour samples from the trial, scientists are studying how the treatment affects the immune system and identifying markers that could predict response and resistance, supporting more personalised treatment in the future.

Immunotherapy Helps Delay Kidney Cancer Returning: RAMPART

Surgery to remove the kidney, or part of it, remains the standard treatment for kidney cancer. After surgery, the usual approach is active monitoring, which involves regular check-ups to detect any return of cancer as early as possible.

The RAMPART study (ANZUP1606) is investigating whether immunotherapy can prevent or delay kidney cancer from coming back. The trial is testing durvalumab alone or in combination with tremelimumab as adjuvant therapy after surgery.

What this means for patients:

Key findings presented at ESMO 2025 in Berlin showed that cancer took longer to come back in the group of patients who received the combination therapy, particularly those at highest risk of the cancer relapsing. Safety results were consistent with what is already known about these treatments, and overall health and quality of life were similar to standard monitoring at 15 months.

Further results comparing durvalumab alone to active monitoring were presented at ASCO GU 2026 in San Francisco. Immunotherapy after surgery can help delay the return of kidney cancer. While some patients may notice side effects during treatment, most improve over time. Understanding the potential impacts on daily life alongside the benefits of treatment can help patients make informed choices that are right for them.

The Renal Cell Subcommittee also developed the Outcome of Kidney Cancer Project in collaboration with the Quality of Life (QoL) Subcommittee. For more details, please refer to the QoL Report (p29).

Prostate Cancer

LISA HORVATH,
CHAIR

JARAD MARTIN,
DEPUTY CHAIR (UNTIL
FEBRUARY 2026)

TAHLIA SCHEINBERG,
ASSISTANT CHAIR

Prostate cancer is the most commonly diagnosed cancer in Australia and New Zealand, with more than 28,000 cases expected in 2025. When detected early, outcomes are very good: around 96% of people diagnosed are expected to be alive five years later. These strong survival rates are largely due to ongoing advances in clinical care driven by research. This year, the Prostate Cancer Subcommittee delivered an exceptionally productive program of work, achieving several significant outcomes across multiple studies.

Australian-led global study set to optimise the treatment for patients with high-risk prostate cancer: ENZARAD

When prostate cancer is found early and remains within the prostate or nearby tissues, it is often treated with surgery or radiotherapy. While many people do very well, some cancers can still return or spread to other parts of the body. Researchers are working to find better ways to reduce this risk, without exposing patients to unnecessary side effects.

The ENZARAD trial (ANZUP 1303) was an international, Australian-led study designed to improve outcomes for people with local or locally advanced prostate cancer at high risk of spreading.

All patients received the best available radiotherapy together with hormone therapy (also known as androgen deprivation therapy or ADT), which lowers testosterone levels. Prostate cancer cells rely on testosterone to grow, so reducing it is a key part of treatment.

They were then randomly assigned to receive either:

- A standard, older medication that blocks the remaining low levels of testosterone, or
- Enzalutamide, a newer drug that more strongly blocks male hormones (androgens).

Importantly, everyone (including those on the control arm) received the best standard of care treatment for their prostate cancer.

Prostate Cancer Foundation of Australia

We acknowledge and appreciate the Prostate Cancer Foundation of Australia (PCFA) for its valuable support of our prostate cancer research portfolio.

DR PAUL NGUYEN PRESENTED THE MAIN RESULTS FROM THE ENZARAD STUDY AT ESMO 2025.

The main study results were presented by Dr Paul Nguyen at ESMO 2025 in Berlin. The findings showed that for most patients, adding enzalutamide alongside standard-of-care radiotherapy and hormone therapy did not significantly improve outcomes. This means many people with the earliest forms of prostate cancer will have excellent outcomes with the best standard of care and can safely avoid extra treatment and its potential side effects.

However, for people at the highest risk of their cancer spreading, such as those with cancer already in nearby lymph nodes or those receiving pelvic radiation, adding enzalutamide significantly improved the period of time before the cancer spread or caused death.

These results are important because they help identify who truly benefits from more intensified treatment and who can be spared from additional hormone altering therapies.

What this means for the patient:

The ENZARAD trial is helping move cancer care closer to truly personalised treatment. By matching treatment intensity to a patient's level of risk, we can aim for the best possible outcomes while minimising unnecessary side effects. As the research continues, it will further improve our ability to identify who benefits most from more intensive treatment ensuring patients receive care that is tailored to their individual needs.

EVOLUTION trial results: a new combination approach for advanced prostate cancer

Metastatic androgen pathway modulation resistant (mAPMR) previously known as castration-resistant prostate cancer is an advanced form of prostate cancer that has spread to other parts of the body and no longer responds to standard hormone therapy. Even when testosterone levels are very low, the cancer continues to grow. While it is a very difficult disease to treat, several treatments can help slow the disease and manage symptoms.

The aim of the EVOLUTION (ANZUP 2001) trial was to see if combining the immunotherapies ipilimumab and nivolumab (drugs that activate the body's own immune response to kill cancer cells) can further enhance the anti-cancer effects of ^{177}Lu-PSMA-617 (Lu-PSMA). Lu-PSMA is a type of treatment also known as radionuclide therapy or radioisotope therapy that can be used to treat prostate cancer by bringing radioactive particles directly to the cancer cells killing the cancer cells and breaking up the tumour into small pieces that may be recognised by the body's immune system. Immunotherapies including ipilimumab and nivolumab help activate the immune system to find and attack the cancer. It is thought that ipilimumab and nivolumab and Lu-PSMA may work together to treat prostate cancer and this new treatment combination may lead to shrinkage or stabilisation of previously progressing tumours. The trial recruited 93 people from across Australia.

PROF SHAHNEEN SANDHU REPORTED OVERALL SURVIVAL RESULTS FROM THE EVOLUTION TRIAL AT ASCO 2025.

Prof Shahneen Sandhu reported the overall survival results at of the EVOLUTION trial at ASCO in 2025 which showed the benefits of combining the radioligand therapy Lu-PSMA and immunotherapy (nivolumab and ipilimumab) in hard-to-treat and metastatic androgen pathway modulation (APM)-resistant prostate cancer. Lu-PSMA is now a standard of care for people affected by this disease.

What this means for the patient:

The promising results showed that by 12 months, 33% of participants who received the combination were free of progressive disease compared to 17% if they received Lu-PSMA alone. Now, translational work is ongoing to understand the biology of response and to improve patient selection for this combination treatment.

Extending survival and shaping the future of metastatic prostate cancer: ENZAMET

Enzalutamide is a hormone therapy taken orally in tablet form. Previous trials have shown it improves survival and quality of life in people with prostate cancer that no longer responds to androgen deprivation therapy treatments that lower the levels of testosterone in the body and chemotherapy.

ENZAMET (ANZUP 1304) is a large, international, randomised trial investigating whether adding enzalutamide to androgen deprivation therapy improves outcomes for people starting treatment for newly diagnosed metastatic prostate cancer. The study enrolled 1,125 participants across Australia, New Zealand, Canada, the US, Ireland and the UK.

Multiple ongoing study outcomes from the ENZAMET study were reported internationally throughout the year:

- Long term overall survival outcomes from ENZAMET show that with an average follow-up of eight years, participants treated with enzalutamide had a median overall survival of 8.0 years compared with 5.8 years for standard therapy. While falls and fractures were more frequent with enzalutamide, cardiac and cerebrovascular event rates were similar between groups (ASCO 2025, presented by Dr Alison Zhang) – therefore the addition of enzalutamide significantly prolonged survival with no worsening of quality of life compared to best practice standard of care treatment.
- A newly developed clinical-grade PCPro biomarker assay which can be used as a prognostic biomarker for overall survival and predictive of response to hormonal therapy was shown to be accurate, reproducible, faster and more cost-effective than the provisional research assay. Importantly, it can now be performed in hospital laboratories, supporting future precision therapy trials (ESMO 2025, presented by Dr Rhiannon Mellor).
- A trial simulation examining early docetaxel use found no overall survival benefit when added to enzalutamide in unselected patients. These findings do not support routine early docetaxel use alongside enzalutamide, although further randomised clinical trial evidence is required to confirm these findings (ESMO 2025, presented by Dr Yu Yang Soon).
- A sub-study demonstrated that total tumour volume measured on PSMA PET imaging may help predict progression-free and overall survival in patients receiving enzalutamide, highlighting its potential as a prognostic tool (ASCO 2025, presented by Prof Louise Emmett).
- Blood-based immune and metabolic biomarkers were identified as prognostic for overall survival, advancing understanding of disease biology. However, none predicted response to enzalutamide (ASCO 2025, presented by Prof Lisa Horvath).

- A study that develops and tests an AI tool that analyses tumour samples from the ENZAMET and CHAARTED clinical trials to better predict outcomes and guide personalised treatment for men with advanced hormone-sensitive prostate cancer (ASCO GU 2026, first author Dr Neeraj Agarwal).

What this means for the patient:

This landmark, Australian-led trial demonstrated that adding enzalutamide to standard treatment significantly improves survival for people with metastatic hormone-sensitive prostate cancer. After 8 years, 50% of people who had received enzalutamide were still alive, compared to 40% who received the older standard treatment. The risk of the cancer growing was halved in those who received enzalutamide. This practice changing clinical trial, which has led to widespread and reimbursed access to enzalutamide continues to yield improved overall survival and quality of life and a better understanding of the clinical management of people affected by hormone sensitive prostate cancer.

Landmark ENZA-p study shows a new combination treatment approach improves overall survival and quality of life for people with advanced prostate cancer

The world-first ENZA-p study (ANZUP 1901), led by Professor Louise Emmett, is helping improve treatment for people with advanced prostate cancer. The trial tested whether hormone treatment enzalutamide could improve outcomes for people with high-risk metastatic androgen pathway modulation (APM)-resistant prostate cancer. The study also explored an innovative treatment approach known as adaptive dosing. By using imaging and blood test results to track how patients respond, doctors can better identify who is benefiting from treatment and tailor care to each person.

What this means for the patient:

Results from the ENZA-p trial gained global recognition in 2025 after showing that the combination of Lu-PSMA and enzalutamide helped people with poor-risk metastatic prostate cancer live longer while maintaining quality of life. Professor Emmett presented the findings at the 2025 American Society of Clinical Oncology (ASCO) Annual Meeting in Chicago.

ABOVE: PROF LOUISE EMMETT PRESENTED OVERALL SURVIVAL AND QUALITY OF LIFE FINDINGS FROM THE WORLD-FIRST ENZA-P STUDY AT ASCO 2025.

Further analysis from the study has also shown that measuring total tumour volume using PSMA-PET imaging can help predict how patients will respond to treatment and help with prognostic information for their overall survival. These insights are helping doctors better understand which patients are most likely to benefit from combination therapy.

The full manuscript of the results from the ENZA-p study were published in The Lancet Oncology in July 2025, with a further manuscript accepted for publication in European Urology in March 2026.

Beyond the significant findings from our prostate cancer studies, our research momentum continues to build. Innovative trials such as ANZadapt (ANZUP 2101), GenI-AIRSPACE (ANZUP 2102), and DARO-LIPID (ANZUP 2205) were recruiting during this reporting period, reflecting our ongoing commitment to advancing precision medicine and improving outcomes for people affected by prostate cancers.

Testicular (Germ Cell) Cancer

BEN TRAN,
CHAIR

CIARA CONDUIT,
DEPUTY CHAIR

HETAL DHOLARIA,
ASSISTANT CHAIR

AT ASCO GU 2026, PROF BEN TRAN REPORTED NEW RESEARCH FINDINGS FROM THE CLIMATE STUDY.

Germ cell cancers are uncommon, affecting just over 1,000 people each year across Australia and New Zealand. However, they place a significant burden on the lives of adolescents and young adults who are most often diagnosed. Over the past year, the Germ Cell Subcommittee has continued to make strong progress in advancing research and clinical trials aimed at improving diagnosis, treatment outcomes and quality of life for patients.

A new blood test for predicting testicular cancer recurrence and offer hope for fewer unnecessary treatments: CLIMATE

Testicular cancer is one of the commonest cancers in Australian people aged 15 to 44 excluding non-melanoma skin cancer. In 2025, an estimated 1,040 new cases were diagnosed, with an average age of 36 years old. Those diagnosed with stage 1 testicular germ cell tumour are often treated with surgery alone and then closely monitored through active surveillance. While most will have strong long-term outcomes, around one in four people will see their cancer return within five years. This ongoing uncertainty highlights the need to improve how relapse risk is identified.

New research findings were reported at ASCO GU 2026 from the CLIMATE study (ANZUP 1906), led by ANZUP in collaboration with the Walter and Eliza Hall Institute of Medical Research and Peter MacCallum Cancer Centre.

The findings reveal a simple blood test, measuring the levels of a highly sensitive and specific marker (miR-371) of testicular cancer cells can help predict which people with early-stage testicular cancer are most likely to have their cancer return.

People diagnosed with stage 1 testicular germ cell tumour are often treated with surgery alone and then closely monitored through active surveillance. Some people with high-risk disease will be treated with chemotherapy to prevent relapse. While most men with early-stage testicular cancer have excellent long-term outcomes, around one in four people will see their cancer return within five years. This ongoing uncertainty, and the need to optimise therapy for those that are most likely to benefit, highlights the need to improve how an individual's risk of relapse is identified.

The CLIMATE study investigated a blood-based marker called miR-371, which is released into the bloodstream by testicular cancer cells. The study tested whether miR-371 could detect tiny amounts of residual cancer after surgery, specifically in those with testicular germ cell tumours, following the surgical removal of a testicle.

What this means for the patient:

The interim results showed that miR-371 performed better than the predictive tools that are currently available in predicting those people that are most likely to have their cancer return after initial treatment. With further validation, this test could add a valuable tool to inform the management of early-stage testicular cancer.

Faster Treatment, Same Outcome Goal: How P3BEP Is Improving Results for Young People with Germ Cell Tumours

Germ cell tumours are most commonly diagnosed in adolescents and young adults. The current standard treatment is a chemotherapy combination known as BEP - made up of three medicines (bleomycin, etoposide and cisplatin) which are administered every three weeks. Patients also receive a supportive medication (pegfilgrastim) to boost white blood cells and reduce the risk of infection.

The P3BEP (ANZUP 1302) study is the largest randomised clinical trial, testing whether giving the same chemotherapy more frequently, every two weeks instead of three, can improve outcomes without increasing side effects. This approach, known as "accelerated BEP," aims to deliver treatment more intensively while maintaining safety and tolerability. P3BEP opened in 2014 and is now recruiting at 205 hospitals across Australia, New Zealand, United Kingdom and USA.

In February 2026, Professor Ben Tran presented a poster at ASCO GU, sharing progress from this important international phase 3 trial comparing accelerated and standard BEP chemotherapy for people aged 11-50 years with metastatic germ cell tumours. This Trial-In-Progress poster showed that P3BEP is steadily approaching its recruitment goal (407/500 participants), with the final analysis expected in 2029.

What this means for the patient:

The results of P3BEP will provide robust evidence of whether accelerated BEP is of advantage in the treatment of advanced germ cell tumours. If the trial shows that accelerated BEP is superior then it may change standard of care, reduce treatment burden for patients, improve cure rates, and reduce the need for toxic salvage treatment.

iTestis: Uniting Patient Data to Improve Care for Testicular Cancer

The iTestis platform is helping doctors and researchers across Australia better understand testicular cancer and other rare germ cell tumours, cancers that usually start in the testis but can, in rare cases, develop in other parts of the body.

Funded through ANZUP's Below the Belt research fund, iTestis is a secure, easy-to-use online database that brings together up-to-date information about people diagnosed and treated for germ cell tumours. By collecting this information in one place, researchers can identify patterns, track outcomes, and learn what treatments work best.

From 2025, iTestis has been recruiting participants across five Australian states and territories, with plans to expand to more sites this year. The platform has already supported new discoveries, with two recent studies using iTestis data published in peer-reviewed medical journals.

What this means for patients:

Because germ cell tumours are relatively uncommon, it can be difficult for doctors to gather enough information to answer important questions about care. iTestis helps overcome this challenge by bringing together data from patients nationwide. Every person who chooses to share their information through iTestis is helping improve understanding, treatment, and care, not only for people facing testicular cancer today, but for future generations as well.

YOUNG PEOPLE LIKE CHARLIE DAVIES MIGHT BENEFIT FROMM THE P3BEP TRIAL.

Quality of Life (QoL) and Supportive Care Research

NATASHA ROBERTS, CHAIR

HARYANA DHILLON, CHAIR (UNTIL JULY 2025)

SANDRA NOLTE, DEPUTY CHAIR

AMANDA HUTCHINSON, ASSISTANT CHAIR

BRANDAN HOLT, ASSISTANT CHAIR

ANZUP's clinical trials are supported by a network of subcommittees that guide both the development of new research and the oversight of active studies. Alongside disease-specific groups, these committees play a critical role in ensuring trials deliver meaningful outcomes for patients.

The Quality of Life and Supportive Care Subcommittee is central to this work, embedding patient-centred perspectives across ANZUP's research portfolio. By working closely with other subcommittees, the group provides expert guidance on the integration of patient-reported outcome measures and supportive care considerations, helping to ensure trials not only improve survival but also enhance quality of life for people affected by Below the Belt cancers.

THE QUALITY OF LIFE AND SUPPORTIVE CARE SUBCOMMITTEE HOSTED A SUCCESSFUL IDEAS GENERATION WORKSHOP IN JANUARY 2026.

In January, the Quality of Life and Supportive Care Subcommittee held its annual Ideas Generation Workshop (IGW) in Melbourne. There were five concepts presented with rich discussion and recommendations, which may lead to new research to improve quality of life and supportive care for those affected by Below the Belt cancers.

Improving Patient-Reported Outcomes in Research

The modular patient-reported outcome measures (PROMs) study has been completed, providing valuable insights into how patient-reported outcome measures can be used more effectively in clinical trials by selecting only those measures that are relevant to the trial outcomes and tailored to the participant. The study explored whether using only relevant sub-scales from multi-domain PROMs could reduce participant burden while maintaining meaningful data collection. Consumers were strongly supportive of this modular approach, noting that it improves relevance and makes participation easier. Further research is needed to guide the selection of sub-scales, helping ensure flexibility for participants while reducing potential bias in researcher-driven choices.

A manuscript outlining the study's findings has been submitted to the Journal of Patient-Reported Outcomes (Patient and Public Involvement Special Edition).

OAK Study: Developing Recommendations for Active Surveillance in Kidney Cancer

There is currently very little guidance as to how to navigate active surveillance for those affected by kidney cancer. Consumers have identified this as a critical need for information that has been developed using the best level of evidence. The project is working together with the Renal Cell Committee and Consumer Advisory Panel (CAP).

The OAK resource will include:

- Clear recommendations for healthcare teams that focussing on what matters most to patients.
- Information for patients and carers to make it easier to understand treatment options and next steps.
- Tools to support decision-making, so that patients and carers can consider active surveillance as a treatment option.

The study has already submitted a review of the evidence for publication. A qualitative study is currently underway, seeking insights from patients and families, and healthcare teams about active surveillance in kidney cancer. The team are also exploring how AI can help understand how patients and carers are learning about kidney cancer online.

Translational Research

ARUN AZAD,
CHAIR

ANTHONY JOSHUA,
DEPUTY CHAIR

EDMOND KWAN,
ASSISTANT CHAIR

Translational research turns discoveries in the laboratory into better care for people with cancer. It connects scientists and clinicians, helping ensure research leads to real improvements in diagnosis, treatment decisions and patient outcomes. Often described as a "bench-to-bedside" approach, it moves ideas from the lab into clinical trials and everyday care, and back again. Information and samples collected during trials help researchers better understand cancer and guide future breakthroughs.

Many people who take part in ANZUP clinical trials generously consent to providing blood and tissue samples for future research in Australia and overseas. These contributions are vital in helping us understand why cancers develop, how they respond to treatment, and how care can be improved.

Translational research is central to ANZUP's mission. The more we learn about bladder, kidney, testicular, penile and prostate cancers, the faster we can improve the lives of those affected.

Over the past year, our Translational Research Subcommittee has been highly productive, supporting the publication of three important research papers based on ANZUP trials.

Personalised treatment for advanced prostate cancer: blood markers offer new insights (TheraP trial)

Researchers have discovered new markers in the blood, called circulating tumour DNA (ctDNA), that can show how patients with advanced prostate cancer are likely to respond to treatment with Lu-PSMA, a targeted therapy that seeks and attacks cancer cells.

What this means for the patient:

These findings give doctors a way to tailor treatments to each patient, improving the chances of better outcomes while minimising unnecessary side effects.

Blood test predicts outcomes in hormone-sensitive prostate cancer (ENZAMET trial)

A simple blood lipid test called PCPro has been shown to predict how patients with hormone-sensitive metastatic prostate cancer will respond to treatment with enzalutamide, a common hormone therapy.

What this means for the patient:

This test can help doctors make more personalised treatment decisions, guiding care based on each patient's unique biology.

Driving impact in rare kidney cancer through the UNISON and UNICAB studies

ANZUP is advancing translational research in rare, non–clear cell kidney cancers through the UNISON and UNICAB studies. These studies leverage spatial transcriptomic analyses to map tumour gene expression and link molecular features with clinical outcomes.

What this means for the patient:

These programs aim to uncover prognostic and predictive biomarkers, enhance our understanding of tumour biology, and support more personalised treatment strategies across both clear-cell and rare kidney cancers.

Imaging and Theranostics Research

ANDREW SCOTT,
CHAIR

NARJESS AYATI,
DEPUTY CHAIR

RAGHAVA KASHYAP KARRI,
ASSISTANT CHAIR

MINH-SON TO,
ASSISTANT CHAIR

The Imaging and Theranostics Subcommittee is driving innovation in molecular imaging and radioligand therapy approaches that use targeted radioactive substances to detect and treat Below the Belt cancers. Over the past year, the Subcommittee has delivered impactful results, including the following key highlights.

TheraP trial reveals key insights to personalise care and monitor risks

The TheraP trial (ANZUP 1603) compared Lu-PSMA, a targeted radioligand therapy, with cabazitaxel chemotherapy, the standard treatment for advanced prostate cancer when other therapies have stopped working. The study enrolled 200 participants in Australia, with half receiving Lu-PSMA and half receiving cabazitaxel.

A sub-study looked at clonal haematopoiesis (CH), a process where certain blood cell mutations can develop and expand, sometimes increasing the risk of blood cancer, heart disease, and other health issues. The study found that patients treated with Lu-PSMA had a higher number of new CH mutations, particularly in genes involved in DNA repair, compared to those treated with cabazitaxel.

What this means for the patient:

While the long-term impact of these findings is still being studied, they highlight the importance of monitoring blood health when using Lu-PSMA, especially as this therapy is considered earlier in treatment.

These results were presented by Dr Aslı Munzur as an oral presentation at ASCO 2025 and have been published in Clinical Cancer Research. The findings provide important guidance for safer and more personalised use of radioligand therapies in advanced prostate cancer.

DR ASLI MUNZUR PRESENTING TheraP TRIAL RESULTS AT ASCO 2025.

PCFA Breakthrough Theranostics Grant: First-in-Human ANZUP-Led Program

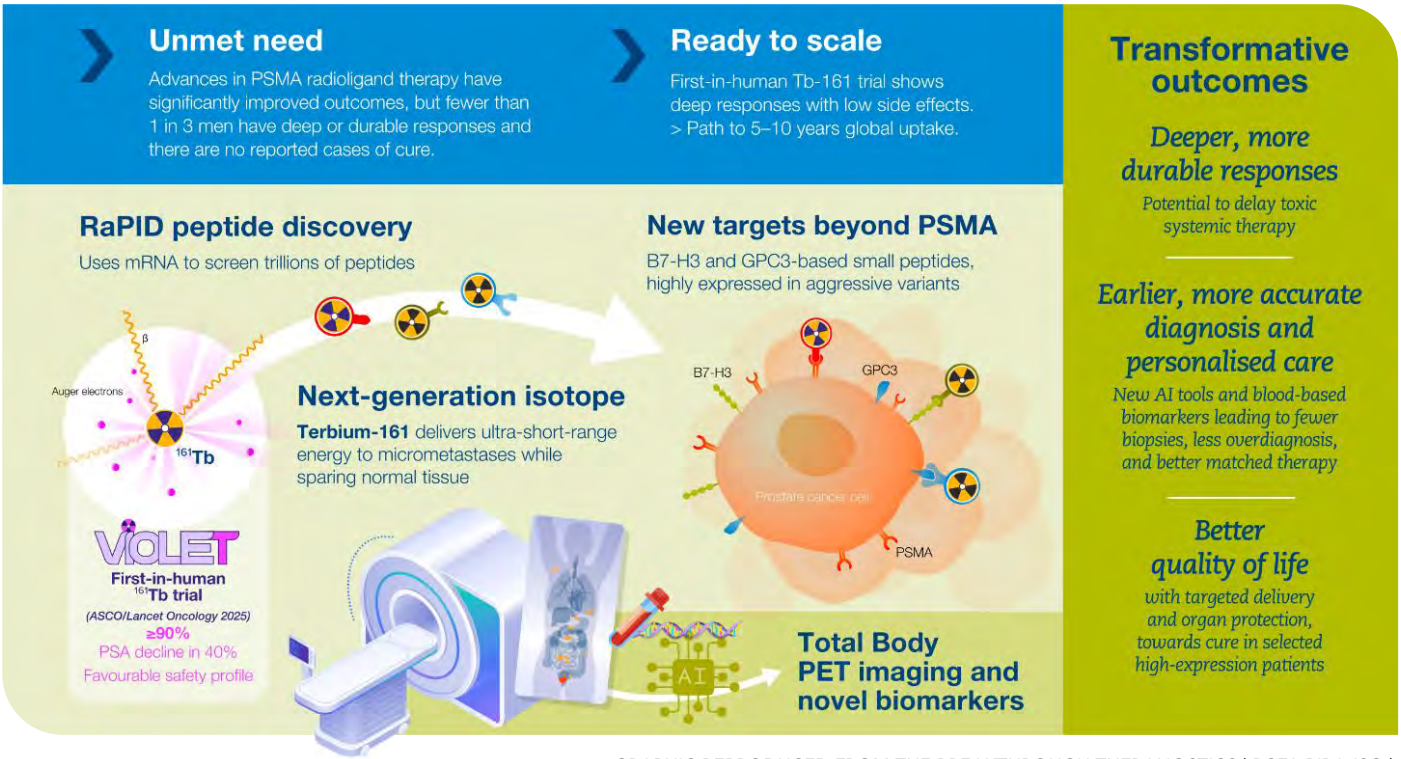
PROFESSOR MICHAEL HOFMAN WILL LEAD A MAJOR NATIONAL RESEARCH GRANT TO DRIVE THE NEXT WAVE OF PRECISION TREATMENT FOR ADVANCED PROSTATE CANCER.

A team led by Professor Michael Hofman has been awarded a Priority Impact Research Award from the Prostate Cancer Foundation of Australia (PCFA). This grant will support the development of a first-in-class targeted therapy designed to improve outcomes for people with advanced prostate cancer, with the goal of delaying toxic treatments and achieving long-term disease control.

1. Finding small molecules that stick to cancer cells: researchers are identifying molecules that attach specifically to two novel cancer targets, B7-H3 and GPC3, which are proteins found on prostate cancer cells. This helps deliver therapy directly to the cancer while sparing healthy tissue.
2. Precision radiation therapy using Terbium-161: This therapy delivers targeted radiation directly to the cancer cells. It combines two types of radiation (Beta and Auger particles) to destroy cancer cells efficiently while minimising damage to nearby healthy tissue.

What this means for the patient:

As part of this grant, ANZUP will lead the first-in-human testing, meaning these new treatments will be tested for the first time in patients. This is an important step toward developing new theranostic treatments, which are designed to both detect and treat cancer at the same time, helping doctors provide more personalised and effective care.



GRAPHIC REPRODUCED FROM THE BREAKTHROUGH THERANOSTICS | PCFA PIRA-ISG | RESEARCH PROPOSAL, KINDLY PROVIDED BY PROFESSOR MICHAEL HOFMAN.

Consumer Advisory Panel (CAP)

BELINDA JAGO,
CHAIR

RAY ALLEN,
DEPUTY CHAIR

The Consumer Advisory Panel (CAP) provide ANZUP with advice on specific studies, general research directions, all from a consumer perspective. Each of our CAP members bring their own cancer experience, professional expertise, networks, advocacy knowledge and dedication to the clinical trials research process.

Our Impact: how we make a difference

Over the past 12 months CAP members continue to remain actively engaged across ANZUP in governance, education, research review, and external advocacy activities, reinforcing the value of consumer involvement within ANZUP and the broader oncology research community.

Joe Esposito will be stepping down from his role on the Board and as CAP representative in August 2026. Joe has been part of ANZUP's journey from the early days, and his contribution has been truly invaluable. In particular, his passion and commitment helped shape strong consumer representation at Board level which is something that remains central to who we are today. He leaves behind a lasting impact that will continue to be felt across the organisation.

Highlights from the past 12 months

The July 2025 ASM in Sydney was another meaningful and rewarding experience for CAP. Our members were actively involved throughout the program as presenters and co-chairs, with patient stories setting the tone for several plenary sessions and bringing a powerful and very human perspective to the science. This is a very important part of what the CAP does, and while time for discussion was limited, the education session was warmly received, and there's already a real sense of momentum as we look to build on CAP's involvement in 2026.

Following the ASM, we were also delighted to welcome Steve Muir-McCarey and Linda Bates as new CAP members, with their appointments confirmed by the ANZUP Board.

CAP MEMBERS AT THE 2025 ANZUP ASM.

Education and Conference Engagement

CAP members continued to actively participate in national and international meetings. Members attended several IGWs in early 2026, including Quality of Life (January), Germ Cell (February) and Prostate (March), as well as the Kidney Cancer Masterclass in May 2025, contributing valuable consumer perspectives to the ideas presented.

CAP MEMBER RAEWYN MANSSEN PRESENTING AT THE INAUGURAL ANZUP IGW IN AUCKLAND.

Attendance at the inaugural ANZUP IGW in Auckland in September 2025 was a highlight, with CAP representation both in person and virtually. Raewyn, our New Zealand CAP representative, delivered an excellent presentation on the role of the CAP, strengthening cross-Tasman collaboration.

CAP CHAIR BELINDA JAGO AT THE ESMO 2025 CONGRESS IN BERLIN.

Our wonderful Chair, Belinda, attended ESMO Congress in Berlin and ESMO Asia in Singapore as part of the ESMO Patient Advocacy Working Group, participating in workshops and presenting patient advocacy highlights. Leonie attended the International Society for Quality-of-Life Research (ISOQOL) Conference as a member of the Patient Engagement Special Interest Group.

CAP MEMBER LEONIE YOUNG AT ISOQOL WITH SANDRA NOLTE, ISOQOL PRESIDENT AND DEPUTY CHAIR OF ANZUP'S QUALITY OF LIFE SUBCOMMITTEE.

Research and Review Contributions

The CAP continues to review various research documentation and this year a first with the discretionary funding round with great participation all round.

The CAP also reviewed the SImPLE PICF, recognising the importance of simplifying consent while ensuring trial details remain comprehensive and ethically sound and the lay summary for ENZARAD.

We thank the Board, the Members and the team of hardworking employees who help support us and encourage us in everything that we do. This year marks 14 years of contributing to the ANZUP CAP for a number of the inaugural members and we still feel privileged to have the opportunity to use our voices on behalf of the cancer community as we seek our vision to "living life without fear of cancer".

Publications and Presentations Highlights

Presentations

It was such a thrill to see so many ANZUP studies feature on the global stage over the past year, which is a testament to the hard work our investigators are doing to improve the lives of those people impacted by Below the Belt cancers.

ANZUP at ASCO 2025

In June 2025, ANZUP was proud to showcase the exciting outcomes from our globally significant studies across four oral presentations and four posters at the American Society of Clinical Oncology (ASCO) Annual Meeting in Chicago. It's been the largest presence ANZUP has ever featured on the main stage. Our oral presentations included BCG+MM, EVOLUTION, TheraP and ENZA-p. Poster presentations included three from the ENZAMET study and one from PCR-MIB.

ANZUP at ESMO 2025

In October 2025, ANZUP research was again highlighted internationally at the European Society for Medical Oncology (ESMO) Congress in Berlin. ANZUP shared the much-anticipated ENZARAD results, as well as presenting four posters - ENZA-p, TheraP and two for ENZAMET.

ANZUP AT ASCO 2025

ANZUP at ASCO GU 2026

ANZUP research was again in the global spotlight at ASCO GU 2026 in San Francisco, with new findings from the CLIMATE study presented alongside poster presentations for the P3BEP and ENZAMET studies.

Publications

During the year, ANZUP also had publications for our Summary of the Asia-Pacific Advanced Prostate Cancer Symposium 2025, as well as the results from the ENZA-p, ENZAMET and TheraP studies.

You can read more in the Appendix on pages 50-51.

ASCO 2025


2025 ASCO
ANNUAL MEETING
#ASCO
2025 ASCO
ANNUAL MEETING


2025 ASCO
ANNUAL MEETING
DRIVING KNOWLEDGE
TO ACTION: BUILDING
A BETTER FUTURE


Key Takeaway Points
Participants receiving adjuvant durvalumab and tremelimumab experienced an early worsening in quality of life, with improvements in many areas over time.
Later-emerging declines were observed in cognitive function and pain.
These findings should be interpreted together with the efficacy results.
20 ASCO Genitourinary
26 Cancers Symposium


PATIENT ADVOCACY
equal access to optimal cancer treatment & care
ESMO

Membership Educational Events


APCCC 2025

Bringing People Together Through Events

In 2025/26, we brought researchers, clinicians and consumers together through a dynamic and popular program of educational and collaborative events designed to share knowledge, inspire bold thinking and strengthen connections across our community.

Ideas Generation Workshops

Throughout 2025/26, we continued to build momentum through our popular Ideas Generation Workshops (IGW's), hosting **5 sessions** both in person and online. These workshops showcased **27 pioneering concepts** to our multidisciplinary network.

This is where innovation begins.

Many of our clinical trials start as early-stage ideas shared in these sessions and are refined through discussion, strengthened through collaboration, and shaped by diverse expertise. The workshops play a critical role in nurturing a strong pipeline of research concepts, ensuring the most promising ideas can be developed, prioritised and supported by our organisation.

ANZUP's IGW's 2025/26

Renal Cancer

15 August 2025
Pullman Sydney Airport

Quality of Life

Friday 30 January 2026
Novotel Melbourne Airport

Bladder Urothelial and Penile Cancer

Friday 7 November 2025
Pullman Sydney Airport

Germ Cell

Friday 13 February 2026
Peter MacCallum Cancer Centre, Melbourne

Prostate Cancer

Friday 20 March 2026
Pullman Sydney Airport

By creating space for collaboration and courageous thinking, we are building the future of Below the Belt cancer research and working hard towards our vision of living life without fear of cancer.

New Zealand ANZUP Workshop - 'Putting the NZ in ANZUP'

In September, we hosted our inaugural New Zealand ANZUP Workshop – "Putting the NZ in ANZUP" in Auckland. The workshop brought together cancer clinicians, researchers, health system leaders, industry partners and patient representatives to explore how New Zealand's unique healthcare, clinical trials and research environment can create impactful cancer clinical trials and translational research.

Asia-Pacific Advanced Prostate Cancer Consensus Symposium

In September, we hosted the 4th Asia-Pacific Advanced Prostate Cancer Consensus Satellite Symposium in Singapore, bringing together close to 30 experts from across the APAC region to discuss how international guidelines tailored for western health-care systems apply in real-world clinical practice across the asia pacific region.

Best of GU Oncology Evening Symposium

Held at the Adelaide Oval, we delivered the Best of GU Oncology Evening symposium, attracting over 80 multidisciplinary attendees. This event featured updates on the latest management approaches, clinical trials and translational research in urogenital and prostate cancers.

Kidney Cancer Masterclass

This two-day event in Adelaide brought together 9 speakers and 32 attendees. Through the program, we shared knowledge, explored new approaches, and strengthened efforts to improve outcomes for people with kidney cancer.

2025 ANZUP ASM

ASM 2025 CONVENING COMMITTEE

Our 2025 Annual Scientific Meeting, held in Sydney and themed Listen, Reflect, Connect, welcomed **480 delegates** and featured **74 abstracts.**

We were privileged to host 90 national speakers who contributed as chairs and panellists, alongside an international faculty sharing vital global insights. We sincerely thank Alison Tree, Bishal Gyawali, Emily Grist, Marniza Saad, Roger Li, Tian Zhang, and Bertrand Tombal for their invaluable contributions.

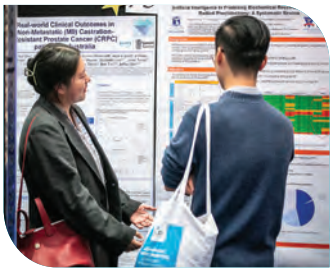
The event featured a wide range of engaging sessions, including The Perfect Pitch, the ever-popular MDT Masterclass, the Translational and Supportive Care breakfast series, the always well-attended Nurses Symposium and for the first time, a session dedicated to Study Coordinators, which covered a wide range of topics including running theranostics trials, patient reported outcomes and teletrials. Across the program there were insightful plenary discussions, the essential ANZUP Trials in Action session, lively debates, and dynamic poster presentations, among many others.

This success of the event would not have been possible without the wonderful Co-Convenors, Carole Harris and Laurence Krieger, the ASM Convening Committee, and the active contributions of our Consumer Advisory Panel members, whose involvement was key to the program's impact.

ASM 2025 BTB WINNERS

ASM 2025 CAP

ASM 2025 EDUCATION FELLOWSHIPS



ASM 2025 INTERNATIONAL SPEAKERS

ASM 2025 STUDY COORDINATORS

Fundraising, Partnerships and Engagement

CHARLIE DAVIES WITH HIS MUM BRIDGET AND GIRLFRIEND JULES

This year marked the first full year of implementation of both ANZUP's Organisational Strategy and Philanthropy Strategy, laying a strong foundation for long-term growth and sustainability.

A central objective of the Organisational Strategy is to diversify ANZUP's revenue streams. Our clear long-term aim is to secure sustainable funding for ANZUP's core infrastructure, as well as for cancer research and concepts that are not readily supported through traditional funding sources such as government or industry. Achieving this will ensure ANZUP can continue to pursue and deliver promising research outcomes, independent of external funding fluctuations.

On 4 July 2025, ANZUP's Board approved the Executive's recommendation to provide ANZUP's existing investment corpus with a clear and defined purpose: to enable sustainable funding for core infrastructure and cancer research. The ambition is to quadruple the size of the current investment portfolio over the next ten years, with annual returns used to support these priorities, potentially in perpetuity.

Following this decision, ANZUP undertook a comprehensive tender process to identify and appoint an optimal wealth management partner. This partner will support ANZUP in managing the portfolio and in updating the Investment Portfolio Schedule to align with the new corpus objectives.

Optimising investment returns, alongside the development of sustainable philanthropic income streams, will remain a key priority for ANZUP's CEO and philanthropy team. In the first year of implementing the Philanthropy Strategy, significant progress was made in establishing the foundations of ANZUP's four key philanthropic revenue streams: Major Donors, Trusts and Foundations, Gifts in Wills and Corporate Partnerships.

In April 2026, Christine Brooks will join the ANZUP team, bringing with her extensive knowledge and experience, particularly in major donor engagement and corporate partnerships. Her expertise will play an important role in supporting ANZUP to achieve its ambitious philanthropy and sustainability goals.

Philanthropy

A key milestone was the introduction of a Gifts in Wills program, which has already delivered a promising pipeline of more than 230 confirmed bequests, with an estimated future value exceeding $6 million. This reflects the growing commitment of our community to support ANZUP's work well into the future.

We also strengthened our approach to grant funding through the implementation of a dedicated grants search and application platform. This has streamlined internal processes and, in close collaboration with the Scientific Advisory Committee (SAC), enabled us to better align funding opportunities with ANZUP's research priorities.

Supporting this focus, Sarah Johnson was promoted to ANZUP's first Grants Development Officer role, further enhancing our capability in this area.

Building relationships has been a key focus throughout the year. In April 2025, we hosted our first "friend-raising" event in Sydney, kindly supported by a leading wealth advisor. This was followed by our first major philanthropy fundraiser in November 2025, made possible through the generosity of one of our consumers, which raised more than $250,000 net.

Thanks to the ongoing support of our members, we have also expanded our philanthropy networks into Perth and Adelaide, creating new opportunities for growth and engagement. We anticipate these efforts will begin to deliver meaningful outcomes in 2026, alongside a planned expansion of our work within the corporate sector.

Fundraising

Community and digital fundraising continued to play an important role in building both awareness and support for ANZUP's work. Grassroots efforts from our community were particularly impactful, with the Breakfast Point Men's Shed hosting two successful Bunnings sausage sizzles, each raising over $3,000 and contributing approximately $12,000 to date. Individual fundraising efforts also highlighted the strength and generosity of our supporters, including "Happy Allan," who raised close to $1,000 in May 2025, just seven months after his own testicular cancer diagnosis.

Our digital fundraising efforts also delivered strong results. The Christmas campaign, "Give the gift of a life without fear of cancer," reached more than 60,000 unique users, significantly increasing ANZUP's visibility during a highly competitive fundraising period. Engagement levels exceeded industry benchmarks, driven by powerful storytelling from our Ambassadors, who shared their personal experiences and helped connect audiences more deeply to our cause.

Partnerships

In parallel, ANZUP established a strategic partnership with Roy Morgan to strengthen our understanding of community sentiment and brand awareness. This collaboration included a nationally representative survey of 1,200 Australians, with deliberate inclusion of regional and rural communities, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse populations, and LGBTQI+ communities. The research is helping ANZUP better understand public perceptions of cancer, including below-the-belt cancers, and assess awareness of our organisation providing valuable insights to inform future engagement, communication and advocacy efforts.

Grants and Funding

Infrastructure Grants

Funds provided by Cancer Australia to support ANZUP's infrastructure up until December 2021 were managed by the University of Sydney and not reported in the financial accounts of ANZUP unless transferred in support of specific expenses incurred by ANZUP.

Our infrastructure funding awarded in 2024 continued into 2026, with ANZUP meeting all of our agreed milestones and deliverables, which advances not only our strategy but contributes to the delivery of the Australian Cancer Plan.

Other Grants and Funding during the 2025/2026 period are outlined below.

Infrastructure Funding

Cancer Australia Infrastructure Grant: 1 July 2024 to 30 June 2027, AUD$1,585,145 awarded to ANZUP. During this reporting period ANZUP received AUD$529,156.

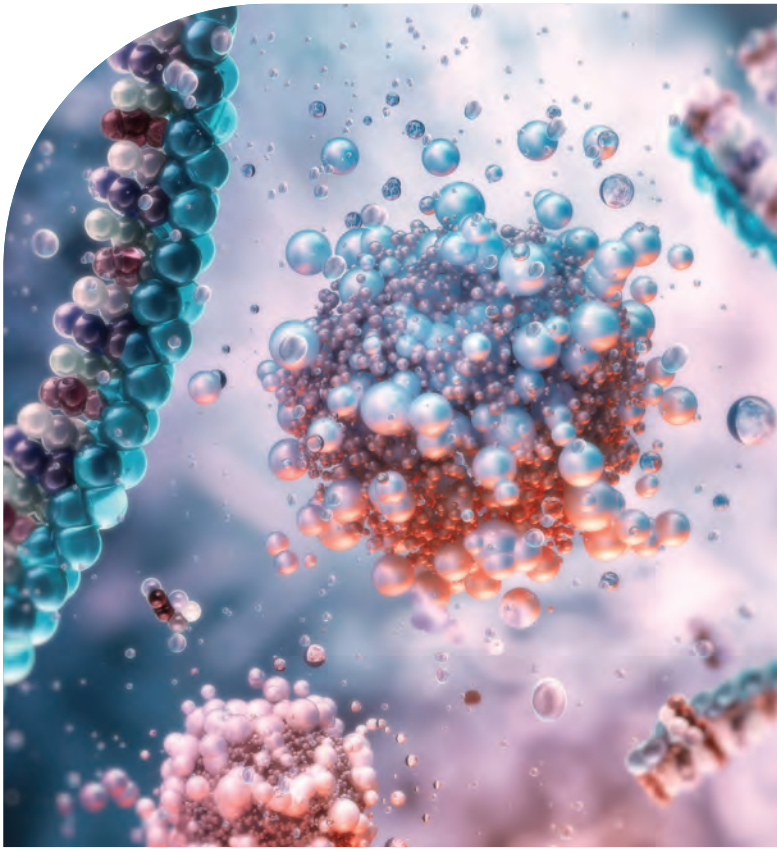
Research Grants

Funds provided by Cancer Australia, the National Health and Medical Research Council, philanthropic funding bodies and pharmaceutical companies in support of ANZUP trials managed by the University of Sydney, are not reported in ANZUP's financial accounts. Funds to support ANZUP sponsored trials and site payments, insurance and other trial related costs are transferred to ANZUP.

ANZUP grant income and expenditure during this reporting period are included in the 2025/2026 financial accounts. Grants awarded to ANZUP Cancer Trials Group during this reporting period are listed below:

ANZadapt: (ANZUP 2101) Phase II randomised controlled trial of patient-specific adaptive versus continuous abiraterone or enzalutamide in metastatic castration-resistant prostate cancer. Funding by ACF (Anti Cancer Foundation) EUR$647,498. During this reporting period AUD$110,000 was transferred to ANZUP.

BCG+MM: (ANZUP 1301) Adding mitomycin to BCG as adjuvant intravesical therapy for high-risk, non–muscle-invasive bladder cancer: a 2-stage, randomised phase 3 trial. Funding by NHMRC AUD$1,587,163.80. (2019 – 2023). During this reporting period no funds were transferred to ANZUP.



CLIMATE: (ANZUP 1906) Assessing the Clinical utility of miR-371a-3p as a marker of residual disease in Clinical Stage 1 Testicular Germ Cell Tumour, following orchidectomy. Funding by Ben Tran AUD$150,000, ANZUP Below the Belt 2019 AUD$50,000 and ANZUP Discretionary Funding AUD$250,000. During this reporting period no funds were transferred to ANZUP.

DARO-LIPID: (ANZUP 2205) During this reporting period AUD$190,000 and USD$135,447 was transferred to ANZUP.

DASL-HiCaP: (ANZUP 1801) A randomised phase III double-blind, placebo-controlled trial of adding darolutamide to androgen deprivation therapy and definitive or salvage radiation in very high risk, clinically localised prostate cancer. Funding by Bayer USD$53,173,088. During this period USD$175,000 was transferred to ANZUP.

ENZAMET: (ANZUP 1304) A randomised phase III trial of Enzalutamide in first line androgen deprivation therapy for metastatic prostate cancer. Funding by Astellas AUD$19,962,490 (2014-2022). During this reporting period USD$92,168 was transferred to ANZUP.

ENZAMET Translational Research Program: During this reporting period AUD$65,000 and USD$2,686,163 was transferred to ANZUP for TR Execution Milestone Direct Costs.

ENZA-p: (ANZUP 1901) A randomised phase II trial using PSMA as a therapeutic agent and prognostic indicator in men with metastatic castration resistant prostate cancer treated with enzalutamide. Funding by Prostate Cancer Research Alliance: The Australian Government and Movember Foundation Collaboration AUD$4,000,000; Endocyte USD$320,000; St Vincent's Clinic Foundation AUD$400,000; GenesisCare AUD$300,000; and Roy Morgan Research Ltd AUD$300,000; (2020-2024). During this period AUD$255,867 and USD$78,132 was transferred to ANZUP.

ENZARAD: (ANZUP 1303) A randomised phase III trial of Enzalutamide in androgen deprivation therapy with radiation therapy for high risk, clinically localised prostate cancer. Funding by Astellas AUD$13,184,412(2014-2022). During this period USD$534,753 was transferred to ANZUP.

EVOLUTION: (ANZUP 2001) A randomised phase II trial of Radionuclide ^{177}Lu-PSMA Therapy versus ^{177}Lu-PSMA in Combination with Ipilimumab and Nivolumab for Men with Metastatic Castration Resistant Prostate Cancer (mCRPC). Funding by Prostate Cancer Foundation of Australia AUD$1, 500,000; Bristol Myers Squibb USD$1,296,698, Novartis USD$320,000, (2021-2024). During this reporting period ANZUP received USD$1,065,061.

GenI-AIRSPACE: (ANZUP 2102) A three-part, sequential, multi-centre, open label randomised controlled trial (1:1) of risk stratification by three molecular tests to inform decision-making in people with clinically localised FIR CaP. During this reporting period AUD $347,592 was transferred to ANZUP.

GUIDE: (ANZUP 1903) A randomised non-comparative phase II trial of biomarker-driven intermittent docetaxel versus standard-of-care (SOC) docetaxel in metastatic castration-resistant prostate cancer (mCRPC). Funding by Chris O'Brien Lifehouse Philanthropic $AUD450,000, ANZUP Below the Belt Research Fund AUD$50,000 and ANZUP discretionary funding AUD$350,000. During this reporting period no funds were transferred to ANZUP.

KEYPAD: (ANZUP 1601) A phase II trial using denosumab and pembrolizumab in clear cell renal carcinoma. Funding by Merck Sharpe Dohme and Amgen AUD$2,454,925. During this reporting period ANZUP received AUD$259,583.

PCR-MIB (& PCR-MIB TR): (ANZUP 1502) Pembrolizumab With Chemoradiotherapy as Treatment for Muscle Invasive Bladder Cancer. During this reporting period no funds were transferred to ANZUP.

PET-MET: Retrospective analysis of the ENZAMET cohort - Utility of PSMA PET scan quantitation and CT radiomics as prognostic and predictive biomarkers. Funding by Astellas AUD$550,000. During this reporting period no funds were transferred to ANZUP.

RAMPART: (ANZUP 1606) Renal Adjuvant MultiPle Arm Randomised Trial (RAMPART) An international investigator-led phase III multi-arm multi-stage multi-centre randomised controlled platform trial of adjuvant therapy in patients with resected primary renal cell carcinoma (RCC) at high or intermediate risk of relapse. Funding by UCL AUD$2,080,000. During this reporting period ANZUP received USD$174,400.

RetroPSMA: During this reporting period no funds were transferred to ANZUP.

TIGER: (ANZUP 1604) A Randomised Phase III Trial Comparing Conventional-Dose Chemotherapy Using Paclitaxel, Ifosfamide, and Cisplatin (TIP) with High-Dose Chemotherapy Using Mobilising Paclitaxel plus Ifosfamide Followed by High-Dose Carboplatin and Etoposide (TI-CE) as First Salvage Treatment in Relapsed or Refractory Germ Cell Tumours (ANZUP 1604). Funding received from the Movember Foundation $454,803.74. During this reporting period ANZUP received AUD $19,240.

UNISoN: (ANZUP 1602) Phase II sequential cohort trial of Single Agent Nivolumab, then Combination Ipilimumab + Nivolumab in metastatic or unresectable non-clear cell renal cell carcinoma (ANZUP 1602). Bristol Myers Squibb (BMS) provided funding USD$1,681,822 and product to support the UNISoN trial. During this reporting period ANZUP received no funds reported in the annual accounts.

UNICAB: (ANZUP 1802) A phase II trial of single agent cabozantinib in patients with locally advanced or metastatic non-clear cell renal cell carcinoma post immunotherapy or who are unsuitable for immunotherapy (ANZUP 1801). During this reporting period ANZUP received no funds.

WOMBAT: (ANZUP 2201) During this reporting period ANZUP received AUD$219,320.

P3BEP: (ANZUP 1302) During this reporting period ANZUP received AUD$15,000.

Below the Belt Research Fund 2025

The Below the Belt Research Fund provides essential early funding to help our members turn promising ideas into full clinical trials. This "seed funding" supports researchers to develop and refine new study concepts so they can grow into large-scale research projects.

Over the years, the fund has helped many members launch investigator-led studies that aim to improve outcomes for people affected by Below the Belt cancers.

Below are the 2025 recipients of the Below the Belt Research Fund.

Below the Belt research FUND

Personalising Treatment for Bladder Cancer

Andrew Redfern and Julien Van Damme

Validating tumour and stromal immune features that correlate with optimal benefit from BCG and Mitomycin: a translational study of patients in the BCG+MM Trial

When aggressive bladder cancer is found early and before it has grown into the muscle wall, doctors remove the visible tumour through a minimally invasive procedure. To reduce the risk of the cancer returning, treatment is then delivered directly into the bladder.

The most common approach uses a treatment called BCG, which stimulates the body's immune system to attack remaining cancer cells. Another treatment, mitomycin, is a chemotherapy drug that also helps destroy cancer cells and may further activate the immune response.

The BCG+MM Trial (ANZUP 1301) set out to determine whether combining these two treatments provided greater benefit than BCG alone. A total of 501 participants took part.

Alongside the clinical trial, researchers carefully collected tumour samples before, during and after treatment. These samples allow them to identify "biomarkers" which are signals within cancer cells that may help predict which treatment is most likely to work for each individual.

After reviewing extensive scientific evidence, 18 potential biomarkers were identified. Early testing in a small group of participants whose cancer returned has shown encouraging results.

The next step is to validate these findings across all 501 trial participants.

The goal is to move towards more personalised bladder cancer care. By better understanding each person's cancer, the hope is to guide treatment decisions more precisely and ultimately improving outcomes while reducing unnecessary side effects.

This research brings us closer to ensuring every patient receives the treatment that is right for them.

Improving Bladder Cancer Care Through Gut Health Research

Carole Harris

GUT biome and bladder cancer: a pilot study

This study explores how bacteria in the gut (also known as the gut microbiome) changes during bladder cancer treatment, and whether those changes affect how well treatment works and how patients feel.

By collecting stool samples during routine care, health practitioners may be able to safely track these changes over time. While we know the gut microbiome plays an important role in cancer, we don't yet understand how treatment alters it or how those changes influence outcomes. Without this knowledge, it is difficult to personalise care.

For patients, this research could help us:

- Understand why treatments work better for some people than others
- Reduce side effects
- Develop more personalised treatment and supportive care strategies

Importantly, this study will also show that microbiome testing can be easily integrated into clinical practice and future ANZUP trials.

The findings will guide future research aimed at improving gut health through practical strategies such as diet and exercise, with the ultimate goal of improving treatment outcomes and quality of life for people with bladder cancer, and potentially other cancers.

A Smarter Blood Test to Track Advanced Prostate Cancer

Harriet Herbison and Edmond Kwan

SPOTLIGHT: Serial Profiling of Oncogenic biomarkers through Treatment in Liquid biopsy for InvestiGating Heterogeneity and Treatment response in metastatic prostate cancer

Even with major advances in treatment, people living with metastatic prostate cancer (that has spread throughout the body) still face uncertainty. Many treatments can help people live longer and reduce symptoms. But doctors don't always have quick or reliable ways to tell if a treatment is working early on. This can mean patients stay on treatments that aren't helping, miss the chance to switch to something better, and experience unnecessary side effects that affect both physical and emotional wellbeing.

This research aims to develop a new type of blood test, often called a "liquid biopsy", that can track how prostate cancer changes soon after treatment begins.

Some types of liquid biopsies look for changes (mutations) in tiny fragments of cancer DNA that circulate in the bloodstream. But these genetic changes only tell part of the story.

We want to go further by also studying "epigenetic" marks, which are chemical signals that sit on the DNA and influence how cancer genes behave. You can think of these marks like dimmer switches: they help control whether certain genes are turned up, turned down, or switched off. Together, the genetic changes and these chemical marks create a unique fingerprint of the cancer. This fingerprint may help predict how likely the cancer is to respond to treatment.

Importantly, this SPOTLIGHT study is designed to reach people in regional and remote areas. By partnering with ePAD, a national registry with sites across Australia including rural locations, the aim is to make this blood test accessible beyond major cities. We are also committed to including people from diverse cultural and language backgrounds.

The ultimate goal is to create a simple blood test that gives real-time insight into how a cancer is behaving. This test could be used to analyse samples already collected in ANZUP clinical trials or help design future studies that better match treatments to each patient's cancer.

While this project focuses on prostate cancer, the same approach could also be applied to other cancers, such as bladder and kidney cancer, helping more people benefit from personalised cancer care in the future.

Building Australia's First Living Biobank for Penile Cancer

Mitchell Lawrence

Using a living biobank to prioritise new treatments for penile cancer

Penile cancer is rare, and many people have never heard of it. But for those affected, it can be life-changing and, in some cases, life-threatening especially if the cancer spreads to other parts of the body.

This project is designed to help people with penile cancer who currently rely on chemotherapy. At present, only about one in three patients responds well to treatment.

When this happens, the main treatment is chemotherapy. Unfortunately, these treatments are not very effective, and there have been few advances in the past decade.

One of the reasons progress has been slow is because of the rarity of the cancer and therefore obtaining sufficient samples that provide information about the nature and diversity of the disease and its response to treatment. Before new cancer treatments can be tested in patients, they are usually studied carefully in the laboratory. For penile cancer, this step is often missing because there are very few living samples available for research worldwide.

We want to change that.

The goal of this research is to create Australia's first living biobank for penile cancer and use it to speed up the development of better treatments and new clinical trials.

This research will:

1. Collect fresh tumour samples generously donated by patients.
2. Grow these cancer cells in the laboratory to create "organoids" - tiny, living models of each person's tumour.
3. Test a wide range of promising treatments on these organoids to identify which ones are most effective and ready to move into clinical trials.

Unlike traditional biobanks, which store preserved (non-living) tissue, this living biobank will contain actively growing cancer cells. This permits testing in the lab in a way that closely mimics what happens in real patients, essentially running "mini clinical trials" before treatments reach people.

These living samples will be shared with researchers across Australia and internationally, helping to strengthen global efforts in penile cancer research.

By building this living biobank, the aim of this research is to identify more effective therapies across different tumour types and remove a major barrier to developing better treatment options.

Ultimately, this work could lead to faster access to new and more effective treatments for people diagnosed with penile cancer.

Synchrony Fellowship Award

Thanks to the generous support of the Synchrony Foundation, the Synchrony Fellowship Award was established to advance prostate and urogenital cancer research focused on clearly defined clinical questions.

The award provides up to $500,000 over two years, to support two research projects, covering both investigator salaries and direct research costs.

Dr Edmond Kwan (2023 Recipient)

Project Title:

Multimodal ctDNA analysis and novel imaging to inform precision use of PSMA radioligand therapy: an integrative biomarker analysis of the phase 2 TheraP trial.

DR EDMOND KWAN

Project Update:

It is with great pleasure that I provide an update on my ANZUP Synchrony Fellowship, an award that has played a pivotal role in supporting my development as an early career clinician-scientist as I establish an independent prostate cancer research program in Australia.

A major focus of my Fellowship has involved partnering with leading doctors and scientists in Australia and internationally to develop novel blood tests that can help guide treatment decisions. In the past year, our work reached a crucial milestone with publication of a world-first circulating tumour DNA study from the ANZUP TheraP trial in Nature Medicine, a leading international medical research journal. The study showed that a simple blood test looking at tiny pieces of prostate cancer DNA circulating in the bloodstream could help distinguish which patients are most likely to benefit from Lutetium PSMA radioligand therapy rather than chemotherapy. This brings us closer to more personalised treatment for advanced prostate cancer.

The same TheraP trial blood samples have also allowed us to ask new questions about the longer-term effects of treatment. In more recent work, published in Clinical Cancer Research, we examined clonal haematopoiesis, a process in which blood-forming cells acquire genetic changes over time, sometimes due to ageing or cancer treatment. While these changes do not mean a person has blood cancer, they can be associated with a higher risk of future blood disorders and other health problems. We found that these changes were more common after Lutetium PSMA than after chemotherapy, highlighting the importance of long-term blood safety monitoring as these treatments become more widely available to the public.

These findings are now helping shape the next phase of ANZUP-linked translational research. We are extending this work into other Lutetium PSMA combination studies, including ENZA-p (led by Prof Louise Emmett) and EVOLUTION (led by Prof Shahneen Sandhu). We continue to strengthen existing partnerships with researchers at the University of California San Francisco and the Dana-Farber Cancer Institute, building on what we learned from TheraP to explore the next generation of blood-based biomarkers in advanced prostate cancer.

Importantly, the Fellowship has provided protected research time at a pivotal career stage. Since returning to Australia, I have begun establishing my own research team at Monash University, been appointed Assistant Chair of the ANZUP Translational Research Subcommittee, and leveraged this Fellowship-supported work into more than $1 million in follow-on funding from a combination of national, philanthropic, and hospital-based schemes. I was particularly honoured to be named a finalist in the Victorian Premier's Award for Health and Medical Research in recognition of this work. The Synchrony Fellowship has been instrumental in making this progress possible.

PREMIER'S AWARDS FOR HEALTH AND MEDICAL RESEARCH.

What makes this work especially meaningful to me is its full-circle connection to ANZUP. So much of my early development as a clinician-researcher was shaped by the generosity, wisdom, and collegiality of the multidisciplinary ANZUP membership. The opportunity to now lead this work, using samples generously donated by participants in an ANZUP trial, feels especially significant. Those samples were a remarkable gift from patients, and the Synchrony Fellowship helped turn that gift into discoveries that are now shaping the next generation of biomarker-driven prostate cancer research. I am truly grateful to ANZUP, and to the generous donors who make fellowships like this possible, for supporting not only this science, but also my growth as an independent investigator.

MONASH PARTNERS EMCR AWARD OF NOVEL USE OF DATA, PICTURED WITH THE HONORABLE MARY-ANNE THOMAS, MINISTER FOR HEALTH OF VICTORIA.

Dr Wee-Kheng Soo (2024 Recipient)

DR WEE-KHENG SOO

Project Title:

Developing a Quality of Life-derived Frailty Index and assessing the effects of Enzalutamide and Comprehensive Geriatric Assessment on Frailty and Resilience in Prostate Cancer and Older Cancer Patients: insights from the ENZAMET and INTEGERATE randomised controlled trials.

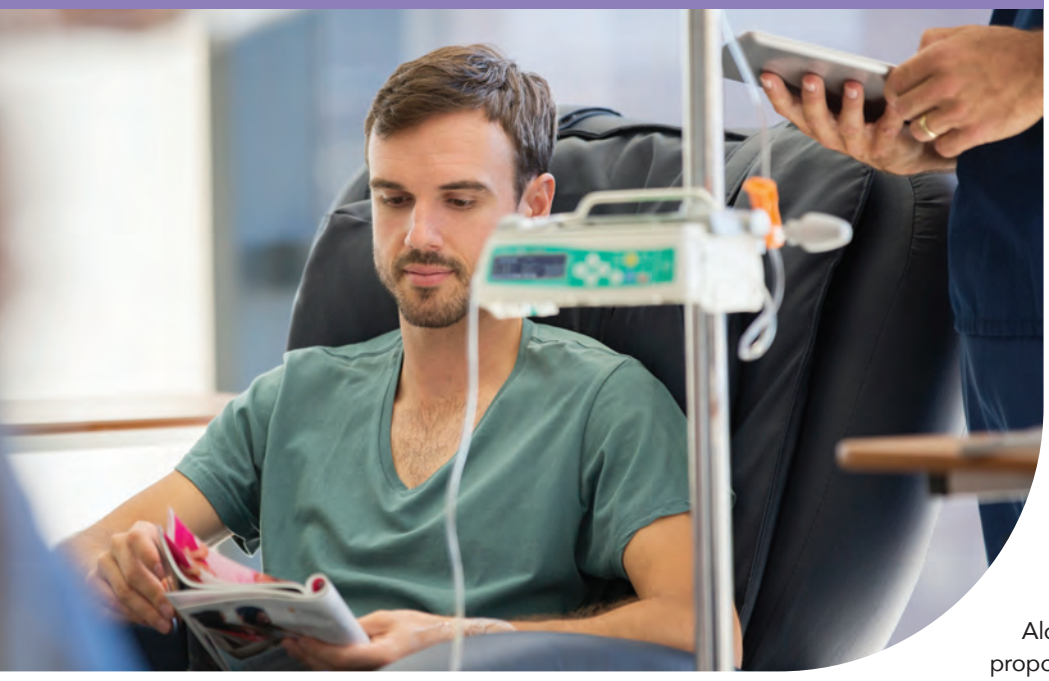
Project Update:

This project aims to develop and evaluate a frailty index using existing quality of life and health data from the ENZAMET trial, and to examine frailty, resilience, and treatment related outcomes over time in patients with prostate cancer treated with enzalutamide.

Over the past year, the project has progressed through methodological development, alongside consultation with national and international stakeholders. Alignment on the project's direction has been achieved, and the protocol and analysis plan are well advanced. Work has included refining what should be measured, testing how well the approach works, and ensuring it is reliable.

The next phase will focus on analysing the data to develop and test the frailty measure, and to better understand how frailty and resilience change over time. This will help isupport a pratical, person-centred approach to identify and manage risk in cancer care.

Noel Castan Fellowship



The Noel Castan Fellowship was established by Anita Castan in memory of her husband who passed away from cancer. Strengthening ANZUP's research efforts, it focuses on turning clinical trial findings into practical insights that can be used in real-world care, helping to improve outcomes for people affected by cancer.

KATH SCHUBACH

Kath Schubach PhD Candidate (2022 Recipient)

Project Title:

The supportive care needs of patients diagnosed and living with non-muscle invasive bladder cancer and the perceived impact on their health-related quality of life: a multi-method study.

Project Update:

How are you going with your PHD?

This progress report outlines the activity from April 2025 to March 2026. I am now in my fifth year of my PhD at Flinders University. The past year has been a steep learning curve in the world of statistics which has been both rewarding and challenging.

What are you working on at the moment?

I am currently preparing a manuscript reporting baseline data from the ANZUP BCG +MM trial, with plans to submit it for publication. In the coming year, I aim to complete my final study and prepare my thesis for submission.

Alongside this, I am developing an ethics proposal for a qualitative study. This research will involve interviewing 15 to 20 people diagnosed with high-risk non muscle invasive bladder cancer, to better understand their supportive care needs and how the condition affects their quality of life.

Will you work with anyone else?

I will work closely with the ANZUP Consumer Advisory Panel (CAP) to review the participant information, consent forms and interview guide, ensuring they are clear, respectful and not burdensome for participants.

As a nurse working in regional Victoria, I continue to support patients with urological conditions, which informs and strengthens my research.

Sounds like a busy year – what have been the key milestones for 2025/26?

- ANZUP data acquisition for quantitative study (February 2025)
- PhD mid-term candidature review (June 2025)
- PhD update presented at ANZUP Nurses Meeting (July 2025)
- Manuscript preparation for publication (March 2026)
- Ethics proposal for qualitative study (March 2026)

I will continue to submit abstracts to relevant conferences, both locally and internationally, throughout my candidature.

Appendix – Publications and Presentations

Publications

Management of Advanced Prostate Cancer in the Asia-Pacific Region: Summary of the Asia-Pacific Advanced Prostate Cancer Symposium 2025

Asia-Pacific Journal of Clinical Oncology
10 Feb 2026

Prognostic and predictive value of baseline PSMA-PET total tumour volume and SUVmean in metastatic castration-resistant prostate cancer in ENZA-p (ANZUP1901): a substudy from a multicentre, open-label, randomised, phase 2 trial

The Lancet Oncology
30 Jul 2025

Lutetium-177–PSMA-617 or cabazitaxel in metastatic prostate cancer: circulating tumor DNA analysis of the randomized phase 2 TheraP trial

Nature Medicine
27 May 2025

Association of the circulating lipid panel, PCPro, with clinical outcomes in metastatic hormone-sensitive prostate cancer: post-hoc analysis of the ENZAMET Phase 3 randomised trial (ANZUP 1304).

Science Direct
21 May 2025

Presentations

Zirconium-labelled girentuximab (^{89}Zr-TLX250) PET in Urothelial Cancer Patients (ZiPUP) – A phase I trial of a novel staging modality for urothelial carcinoma

EAU26
16 Mar 2026

BCG plus mitomycin (BCG+MM) versus BCG-alone as adjuvant intravesical therapy for high-risk, non-muscle-invasive bladder cancer (NMIBC): effects on urinary symptoms and other aspects of health-related quality of life (HRQL) in a randomised trial (BCGMM, ANZUP 1301)

EAU26
15 Mar 2026

Gemcitabine-Docetaxel Intravesical Synchronous CO-administration A phase I study: G-DISCO (ANZUP 2403)

EAU26
15 Mar 2026

Addition of Early Docetaxel to Enzalutamide for Metastatic Hormone-Sensitive Prostate Cancer: A Trial Emulation Approach based on the ENZAMET (ANZUP 1304) trial

ESMO 2025
19 Oct 2025

PCPro as a prognostic plasma lipidomic biomarker in TheraP (ANZUP 1603): a randomised trial of [^{177}Lu]Lu-PSMA-617 (LuPSMA) vs cabazitaxel in metastatic castration resistant prostate cancer (mCRPC)

ESMO 2025
19 Oct 2025

#2483P: PCPro, plasma lipid biomarker, in metastatic hormone-sensitive prostate cancer (mHSPC): from research to clinical implementation in the ENZAMET trial (ANZUP 1304)

ESMO 2025
19 Oct 2025

Circulating tumour cell (CTC) characteristics associated with survival outcomes in metastatic castration-resistant prostate cancer (mCRPC) in a randomised trial of enzalutamide with or without [^{177}Lu]Lu-PSMA-617 (ENZA-p; ANZUP 1901)

ESMO 2025
19 Oct 2025

Pembrolizumab (pembro) with chemoradiotherapy (CRT) as treatment for muscle-invasive bladder cancer (MIBC): Long-term follow up of secondary endpoints of efficacy including overall survival of the PCR-MIB phase II clinical trial (ANZUP 1502)

ASCO 2025
03 Jun 2025

Association of circulating immune and metabolic markers with clinical outcomes in the ENZAMET trial (ANZUP 1304)

ASCO 2025
03 Jun 2025

Prognostic value of PSMA-PET against CHAARTED criteria in an ENZAMET sub-cohort

ASCO 2025
03 Jun 2025

Pembrolizumab (pembro) with chemoradiotherapy (CRT) as treatment for muscle-invasive bladder cancer (MIBC): Long-term follow up of secondary endpoints of efficacy including overall survival of the PCR-MIB phase II clinical trial (ANZUP 1502)

ASCO 2025
03 Jun 2025

Association of circulating immune and metabolic markers with clinical outcomes in the ENZAMET trial (ANZUP 1304)

ASCO 2025
03 Jun 2025

8-year outcomes of enzalutamide (ENZA) versus a non-steroidal anti-androgen (NSAA) for metastatic, hormone-sensitive prostate cancer (ENZAMET; ANZUP 1304)

ASCO 2025
03 Jun 2025

Predictive and prognostic value of baseline PSMA-PET total tumor volume (TTV) and SUVmean within a randomised phase 2 trial of enzalutamide versus enzalutamide plus [177Lu] Lu-PSMA-617 (ANZUP1901)

ASCO 2025
03 Jun 2025

Clonal hematopoiesis (CH) in participants with metastatic castration-resistant prostate cancer (mCRPC) receiving 177Lu-PSMA-617 or cabazitaxel: an exploratory post-hoc analysis of a randomized phase II trial

ASCO 2025
02 Jun 2025

ANZUP®
Cancer Trials Group Limited

Financial Report

2025-2026

Annual Financial Report – 31 March 2026

Contents

General information

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

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

The financial statements were authorised for issue, in accordance with a resolution of directors, on 25 May 2026.

The Directors of the ANZUP Cancer Trials Group Limited (the company) presents the financial report on the period ended 31 March 2026 and report as follows:

Directors

The names of and other information on the Directors in office during or since the end of the year are as follows. The Directors were in office for this entire period unless otherwise stated.

Professor Ian Davis

Director (Chair)

Professor Ian Davis is a medical oncologist and is Professor of Medicine and Head of the Eastern Health Clinical School, Monash University and Eastern Health, in Melbourne, Australia. He has honorary appointments as an Affiliate Professor of Deakin University, adjunct Associate Professor of the University of Melbourne, Honorary Professor of the University of Sydney, Honorary Professorial Fellow with The George Institute, and Adjunct Professor of University of New South Wales. His primary clinical interests are in urologic cancers, and his primary research interests are in cancer immunology and the biology of urologic cancers. Prof Davis is chair of the ANZUP Board and of its Scientific Advisory Committee.

Mr Joe Esposito

Director (Deputy Chair)

Mr Joe Esposito is a Melbourne based Director who has established a business consultancy practice, Grumentum Capital Pty Ltd. For 8 years, until 2020, he owned and operated a BOQ (Bank of Queensland) branch in the inner-city suburb of Collingwood. He has had over 20 years' experience in corporate banking in Australia and New Zealand. Between 2003 and 2006 he was the CEO of ASX listed Jetset Travelworld Limited. Mr Esposito has a close affinity with the objectives of ANZUP and the needs of cancer consumers. His qualifications include a Bachelor of Commerce, a Master of Applied Finance and a Diploma in Finance and Mortgage Management. He is a graduate member of the Australian Institute of Company Directors.

Dr Nick Buchan

Director

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

Mr Martin Dowling

Director

Mr Martin Dowling has held executive and senior management level financial and commercial roles at market leading companies in their respective industries. He has delivered in leadership roles against a broad portfolio of responsibilities across a range of industries including mining, mining services, manufacturing, and engineering. He has a Bachelor of Commerce and MBA degree and is a Fellow of CPA Australia and a graduate member of the Australian Institute of Company Directors. He is committed to the pursuit of charitable and societal goals as a Director on not-for-profit boards and also actively in the local community.

Mr Glenn Ferguson AM

Director

Mr Glenn Ferguson AM is a lawyer with over 35 years of experience. He is a past President of the Law Council of Australia and past President of Lawasia the law association for Asia and the Pacific and a past President of the Queensland Law Society. Glenn is a Founding Fellow of the Australian Academy of Law, a Fellow of the Australian Institute of Company Directors and a Fellow of the Australia and New Zealand College of Notaries. He was appointed the inaugural Adjunct Professor in Law at the University of the Sunshine Coast. He is currently a Governor of the College of Law and Managing Director of FC Lawyers. He has been appointed by both Federal and State Governments to various advisory boards and task forces in the legal, business and immigration sectors. Glenn holds a number of board positions in a range of organisations and charities, both as Chair and director. In the 2015 Australia Day Honours, Glenn was made a Member of the Order of Australia "For significant service to the law and to the legal profession, both nationally and in the Asia Pacific region, and to the community".

Professor Henry Woo

Director

Professor Henry Woo is a urological surgeon who subspecialises in prostate disease. He is the Director of Uro-Oncology and Head of Robotic Cancer Surgery at the Chris O'Brien Lifehouse. He is also an Honorary Professor at the College of Health and Medicine of the Australian National University and Conjoint Professor in the Blacktown Mount Druitt Clinical School of Western Sydney University.

Additionally, he is the Head of the Department of Urology, at Blacktown Hospital in the Western Sydney Local Health District.

He has published widely in major urological journals. He is an Associate Editor of the Société Internationale d'Urologie Journal and serves on the journal editorial boards of World Journal of Urology, Prostate Cancer and Prostatic Diseases, Prostate International, Asian Journal of Urology and World Journal of Men's Health. He is a Fellowship elected Councillor (Board Director) of the Royal Australasian College of Surgeons and has recently been appointed Chair of the Professional Standards Committee. He also serves on the board of the charitable Australian Urological Foundation (AUF).

Professor Shomik Sengupta

Director

Shomik Sengupta is Professor of Surgery and deputy Head of School at the Eastern Health Clinical School, Monash University and consultant urology Visiting Medical Officer and Uro-Oncology lead at the Department of Urology, Eastern Health. Shomik has a practice with a uro-oncology subspecialty interest – including open, laparoscopic and robotic cancer surgery. He completed his urological training through the Victorian Section of the Urological Society of Australia & New Zealand (USANZ) and subsequently completed a Uro-Oncology fellowship at the Mayo Clinic, USA. He has also completed a Masters in Surgery (2002) and a Doctorate in Medicine (2014) through the University of Melbourne.

Shomik is a key opinion leader in Australian Urology and a strong contributor to USANZ, having been Chair of the Victorian training subcommittee from 2014 to 2016, and leader of the GU Oncology advisory group from 2013 to 2019. His international profile has included co-opted membership of the UAA Board as deputy-director of research, USANZ representative on the Education Council of SIU, Membership of the International Bladder Cancer Group and Executive Committee membership of the World Urological Oncology Federation.

Shomik has a strong interest in urologic research, including involvement in clinical trials through the Australian and New Zealand Urogenital & Prostate (ANZUP) cancer trials group, where he is a member of the Board and the Scientific Advisory Committee. Shomik has more than 165 original publications to date and has been an invited speaker/session chair at a number of scientific meetings. His involvement in leadership of scientific meetings includes current membership of the Scientific program committee for the Societe Internationale d'Urologie (SIU) 2025 Annual Congress and having been Scientific Co-chair of the Urological Association of Asia (UAA) 2022 Annual congress, Scientific Program Director for the 2017 USANZ Annual Scientific Meeting and Convenor of the 2013 ANZUP Annual Scientific Meeting. Shomik is also on the editorial board of multiple journals including the ANZ Journal of surgery, Translational Andrology and Urology, BMC Urology etc.

Professor Lisa Horvath

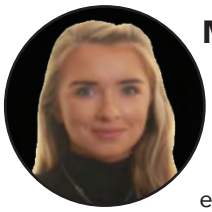
Director

Professor Lisa Horvath is the Director of Research and Chief Clinical Officer at the Chris O'Brien Lifehouse. She completed medical school at the University of Sydney and trained in medical oncology at Royal Prince Alfred Hospital, where she was appointed to the senior staff in 2003. She completed her PhD in translational research at the Garvan Institute of Medical Research in 2004. Professor Horvath's research interest is predominantly in the field of prostate cancer in particular biomarkers, prostate cancer biology and clinical trials. She holds academic appointments at both the University of Sydney and the University of New South Wales and is the Head of the Clincal Prostate Cancer research group at the Garvan Institute of Medical Research. Professor Horvath is the Conjoint Chair of Medical Oncology (Genitourinary Cancers) at Chris O'Brien Lifehouse. She has published more than 170 original research papers in peer-reviewed journals in the last 20+ years. She has presented extensively at national and international meetings both peer-reviewed and invited presentations. Professor Horvath is an elected ANZUP Board Director, a member of the ANZUP Scientific Advisory Committee and is Chair of the ANZUP Prostate Subcommittee.

Professor Lisa Butler

Director

Professor Lisa Butler is a Program Lead in Resistance Prevention and Prostate Cancer Group Leader in the South Australian Immunogenomics Cancer Institute (SAiGENCI), at the University of Adelaide. She has also served as Director of the Solid Tumour Program at the South Australian Health and Medical Research Institute (SAHMRI; 2020-2024). Prof Butler holds a Ph.D. in cancer biology from the University of Adelaide with postdoctoral training in preclinical drug development at Memorial Sloan-Kettering Cancer Centre in New York (1998-2001). Prof Butler's research focuses on androgen signalling and lipid metabolism in prostate cancer, and on biomarker discovery coupled to drug development. This leverages her unique preclinical models involving primary clinical samples, prostate biobanking and strong industry and clinical engagement. She is committed to mentoring early- and mid-career researchers, and designed and implemented a cancer-focused Graduate Program for Higher Degree Research students at SAiGENCI. Prof Butler has served as Senior Editor for Mol Cancer Res (2022-), Senior Advisory Editor for Endocrine Related Cancer (2024-), and Editorial Board for JNCI (2019-2021). She also serves on the Scientific Advisory Board of ANZUP (2020-) and is Chair of the Research Advisory Committee for the Prostate Cancer Foundation of Australia (2021-).



Ms Darragh Shine

Company Secretary

Darragh is an experienced Assistant Company Secretary who has six years' experience working as a company secretary, three of which years working with global investment funds in a top law firm in Dublin, Ireland, including pension funds and insurance companies. Darragh moved to Australia and has been working with BoardRoom since July 2022. She provides corporate secretarial services to companies across a range of industry sectors, including financial services, digital tech, pharmaceutical, universities and not-for-profit organisations.

Darragh has a detailed knowledge of regulatory requirements, including ASIC, as well as best practices in Corporate Governance.

Darragh has a Bachelor of Law degree and a LLM Masters in Law from Dublin City University, as well as a Graduate Diploma in Corporate Governance and Management from University of Ulster, Ireland.

Principal Activity

The principal activity of the company is to deliver on our vision of a future where people can live life without fear of cancer. We do this by improving outcomes for those affected by bladder, kidney, testicular, penile and prostate cancers through practice-changing, multidisciplinary and collaborative clinical trials.

There were no significant changes in the nature of the principal activities during the year.

Operating Result

The net result of the company for the financial year after providing for income tax was a deficit of $639,414 (2025: surplus $1,068,267). The company is a not-for-profit entity and is exempt from the payment of income tax.

Company Objectives

Guided by our vision of people living life without fear of cancer, and our mission to improve the lives of those affected by bladder, kidney, testicular, penile and prostate cancers, ANZUP's objectives are to advance impactful, investigator-led cancer research and ensure its benefits are realised across the community.

We achieve this by:

- Leading practice-changing, multidisciplinary and collaborative clinical trials in urogenital cancers
- Driving investigator-initiated, industry-independent research that is grounded in scientific evidence and focused on patient outcomes
- Bringing together clinicians, researchers, and consumers to identify and address areas of unmet need
- Embedding translational research across our portfolio to accelerate the application of discoveries into clinical practice
- Ensuring research findings and data are accessible to support future innovation and improved outcomes
- Expanding access to clinical trials for all people affected by urogenital cancers, with a focus on equity for underserved populations
- Building ANZUP's reach and relevance by influencing policy, practice and awareness through globally significant research
- Supporting and growing a diverse and engaged membership through mentorship, education and leadership development
- Strengthening capacity through sustainable funding, including government, industry and philanthropy, to support our independent research agenda
- Fostering meaningful, two-way engagement with consumers and people with lived experience to ensure research remains relevant and impactful

The company will continue to deliver on these objectives by expanding its clinical trial portfolio nationally and internationally, strengthening collaborations with key partners and peak bodies, investing in capability, systems and infrastructure, and maintaining a strong commitment to integrity, respect, collaboration, agility and excellence in all that we do.

Future Developments

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

Indemnification of Officers and Auditors

The company has paid premiums to insure each director against liabilities for costs and expenses incurred by them in defending any legal proceedings arising out of their conduct involving a wilful breach of duty in relation to the company. The amount of the premium paid during the period was $3,764.57.

After Balance Date Events

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

Meetings of Directors

The number of meetings each Director was eligible to attend and actually attended during the financial year is summarised as follows:

Directors' meetings		
	Number eligible to attend	Number attended
Prof Ian Davis (Chair)	4	4
Mr Joe Esposito (Deputy Chair)	4	3
Dr Nick Buchan	4	4
Prof Lisa Butler	4	3
Mr Martin Dowling	4	4
Mr Glenn Ferguson AM	4	4
Prof Lisa Horvath	4	3
Prof Shomik Sengupta	4	3
Prof Henry Woo	4	3

Limitation of Members' Liability

The company is registered under the Australian Charities and Not-for-profits Commission Act 2012 as a company limited by guarantee. If the company is wound up, its Constitution states that each member is required to contribute a maximum of $50 each towards meeting any outstanding obligations of the company. At 31 March 2026 the number of members was 2,703 and their collective liability was $135,150.

Auditor's Independence Declaration

The auditors' independence declaration for the year ended 31 March 2026 has been received and can be found on the following page.

Signed in accordance with a resolution of the Board of Directors:

Ian Davis
Chair
Sydney, 25 May 2026

	Note	2026 $	2025 $
ASSETS			
Current assets			
Cash and cash equivalents	6	6,679,179	4,539,831
Trade and other receivables	7	1,099,970	2,707,697
Total current assets		7,779,149	7,247,528
Non-current assets			
Financial assets	8	13,973,985	13,347,505
Property, plant and equipment	9	19,075	21,894
Total non-current assets		13,993,060	13,369,399
TOTAL ASSETS		21,772,209	20,616,927
LIABILITIES			
Current liabilities			
Trade and other payables	10	12,231,254	10,449,982
Employee benefits	11	147,662	114,684
Total current liabilities		12,378,916	10,564,666
Non-current liabilities			
Employee benefits	11	28,165	14,867
Total non-current liabilities		28,165	14,867
TOTAL LIABILITIES		12,407,081	10,579,533
NET ASSETS		**9,365,128**	**10,037,394**
FUNDS			
Accumulated funds		8,932,940	9,572,354
Reserves		432,188	465,040
TOTAL FUNDS		**9,365,128**	**10,037,394**

The Accompanying notes form part of these financial statements

ANZUP Cancer Trials Group Limited
Statement of Profit or Loss and Other Comprehensive Income
for the year ended 31 March 2026

	Note	2026 $	2025 $
Revenue	4	9,234,893	7,373,095
Other income	4	826,664	842,678
		10,061,557	8,215,773
Expenses			
Administration expenses		(2,151,965)	(2,288,803)
Depreciation	5	(12,141)	(10,804)
Employee benefits expense		(2,344,602)	(2,039,044)
Unrealised foreign currency loss	5	(623,812)	-
Grant funding - Below The Belt Grants		(150,000)	(177,273)
Grant funding - other		(5,416,746)	(2,628,015)
Other expenses		(1,705)	(3,567)
		(10,700,971)	(7,147,506)
Surplus (deficit) before income tax		(639,414)	1,068,267
Income tax expense		-	-
Surplus (deficit) for the year		(639,414)	1,068,267
Other comprehensive income			
Items that may be reclassified subsequently to profit or loss			
Fair value loss on financial assets	8	(32,852)	(3,883)
Other comprehensive income (loss) for the year		(32,852)	(3,883)
Total comprehensive income (loss) for the year		**(672,266)**	**1,064,384**

The Accompanying notes form part of these financial statements

	Accumulated Funds	Financial Assets Reserve	Total
	$	$	$
Balance at 1 April 2024	8,504,087	468,923	8,973,010
Comprehensive income			
Surplus (deficit) for the year	1,068,267	-	1,068,267
Other comprehensive income			
Fair value loss on financial assets	-	(3,883)	(3,883)
Total comprehensive income (loss) for the year	1,068,267	(3,883)	1,064,384
Balance at 31 March 2025	**9,572,354**	**465,040**	**10,037,394**
Balance at 1 April 2025	9,572,354	465,040	10,037,394
Comprehensive income			
Surplus (deficit) for the year	(639,414)	-	(639,414)
Other comprehensive income			
Fair value loss on financial assets	-	(32,852)	(32,852)
Total comprehensive income (loss) for the year	(639,414)	(32,852)	(672,266)
Balance at 31 March 2026	**8,932,940**	**432,188**	**9,365,128**

The Accompanying notes form part of these financial statements

ANZUP Cancer Trials Group Limited
Statement of Cash Flows
for the year ended 31 March 2026

	Note	2026 $	2025 $
Cash flows from operating activities			
Receipts from customers and government		3,909,378	263,342
Payments to suppliers and employees		(9,933,921)	(7,708,330)
Donations, legacies and fundraising receipts		332,399	126,116
Grants received		8,328,262	7,387,079
Interest received		172,566	838,252
Net cash flows from operating activities		2,808,684	906,459
Cash flows from investing activities			
Purchase of property, plant and equipment		(10,004)	(25,126)
Purchase of financial assets		(659,332)	(471,686)
Net cash flows from investing activities		(669,336)	(496,812)
Net increase in cash and cash equivalents		2,139,348	409,647
Cash and cash equivalents at the beginning of the financial year		4,539,831	4,130,184
Cash and cash equivalents at the end of the financial year	6	**6,679,179**	**4,539,831**

The Accompanying notes form part of these financial statements

Note 1 - Corporate information

The financial report includes the financial statements and notes of ANZUP Cancer Trials Group Limited ('the company'). ANZUP Cancer Trials Group Limited is registered as a company limited by guarantee and not having a share capital under the provisions of the *Australian Charities and Not-for-profits Commission Act 2012*.

ANZUP is a multidisciplinary cancer cooperative trials group that conducts clinical trial research to improve treatment of bladder, kidney, testicular, penile and prostate cancers. The company continues to strengthen its trials portfolio, build membership base, improve communications, enhance the activities of the company's committees and subcommittees, develop new resources and opportunities for members, and to ensure financial viability for current and projected future activities.

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

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

The financial statements were approved by the Board of Directors on 25 May 2026.

Note 2 - Basis of preparation

Statement of compliance
These general-purpose financial statements have been prepared in compliance with the requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and *Australian Accounting Standards - Simplified Disclosures*. The company is a not-for-profit entity for the purposes of preparing these financial statements.

Basis of measurement
The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

Comparatives
Where required by Accounting Standards or to achieve consistency in financial statements presentation, the prior year financial comparatives have been adjusted to conform with current year disclosures and allow comparison with current financial year disclosures.

Critical accounting estimates and judgements
The Directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

Key estimates
Impairment - general
The Directors assess impairment at the end of each reporting period by evaluation of conditions and events specific to the company that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

Estimation of useful lives of assets
The estimation of the useful lives of assets has been based on historical experience as well as manufacturers' warranties (for plant and equipment) and turnover policies (for motor vehicles). In addition, the condition of the assets is assessed at least once per year and considered against the remaining useful life. Adjustments to useful lives are made when considered necessary.

Note 2 - Basis of preparation (continued)

New and revised standards that are effective for these financial statements
For the year ended 30 June 2026 there is only one new mandatory accounting applicable to the company:

- *AASB 2023-5: Amendments to Australian Accounting Standards – Lack of Exchangeability*

The application of AASB 2023-5 has not had a material impact on the carrying values of the company's asset, liability or equity balances; nor a material impact on the disclosures in the financial report nor the recognition and measurement of the company's revenue or expenses.

New standards and interpretations not yet adopted – financial reporting framework
For the year ended 30 June 2026 there is only one new accounting standard, amendment and interpretation that has been published that is not mandatory for the 30 June 2026 reporting period and has not been early adopted by the company:

- *AASB 18 – Presentation and Disclosure in Financial Statements* (applicable for the year ending 30 June 2029)

It is not expected that *AASB 18* will have a material impact on the company in future reporting periods.

New standards and interpretations not yet adopted – sustainability reporting framework
The Australian Accounting Standards Board approved Australian Sustainability Reporting Standards in September 2024, having both voluntary and mandatory reporting implications for Australian companies over differing periods of implementation depending on revenue, gross assets and full-time equivalent employee number metrics. These standards are:

- *AASB S1 – General Requirements for Disclosure of Sustainability-related Financial Information* (voluntary disclosure available for the year ended 30 June 2026)
- *AASB S2 – Climate-related Disclosures* (applicable for the year ending 30 June 2026, depending on criteria qualification outcomes)

It is not expected that *AASB S1* or *AASB S2* will have a material impact on the company in future reporting periods. *AASB S1* and *AASB S2* will only have mandatory application to entities required to report under Chapter 2M of the *Corporations Act 2001* for annual reporting periods commencing on or after 1 July 2025. The company is currently assessing whether there will be any material change to disclosures in financial reporting in future years as a consequence of sustainability reporting requirements. As at the date of this financial report *AASB S1* and *AASB S2* do not have mandatory application to the company as the company prepares its financial report under the *Australian Charities and Not-for-profits Commission Act 2012* financial reporting framework.

Note 3 - Accounting policies

The material accounting policies adopted in the preparation of the financial report are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

Goods and services tax (GST)
Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

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

Note 3 - Accounting policies (continued)

Goods and services tax (GST) (continued)
Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

Income tax
ANZUP Cancer Trials Group Limited is a not-for-profit exempt institution from income tax under Division 50 of the *Income Tax Assessment Act 1997*. The company has deductible gift recipient (DGR) status.

Revenue recognition
Amounts disclosed as revenue are net of returns, trade allowances and duties and taxes including goods and services tax (GST). Revenue is recognised for the major business activities as follows:

Conference income
Annual Scientific Meeting (ASM) conference revenue is recognised during the year in which the event takes place. The company contracts a professional events co-ordinator to manage the staging of the ASM conference including the receipt of revenue and payment of expenses in relation to the event.

Distributions from managed funds
Revenue from distributions from managed funds is recognised on an accruals basis.

Donations
Income arising from the contribution of an asset (including cash) is recognised when the following conditions have been satisfied:

a) the company obtains control of the contribution or the right to receive the contribution;
b) it is probable that the economic benefits comprising the contribution will flow to the company; and
c) the amount of the contribution can be measured reliably at the fair value of the consideration received.

Grants
Revenue from government and pharmaceutical grants are recognised as revenue when the company obtains control over the asset comprising the contributions. The company does not have control of the contribution or does not have the right to receive the contribution or has not fulfilled grant conditions, the grant contribution is treated as deferred income.

Interest
Interest revenue is recognised as it accrues using the effective interest method.

Sponsorship revenue
Sponsorship revenue is recognised over the period to which the sponsorship relates.

Other revenue
Other revenue is recognised as revenue on an accruals basis.

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

Note 3 - Accounting policies (continued)

Trade receivables

For all sources of recurrent income, trade receivables are recognised initially at fair value and subsequently measured at amortised cost, less provision for doubtful debts. Collectability of trade receivables is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off. A provision for impairment is established when there is objective evidence that the company will not be able to collect all amounts due according to the original terms of receivables.

The amount of the provision is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. The amount of the provision is recognised in the statement of profit or loss and other comprehensive income.

Property, plant and equipment

Recognition and measurement

Each class of property, plant and equipment is carried at cost less, where applicable, any accumulated depreciation and impairment losses. Cost includes expenditure that is directly attributable to the acquisition of the asset. Purchased software that is integral to the functionality of the related equipment is capitalised as part of that equipment. Gains and losses on disposals are determined by comparing proceeds with carrying amount. These are included in the statement of comprehensive income.

Subsequent costs

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the company and the cost of the item can be measured reliably.

Carrying Amount

The carrying amount of property, plant and equipment is reviewed annually by the Directors to ensure that it is not in excess of the recoverable amount from those assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets' employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

Depreciation

The depreciable amount of all property, plant and equipment and capital works in progress, is depreciated on a straight line basis over the asset's useful life to the company commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable assets are:

Office equipment	33%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period. An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Financial instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the company becomes a party to the contractual provisions to the instrument. For financial assets this is equivalent to the date that the company commits itself to either purchase or sell the asset. Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified "at fair value through profit or loss" in which case transaction costs are expensed to profit or loss immediately.

Note 3 - Accounting policies (continued)

Financial instruments (continued)

Initial recognition and measurement (continued)

Trade receivables are initially measured at the transaction price if the trade receivables do not contain a significant financing component.

Financial assets at fair value through profit or loss

Financial assets that are held within a different business model other than to "hold and collect" or "hold to collect and sell" are categorised at fair value through profit or loss. The initial designation of financial instruments to measure at fair value through profit or loss is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

Impairment of assets

Assets that have an indefinite useful life are not subject to amortisation and are tested annually for impairment. Assets that are subject to amortisation are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs to sell and value in use. For the purposes of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash flows (cash generating units). Impairment losses are reversed when there is an indication that the impairment loss may no longer exist and there has been a change in the estimate used to determine the recoverable amount.

Trade and other payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the company during the reporting period, which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability. The carrying amount of trade and other payables is deemed to reflect fair value.

Income received in advance

Income, other than government contract income, that is received before the service to which the payment relates has been provided is recorded as a liability until such time as the service has been provided, at which time it is recognised in the statement of comprehensive income.

Employee benefits

Short-term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled.

Other long-term employee benefits

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

Fair value of assets and liabilities

The company measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard. Fair value is the price the company would receive to sell an asset or would have to pay to transfer a liability in an orderly (ie unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

Note 3 - Accounting policies (continued)

Fair value of assets and liabilities (continued)
As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from either the principal market for the asset or liability (ie the market with the greatest volume and level of activity for the asset or liability) or, in the absence of such a market, the most advantageous market available to the company at the end of the reporting period (ie the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

The fair value of liabilities and the company's own equity instruments (excluding those related to share-based payment arrangements) may be valued, where there is no observable market price in relation to the transfer of such financial instruments, by reference to observable market information where such instruments are held as assets. Where this information is not available, other valuation techniques are adopted and, where significant, are detailed in the respective note to the financial statements.

Foreign currency transactions and balances
Foreign currency transactions are translated into functional currency using the exchange rates prevailing at the date of the transaction. Foreign currency monetary items are translated at the year-end exchange rate. Non-monetary items measured at historical cost continue to be carried at the exchange rate at the date of the transaction. Non-monetary items measured at fair value are reported at the exchange rate at the date when fair values were determined.

	2026 $	2025 $
Note 4 - Revenue and other income		
Revenue		
Grant income	7,214,987	5,854,498
Donations	332,399	126,116
Honorariums	5,442	14,276
Corporate Supporter Program	400,000	286,250
Sponsorship	397,906	148,500
Annual Scientific Meeting	884,159	943,455
Total revenue	9,234,893	7,373,095
Other income		
Interest income	150,507	326,789
Investment income	676,157	511,463
Sundry income	-	4,426
Total other income	826,664	842,678
Total revenue and other income	10,061,557	8,215,773
Note 5 - Expenses		
Depreciation - property, plant and equipment	12,141	10,804
Unrealised foreign currency loss	623,812	-
Net loss on disposal of property, plant and equipment	682	3,567
Note 6 - Cash and cash equivalents		
Cash at bank	849,757	1,480,402
Term deposits	5,829,422	3,059,429
Total cash and cash equivalents	6,679,179	4,539,831
Note 7 - Trade and other receivables		
Current		
Trade receivables	815,918	2,356,748
Other receivables	98,841	68,555
Prepayments	185,211	282,394
Total current trade and other receivables	1,099,970	2,707,697
Note 8 - Financial assets		
Non-current		
Managed investments	13,973,985	13,347,505
Total non-current financial assets	13,973,985	13,347,505
Movements in carrying amount		
Opening net carrying amount	13,347,505	12,879,702
Additions	659,332	471,686
Fair value loss	(32,852)	(3,883)
Closing net carrying amount	13,973,985	13,347,505

	2026 $	2025 $
Note 9 - Property, plant and equipment		
Office equipment - at cost	35,799	29,472
Accumulated depreciation	(16,724)	(7,578)
Net carrying amount	19,075	21,894
Movements in carrying amounts		
Opening net carrying amount	21,894	11,139
Additions	10,004	25,126
Disposals	(682)	(3,567)
Depreciation charge for the year	(12,141)	(10,804)
Closing net carrying amount	19,075	21,894
Note 10 - Trade and other payables		
Current		
Trade payables	1,033,224	199,217
Income in advance	10,979,035	9,865,760
Other payables	218,995	385,005
Total current trade and other payables	12,231,254	10,449,982
Note 11 - Employee benefits		
Current		
Annual leave	128,382	103,206
Long service leave	19,280	11,478
Total current employee benefits	147,662	114,684
Non-current		
Long service leave	28,165	14,867
Total non-current employee benefits	28,165	14,867
Note 12 - Key management personnel		
Remuneration of key management personnel		
The aggregate amount of compensation paid to key personnel during the year was:	275,554	261,420
Note 13 - Auditor's remuneration		
Fees paid to StewartBrown, Chartered Accountants:		
Audit of the financial report	17,000	16,000
Preparation of the financial report	5,000	5,200
Total auditor's remuneration	22,000	21,200

Note 14 - Related party transactions

During the year, the company received honorariums of $5,442 (2025: $14,276). These honorariums were in relation to speaking engagements undertaken by Ian Davis and Craig Gedye.

Note 15 - Limitation of members' liability

The company is incorporated as a company limited by guarantee, and in accordance with the constitution the liability of members in the event of the company being wound up would not exceed $50 per member. At 31 March 2026 the number of members of this company was 2,703 (2025: 2,523).

	2026 $	2025 $

Note 16 - Commitments

Research grants

Commitments contracted for at the reporting date, but not recognised as liabilities are as follows:

Within one year	2,426,053	10,474,784
Later than one year but not later than five years	1,585,483	1,826,034
	4,011,536	12,300,818

Contingent liabilities and capital commitments

The company has no contingent liabilites or capital commitments as at year end (2025:

Note 17 - Charitable fundraising activities

(a) Fundraising income and expenditure

Gross proceeds from fundraising	57,043	126,116
Total costs of fundraising	58,131	142,627
Net surplus (deficit) from fundraising	(1,088)	(16,511)

(b) Key fundraising ratios

Total cost of fundraising (A)	58,131	142,627
Gross proceeds from fundraising (B)	57,043	126,116
(A) divided by (B)	*102%*	*113%*
Net surplus (deficit) from fundraising (A)	(1,088)	(16,511)
Gross proceeds from fundraising (B)	57,043	126,116
(A) divided by (B)	*-2%*	*-13%*

(c) Fundraising income activities

Income is mainly derived from general fundraising activities and Pedalthon fundraising event.

(d) Expenditure of funds raised

All funds derived were applied towards achieving ANZUP's charitable objectives.

(e) Directors' Declaration

Made in accordance with a resolution of the Directors under the New South Wales *Charitable Fundraising Act 1991* .

Note 18 - Events occurring after balance date

There were no significant events occurring after balance date.

DIRECTORS' DECLARATION

The Directors of ANZUP Cancer Trials Group Limited declare that:

1. The financial statements, which comprises the statement of financial position as at 31 March 2026, and the statement of profit or loss and other comprehensive income, statement of changes in funds and statement of cash flows for the year ended on that date, and notes to the financial statements, including material accounting policy information, are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and:

   (a) comply with *Australian Accounting Standards - Simplified Disclosures* (including Australian Accounting Interpretations) and the *Australian Charities and Not-for-profits Commission Regulations 2022*; and

   (b) give a true and fair view of the financial position of the company as at 31 March 2026 and of its performance for the year ended on that date.

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

This declaration is made in accordance with a resolution of the Board of Directors.

Ian Davis
Chair

Sydney, 25 May 2026

DIRECTORS' DECLARATION
UNDER THE *CHARITABLE FUNDRAISING ACT 1991*

In the opinion of the Directors of ANZUP Cancer Trials Group Limited:

(i) The financial statements and notes thereto give a true and fair view of all income and expenditure with respect to fundraising appeals conducted by the company for the year ended 31 March 2026;

(ii) The statement of financial position as at 31 March 2026 gives a true and fair view of the state of affairs of the company with respect to fundraising appeals conducted by the company;

(iii) The provisions of the *Charitable Fundraising Act 1991*, the regulations under that Act, and the conditions attached to the authority to fundraise have been complied with by the company; and

(iv) The internal controls exercised by the company are appropriate and effective in accounting for all income received and applied by the company from any of its fundraising appeals.

This declaration is made in accordance with a resolution of the Board of Directors.

Ian Davis
Chair

Sydney, 25 May 2026

StewartBrown
Chartered Accountants

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www.stewartbrown.com.au

ANZUP CANCER TRIALS GROUP LIMITED
ABN 32 133 634 956

FINANCIAL REPORT - 31 MARCH 2026

AUDITOR'S INDEPENDENCE DECLARATION UNDER s60-40
OF THE *AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012*
TO THE DIRECTORS OF ANZUP CANCER TRIALS GROUP LIMITED

I declare that, to the best of my knowledge and belief, during the year ended 31 March 2026 there has been:

(a) no contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and

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

StewartBrown

StewartBrown
Chartered Accountants

Justin Weiner
Partner

25 May 2026

StewartBrown
Chartered Accountants

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ANZUP CANCER TRIALS GROUP LIMITED
ABN 32 133 634 956

FINANCIAL REPORT - 31 MARCH 2026

INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF ANZUP CANCER TRIALS GROUP LIMITED

Opinion

We have audited the financial report of ANZUP Cancer Trials Group Limited which comprises the statement of financial position as at 31 March 2026, the statement of profit or loss and other comprehensive income, the statement of changes in funds and statement of cash flows for the year then ended, and notes to the financial statements, including material accounting policy information, and the Directors' Declaration.

In our opinion, the accompanying financial report of ANZUP Cancer Trials Group Limited is in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:

a) giving a true and fair view of the company's financial position as at 31 March 2026 and of its financial performance for the year then ended, and

b) complying with *Australian Accounting Standards - Simplified Disclosures* and the *Australian Charities and Not-for-profits Commission Regulations 2022*.

Basis for Opinion

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

We confirm that the independence declaration required by the *Australian Charities and Not-for-profits Commission Act 2012*, which has been given to the Directors of the company, would be in the same terms if given to the Directors as at the time of this auditor's report.

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

Directors' Responsibility for the Financial Report

The Directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with *Australian Accounting Standards - Simplified Disclosures* and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the Directors determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

The Directors are responsible for overseeing the company's financial reporting process.

StewartBrown
Chartered Accountants

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ANZUP CANCER TRIALS GROUP LIMITED
ABN 32 133 634 956

FINANCIAL REPORT - 31 MARCH 2026

INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF ANZUP CANCER TRIALS GROUP LIMITED

Auditor's Responsibilities for the Audit of the Financial Report

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

A further description of our responsibilities for the audit of the financial report is located at *The Auditing and Assurance Standards Board,* and the website address is http://www.auasb.gov.au/Home.aspx

We communicate with the Directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Report on Charitable Fundraising Regulations and Requirements

We have audited the financial report as required by Section 24 of the New South Wales *Charitable Fundraising Act 1991*. Our procedures included obtaining an understanding of the internal control structure for fundraising appeal activities and examination, on a test basis, of evidence supporting compliance with the accounting and associated record keeping requirements for fundraising appeal activities pursuant to the New South Wales *Charitable Fundraising Act 1991* and the New South Wales *Charitable Fundraising Regulations 2021.*

Because of the inherent limitations of any assurance engagement, it is possible that fraud, error or non-compliance may occur and not be detected. An audit is not designed to detect all instances of non-compliance with the requirements described in the above-mentioned Act and Regulations as an audit is not performed continuously throughout the period and the audit procedures performed in respect of compliance with these requirements are undertaken on a test basis. The audit opinion expressed in this report has been formed on the above basis.

ANZUP CANCER TRIALS GROUP LIMITED
ABN 32 133 634 956

FINANCIAL REPORT - 31 MARCH 2026

INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF ANZUP CANCER TRIALS GROUP LIMITED

Opinion
In our opinion:

a) The financial report of the company has been properly drawn up and associated records have been properly kept during the financial year ended 31 March 2026, in all material respects, in accordance with:

   i. Sections 20(1), 22(1-2), 24(1) of the New South Wales *Charitable Fundraising Act 1991*; and

   ii. Section 17 of the New South Wales *Charitable Fundraising Regulations 2021*.

b) The money received as a result of fundraising appeals conducted by the company during the financial year ended 31 March 2026 has been properly accounted for and applied, in all material respects, in accordance with the above-mentioned Act and Regulations.

StewartBrown
Chartered Accountants

Justin Weiner
Partner

25 May 2026

Partners

We value our collaborations with key national and international organisations, which helps keep ANZUP at the forefront of research and improve outcomes for people affected by Below the Belt cancers.

National Partners

Australia & New Zealand Urological Nurses Society (ANZUNS) - represented on the ANZUP SAC by Kath Schubach

Australian Clinical Trials Alliance (ACTA)

Cancer Australia

University of Sydney National Health and Medical Research Council Clinical Trials Centre (CTC)

The George Institute for Global Health (TGI)

Walter and Eliza Hall Institute of Medical Research (WEHI)

Hunter Medical Research Institute (HMRI)

Centre for Biostatistics and Clinical Trials (BaCT)

Prostate Cancer Foundation Australia (PCFA)

Cancer Councils

Clinical Oncology Society of Australia (COSA)

UNSW Sydney

Colleges (e.g. RACP, RANZCR, RACS)

Medical Oncology Group of Australia

Movember

TROG (Trans Tasman Radiation Oncology Group) Cancer Research

Other National Cancer Cooperative Trials Groups

Urological Society of Australia & New Zealand (USANZ)

Roy Morgan Research

International Partners

Alliance for Clinical Trials in Oncology

Canadian Cancer Trials Group (CCTG)

Cancer Research UK

Cancer Trials Ireland (CTI)

Children's Oncology Group (COG)

Dana-Farber Cancer Institute

European Organisation for Research and Treatment of Cancer (EORTC)

Medical Research Council (MRC) UK

National Cancer Institute

Prostate Cancer Clinical Trials Consortium (PCCTC)

Prostate Cancer Foundation New Zealand (PCFNZ)

University College London

Notes

ANZUP Cancer Trials Group Limited

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