



together
we can defeat cancer

2014 Annual Research Report

our mission

TROG conducts world-class research involving radiotherapy to improve outcomes and quality of life for people affected by cancer.



our values

Collaboration: We will work with key stakeholders, organisations and community groups who share our aim of defeating cancer.

Quality: Our research is guided by innovation, best practice, rigour and accuracy.

Care: We provide the utmost care and consideration for patients and families, as well as members of our own team and all those with whom we come into contact during the course of our work.

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about TROG

TROG has been improving the way in which radiotherapy is delivered to cancer patients for over 25 years. The research our Australian and New Zealand-based members conduct is renowned internationally.

TROG Cancer Research was the recipient of the 'Innovation in Cancer Clinical Trials' award at the 2013 NSW Premier's Awards for Outstanding Cancer Research.



All types of cancer, one treatment.

TROG's research focus is on one type of treatment, radiotherapy, for the many types of cancers it can treat such as breast, lung, prostate, skin, head and neck.

Like chemotherapy and surgery, radiotherapy is a widely used cancer treatment. In fact, around 1 in 6 people will receive radiotherapy in their lifetime. Radiotherapy controls and even cures various cancers using high energy x-rays and similar rays, and cutting-edge research is continually improving techniques.

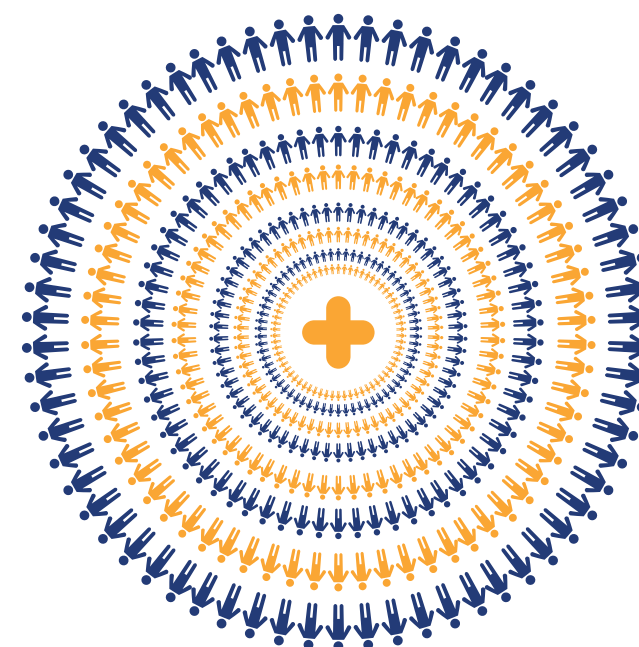


ONE in **TWO** cancer patients will benefit from radiotherapy.



over **100** hospitals and cancer centres run TROG trials around the **WORLD.**

over **13,200** people have volunteered to participate in more than 80 TROG trials since our inception.



over **1000** health professionals have become members of our TROG community.

message from the president

Associate Professor Sandro Porceddu



All members of TROG Cancer Research share a common goal, which is reflected in the TROG Mission Statement: to conduct world-class research involving radiotherapy to improve outcomes and quality of life for people affected by cancer. It is an honour to be the President of a group which is held in such high esteem locally, nationally and internationally.

Since 1989, TROG Cancer Research has been making a difference to the way cancer is treated and to the outcomes of people and their families affected by cancer. An example is our head and neck cancer breakthrough TROG 07.03 - patients who received daily humidification during radiotherapy treatment spent nearly 50% fewer days in hospital to manage side effects. The benefits to a patient, family and associated cost are enormous.

2014 saw many positive outcomes and achievements for TROG. Some of these were:

- Review of the TROG Constitution resulting in changes to TROG Membership – all professionals qualified in their field can now become a full TROG Member
- Introduction of fee-for-service for the conduct of Trial Coordination from the Central Operations Office
- Successful grant applications to support TROG trials in development
- A major partnership deal was signed between GenesisCare and TROG
- On-going corporate sponsorship from Varian and other sponsors
- Successful Annual Scientific Meeting with over 200 delegates in attendance
- TROG continues to improve communication to members, community, patients, other collaborative groups and sponsors
- Implementation of Sub-Specialty Tumour Groups to improve the strategic direction of the trials portfolio.

As cancer researchers, we aim to improve treatments and deliver a better quality of life. This can only be achieved through the work of many dedicated people in all areas of health. Clinicians, radiation therapists, medical physicists, research nurses, statisticians, trial coordinators, members of our Board, Scientific Committee, Sub-Specialty Groups and others, all whom share their areas of expertise and give their time to improve cancer treatments.

I would like to thank the TROG membership for their continued support. I feel fortunate to be the President of such a wonderful team and look forward to 2015.



message from the Chief Operations Officer and Research Manager

Joan Torony



It has been a momentous year for TROG, our research portfolio, Quality Assurance Program and the conduct of clinical trials. We commenced the year with the implementation of our new Strategic Plan, identifying our three strategic goals for 2014-2016 as financial sustainability; enhanced communication with stakeholders; and improved clinical trial conduct. We are pleased to advise that, with the engagement of our membership, the majority of our Key Performance Indicators are on target.

In the past year, TROG has continued to cultivate its reputation as a world-class research organisation and an industry leader. Our constant aim is to improve the lives of those affected by cancer through innovative research and treatment techniques, as we strive towards breakthrough discoveries. We are proud to be known as the highest recruiting collaborative cancer trials group in Australia.

Over the past 12 months, TROG has continued to enhance communication with members, the public, corporate organisations, collaborative groups and community groups. Our new and improved TROG website has been extremely well-received as a user-friendly resource and we have continued to broaden our reach in the digital landscape with increased social media engagement and regular e-news updates to both our members and the community. In 2015, we will continue to increase TROG's media exposure, celebrate our successes and boost our profile as an international research leader.

In 2014 we also welcomed our collaboration with GenesisCare as one of our major sponsors. We would like to thank all of our sponsors for their support over the year. This last year also saw 15 new proposals submitted from our membership. We also congratulate several of our TROG Trial Chairs, who were successfully awarded funding grants during 2014.

We currently have seven clinical trials in development, 14 active trials and 23 in follow-up. This is a very exciting time as the TROG Central Operations Office branch into the trial coordination of five new studies in 2015. TROG publications and citations continue to grow as the outcomes from TROG trials are recognised nationally and internationally.

In 2015, TROG is excited to announce the launch of a new Good Clinical Practice online learning module, which will be a valuable learning resource for our members.

As we celebrate TROG's 26th anniversary in 2015, we reflect on our past achievements and we look to a positive future with a renewed focus on our fundamental goals of collaboration with our stakeholders, organisations and community groups who share our aim of defeating cancer; continuing our quality research on a global scale; and providing the utmost care and consideration for patients, families and our TROG community.

TROG can be proud of what our members have achieved in the last year. Our community of members has now exceeded 1000 and we thank each of them for their support and engagement this year, including the Board; TROG Scientific Committee; Jarad Martin, our Clinical Liaison Leader from Calvary Mater Newcastle; and our sponsors. TROG's research program is truly a team effort.

A handwritten signature in black ink that reads 'Joan Torony'.



message from the Scientific Committee Chair



Dr Farshad Foroudi

Since the inception of TROG in 1989, the membership has assisted in improving the delivery of radiation therapy treatment to patients affected by cancer and improving current treatments and quality of life by developing investigator-initiated clinical trials.

One of the key areas identified in the strategic plan in 2014 was the trial conduct undertaken by TROG. The goal was to conduct quality, efficient and productive trials. With the assistance of the TROG Scientific Committee (TSC) and TROG Central Operations Office we have improved response times and trial processes have been streamlined. In 2014 a total of 15 new proposals were submitted with nine being approved for presentation during the 2014 ASM at the Sunshine Coast and four new trials approved for development.

The data obtained from TROG trials resulted in 24 publications in 2014: 15 manuscripts, 6 abstracts and 3 poster presentations.

In 2014 we introduced Sub-Specialty Tumour Groups for Breast, Skin, Head and Neck, Genitourinary (GU) and Lung areas. The introduction of these groups has led to the establishment of specialised members to lead the discussion in these areas. The Sub-Specialty Groups focus on new proposals, trials in development, open trials, horizon scanning, other trials and collaborations.

A TROG trial cannot proceed without the endorsement of the TROG Membership and the TSC, which is assurance that the trial is supported by a consensus of a large representative group of Australian and New Zealand Radiation Oncologists and has been reviewed in detail by experts on the Scientific Committee.

The TSC will continue to ensure the ongoing advancement of scientifically robust TROG trials and will endeavour to promote a more streamlined trial activation and amendment process, while continuing to engage and collaborate with the wider radiation oncology community.

F Foroudi



message from the Technology and Quality Manager

Melissa Crain



The quality assurance (QA) team aims to enhance TROG's vision of conducting world-class research by ensuring access to robust infrastructure and technical expertise to support radiotherapy clinical trials.

The QA program, facilitated by TROG, provides independent review of radiotherapy treatment plans to assess compliance with trial protocols and ensure quality data. The implementation in 2014 of MIM software to conduct independent case reviews has enabled comprehensive evaluation of treatment plans, with the functionality to provide meaningful feedback to participating centres on areas where compliance to the trial protocol can be improved. This functionality has been particularly valuable in trials that utilise pre-treatment reviews (currently six trials) with re-submission required for an average of 20% of patients to address protocol violations prior to the patient commencing treatment.

The Central Quality Management System (CQMS) continues to be a main component of the TROG QA program with over 700 registered users. Improvements to the user interface and integration of case reports with the visual MIM reports have been undertaken during the year with the latest version to go live to users in early 2015.

The New Technologies and Techniques Committee (NTTC) met five times throughout the year to address the implementation of new technologies and techniques into TROG trials. A key outcome from the NTTC has been the support and collaboration on the Virtual EPID Standard Phantom Audit (VESPA) project to facilitate the credentialing of centres remotely for the use of IMRT and VMAT techniques, reducing the need for costly and resource-intensive site visits to approve centres for these techniques. The VESPA project, led by Professor Peter Greer from Calvary Mater Newcastle, has piloted the project in several TROG centres, and after analysis from these test sites, will be opened for wider participation. The NTTC reports to the TROG Scientific Committee.

The increasing adoption of standardised contouring names has been encouraged both internationally and in Australasia by the Royal Australian and New Zealand College of Radiologists (RANZCR). TROG QA has adopted the international recommendations, and applied them to currently recruiting TROG trials. The use of standardised names has led to increased efficiency in QA plan reviews, and has been welcomed by participating centres and reviewers.

Relationships with industry partners (manufacturers of radiation oncology equipment and technical software) are extremely rewarding and essential, as they provide TROG's QA team with access to state-of-the-art resources. TROG is extremely fortunate to continue our partnership with Varian Medical Systems, who have provided support to the QA service for the last 14 years.

A key outcome from this collaboration has been the development of treatment planning clinical protocols which assist centres to plan trial patients through the provision of trial-specific plan and dose constraints, with the standardised contour naming.

Clinical trial databases are an essential component for the conduct of robust clinical trials and we have been working with our external programmers to identify a database solution for electronic data capture which will be both cost-effective and less resource intensive. Our first TROG trial using the database platform will go live in 2015.

TROG's clinical trial app *TROG ClinTrial Refer* continues to be a valuable resource for both members and the wider public. The app features search functions whereby users can find out information on all TROG trials including lay summaries, inclusion and exclusion criteria and also the hospitals where these trials are open for recruitment.

The QA team looks forward to continuing to support our members as the TROG research program strives to make a significant contribution to improvements in cancer care.

McCrain



our people

Trial Management

TROG's Central Operations Office is equipped to provide full trial coordination centre activities from the time of trial concept through to completion and publication in medical journals.

TROG works with radiation therapy treatment centres and researchers to ensure:

- Patient recruitment and data collection targets are being met
- Patient safety is monitored
- Data is being collated and primary/final endpoints are reported
- Reporting timelines to regulatory agencies are met

Quality Assurance

In order for the results of a trial to be published and adopted into clinical practice, data must be accurate. Quality Assurance (QA) provides the framework for verifying data accuracy and protocol compliance. It also ensures that safety issues for patients on a trial are identified as soon as possible and rectified. TROG reviews international standards for credentialing these new techniques, and incorporates the use of technologically advanced dosimetric phantoms and software. In doing this, we ensure our researchers have access to the best available resources for conducting their research.



our researchers

TROG Cancer Research consists of over 1,000 members who are health professionals working in the area of radiation oncology.

Membership is held by the majority of radiation oncologists in Australia and New Zealand (around 300). The remaining members hold a number of related professions including:

- Radiation therapist
- Data manager
- Medical physicist
- Statistician
- Registrar
- Nurse
- Medical oncologist
- Clinical Trial Coordinator

Meet some of our researchers

Paolo De Ieso, Northern Territory

Paolo is a Radiation Oncologist at Northern Territory Radiation Oncology, Darwin, where he's currently working on a prostate cancer database.

"I am always looking to introduce new TROG trials to the Alan Walker Cancer Care Centre and enter my patients into existing TROG trials which include the STARS and palliative lung trials."



Alison Coote, New South Wales

Alison is a Clinical Trial Coordinator at the Central West Cancer Service, Orange where she looks after patients across a wide geographical area.

"This is an exciting area of health service delivery, one that has not been available to our rural communities in the past, so it's great to have the opportunity to bring clinical trials to this rural health service."



Sam Ngan, Victoria

Sam is a Radiation Oncologist at Peter MacCallum Cancer Centre, where he specialises in the area of rectal trials and is currently involved with TROG 01.04 and TROG 09.01 (PROArCT).

"The best part of being a Radiation Oncologist is to be able to look after patients in need."



Beth Caudwell, New Zealand

Beth is a Clinical Trial Coordinator at Auckland City Hospital. Knowing that she's helping to improve outcomes for cancer patients is just one of the reasons Beth loves her job.

"I'm the local Trial Coordinator for the STARS (TROG 08.06) and TOPGEAR (TROG 08.08) trials at Auckland Hospital, and have worked on many TROG or TROG-affiliated trials over the last few years."



our board

2014 TROG Board of Directors

President: A/Prof Sandro Porceddu



Sandro is a Radiation Oncologist at Princess Alexandra Hospital, Brisbane. His main research interests lie in the area of head and neck and skin cancers.

"Over the next decade, as our prevalence of cancer increases due to the ageing population, improved screening programs, better cure rates and survivorship are going to represent an important aspect of treatment outcomes. I am proud to say that TROG Cancer Research has acknowledged this, and that many of our trials now have patient reported outcomes as part of their study design."

Scientific Committee Chair: Dr Farshad Foroudi

Farshad is Chair of the TROG Scientific Committee and a Consultant Radiation Oncologist at the Peter MacCallum Cancer Centre, Melbourne. He has a full-time clinical practice specialising in radiation treatment of predominantly prostate and bladder cancers.



Australian Ordinary Member: A/Prof Chris Milross

Chris acts as Australian Ordinary Member of the TROG Board. Chris is Director of Radiation Oncology and Medical Services at Chris O'Brien Lifehouse and President of the Royal Australian and New Zealand College of Radiologists (RANZCR).



Independent NZ Representative: Dr Scott Babington

Scott acted as New Zealand Ordinary Member of the TROG Board until April 2014. He is a Senior Radiation Oncologist at Christchurch Hospital.

Affiliate Member: Mr Bruce Judson

Bruce is a Radiation Therapist at Auckland Hospital. For Bruce, the best part of being an RT is the patient interaction and seeing how the use of changing/evolving technology has improved treatment and outcomes for patients.



Independent Director: Dr Ian Roos

Ian is our Consumer Representative. At TROG, a consumer may be a person who has had a first-hand experience of cancer, a carer, or family or community member who is meaningfully involved in our organisation's decision-making processes.



Independent Director: Mr Tom Denny

Tom's career, occupying a variety of senior management positions in the construction and legal industries, spanned over 40 years.



our committee members

TROG Scientific Committee Members

January 2014 - December 2014



**Scientific
Committee Chair:**
Dr Farshad Foroudi



**Portfolio Leader -
Publications:**
Prof David Christie



TSC Member:
A/Prof Trevor Leong



TSC Member:
Dr Margot Lehman



**Independent
Consumer
Representative:**
Dr Nicola Bruce



Special Advisor:
Prof Gillian Duchesne



Special Advisor:
Prof Tomas Kron



TSC Member:
Dr Thomas Eade



**Discipline
Representative -
Statistics:**
Prof Val Gebski



**Discipline
Representative -
Diagnostic Imaging:**
Dr Gabriel Lau



**Discipline
Representative -
Radiation Therapy:**
Mr Rob McDowall



**Chief Operations
Officer:**
Ms Joan Torony



**TROG Quality
Assurance Manager:**
Mrs Melissa Crain

"I am chairing the New Technologies and Techniques Committee (NTTC) which reports to the TROG Scientific Committee (TSC). This is a new committee within TROG that aims to support trial chairs, the TSC and the TROG QA office by developing guidelines for the use and integration of new technology into clinical trials."
- Prof Tomas Kron



**Discipline
Representative -
Medical Oncology:**
Prof Danny Rischin



**Discipline
Representative -
Medical Oncology:**
Dr Fiona Day
(first meeting Oct 2014)



**Discipline
Representative -
Physics:**
Mr Michael Bailey



**Discipline
Representative -
Health Economist:**
Prof Marion Haas

TROG Publications Committee

January 2014 - December 2014

Chairperson: Prof David Christie
Discipline Representative - Statistics: Prof Val Gebski
Radiation Oncologist - Scientific Committee Chair: Dr Farshad Foroudi
TROG Central Operations Office: Ms Joan Torony
Secretary: Ms Louise Prosser

our consumer advisory panel

The Consumer Advisory Panel (CAP) aims to support consumers who provide input into TROG's research programs by providing mentoring and training to TROG consumers, while creating a platform for succession planning. This group of trained consumers shall advocate for TROG and advise its members of any approaches in research that may be regarded as unethical, insensitive or inappropriate, together with suggestions on ways to better inform and/or include participants in research.

Incorporating consumers of various skill levels, the TROG CAP consists of eight members including a Consumer Partner, Consumer Expert, Consumer Advisors and Consumer Advocates.



Chairperson/Consumer Partner: Dr Ian Roos

Ian is a medical researcher who has been involved with many cancer advocacy groups. He was diagnosed with cancer in 1998 and has dedicated his life to improving the lives of cancer sufferers and their families as a consumer advocate.

Consumer Expert: Dr Nicola Bruce

Nicola is a specialist qualitative researcher who is also a committee member of Cancer Action Victoria which is an amalgamation of two advocacy groups – Breast Cancer Action Group Victoria and Cancer Voices Victoria.



Consumer Advisor: John Stubbs

Fifteen years ago John was diagnosed with Chronic Myeloid Leukaemia, and since that time he has been a committed and passionate advocate for people affected by cancer.

Consumer Advisor: Tom Denny

Tom had throat cancer in 2004 and has occupied a variety of senior management positions in the construction and legal industries, spanned over 40 years.



Consumer Advocate: Aunty Margaret Lawton

Aunty Margaret is a breast cancer survivor of 6 years, having been diagnosed once in 2008 and again in 2012.

Consumer Advocate: Aunty Bev Powers

Bev is an advocate for the Aboriginal community and a breast cancer survivor, receiving a mastectomy twice.



Invited Member: Leonie Young

Leonie was diagnosed with breast cancer in 1987. Since her diagnosis she has been involved with many aspects of breast cancer advocacy and support with both national and international cancer organisations.

**TROG Central Operations Office Representative:
Joan Torony - TROG Chief Operations Officer**



**TROG Central Operations Office Representative:
Michelle Hall - TROG Trial Development Coordinator**



our research

TROG's key research areas

Focusing on radiotherapy as a treatment, TROG's key research areas include the head and neck, breast, bladder, lungs and prostate.

Working with more than 60 cancer treatment centres in Australia and New Zealand, as well as with contributing international centres, TROG has launched over 80 trials with the help of over 13,200 patients. Over time we have achieved significant improvements in patient care and outcomes.

Sub-Specialty Groups

Recent years have seen the evolution of site-specific multidisciplinary clinics, tumour boards, conferences and journals. TROG has now moved towards this sub-specialty approach so that it can continue to lead and participate in important clinical trials of the future.

Breast Sub-Specialty Group

Co-Chairs:

Verity Ahern
Boon Chua

Executive Committee members:

Michael Chao, Peter Graham, Chris Kelly

Genitourinary Sub-Specialty Group

Co-Chairs:

Yaw Chin
David Pryor

Executive Committee member:

Jarad Martin

Head and Neck Sub-Specialty Group

Co-Chairs:

June Corry
Andrew McCann



Lung Sub-Specialty Group

Chair:

Fiona Hegi-Johnson

Executive Committee members:

David Ball, Eric Hau, Tomas Kron, Margot Lehman, Michael Michael, Melissa Rains
Sasha Senth, Shalini Vinod, Katrina West

Skin Sub-Specialty Group

Co-Chairs:

Gerald Fogarty
Chris Wratten

breast

Trials in development

HART - the aim of the HART trial is to implement the Deep Inhalation Breath Hold (DIBH) technique in Australian treatment centres for patients with left-sided breast cancer, to determine whether the technique can reduce radiation to the heart.

Trial Chair: Tomas Kron

Primary Sponsor: TROG

Active trials

TROG 12.02 (PET LABRADOR) - this study is investigating whether women with locally advanced breast cancer can have breast conservation surgery (BCS) instead of mastectomy, with a low chance of cancer coming back in the breast. The study also investigates if breast Magnetic Resonance Imaging (MRI) and PET-CT are better ways of seeing how breast cancer responds to chemotherapy or hormone therapy compared to mammogram, ultrasound and examination by doctors.

Trial Chair: Verity Ahern

Primary Sponsor: TROG

TROG 08.06 (STARS) - this study compares the effectiveness of treatment with the drug anastrozole before and during adjuvant radiotherapy to anastrozole therapy delayed until after radiotherapy for women who have had a mastectomy or lumpectomy for breast cancer.

Trial Chair: Peter Graham

Primary Sponsor: TROG

Closed trials

TROG 11.01 (SUPREMO) - the purpose of this study was to help researchers decide whether radiotherapy was helpful for women with 'intermediate risk' operable breast cancer following mastectomy.

TROG Trial Chair: Boon Chua

Primary sponsor: UK Medical Research Council (MRC)

Collaborating groups: TROG; Breast International Group (BIG); Scottish Cancer Trials Group; European Organisation for Research & Treatment of Cancer (EORTC)

TROG 10.02 (RAPID) - this study looked at partial breast irradiation compared to whole breast irradiation to see if it was effective at preventing breast cancer recurrence. The study also investigated if the side-effects were different, if it was more convenient and if it had different effects on the quality of life of women receiving radiation after breast conserving surgery.

TROG Trial Chair: Boon Chua

Primary sponsor: Ontario Clinical Oncology Group (OCOG)

Collaborating groups: TROG

TROG 07.01 (DCIS) - doctors are always looking for better ways to treat women with ductal carcinoma in-situ (DCIS) of the breast. In this trial, researchers aimed to determine whether an additional dose of radiation called a boost, given to the part of the breast that had DCIS within it was of benefit to the patients. The overall objectives of this trial were to improve the outcome of women with DCIS treated with breast conserving therapy and to individualise treatment selection to achieve long term disease control with minimal side effects.

TROG Trial Chair: Boon Chua

Primary sponsor: TROG

Collaborating groups: Australia and New Zealand Breast Cancer Trials Group (ANZBCTG); National Cancer Institute of Canada Clinical Trials Group (NCIC CTG), EORTC; Scottish Cancer Trials Group; BIG



breast

Closed trials (continued)

TROG 06.02 - this was a TROG multicentre feasibility study of Accelerated Partial Breast Irradiation (APBI) using 3D conformal radiotherapy in selected women with node-negative breast cancer, and treated by breast conserving surgery.

Trial Chair: Boon Chua

Primary sponsor: TROG

TROG 03.05 (MA20) - this trial studied radiation therapy to the breast alone, to see how well it worked, compared to radiation therapy to the breast plus surrounding tissue in treating women who had undergone surgery for early-stage invasive breast cancer.

TROG Trial Chair: Boon Chua

Primary sponsor: National Cancer Institute of Canada Clinical Trials Group (NCIC CTG)

Collaborating group: TROG; National Cancer Institute (NCI); National Surgical Adjuvant Breast and Bowel Project (NSABP); North Central Cancer Treatment Group (NCCTG); Radiation Therapy Oncology Group (RTOG); Southwest Oncology Group (SWOG)

Completed trials

TROG 89.02 - Simultaneous Adjuvant Radiation and CMF Chemotherapy Following Surgery for Breast Cancer.

central nervous system

Trials closed to recruitment

TROG 06.01 - drugs used in chemotherapy, such as temozolomide, work in different ways to stop the growth of tumour cells. The study aimed to determine whether radiation therapy was more effective than temozolomide in treating gliomas.

TROG Trial Chair: Gail Ryan

Primary sponsor: EORTC

Collaborating groups: TROG; NCIC; Medical Research Council (MRC) - National Cancer Research Institute (NCRI); Brain Tumour Group

TROG 08.02 (GBM in elderly patients) - this trial studied radiotherapy and temozolomide to see how well they worked compared with radiation therapy alone in treating patients 65yrs or over with newly diagnosed glioblastoma multiforme.

TROG Trial Co-Chairs: Claire Phillips and Mike Fay

Primary sponsor: NCIC CTG

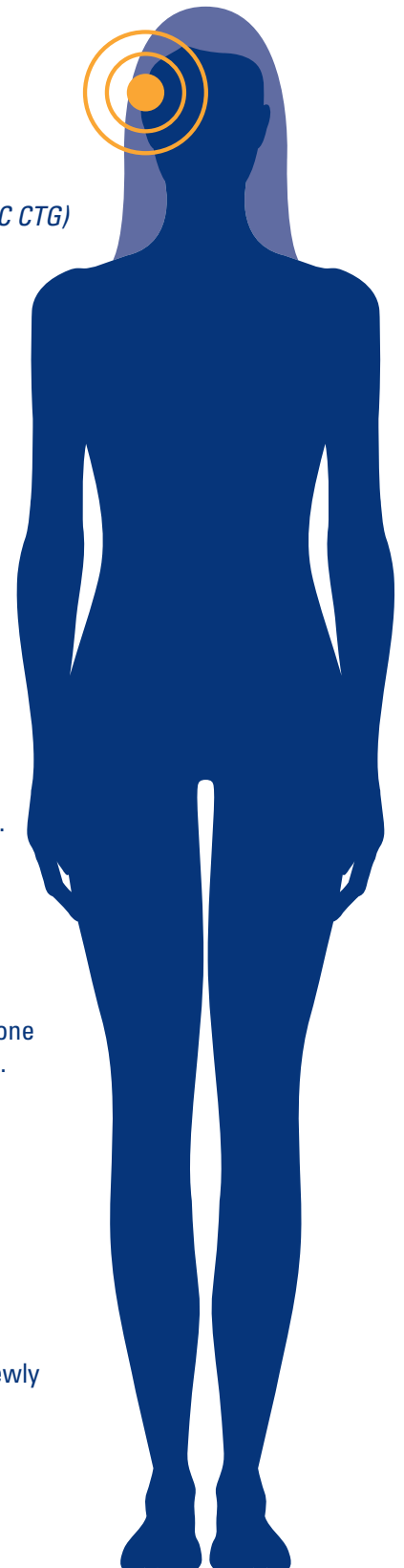
Collaborating groups: TROG; EORTC

Completed trials

TROG 07.02 (QUARTZ) - Dexamethasone and Supportive Care With or Without Whole-Brain Radiation Therapy in Treating Patients with Non-Small Cell Lung Cancer That Has Spread to the Brain and Cannot Be Removed By Surgery

TROG 01.03 - Concomitant and Adjuvant Temozolomide and Radiotherapy for Newly Diagnosed Glioblastoma Multiforme. A Randomized Phase III Study

TROG 98.05 - A Randomised Trial of Immediate Versus Delayed Whole Brain Irradiation Following Surgery and/or Radiosurgery for patients with one or two brain metastases.



gastrointestinal

Trials in development

TROG 13.02 (LIGHT) - this study is investigating whether a new technique of delivering very high doses of radiotherapy to inoperable liver metastases can be performed consistently and accurately throughout treatment centres in Australia.

Trial Chair: Mark Lee

Primary Sponsor: TROG

Active trials

TROG 08.08 (TOP GEAR) - the aim of this trial is to investigate whether pre-operative treatment with chemotherapy plus radiotherapy has a better outcome than chemotherapy alone in patients undergoing surgery for resectable gastric cancer.

Trial Chair: Trevor Leong

Primary sponsor: Australasian Gastro-Intestinal Trials Group (AGITG)

Collaborating groups: TROG; National Cancer Institute of Canada Clinical Trials Group (NCIC CTG); European Organisation for Research & Treatment of Cancer (EORTC); NHMRC Clinical Trials Centre

Closed trials

TROG 09.01 (PROArCT) - this research project tested a combination of chemotherapy and radiotherapy for patients with locally advanced rectal cancer. It involved combining an 11-week treatment of chemotherapy known as FOLFOX and radiotherapy.

Trial Chair: Sam Ngan

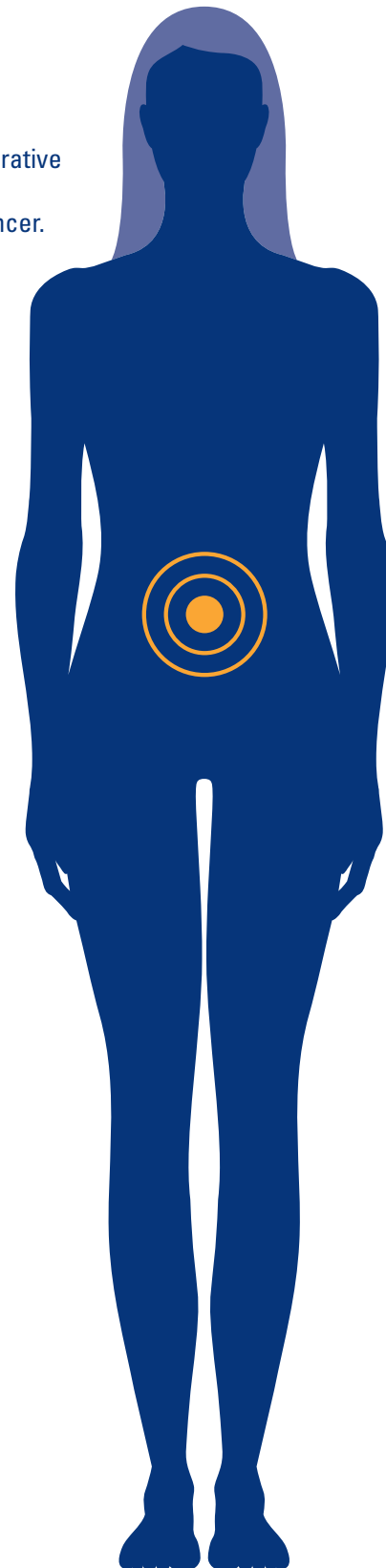
Primary Sponsor: TROG

TROG 03.01 - this study compared the treatment of advanced oesophageal cancer with radiotherapy alone and assessed the advantage and toxicity of adding chemotherapy.

Trial Chair: Michael Penniment

Primary sponsor: TROG

Collaborating group: NCIC CTG



gastrointestinal

Completed trials

TROG 08.07 (DECO) - The DECO Study: A Randomised Phase II Trial of Weekly Docetaxel (Taxotere) Chemoradiotherapy +/- Cetuximab (Erbix) in the Treatment of Localised Resectable Cancer of the Oesophagus.

TROG 03.02 - A Feasibility Study to Evaluate Adjuvant chemo-radiotherapy for Gastric Cancer

TROG 01.04 - A Randomised Trial of Preoperative Radiotherapy for Stage T3 Adenocarcinoma of the Rectum

TROG 99.02 - A Prospective Single Arm Non Randomised Study of Concurrent Radiation and Chemotherapy For the Organ Conserving Treatment of Early Anal Canal Cancer

TROG 98.06 - Concurrent Radiotherapy and Chemotherapy for Oesophageal Cancer Patients

TROG 98.01 - A Phase II Trial Of Preoperative Radiotherapy With Protracted Infusion 5-Fluorouracil For Resectable Adenocarcinoma Of Rectum

TROG 96.03 - Concomitant Accelerated Radiotherapy Boost for Good Prognosis Oesophageal Patients

TROG 96.02 - Standard Radio-Chemotherapy for Oesophageal Cancer Patients

TROG 95.01 - A Randomised Trial Comparing Adjuvant Protracted Venous Infusion and Bolus 5FU/Leucovorin with Either Early or Late Radiotherapy in Rectal Cancer

TROG 94.01 - A Randomised Phase III Clinical Trial Comparing Surgery Alone with Concurrent Preoperative Chemotherapy and Radiation Followed by Surgery For Localised Resectable Carcinoma of the Oesophagus

TROG 89.04 - Synchronous Radiotherapy and Chemotherapy in Oesophageal Cancer

TROG 89.03 - Upper Aero-Digestive Track (Accelerated RT)

prostate and bladder

Trials in development

TROG 14.02 (RAIDER) - this international clinical trial plans to use daily imaging to determine the optimal radiation treatment for bladder cancer patients.

TROG Trial Chair: Farshad Foroudi

Primary sponsor: Institute of Cancer Research (ICR)

Collaborating groups: TROG

SPARK - this trial is testing the use of Kilovoltage Intrafraction Monitoring (KIM) in prostate cancer patients being treated with stereotactic prostate adaptive radiotherapy. The researchers expect this trial to result in better targeted prostate cancer patient outcomes with lower toxicity.

Trial Co-Chairs: Paul Keall and Jarad Martin

Primary Sponsor: TROG

Collaborating groups: University of Sydney

BOB-RT - better outcomes for palliative radiotherapy of bladder cancer

Trial Chair: Anne Capp

Primary Sponsor: TROG

Active trials

TROG14.01/ ANZUP 1303 (ENZARAD) - the study will compare the effectiveness of standard deprivation therapy and radiation therapy combined either with enzalutamide or currently available antiandrogen drugs for improving the survival in men with localised prostate cancer at high risk of recurrence.

Trial Co-Chairs: Scott Williams and Paul Nguyen

Primary sponsor: Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP)

Collaborating group: TROG; All Ireland Cooperative Oncology Research Group (ICORG); NCIC CTG

TROG 08.03 (RAVES) - the aim of the study is to compare in patients who have had a prostatectomy whether treatment with active surveillance and early salvage radiotherapy is as effective as immediate radiotherapy.

Trial Co-Chairs: Maria Pearse and Andrew Kneebone

Primary sponsor: TROG

Collaborating groups: Urological Society of Australia & New Zealand (USANZ); ANZUP; Psycho-Oncology Co-operative Research Group (PoCoG)

Closed trials

TROG 10.01 (BOLART) - this study investigated whether a new method of giving radiation therapy for bladder cancer by adapting to the size of the bladder at each treatment could be done consistently in a number of different radiation oncology departments in Australia and New Zealand.

Trial Chair: Farshad Foroudi

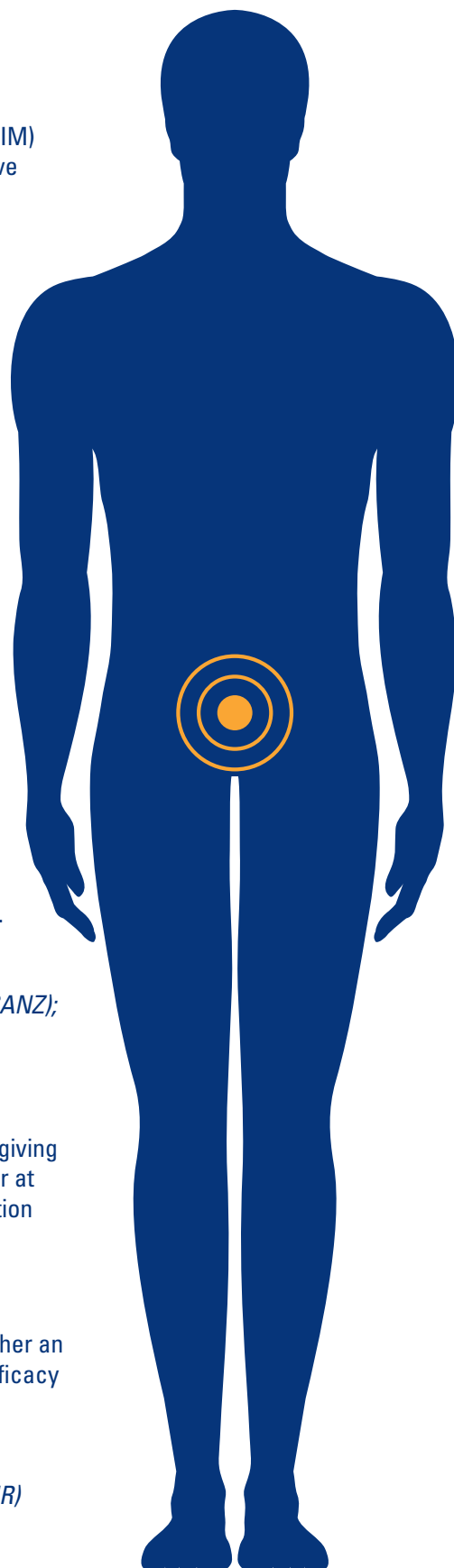
Primary Sponsor: TROG

TROG 08.01 (PROFIT) - this prostate trial was designed to determine whether an 8-week course of radiation can be compressed safely and with similar efficacy into a 4-week course.

TROG Trial Chair: Jarad Martin

Primary sponsor: OCOG

Collaborating groups: TROG; Canadian Institutes of Health Research (CIHR)



prostate and bladder

Closed trials (continued)

TROG 03.06 (TOAD) - this trial was developed to determine if it is better to start hormone treatment straight away or to wait and start hormone treatment only after prostate cancer begins to cause problems.

Trial Chair: Gill Duchesne

Primary sponsor: Victorian Cooperative Oncology Group (VCOG)

Collaborating group: TROG

TROG 03.04 (RADAR) - six months of hormone treatment improves the results of radiotherapy for men with early prostate cancer. The aim of this trial was to determine if adding another 12 months of hormone treatment after radiotherapy was even better.

Trial Chair: Jim Denham

Primary Sponsor: TROG

TROG 02.03 - the purpose of this study was to define the optimal management of patients with localised transitional cell carcinoma (TCC) of the bladder by evaluating whether chemoradiation is better to radiotherapy alone.

Trial Chair: Kumar Gogna

Primary sponsor: TROG

Collaborating group: Urological Society of Australasia

Completed trials

TROG 99.06 - Phase I/II Study of Trans-Urethral Resection Followed by Modified Synchronous Chemo-Radiation in the Definitive Management of Localised Invasive TCC of the Urinary Bladder

TROG 98.03 - Randomised Trial to Compare the Rates of Disease-Free Survival in Margine-Positive Patients After Radical Prostatectomy With or Without Adjuvant Post-Operative Radiotherapy

TROG 97.01 - A Phase II Study of Trans-Urethral Resection Followed by Synchronous Chemo-Radiation in the Definitive Management of Localised Invasive TCC of the Urinary Bladder

TROG 99.06 - Phase I/II Study of Trans-Urethral Resection Followed by Modified Synchronous Chemo-Radiation in the Definitive Management of Localised Invasive TCC of the Urinary Bladder

TROG 96.01 - A Randomised Trial Investigating the Effectiveness of Different Durations of Maximal Androgen Deprivation Prior to and During Definitive Radiation Therapy for Locally Advanced Carcinoma of the Prostate

TROG 95.03 - Phase III Double Blind Study of Pentosan Polysulphate Sodium (PPS) in the treatment of Late (Chronic) Radiation Proctitis

gynecological

Closed trials

TROG 08.04 (PORTEC3) - this study compared radiation with chemotherapy with radiotherapy alone in treating women with endometrial cancer that is classified as high risk or advanced stage.

TROG Trial Chair: Pearly Khaw

Primary sponsor: Dutch Cooperative Gynecologic Oncology Group;

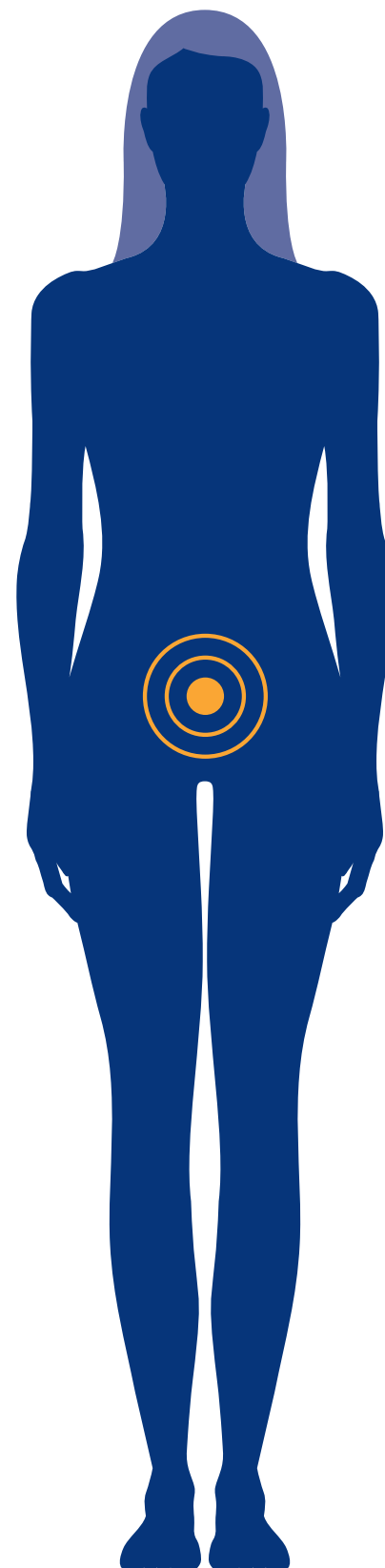
Collaborating groups: TROG; CRUK; NCIC CTG; MaNGO Group (Italy); Australia

New Zealand Gynaecological Oncology Group (ANZGOG)

TROG 04.02 - the aim of this study was to assess the number of patients with cervical cancers that have more invasive disease within the uterus.

Acting Trial Chair: Farshad Foroudi

Primary Sponsor: TROG



head and neck

Trials in development

TROG 14.03 (1219-ROG-HNCG) - the aim of this study, for HPV negative, locally advanced head and neck cancers, is to determine whether the addition of nimorazole to the standard treatment (radiotherapy in combination with chemotherapy using cisplatin) shows activity against the cancer and is safe.

Trial Chair: Sandro Porceddu

Primary sponsor: EORTC

Collaborating group: TROG; Danish Head and Neck Cancer Group

Open trials

TROG 12.03 (EAT) - this study is evaluating the effectiveness of a dietitian delivered health behaviour intervention to reduce malnutrition in head and neck cancer patients undergoing radiotherapy.

Trial Co-Chairs: Chris Wratten and Ben Britton

Primary Sponsor: University of Newcastle

Collaborating Group: TROG

TROG 12.01 (HPV OROPHAYNX) - this study aims to compare radiotherapy combined with either cetuximab or cisplatin in patients with locoregionally advanced HPV positive oropharyngeal squamous cell carcinoma (OPSCC) (located at the base of tongue or tonsil).

Trial Co-Chairs: Danny Rischin and June Corry

Primary Sponsor: TROG

Closed trials

TROG 07.04 - the purpose of this study was to assess the safety and feasibility of combining radiotherapy and carboplatin (a chemotherapy drug) with a new drug called cetuximab in patients with locally advanced head and neck cancer.

Trial Co-Chairs: Danny Rischin and June Corry

Primary sponsor: TROG

TROG 07.03 (RadioHum) - this study has evaluated the benefits of humidification in patients receiving radiotherapy / chemoradiation for head and neck cancer.

Trial Chair: Andrew Macann

Primary sponsor: TROG

Collaborating group: Fisher & Paykel Healthcare

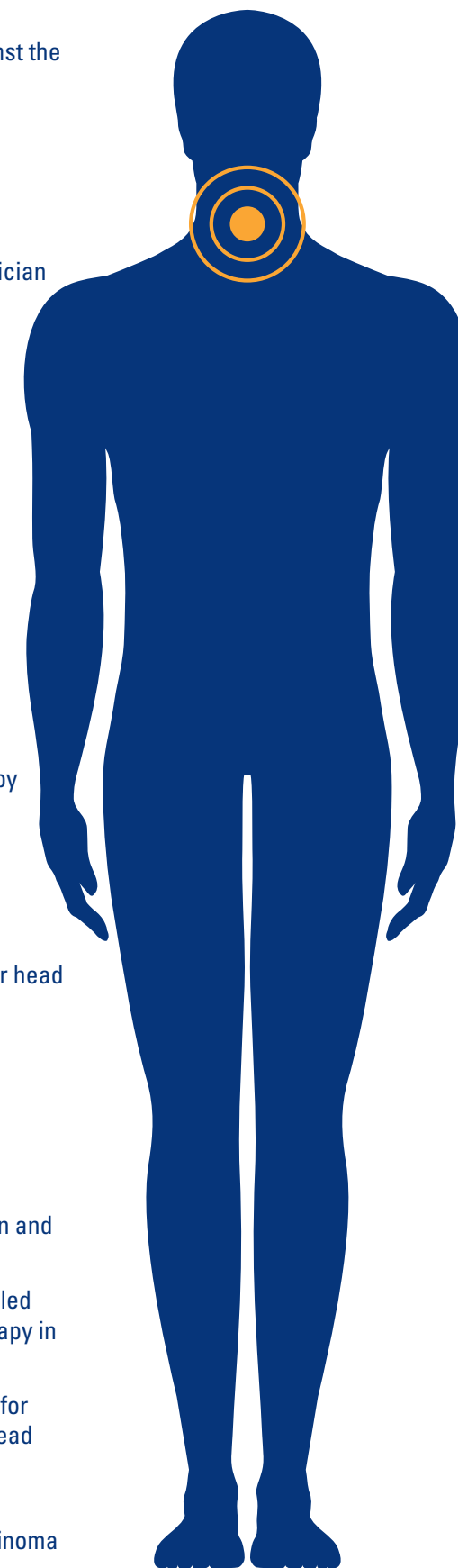
Completed trials

TROG 02.02 - Phase III Randomized Trial of Concomitant Radiation, Cisplatin, and Tirapazamine (SR259075) Versus Concomitant Radiation and Cisplatin in Patients With Advanced Head and Neck Cancer

TROG 01.01 - A Phase III Double-Blind, Randomized, Placebo-Controlled Study of Erythropoietin When Used as an Adjuvant to Radiation Therapy in Patients With Head & Neck Squamous Cell Carcinoma

TROG 98.02 - Randomised Phase II Study of Two Different Strategies for Chemoradiotherapy in Advanced Squamous Cell Carcinoma of the Head and Neck

TROG 91.01 - A Phase III Prospective Randomised Clinical Trial of Accelerated Radiotherapy (ART) for Stage III and IV Squamous Carcinoma of the Upper Aerodigestive Tract



lung

Trials in development

SABR-OS - this trial will investigate if Stereotactic Ablative Body Radiotherapy (SABR) is more effective than surgery for early stage Non-Small Cell Lung Cancer (NSCLC) in patients considered at high risk of surgical resection.

Trial Chair: Fiona Hegi-Johnson

Primary Sponsor: TROG

Active trials

TROG 13.01 (SAFRON II) - SABR is a new form of cancer radiotherapy treatment and there are two SABR techniques emerging in Australia; single session and multi session. This study will examine the safety of these two techniques used to treat metastatic disease to the lung, as determined by the various side effects, to determine which technique is the best to be used in Australia and New Zealand in the future.

Trial Chair: Shankar Siva

Primary sponsor: TROG

Collaborating group: Australasian Lung Cancer Trials Group (ALGT)

TROG 11.03 (P_LUNG) - this study investigates whether adding chemotherapy to a short course of radiotherapy results in a greater improvement in symptoms and overall wellbeing compared with using a short course of radiotherapy alone in patients with Non-Small Cell Lung Cancer (NSCLC).

Trial Chair: Margot Lehman

Primary sponsor: TROG

TROG 09.02 (CHISEL) - this study investigates whether radiotherapy given as three large doses over a period of two weeks (hypofractionated radiotherapy) is more effective than standard radiotherapy for patients with non-small cell lung cancer that has not spread beyond the lung.

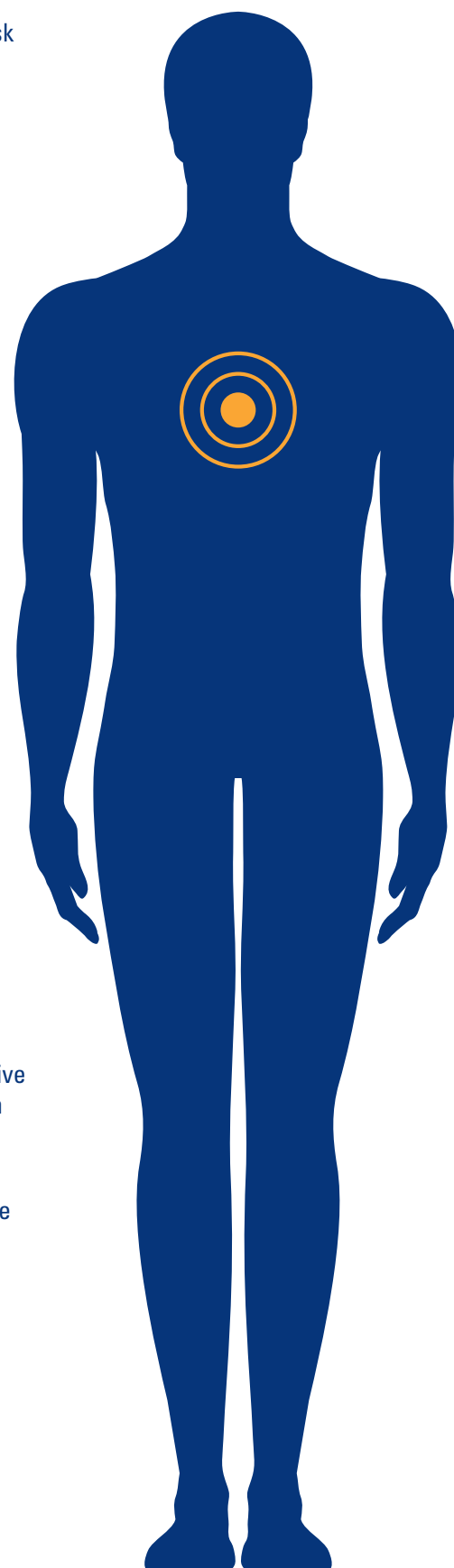
Trial Chair: David Ball

Primary sponsor: TROG

Completed trials

TROG 03.07 - A Randomised Phase II Study of Two Regimens of Palliative Chemoradiation Therapy in the Management of Locally Advanced Non Small Cell Lung Cancer

TROG 99.05 - Tumour Volume as an Independent Prognosis Factor in Patients with Non-Small Cell Lung Cancer: A Protocol for a Progressive Database



lymphoma

Closed trials

TROG 05.02 (MALT Lymphoma) - the main aim of this study was to test the effectiveness of radiotherapy for marginal zone lymphoma that has developed outside the stomach.

Trial Chair: Michael MacManus

Primary sponsor: TROG

Collaborating groups: Australasian Leukaemia & Lymphoma Group (ALLG); Princess Margaret Hospital, Toronto, Canada

TROG 03.03 (HDNLHL4) - in this study, radiotherapy was given to all the areas known to be affected by lymphoma (other than bone marrow) with the aims of assessing the ability of radiotherapy to reduce the risk of relapse following transplantation, and carefully evaluating the side effects of adding radiotherapy to transplantation.

Trial Chair: Andrew Wirth

Primary sponsor: ALLG

Collaborating group: TROG

TROG 01.02 - this clinical research study looked at a new combination of chemotherapy drugs (Idarubicin and Methotrexate) followed by a lower dose of radiotherapy in participants with Primary Central Nervous System Lymphoma (PCNSL). The main purpose of this study was to assess the effectiveness of this treatment and its effect on the ability of patients to perform normal daily functions.

Trial Chair: Peter O'Brien

Primary sponsor: TROG

Collaborating group: ALLG; Amgen

TROG 99.03 - this study compared standard therapy (radiotherapy) and investigational therapy (radiotherapy plus chemotherapy) to see if adding chemotherapy extends the time until the lymphoma progresses in those patients that will not be cured.

Trial Chair: Michael MacManus

Primary sponsor: TROG

Collaborating groups: ALLG

Completed trials

TROG 99.04 - A Prospective, Non-Randomised Study of Chemotherapy and Radiotherapy for Osteolymphoma (OL)

TROG 99.01 - An ANZLG / TROG Prospective Study of Limited Chemotherapy and Involved Field Radiotherapy for Patients With Clinical Stage I-II Hodgkin's Disease

TROG 92.01 - A Phase II Study of Intravenous Methotrexate and Cranial Irradiation in the Treatment of Primary Central Nervous System Lymphoma (PCNSL)



skin

Active trials

TROG 09.03 (MP3) - this study aims to develop a well-tolerated chemo-radiotherapy treatment for patients with Merkel Cell Carcinoma (MCC) of the skin, which achieves high rates of cancer control.

Trial Chair: Michael Poulsen

Primary sponsor: TROG

TROG 08.09 (RTN2) - the purpose of this trial is to investigate in patients with neurotropic melanoma of the head and neck, if having radiation therapy soon after surgery is better at preventing the melanoma recurrence than just having surgery alone.

Trial Chair: Mathew Foote

Primary sponsor: TROG

Collaborating group: Australia and New Zealand Melanoma Trials Group (ANZMTG)

Closed trials

TROG 05.01 (POST) - for patients who have undergone surgery for high-risk skin cancer of the head and neck, this trial aimed to determine whether there is a difference in time to relapse between patients treated with post-operative concurrent chemo-radiotherapy, and post-operative radiotherapy alone.

Trial Chair: Sandro Porceddu

Primary sponsor: TROG

Completed trials

TROG 02.01 - A Randomised Clinical Trial of Surgery Versus Surgery Plus Adjuvant Radiotherapy for Regional Control in Patients With Completely Resected Nodal Metastatic Melanoma

TROG 96.07 - A Phase II Study of Synchronous Carboplatin/Etoposide And Radiation In Merkel Cell Carcinoma Of The Skin

TROG 96.06 - A Phase II Study of Radiation Therapy Following Nodal Surgery in Malignant Melanoma



symptom management

Active trials

TROG 11.02 (SCORAD III) - this randomised clinical trial is comparing two radiation therapy regimens to see how well they work in treating patients with metastatic spinal cord compression.

TROG Trial Chair: Tanya Holt

Primary sponsor: University College London (UCL)

Collaborating group: TROG

Completed trials

TROG 04.01 - A Paired Double Blind Randomised Comparison of Cavilon Durable Barrier Cream (CDBC) to 10% Glycerine ("Sorbolene") Cream in the Prophylactic Management of Post-Mastectomy Irradiation Skin Care.

TROG 03.08 - A phase III international randomized trial of single versus multiple fractions for re-irradiation of painful bone metastases.

TROG 01.05 - A Pilot Randomised Controlled Trial of Dexamethasone 96mg Versus 16mg Per Day for Malignant Spinal Cord Compression Treated by Radiotherapy - TROG SuperDex Pilot

TROG 98.04 - Phase II Study Examining the Efficacy of Short Fractionation Radiotherapy for the Palliation of Liver Metastases

TROG 96.05 - A Prospective Randomised Trial of Single Fraction Verses Fractionated Radiotherapy of Neuropathic Pain Due to Bone Metastases

TROG 96.04 - Phase III Comparison of Radiotherapy with Glucocorticoid Steroid Support for the Palliation of Liver Metastases

TROG 95.02 - A Phase III Double-Blind Randomised Trial of Rectal Sucralfate Suspension in the Treatment of Radiation Proctitis

TROG

total accrual

TROG total accrual (open and closed trials)

Total by centre from inception to 31st December 2014:

| Centre | Total |
|--|-------|
| Capital Regional Cancer Service, The Canberra Hospital, ACT | 50 |
| Albury Base Hospital, NSW | 3 |
| Calvary Mater Newcastle, NSW | 1132 |
| Central Coast Regional Cancer Care, Gosford Hospital, NSW | 5 |
| Central West Cancer Service, Orange, NSW | 1 |
| Chris O'Brien Lifehouse (Royal Prince Alfred), NSW | 251 |
| Concord Cancer Care, Concord Repatriation General Hospital, NSW | 2 |
| Crown Princess Mary Cancer Centre, Westmead, NSW | 496 |
| Illawarra Cancer Care Centre, Wollongong Hospital, NSW | 165 |
| Liverpool Cancer Therapy Centre, Liverpool Hospital, NSW | 220 |
| Macarthur Cancer Therapy Centre, Campbelltown Hospital, NSW | 42 |
| Melanoma Institute Australia, North Sydney, NSW | 8 |
| Nepean Cancer Care Centre, Nepean Hospital, NSW | 37 |
| North Coast Cancer Institute, Port Macquarie Base Hospital, NSW | 6 |
| Northern Sydney Cancer Centre, Royal North Shore Hospital, NSW | 242 |
| Prince of Wales Hospital, NSW | 98 |
| Riverina Cancer Care Centre, Wagga Wagga, NSW | 59 |
| St George Cancer Care Services, St George Hospital, NSW | 670 |
| St Vincent's Hospital, Darlinghurst, NSW | 45 |
| The Mater North Sydney, NSW | 2 |
| Oncology Research Australia - St Andrew's Cancer Care Centre, Toowoomba, QLD | 136 |
| Oncology Research Australia - Liz Plummer Cancer Centre, Cairns, QLD | 10 |
| Genesis Cancer Care - Nambour, QLD | 0 |
| Genesis Cancer Care - Southport, QLD | 21 |
| Genesis Cancer Care - Tugun, John Flynn Private Hospital, QLD | 132 |
| Genesis Cancer Care - Wesley Medical Centre, QLD | 7 |
| Princess Alexandra Hospital, QLD | 782 |
| Radiation Oncology Mater Centre, QLD | 1049 |
| Royal Brisbane and Women's Hospital, QLD | 502 |
| Townsville Cancer Centre, The Townsville Hospital, QLD | 150 |
| Alan Walker Cancer Centre, Royal Darwin Hospital, NT | 41 |

| Centre | Total |
|---|---------------|
| Andrew Love Cancer Centre, Geelong Hospital, VIC | 319 |
| Ballarat Regional Integrated Cancer Centre, Ballarat Base Hospital, VIC | 8 |
| Epworth Radiation Oncology, Epworth Freemasons Hospital, VIC | 5 |
| Frankston Radiation Oncology, Frankston Private Hospital, VIC | 21 |
| Monash Medical Centre, VIC | 49 |
| Murray Valley Private Hospital, VIC | 9 |
| Olivia Newton-John Cancer and Wellness Centre, Austin Hospital, VIC | 109 |
| Peter MacCallum Cancer Centre - Bendigo, VIC | 27 |
| Peter MacCallum Cancer Centre - Box Hill, VIC | 108 |
| Peter MacCallum Cancer Centre - East Melbourne, VIC | 1504 |
| Peter MacCallum Cancer Centre - Moorabbin, VIC | 87 |
| Ringwood Radiation Oncology Centre, Ringwood Private Hospital, VIC | 0 |
| Royal Melbourne Hospital, VIC | 8 |
| St Vincent's Hospital, Melbourne, VIC | 10 |
| Western Radiation Oncology Centre, Western Private Hospital, VIC | 1 |
| William Buckland Radiotherapy Centre, The Alfred, VIC | 157 |
| Genesis Cancer Care - Adelaide Radiotherapy Centre, SA | 27 |
| Queen Elizabeth Hospital, SA | 3 |
| Repatriation General Hospital, SA | 12 |
| Royal Adelaide Hospital, SA | 574 |
| WP Holman Clinic, Royal Hobart Hospital, TAS | 58 |
| WP Holman Clinic, Launceston General Hospital, TAS | 38 |
| Fremantle Hospital, WA | 5 |
| Hollywood Private Hospital, WA | 0 |
| Perth Radiation Oncology Centre, WA (Genesis Cancer Care) | 45 |
| Royal Perth Hospital, WA | 78 |
| Sir Charles Gairdner Hospital, WA | 741 |
| The Mount, WA | 1 |
| Auckland Regional Cancer and Blood Service, Auckland City Hospital, NZ | 515 |
| Christchurch Hospital, NZ | 381 |
| Dunedin Hospital, NZ | 78 |
| Palmerston North Hospital, NZ | 50 |
| Waikato Hospital, Hamilton, NZ | 92 |
| Wellington Blood and Cancer Centre, Wellington Hospital, NZ | 472 |
| Non RT Centres (Private) | 23 |
| International | 1312 |
| TOTAL | 13,291 |

our research achievements 2014

Prostate cancer breakthrough

The five year follow-up results of the TROG 03.04 RADAR trial gave Australian and New Zealand men with newly-diagnosed cancer a better chance of survival without increased long-term side effects.

"It's hugely exciting to find a treatment combination that can cause such a large reduction in the spread of high-grade prostate cancer with limited side effects and ultimately save the lives of people whose cancer could have otherwise spread," said Professor Jim Denham, lead author of the study published in the prestigious journal *The Lancet Oncology*.

"Such a result is obviously of massive importance to newly-diagnosed men with localised but aggressive prostate cancer, their partners and their families. This is because the RADAR patients were spared the many long-term side effects associated with longer durations of testosterone suppression of between 28 and 36 months now commonly used in conjunction with radiotherapy around the world."

The RADAR trial enrolled 1071 men with newly-diagnosed aggressive but localised prostate cancer between 2003 and 2007 from 23 centres across Australia and New Zealand. It was supported by National Health and Medical Research Council grants and funding from other sources, including Novartis Pharmaceuticals and Abbvie Pharmaceuticals, University of Newcastle, Calvary Health Care, Hunter Medical Research Institute (HMRI) and the Maitland Cancer Appeal.

Findings from TROG 03.01

In September 2014, TROG member Dr Michael Penniment, a Radiation Oncologist at Royal Adelaide Hospital, presented findings from the TROG 03.01 trial at the American Society for Therapeutic Radiology and Oncology (ASTRO) conference in San Francisco.

In this world-first international study that included sites in Australia, New Zealand, Canada and the United Kingdom, researchers assessed the use of palliative chemotherapy combined with RT, or chemoradiotherapy (CRT), to provide relief from dysphagia.

The research, which was well received at ASTRO, showed that radiation therapy (RT) alone is as effective in decreasing swallowing complications experienced by advanced esophageal cancer patients as RT combined with chemotherapy, thus allowing patients to forgo chemotherapy.



In the media



our patients



Carol's story

Carol, from the NSW Hunter Valley, takes part in TROG 07.01 (DCIS) for breast cancer patients. In this trial, doctors are looking for better ways to treat people with DCIS by testing whether an additional dose of radiation called a boost improved the chances of the cancer not returning to the breast.

"Joining a trial was an easy way of being part of something bigger and helping future generations have better treatment."

Robert's story

Robert is from Hamilton, New Zealand and was diagnosed with prostate cancer just prior to his 65th birthday. He decided to participate in TROG 08.03 (RAVES), which aims to see whether treating prostate cancer patients with active surveillance is as good as immediate radiotherapy.

"Being part of the trial has meant that I have had regular follow ups and to-date I have been receiving the "all-clear" each visit. I have been very blessed to have had so many health professionals to take care of me on this journey."



Yolanda's story

Yolanda is from Melbourne, Victoria and was diagnosed with DCIS. Due to her family history, it was a diagnosis she was always expecting but never hoping for. Now, she is stronger for it. Yolanda currently participating in TROG 07.01 (DCIS), which is in the follow-up stage.

"As profound as the experience was, I now find myself with an overwhelming sense of fearlessness and power. I believe I am living better, seeing far more beauty, and expressing myself more authentically."

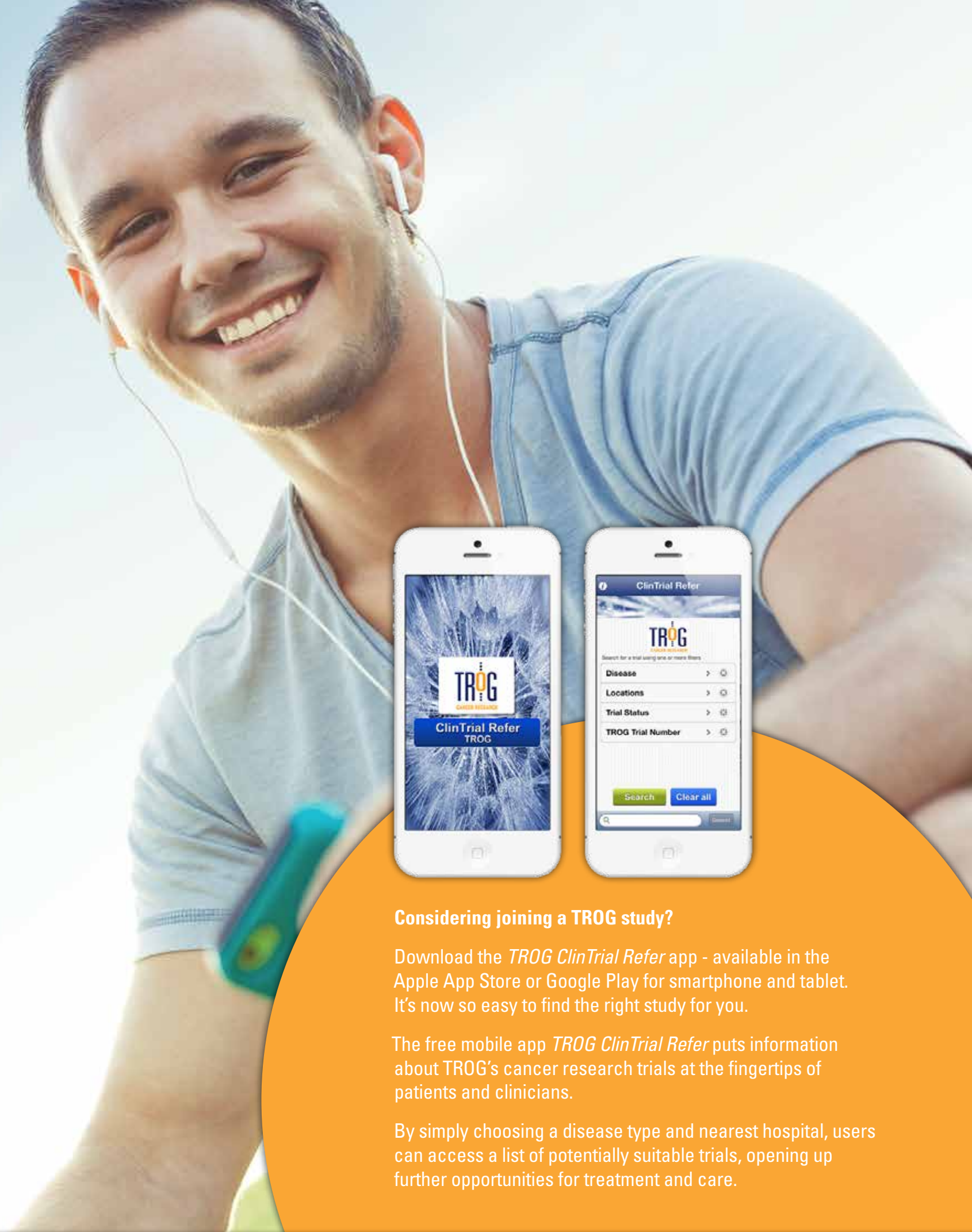


Considering joining a TROG study?

Download the *TROG ClinTrial Refer* app - available in the Apple App Store or Google Play for smartphone and tablet. It's now so easy to find the right study for you.

The free mobile app *TROG ClinTrial Refer* puts information about TROG's cancer research trials at the fingertips of patients and clinicians.

By simply choosing a disease type and nearest hospital, users can access a list of potentially suitable trials, opening up further opportunities for treatment and care.





message from the **Chief Financial Officer and Company Secretary**

Mark Rembish



Financial results for the year ended 31 December 2014

TROG successfully returned to surplus in 2014, posting a modest gain of \$11,779, reversing the trend of losses from 2012 and 2013. This return to surplus provides certainty of TROG's continued success well into the future.

Over the past year, TROG has placed a strong emphasis on diversifying its income streams. This has been necessitated by the significant reduction of support for our operations that was previously provided through Government grants in years past.

Revenue generated from services we provide to our trial portfolio has increased 300% and healthy revenue streams from both corporate sponsorships and public donations have been created. In addition, renewed engagement with our members has resulted in a 36% revenue increase from member contributions. As a not-for-profit entity, any surplus is to be used to carry out TROG's mission.

The balance sheet presents net assets of the company of \$818,250. The net assets are used to maintain a sustainable business model for researching radiotherapy as a treatment for cancer.

The audited financial statements for the year ended 31 December 2014 are available on TROG's website. The report herein is not intended to replace or modify the content of the separate audited financial statements.

financial report

Income Statement

Statement of Surplus or Deficit and Other Comprehensive Income For the Year Ended 31 December 2014

| | 2014 (\$) | 2013 (\$) |
|--|---------------|------------------|
| Revenue | 1,377,288 | 1,050,942 |
| Other income | 42,767 | 37,180 |
| Employee benefits expense | (1,046,810) | (1,038,705) |
| Depreciation and amortisation expense | (30,152) | (12,293) |
| Administration expenses | (331,314) | (263,528) |
| Surplus/(deficit) before income tax | 11,779 | (226,404) |
| Income tax expense | - | - |
| Surplus/(deficit) after income tax | 11,779 | (226,404) |
| Other comprehensive income | - | - |
| Total comprehensive income/(expense) for the year | 11,779 | (226,404) |

Balance Sheet

Statement of Financial Position 31 December 2014

| | 2014 (\$) | 2013 (\$) |
|--------------------------------------|------------------|------------------|
| ASSETS | | |
| CURRENT ASSETS | | |
| Cash and cash equivalents | 2,097,019 | 1,430,895 |
| Trade and other receivables | 195,973 | 132,081 |
| Other assets | 51,830 | 115,718 |
| TOTAL CURRENT ASSETS | 2,344,822 | 1,678,695 |
| NON CURRENT ASSETS | | |
| Property, plant and equipment | 51,810 | 63,538 |
| Intangible assets | 108,429 | 120,629 |
| TOTAL NON CURRENT ASSETS | 160,239 | 184,167 |
| TOTAL ASSETS | 2,505,061 | 1,862,862 |
| LIABILITIES | | |
| CURRENT LIABILITIES | | |
| Trade and other payables | 91,717 | 80,861 |
| Employee benefits | 118,404 | 82,636 |
| Other liabilities | 1,461,588 | 859,186 |
| TOTAL CURRENT LIABILITIES | 1,671,709 | 1,022,683 |
| NON CURRENT LIABILITIES | | |
| Employee benefits | 15,102 | 33,708 |
| TOTAL NON CURRENT LIABILITIES | 15,102 | 33,708 |
| TOTAL LIABILITIES | 1,686,811 | 1,056,391 |
| NET ASSETS | 818,250 | 806,471 |
| FUNDS | | |
| Accumulated surplus | 818,250 | 818,250 |
| TOTAL FUNDS | 818,250 | 806,471 |

TROG

annual scientific meeting

The TROG Annual Scientific Meeting (ASM) provides a focal point for TROG member involvement, collaboration, formulation of scientific direction, review and reporting of research activity, as well as education and knowledge sharing. Over 200 delegates attend the meeting which is supported by industry representatives and features a dedicated trade display area for industry products and information.

2014

TROG’s 26th Annual Scientific Meeting was held from 1-4 April on the Sunshine Coast, QLD.

The ASM celebrated TROG’s 25 years of clinical research and included the Clinical Trial Management Workshop, the Technical Research Workshop and the FRO Trainee Statistics and Research Workshop. The ASM featured international guest speaker, Professor David Brizel, a Radiation Oncologist from New York’s Cancer Institute.

The following new Category A proposals were approved for development at the 26th TROG ASM:

| | |
|---|---------------------------|
| HART: Deep Inhalation Breath Hold radiotherapy for patients with left sided breast cancer | Tomas Kron |
| VPA for GBM: Investigation of adjuvant sodium valproate in the treatment of glioblastoma | Mike Fay |
| SPARK: Stereotactic Prostate Adaptive Radiotherapy utilising KIM (Kilovoltage Intrafraction Monitoring) | Paul Keall / Jarad Martin |

The outstanding contribution to TROG award was presented to Professor Bryan Burmeister, who was awarded a TROG Life Membership for his contribution as one of TROG’s longest-standing members. Dr Andrew Macann received the ‘Trial Excellence’ award for his work on TROG 07.03.



2015

TROG’s 27th Annual Scientific Meeting will be held from March 24-26 in Newcastle, NSW.

Invited speakers include:

Prof Kevin Franks

Consultant Clinical Oncologist at the St. James’s Institute of Oncology (SJIO) in Leeds.

Prof Charles Catton

Radiation Oncologist at the Princess Margaret Cancer Centre in Toronto.

Associate Professor Paul Nguyen

Director of Prostate Brachytherapy and Clinical Trials for Genitourinary Radiation Oncology at the Dana-Farber Cancer Institute/Brigham and Women’s Cancer Centre.



2016

We hope you can join us in Brisbane, Queensland for the 28th TROG Annual Scientific Meeting from 15-17 March, 2016.



our grants

2014 grants from competitive sources

TROG received the following funding grants, which commenced in 2014.

| Funding Body | Trial | Duration | Total grant |
|------------------|---|----------|-------------|
| Cancer Australia | TROG 8.09 (RTN2) - A randomised trial of postoperative radiation therapy following wide excision of neuropathic melanoma of the head and neck. Trial Chair: Dr Matthew Foote | 3 years | \$335,000 |
| Cancer Australia | TROG 14.02 (RAIDER-B) - A randomised phase III trial of adaptive image guided standard or dose escalated radiotherapy in the treatment of transitional cell carcinoma of the bladder. Trial Chair: Dr Farshad Foroudi | 3 years | \$560,000 |
| Cancer Australia | TROG 9.02 (CHISEL) - A randomised phase III trial of highly conformal hypofractionated image guided (“Stereotactic”) radiotherapy (HypoRT) versus conventionally fractionated radiotherapy (ConRT) for inoperable early stage I non small cell lung cancer. Trial Chair: Prof David Ball | 3 years | \$320,000 |



our publications

2014 TROG publications

Full manuscripts

| Trial | Publication |
|-------|---|
| 06.02 | Grégoire V, Ang K, Budach W, Grau C, Hamoir M, Langendijk JA, Lee A, Le QT, Maingon P, Nutting C, O’Sullivan B, Porceddu S, Lengele B. Delineation of the neck node levels for head and neck tumors: A 2013 update. DAHANCA, EORTC, HKNPCSG, NCIC CTG, NCRI, RTOG, TROG consensus guidelines. Radiotherapy Oncol. 2014 January; 110 (1): 172-181. |
| 03.08 | Chow E, van der Linden Y, Roos DE, Hartsell WF, Hoskin P, Wu Jackson S, Brundage M, Nabid A, Tissing-Tan C, Oei B, Babington S, Demas W, Wilson F, Meyer R, Chen B, Wong R. Single versus multiple fractions of repeat radiation for painful bone metastases: a randomised, controlled, non-inferiority trial. Lancet Oncol, 2014 Feb15; (2):164-171. |
| 09.02 | Hardcastle N, Clements N, Chesson B, Aarons Y, Cramb J, Siva S, Wanigaratne DM, Ball D, Kron T. Results of patient specific quality assurance for patients undergoing stereotactic ablative radiotherapy for lung lesions. Australas Phys Eng Sci Med. 2014 March 1; 37 (1): 45-52. Doi: 10.1007/s13246-013-0239-4. |
| 07.03 | Macann A, Fua T, Milross C, Porceddu S, Penniment M, Wratten C, Krawitz H, Poulsen M, Tang CI, Morton RP, Hay KD, Thomson V, Bell ML, King MT, Fraser-Browne CL, Hockey HP. Phase III trial of domiciliary humidification to mitigate acute mucosal toxicity during radiotherapy for head and neck cancer: First report of Trans Tasman Radiation Oncology Group (TROG) 07.03 RadioHUM study. Int J Radiat Oncol Biol Phys. 2014 March 1; 88 (3): 572-579. Doi:10.1016/j.ijrobp.2013.11.226 |
| 08.03 | Pearse M, Fraser-Browne C, Davis ID, Duchesne GM, Fisher R, Frydenberg M, Haworth A, Jose C, Joseph DJ, Lim T, Matthews J, Millar J, Sidhom M, Spry N, Tang C, Turner S, Williams SG, Wiltshire K, Woo HH, Kneebone A. A phase III trial to investigate the timing of radiotherapy for prostate cancer with high-risk features: background and rationale of the RAVES trial (Radiotherapy Adjuvant Versus Early Salvage). BJU I. 2014 March; 113 (S2): 7-12. |
| 03.04 | Chang D, Joseph DJ, Ebert MA, Galvao DA, Taaffe DR, Denham JW, et al. Effect of androgen deprivation therapy on muscle attenuation in men with prostate cancer. J Med Imaging Radiat Oncol. 2014 April; 58 (2), 223-228 Doi: 10.1111/1754-9485.12124. |
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our community supporters

The Tea Gardens/Hawks Nest Prostate Cancer Awareness Group raises awareness and money for prostate cancer research and made TROG one of its key recipients during 2014.

TROG was thrilled to receive a donation of over \$6000 - the result of the group's fundraising efforts during Movember. Thanks also to the Hawks Nest Veteran Golfers and the Tea Gardens Country Fishing Club for their on-going support.



Woolworths Bakery Staff at Raymond Terrace baked and decorated 200 cup cakes and a large mud cake, raising over \$400 for TROG.

John Taylor and Howard Grant from the Tea Gardens/Hawks Nest Prostate Cancer Awareness Group get into the Movember spirit.



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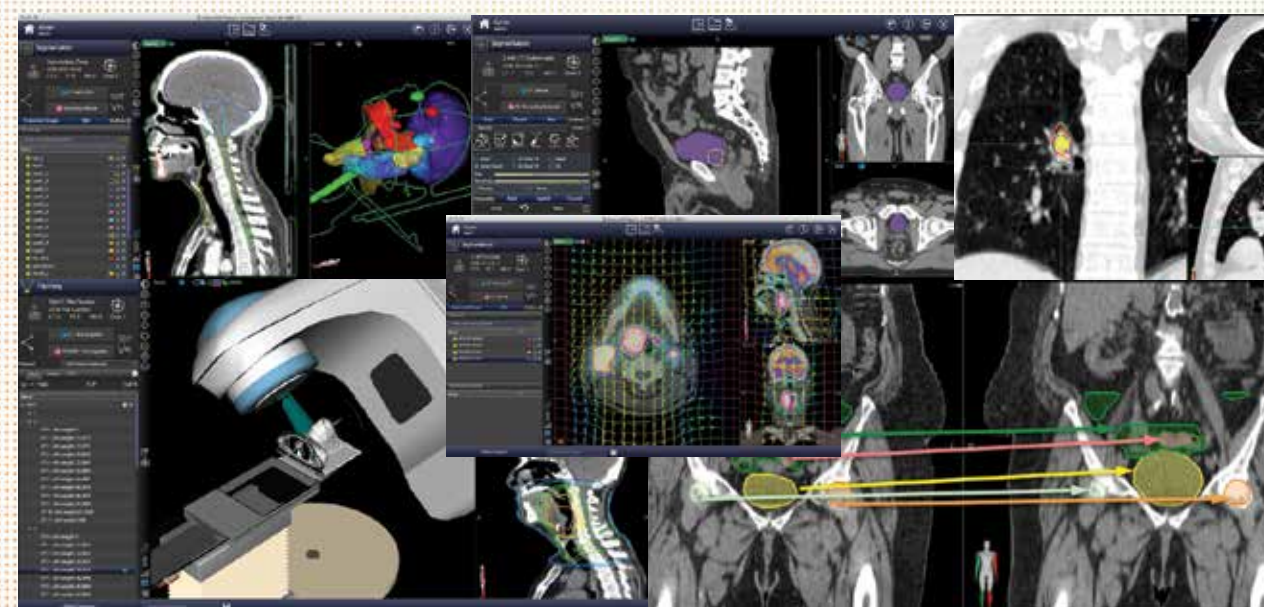
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Rhys Fitzgerald, Princess Alexandra Hospital

Rhys is a Radiation Therapist at Princess Alexandra Hospital, Brisbane. Rhys was the first radiation therapist to become a full TROG member since full membership was opened to anyone qualified in their discipline in April 2014.

"Becoming a full TROG member allows me to vote, submit trial proposals and take part in speciality groups that interest me."

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