



together
we can defeat cancer

2015 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 almost 30 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.

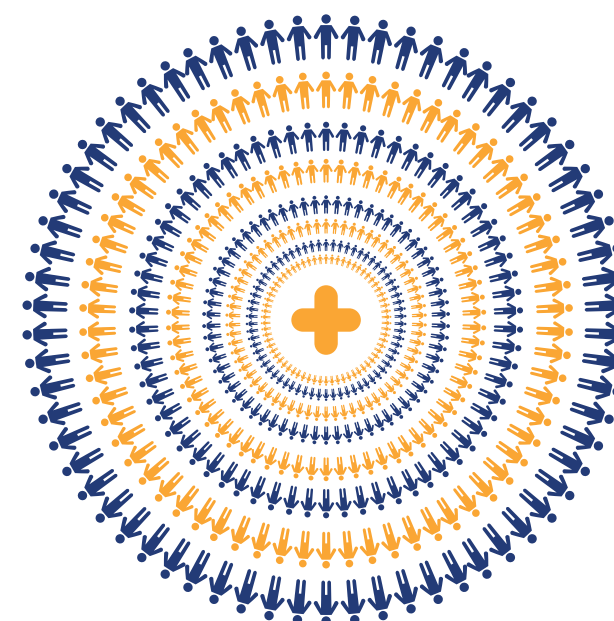
ONE in **TWO** cancer patients will benefit from radiotherapy



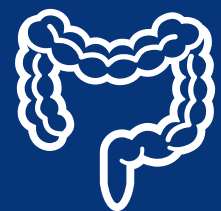
over **200** hospitals and cancer centres run TROG trials around the **WORLD**



close to **14,000** people have volunteered to participate in close to 100 TROG trials since our inception



1200 health professionals have become members of our TROG community

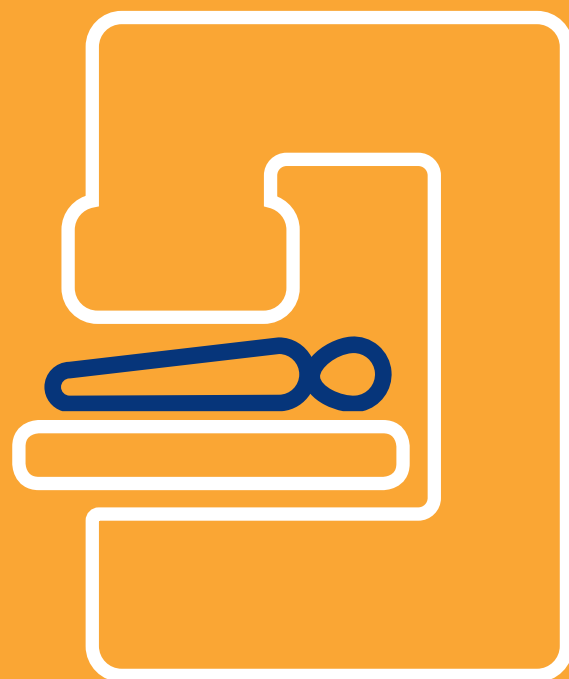


All cancers:
One treatment



More than
4,000 women

have taken part in over a dozen TROG breast cancer trials



Radiotherapy
SAVES lives



Close to
800
PEOPLE

have joined a TROG lung cancer trial

message from the President and Board Chair



Associate Professor Sandro Porceddu

TROG Cancer Research remains one of the leading cancer collaborative trial groups in Australia and New Zealand, based on patient accrual to clinical trials, publication rate in distinguished cancer journals and international reputation for quality cancer research.

As my three-year term as Chair of the organisation draws to an end, there have been a number of significant changes during this period that have altered the look and feel of TROG, and its long-term viability. We have changed our governance to ensure our processes are robust, but sufficiently flexible to respond to the ever-changing cancer research environment.

We now have a Board composed of members with a range of skill-mix and backgrounds to ensure we have competency in risk management, financial expertise and governance, while supporting our medical and consumer representation. The President's role has moved more toward being viewed as Chair of the Board, with the Board overseeing the development and monitoring of the strategic plan, rather than the running of the day-to-day operational aspects of our organisation.

Key to this success has been the efficiency gains in our Central Operations Office led by Joan Torony and supported by Mark Rembish, Melissa Crain and the entire TROG staff. Becoming our own entity and separating from the Calvary Mater Newcastle gave us the independence we required to become more flexible. Central Operations Office is provided with an annual budget, and performance is measured against key performance indicators set by the Board, in consultation with Central Operations Office management. It has worked well for us with major gains in our financial position, and improved engagement with our membership, community and industry.

Two further changes, which will have a substantial impact on securing our future, have been the amendment in our constitution to open up full membership to all health professionals involved and committed to radiation oncology research; and the move toward Subspecialty Groups, which has rejuvenated engagement with our younger members.

Moving forward, we all recognise the increased regulatory demands, rising costs, and ever tightening budgets associated with running clinical trials. The days of having a trials portfolio full of randomised phase III trials have gone. The large number of TROG trials that have been conducted should have seen us well placed for Comparative Effectiveness Research and important secondary analyses.

However, as central data management of most TROG trials has been performed in a range of centres, our ability to perform such work at present, is severely hampered. That is why the membership needs to remain open to the concept that TROG should establish resources, and move toward a greater central data management role of TROG trials, in order to derive the maximum benefit from our studies, now and into the future. TROG has already begun increasing its central data management capacity, to those who wish to use it, and as long as we create the right model, I believe TROG's future success will rely on this process.

Finally, I wish to take this opportunity to thank the Board, Central Office, Scientific Committee, investigators, consumers and all the members that volunteer their time to TROG to make this the wonderful organisation it is. It has been a challenging and humbling experience, but I have enjoyed the opportunity to have been the President, or should I say Chair.

Thank you.



message from the Chief Executive Officer and Research Manager

Joan Torony

Radiotherapy research is the foundation of TROG, our research portfolio and Quality Assurance Program; and the conduct of quality clinical trials nationally and internationally is paramount to our organisation. In the past year, TROG has continued to cultivate its reputation as a world-class research organisation and an industry leader. Throughout 2015 we continued to implement and monitor our strategic plan, with our key performance indicators being met.

A crucial area of our strategic direction is communication. As an organisation that undertakes research into various types of cancer, branding of TROG is a challenge. In order to enhance our public profile, a television advertisement was launched in 2015 and has received airplay as a community service announcement to promote our research and appeal to the community for donations. This advertising campaign will continue in 2016. Other promotional activities have included print and radio advertising, social media engagement, our regular community e-news, increased media releases and media coverage and speaking at community support groups.

Communication with our membership is vital to ensure the needs of all members and site staff are met. Seventeen site visits were undertaken throughout Australia and New Zealand over the past year to discuss the TROG trials portfolio, the Facility Alliance Membership, Quality Assurance and assist with any issues at site level. Ten new sites were activated to TROG trials and centralised trial coordination continues to grow. Corporate sponsorship is paramount in the support of our research and we have been fortunate to have the on-going support from our major sponsors, GenesisCare and Varian Medical Systems. Sponsorship for our Annual Scientific Meeting to be held in Brisbane from the 14th – 17th March 2016, also continues to increase and I thank the sponsors for their generous support.

We currently have 13 clinical trials and projects in development, 13 open trials, 15 trials in follow-up and 9 closed trials. TROG also had 11 publications in 2015.

Our new Good Clinical Practice online learning module was released to our membership and well received, with additional modules planned for 2016.

Planning has been underway for a TROG Consumer Advisory Panel. A Consumer Training Workshop will be held in April 2016 to provide people with training on the basics of radiation therapy and clinical trials, as well as involvement in the TROG Board, Scientific Committee, cancer advocacy, fundraising or by sharing their own cancer journey.



From the discussions on these topics during the workshop, TROG will develop online consumer learning modules. These modules will be used in conjunction with the Cancer Australia eLearning website to provide relevant information to all consumers interested in Radiation Oncology clinical trials.

We will continue to work with our membership to ensure engagement across the organisation at all times. I am personally very proud of TROG's achievements over the past year. It is through the commitment of the TROG Membership, community, collaboration with other stakeholders, government bodies and our sponsors that we are able to continue to deliver quality research outcomes and improve outcomes for people diagnosed with cancer, their families and support networks.

Joan Torony

message from the Scientific Committee Chair



Professor David Christie

TROG continues to be one of the most successful cancer clinical trials groups in Australia and New Zealand. We are recognised nationally and internationally for the investigator-initiated research undertaken by our membership. Robust trial conduct is pivotal to the success of the organisation. Our goal is to conduct quality, efficient and productive trials. Under the guidance of the TROG Scientific Committee (TSC) and assisted by the TROG Central Operations Office, we have improved timelines and increased efficiencies in the conduct of trials.

Clinical Trial activity in 2015:

New Proposals	5 proposals submitted and accepted
In development	11 trials 2 projects
Current trials	13 open trials 1 open project 15 trials closed to accrual 9 trials closed to follow-up
Patient Accrual	605 (13895 in total)
Publications	11 full manuscripts

2015 saw breakthrough results for the TROG 03.06 (TOAD) prostate cancer and TROG 03.05 (MA.20) breast cancer trials, as well as the launch of the pioneering TROG 13.01 (SAFRON II) trial and the TROG 14.03 head and neck cancer trial.

The ASM15 was supported by over 180 delegates in Newcastle. We received a full quota of exciting new proposals and look forward to discussion about them at the ASM in Brisbane in 2016.

The TSC members and subspecialty groups are committed to ensuring a robust trials portfolio to allow the advancement of scientifically proven treatments to improve patient outcomes.



2015 saw the introduction of a TROG Independent Data Safety Monitoring Committee. The inaugural meeting for this committee was held in December with the review of several TROG trials. A Consumer Advisory Panel is also in development with a workshop planned for April this year, this will be followed by the introduction of eLearning modules via the TROG website. This panel will allow for consumers specifically trained in the area of radiation therapy to advise and offer advocacy.

message from the Technology and Quality Manager

Melissa Crain

(maternity leave June - December)

Joan Torony

(Acting June - December)



TROG's mission, to conduct world-class research in radiotherapy through innovation and collaboration, guides the work of the Quality Assurance (QA) team. Working with the membership, our aim is to facilitate quality frameworks for the introduction of new technologies in clinical trials whilst ensuring robust, high-quality outcomes.

The QA program provides independent review of radiotherapy treatment plans to assess compliance with trial protocols and ensure quality data. Over 300 QA case checks were conducted in 2015 using the MIM review software. These reviews allow comprehensive evaluation of treatment plans with meaningful feedback provided to participating centres on areas where compliance to the trial protocol can be improved.

The New Technologies and Techniques Committee (NTTC) met four times throughout the year to address the implementation of new technologies into TROG trials. A key focus for the NTTC was to consider how to incorporate complex technologies that are in use throughout the TROG network of participating centres into our clinical trials, ensuring that patients are being treated uniformly and that trials results will be of equivalence.

The implementation of the VESPA project, led by Professor Peter Greer from Calvary Mater Newcastle, has continued throughout the year with the aim 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 NTTC reports to the TROG Scientific Committee.

As data mining and secondary analysis become a prominent focus for TROG, the QA team has worked to ensure our extensive data library is available to the membership for research projects. Assistance from TROG centres in adopting standardised contouring names in TROG trials will enable the future-proofing of this data for exploration.



Our valuable relationships with industry partners (manufacturers of radiation oncology equipment and technical software) are essential, as they provide TROG's QA team with access to state-of-the-art resources and enable practical advances to gain efficiencies in the data submission process for QA.

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.

Melissa

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 1,200 members who are health professionals working in the area of radiation oncology.

The majority of our members are Radiation Oncologists, Therapists and Registrars from Australia and New Zealand (almost 800). The remaining members hold a number of related professions including:

- Data manager
- Medical physicist
- Statistician
- Nurse
- Medical oncologist
- Clinical Trial Coordinator

Meet some of our researchers

Prof Tomas Kron, Victoria



Tomas is a Medical Physicist at Peter Macallum Cancer Centre in Melbourne, where he is Director of Physical Services. In 2014 he was awarded a Medal of the Order of Australia (OAM) for his services to medicine, education and research.

“I have the privilege to work with many inspiring clinicians, smart RTs and fun physicists (believe it or not), not to mention statisticians, students and many other health professionals. Working with TROG has been one of the highlights of my career.”

Dr Fiona Day, New South Wales

Fiona is a Medical Oncologist at Calvary Mater Newcastle. She is a member of the TROG Scientific Committee, where her role is to provide input on the application of systemic therapies in TROG trials and assist in designing clinical trials that effectively address the most relevant clinical questions.

“I enjoy the variety of medical oncology, but the most rewarding aspect is being able to improve the quality of life of people affected by cancer in a very immediate sense.”



Jenny Boyd, New Zealand

Jenny is a Nurse Coordinator at Waikato District Health Board. She has coordinated a number of TROG trials and is also involved with Phase I, II and III trials in medical oncology. The highlight of Jenny's working career so far has been her introduction to the world of clinical research.

“As a TROG member the value of being able to draw on experiences, support, back-up and expertise of others cannot be underestimated when coordinating studies.

“I enjoy meeting such wonderful patients and hopefully making a difference in their lives. Seeing the progress in cancer treatment over a relatively short time frame and knowing we are improving treatment options for patients has to give you a buzz!”



our board

2015 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.

President Elect: A/Prof Farshad Foroudi

Farshad is the former Chair of the TROG Scientific Committee and a Consultant Radiation Oncologist at the Olivia Newton-John Cancer & Wellness Centre, Austin Health, Melbourne. He has a full-time clinical practice specialising in radiation treatment of predominantly prostate and bladder cancers.



Scientific Committee Chair: Prof David Christie

David is the Chair of the TROG Scientific Committee and a Radiation Oncologist at Genesis CancerCare, QLD. David has experience in treating all cancers that require radiotherapy but has a special interest in urological cancer and lymphoma, including brachytherapy for prostate cancer.



Full Member Director: 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 Giuseppe Sasso

Giuseppe (Peppe) is the Clinical Director of the Radiation Oncology Department at the Northern Regional Cancer and Blood Services, Auckland City Hospital and Auckland District Health Board (ADHB). His clinical focus is on prostate and breast cancer and he also has a special interest in the use of ablative radiotherapy for early metastatic cancers.

Independent Director: Dr Tim Kuypers PhD

Tim works for Asciano, which owns Australia's largest national above rail freight operator. As General Manager of Regulation he interacts with economic regulators and negotiates access to rail tracks. Tim contributes his vast understanding of regulation to the TROG Board.



Independent Director: Dr Rhys Williams

Rhys brings his extensive knowledge and experience in internal auditing, risk management and management consultancy to the TROG Board. Rhys also has a background in neural science.

Independent Consumer Representative Director: Mr Rob Ferguson

Rob has been involved with consumer advocacy for cancer patients, carers and families since 2013. Before retiring in 2014, he was instrumental in providing vastly improved services to those with Muscular Dystrophy and other neuromuscular diseases, throughout NSW and Australia.



our committee members

2015 TROG Scientific Committee Members



**Scientific
Committee Chair:**
Prof David Christie



**Portfolio Leader -
Publication:**
Dr Puma Sundaresan



TSC Member:
A/Prof Trevor Leong



TSC Member:
Dr Sashendra Senth



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



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



**Discipline
Representative -
Medical Oncology:**
Dr Fiona Day



**Discipline
Representative -
Physics:**
Prof Paul Keall



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



**Independent
Consumer
Representative:**
Dr Nicola Bruce



Special Advisor:
Conjoint Prof
Peter Greer



**TROG Chief
Executive Officer:**
Ms Joan Torony



**TROG Technology and
Quality Manager:**
Mrs Melissa Crain

2015 TROG Independent Data Safety Monitoring Committee (IDSMC)

Chairperson/Statistician: Mrs Peta Forder

Medical Oncologist: A/Prof Eva Segelov

Surgical Oncologist: A/Prof Guy Hingston

Radiation Oncologist: A/Prof Paul Nguyen

Radiation Oncologist & TROG Representative: Prof Gill Duchesne

2015 TROG New Technologies and Techniques Committee (NTTC)

Chairperson: Conjoint Prof Peter Greer

Mr Michael Bailey

Ms Laura Ciurlionis

Mrs Melissa Crain

Dr Josh Dass

Dr Martin Ebert

Dr Mike Fay

A/Prof Joerg Lehmann

Prof Tomas Kron

Dr Mahesh Kumar

Mr Rob McDowall

Mrs Alisha Moore

Mr Kenton Thompson

Prof David Thwaites

Mr Dave Willis

2015 TROG Publications Committee

Chairperson: Dr Puma Sundaresan

Discipline Representative - Statistics: Prof Val Gebski

Radiation Oncologist - Scientific Committee Chair: Prof David Christie

TROG Central Operations Office: Ms Joan Torony

Secretary: Mr Patrick Wheeler

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: 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. He is currently voluntary CEO of CanSpeak a national cancer consumer advocacy group.

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 Partner: Rob Ferguson

Rob has been involved with consumer advocacy for cancer patients, carers and families since 2013. Before retiring in 2014, he was instrumental in providing vastly improved services to those with Muscular Dystrophy and other neuromuscular diseases, throughout NSW and Australia.

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

Margaret is a breast cancer survivor of 7 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.



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 Executive Officer**



**TROG Central Operations Office Representative:
Rebecca Montgomery -
TROG Assistant Research Manager**

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 70 cancer treatment centres in Australia and New Zealand, as well as with contributing international centres, TROG has launched almost 100 trials with the help of close to 14,000 patients. Over time we have achieved significant improvements in patient care and outcomes.

Subspecialty Groups

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

Breast Subspecialty Group

Co-Chairs:

Verity Ahern
Boon Chua

Executive Committee members:

Michael Chao, Peter Graham, Chris Kelly

Genitourinary Subspecialty Group

Co-Chairs:

David Pryor
Shankar Siva
Yaw Chin

Executive Committee member:

Jarad Martin, Alison Brown

Head and Neck Subspecialty Group

Co-Chairs:

June Corry
Andrew Macann



Lung Subspecialty 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 Subspecialty 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

Collaborative Group: Australia and New Zealand Breast Cancer Trials Group (ANZBCTG)

Local HER-0 - this study aims to show that brain metastasis, from HER2 positive breast cancer, are able to be controlled by Stereotactic Radiosurgery and/or Neurosurgery without the need for WBRT.

Trial Chair: Claire Phillips

Primary Sponsor: TROG

Open 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)

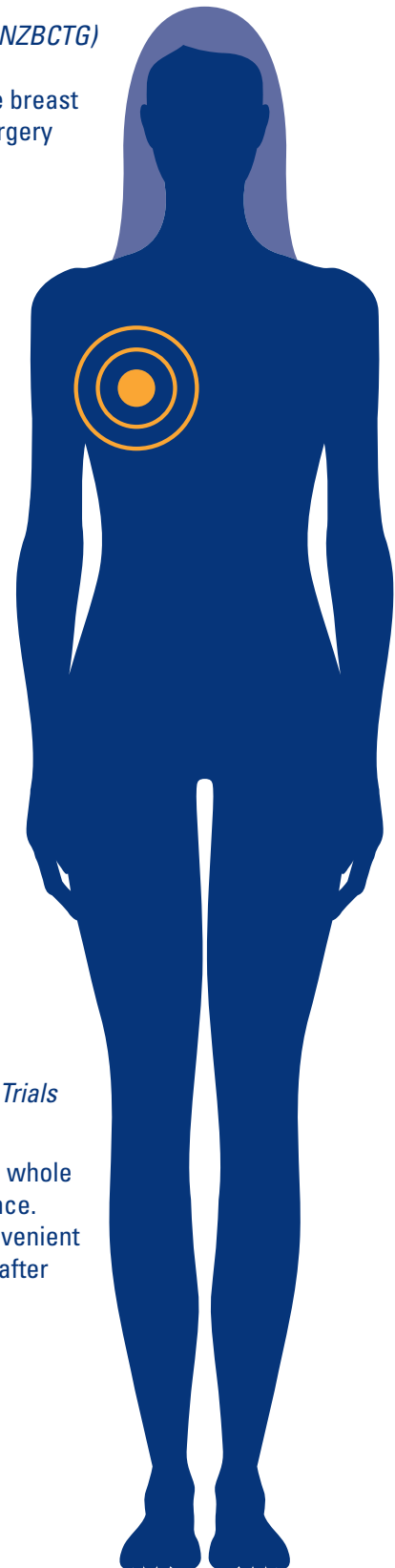
Collaborating groups: TROG; Breast International Group (BIG); Scottish Cancer Trials Group; European Organisation for Research & Treatment of Cancer (EORTC)

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



breast

Closed trials (continued)

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: ANZBCTG; National Cancer Institute of Canada Clinical Trials Group (NCIC CTG), EORTC; Scottish Cancer Trials Group; BIG

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.

brain and central nervous system

Trials in development

TROG 15.02 (ROAM) - this study aims to determine whether early adjuvant fractionated external beam radiotherapy reduces the risk of tumour recurrence compared to active monitoring in newly diagnosed atypical meningioma.

TROG Trial Chair: Gail Ryan

Primary sponsor: The Walton Centre NHS Foundation Trust, University of Liverpool, UK

Collaborating groups: TROG; EORTC

Open Trials

TROG 08.05 (WBRT) - The purpose of this study is to investigate the effect of adding whole brain radiotherapy after surgery and/or stereotactic irradiation (SI) on the development of further brain metastases (cancer spread to the brain) in participants with melanoma.

Trial Chair: Gerald Fogarty

Primary sponsor: Australia & New Zealand Melanoma Trials Group (ANZMTG)

Collaborating groups: TROG; Sydney Neurology Oncology Group (SNOG)

Closed trials

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 Randomised 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

Open 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

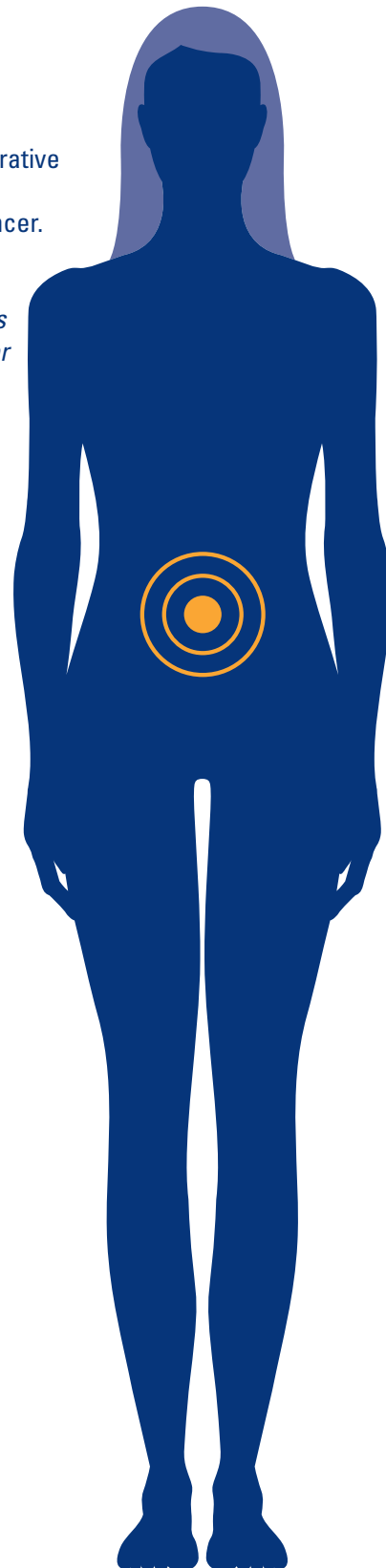
Primary Sponsor: TROG

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)

urogenital

(Bladder, Kidney and Prostate)

Trials in development

CORE - this study aims to show that the addition of SBRT (stereotactic body radiotherapy) to standard of care improves progression free survival for patients that have extra-cranial oligometastatic disease spread from lung, breast and/or prostate cancer.

Trial Co-Chair: David Pryor and Farshad Foroudi

Primary sponsor: Institute of Cancer Research (ICR)

Collaborating groups: TROG

TROG 15.03 (FASTRACK II) - this study aims to evaluate the activity and efficacy of Stereotactic Ablative Body Radiotherapy (SABR) for the treatment of kidney cancers.

Trial Chair: Shankar Siva

Primary sponsor: TROG

TROG 15.01 (SPARK) - this trial is testing the use of Kilovoltage Intrafraction Monitoring in prostate cancer patients being treated with stereotactic prostate adaptive radiotherapy.

Trial Co-Chairs: Paul Keall and Jarad Martin

Primary Sponsor: TROG

Collaborating groups: University of Sydney

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: ICR

Collaborating groups: TROG

Open 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)



urogenital

(Bladder, Kidney and Prostate)

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)

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 Australia and New Zealand (USANZ)

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

gynaecological

head and neck

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

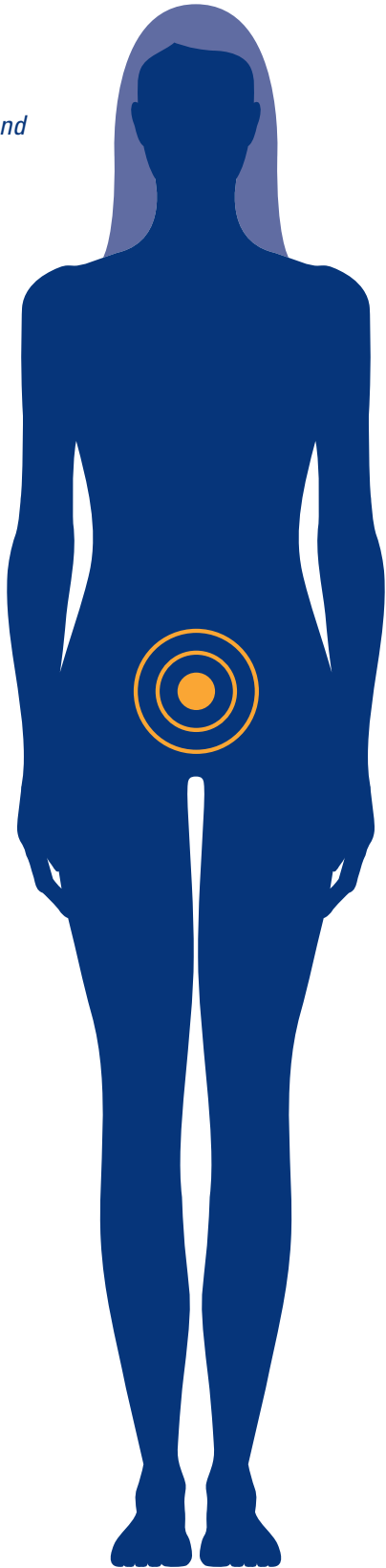
Primary sponsor: Dutch Cooperative Gynecologic Oncology Group (DGOG);

Collaborating groups: TROG; Cancer Research UK (CRUK); NCIC CTG; Maria Negri Gynecologic Oncology Group (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



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 (DAHANCA)

Open trials

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

TROG 12.03 (EAT) - this study is evaluating the effectiveness of a dietician-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

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

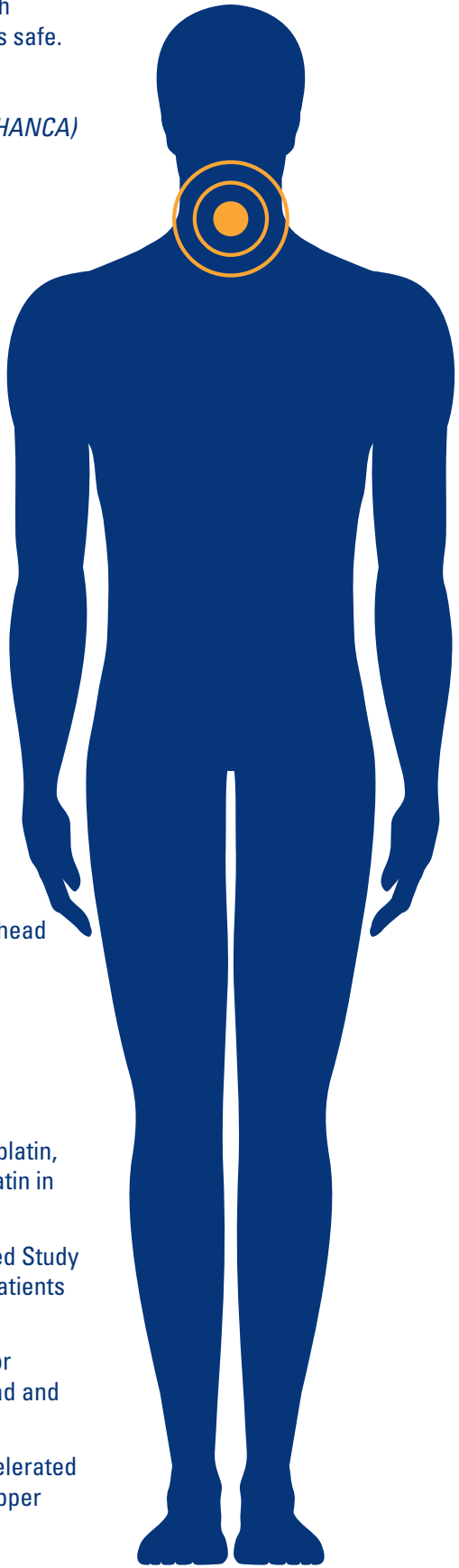
Completed trials

TROG 02.02 - Phase III Randomised 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, Randomised, 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

NIVORAD - this study is investigating the benefit of adding stereotactic radiotherapy (SABR) to nivolumab (versus nivolumab alone) in progressive non-small cell lung cancer.

Trial Chair: Shankar Siva

Primary Sponsor: Australasian Lung Cancer Trials Group (ALTG)

Collaborating Group: TROG

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

Open trials

TROG 13.01 (SAFRON II) - this study aims to examine and compare the safety of the two emerging stereotactic ablative body radiotherapy (SABR) techniques emerging in Australia used to treat metastatic disease to the lung (single fraction and multi fraction). It will also examine quality of life, cost effectiveness and resource use 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: ALTG

TROG 11.03 (P_LUNG GP) - 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

Closed trials

TROG 09.02 (CHISEL) - this study investigated 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.

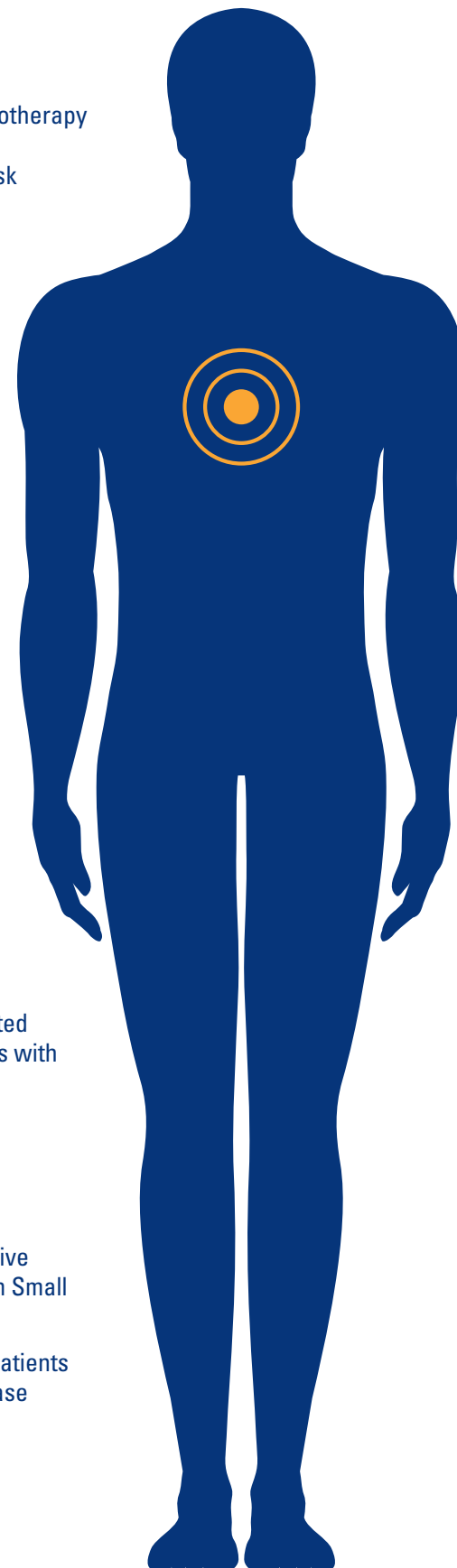
Trial Chair: David Ball

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

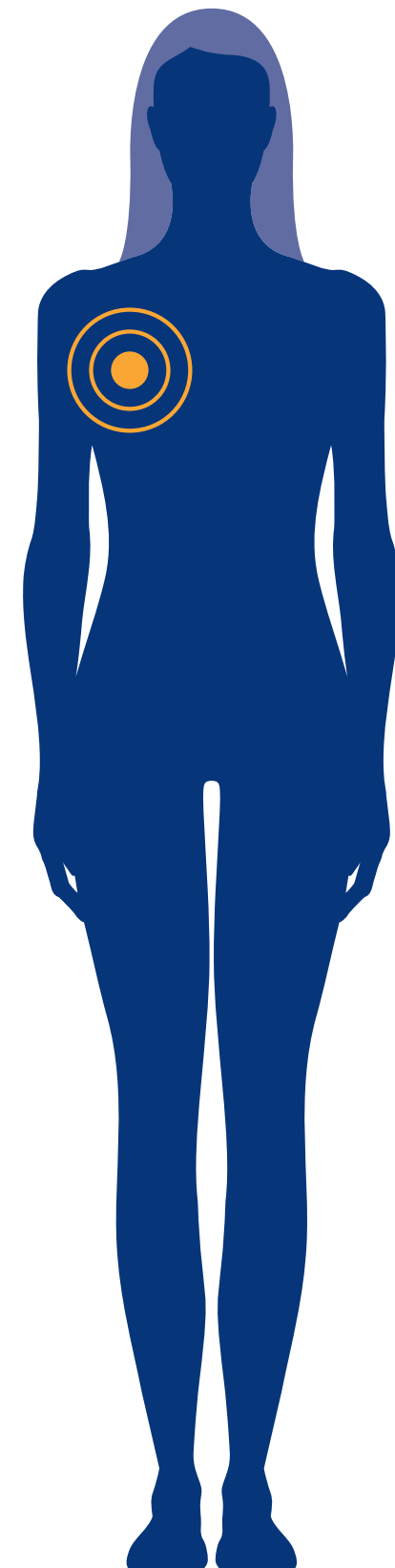
Collaborating groups: ALLG

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

Open 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 rather than just having surgery alone.

Trial Chair: Matthew Foote

Primary sponsor: Australia and New Zealand Melanoma

Trials Group (ANZMTG)

Collaborating group: TROG

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 was 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

Open 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 randomised 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

research projects

Projects in development

Registry of Australian and New Zealand Ablative Radiotherapy (RANZAR) - this registry will help facilitate the collection and analysis of efficacy and toxicity outcomes for SABR patients according to different fractionation schemes, tumour sites, histologies and radiotherapy planning and delivery systems.

Dr Jeremy Ruben

SEINSATION - A prospective database of women with axillary presentation of occult breast cancer that captures key demographic, investigation, prognostic features and patterns of care to determine the outcomes for patients undergoing breast conservation and to see if more intensive imaging modalities and targeted therapies reduces recurrence rates.

Professor Peter Graham

Open project

Virtual Epid Standard Phantom Audit (VESPA) - VESPA is a novel method that aims to remotely perform a dosimetry check on the output of a linear accelerator using its own imaging equipment (Electronic Portal Imager). TROG clinical trial participation, utilisation of advanced techniques as well as TROG site credentialing, has been assisted through implementation of the VESPA project.

Professor Peter Greer

TROG *total accrual*

TROG total accrual (open and closed trials)

Total by centre from inception to 31st December 2015:

Centre	Total
NSW	
Calvary Mater Newcastle, NSW	1150
St George Cancer Care Services, St George Hospital, NSW	735
Crown Princess Mary Cancer Centre, Westmead, NSW	499
Northern Sydney Cancer Centre, Royal North Shore Hospital, NSW	277
Chris O'Brien Lifehouse (Royal Prince Alfred), NSW	256
Liverpool Cancer Therapy Centre, Liverpool Hospital, NSW	251
Illawarra Cancer Care Centre, Wollongong Hospital, NSW	177
Prince of Wales Hospital, NSW	108
Riverina Cancer Care Centre, Wagga Wagga, NSW	63
Macarthur Cancer Therapy Centre, Campbelltown Hospital, NSW	52
St Vincent's Hospital, Darlinghurst, NSW	45
Nepean Cancer Care Centre, Nepean Hospital, NSW	37
Central West Cancer Service, Orange, NSW	10
Melanoma Institute Australia, North Sydney, NSW	8
North Coast Cancer Institute, Port Macquarie Base Hospital, NSW	6
Central Coast Regional Cancer Care, Gosford Hospital, NSW	4
Albury Base Hospital, NSW	3
Concord Cancer Care, Concord Repatriation General Hospital, NSW	2
North Coast Cancer Institute, Lismore, NSW	2
The Mater North Sydney, NSW	2
Sydney Adventist Hospital, NSW	1
	3688
QUEENSLAND	
Radiation Oncology Mater Centre, QLD	1116
Princess Alexandra Hospital, QLD	821
Royal Brisbane and Women's Hospital, QLD	529
Townsville Cancer Center, The Townsville Hospital, QLD	164
Oncology Research Australia - St Andrew's Cancer Centre, Toowoomba, QLD	149
Genesis Cancer Care - Tugun, John Flynn Private Hospital, QLD	142
Genesis Cancer Care - Southport, QLD	24
Oncology Research Australia - Liz Plummer Cancer Centre, Cairns, QLD	15
Genesis Cancer Care - Wesley Medical Centre, QLD	7
Radiation Oncology Queensland - Gold Coast, QLD	4
Genesis Cancer Care - Nambour, QLD	4
Genesis Cancer Care - Chermside, QLD	2
	2977
VICTORIA	
Peter MacCallum Cancer Centre - East Melbourne, VIC	1534
Andrew Love Cancer Centre, Geelong Hospital, VIC	327
William Buckland Radiotherapy Centre, The Alfred, VIC	166
Olivia Newton-John Cancer and Wellness Centre, Austin Hospital, VIC	109
Peter MacCallum Cancer Centre - Box Hill, VIC	109
Peter MacCallum Cancer Centre - Moorabbin, VIC	87
Monash Medical Centre, VIC	49
Peter MacCallum Cancer Centre - Bendigo, VIC	27
Frankston Radiation Oncology, Frankston Private Hospital, VIC	21

Centre	Total
St Vincent's Hospital, Melbourne, VIC	10
Murray Valley Private Hospital, VIC	9
Ballarat Regional Integrated Cancer Centre, Ballarat Base Hospital, VIC	8
Royal Melbourne Hospital, VIC	8
Epworth Radiation Oncology, Epworth Freemasons Hospital, VIC	5
Western Radiation Oncology Centre, Western Private Hospital, VIC	1
	2470
NEW ZEALAND	
Auckland Regional Cancer and Blood Service, Auckland City Hospital, NZ	525
Wellington Blood and Cancer Centre, Wellington Hospital, NZ	472
Christchurch Hospital, NZ	388
Waikato Hospital, Hamilton, NZ	92
Dunedin Hospital, NZ	79
Palmerston North Hospital, NZ	56
Auckland Radiation Oncology, NZ	1
	1613
WESTERN AUSTRALIA	
Sir Charles Gairdner Hospital, WA	777
Genesis Cancer Care - Royal Perth Hospital, WA	79
Genesis Cancer Care - Wembley (Perth Radiation Oncology Centre), WA	50
Genesis Cancer Care - Bunbury, WA	11
Fremantle Hospital, WA	5
Genesis Cancer Care - Murdoch (Fiona Stanley Hospital), WA	3
The Mount, WA	1
	926
SOUTH AUSTRALIA	
Royal Adelaide Hospital, SA	597
Genesis Cancer Care - Adelaide Radiotherapy Centre, SA	27
Repatriation General Hospital, SA	12
Queen Elizabeth Hospital, SA	3
Flinders Medical Centre, SA	2
	641
TASMANIA	
WP Holman Clinic, Royal Hobart Hospital, TAS	74
WP Holman Clinic, Launceston General Hospital, TAS	38
	112
AUSTRALIAN CAPITAL TERRITORY	
Capital Regional Cancer Service, The Canberra Hospital, ACT	70
	70
NORTHERN TERRITORY	
Alan Walker Cancer Centre, Royal Darwin Hospital, NT	50
	50
OTHER	
International Centres	1325
Non RT Centres (Private)	23
	1348
TOTAL ALL CENTRES	13,895

our *research achievements* 2015

Breast cancer breakthrough

The landmark, global TROG 03.05 (MA.20) trial showed that radiation treatment of the lymph nodes in addition to the breast after breast cancer surgery can prolong the time women remain cancer-free.

For over ten years, the researchers monitored 1,832 women with breast cancer that had spread to the lymph nodes; 82 per cent of the women who received radiation to the breast and lymph nodes were free of cancer, compared to 77 per cent of women who received radiation to the breast only.

Associate Professor Boon Chua, Director of Breast Service at the Peter MacCallum Cancer Centre and international Co-Chair of the trial – says the difference in cancer-free survival is statistically significant.

“Breast cancer is the most common cancer in Australian women, and most women who have localised surgery to remove the cancer receive radiation to the breast after surgery. Women who have cancer detected in their lymph nodes may wish to discuss lymph node radiation with their doctors to help them make an informed decision about their treatment options.”

Associate Professor Chua, says the findings are important for many women with breast cancer.

“This large, international trial has shown that lymph node radiation not only reduced the likelihood of cancer coming back in the lymph nodes ten years later, it also decreased the risk of cancer coming back in the other parts of the body, such as the liver and lungs, from 17.6 per cent to 13.7 per cent.”



Prostate cancer trial shows increased survival

The TROG 03.06 (TOAD) trial was conducted to determine if immediate intervention with androgen deprivation therapy (ADT) would improve overall survival, compared with delayed ADT in prostate cancer patients with a rising prostate specific antigen (PSA).

Researchers discovered that men with incurable prostate cancer, but without symptoms, who received immediate hormone treatment had an increase in survival over those who delayed treatment – with 80% still alive after six years, compared to 65% of men for whom treatment was delayed until they showed further symptoms or signs of progression. Patients who received immediate hormone treatment showed longer survival.

“These are people who are no longer considered to be curable, but who may have a number of years ahead of them. It is therefore important to try to maintain quality of life for as long as possible, and avoid unnecessary treatment,” Radiation Oncologist and Trial Chair, Professor Duchesne said.

The results from the trial will have an impact on future treatments for men with incurable prostate cancer, giving them more options.

“Clinicians now have some evidence to offer to these men, for them to be able to make an informed decision about when they want to start treatment - earlier with the chance of living longer but with increased risk of side effects, or delaying treatment. We were unable to give them any figures before,” Professor Duchesne said.



TROG In the media



our patients

Viv's story

Viv is from Adelaide, SA. When he was diagnosed with secondary lung cancer in 2014, the grandfather was determined not to let it derail his plans for the future. Viv decided to join TROG 13.01 (SAFRON II) to receive a form of cancer treatment called Stereotactic Ablative Body Radiotherapy (SABR), which is targeted to tumours that have limited spread from the primary to the lung.

"It was another shock to myself and my family. I was looking forward to travelling and enjoying retirement but everything was put on hold. Only now, after great results, can I plan the next adventure."

Tanya's story

Tanya is from Newcastle, NSW. A shock breast cancer diagnosis led the mother-of-four to join the TROG 08.06 (STARS) trial, comparing the effectiveness of treatment with the drug anastrozole before and during radiotherapy compared with anastrozole therapy delayed until after radiotherapy, in the hope that her daughters will not have to experience the same news in the future.

"You don't have to go far to find a friend or relative or someone you know who has been affected by this terrible disease. By joining a clinical trial, you are also keeping a better check on your own health via closer monitoring. We can all play a small part in making our world a healthier place."



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 Financial Controller and Company Secretary

Andrew Jenkins

Financial results for the year ended 31 December 2015

For the year ended 31 December 2015, TROG reported a net surplus of \$108,015, which is a \$96,236 improvement on the result from the previous year. Revenue increased \$303,889 with strong increases in Sponsorship, Facility Alliance Membership and Research Facility revenue. There was a corresponding expenditure increase of \$239,653, which was mainly related to the increased revenue.

This result has increased TROG's reserves to \$926,265, placing the Group in a strong position to fund its commitments to existing programmes and continue the execution of its strategic plan.

The full audited financial statements for the year ended 31 December 2015 are available on our website.

The following reports are 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 2015

	2015 (\$)	2014 (\$)	Change (\$)
Revenue	1,917,503	1,608,924	308,579
Other income	70,077	42,767	27,310
Employee benefits expense	(1,271,071)	(1,046,810)	(224,261)
Depreciation and amortisation expense	(40,565)	(30,152)	(10,413)
Administration expenses	(567,929)	(562,950)	(4,979)
Net Surplus	108,015	11,779	96,236

Balance Sheet

Statement of Financial Position For the Year Ended 31 December 2015

	2015 (\$)	2014 (\$)	Change (\$)
Cash and cash equivalent	2,350,738	2,097,019	253,719
Trade and other receivable	193,653	195,973	(2,320)
Other Assets	250,623	212,069	38,554
Trade and other payables	(82,070)	(91,717)	9,647
Employee entitlements	(111,289)	(133,506)	22,217
Other liabilities	(1,675,391)	(1,461,588)	(213,803)
Net Assets	926,264	818,250	108,014
Less Non Current Assets and Liabilities	(175, 976)	(145,137)	(30,839)
Net Liquid Assets	750,288	673,113	77,175



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.

2015

TROG's 27th Annual Scientific Meeting was held from 24-27 March in Newcastle, NSW.

International speakers who attended were renowned Radiation Oncologists, Professor Charles Catton from Princess Margaret Hospital in Toronto, Canada; Dr Kevin Franks from St James' Institute of Oncology in Leeds, UK; and Associate Professor Paul Nguyen from Harvard Medical School, USA. With a focus on the conference theme: 'The ongoing evolution of collaborative trials', the speakers provided unique perspectives on radiotherapy clinical trials, their health systems and the challenges faced in their respective parts of the world.

The meeting included more TROG trial updates than any previous ASM, with exciting results and updates in the areas of prostate, lung, breast, bladder, oesophagus, bone, blood and skin cancer. There was lots of positive feedback received about the new conference format, which featured interactive, Subspecialty group sessions.





The 2014 'TROGIE' achievement award was given to former TROG Independent Consumer Director, the late Dr Ian Roos, prior to his passing, for his outstanding contribution to the group. Dr Roos was an integral part of TROG over the past three years and the award recognised his achievements and dedication in the area of cancer research and his passion for consumer advocacy.

Professor Gillian Duchesne was presented with the TROG 'Lifetime Membership Award' for her service to the group and Dr Michael Penniment received the 2014 'Trial Excellence Award' (TROGIE) for his work on the TROG 03.01 trial, which found 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.



TROGIE Award Winners

Trial Excellence Award

- 2007** A/Prof Sam Ngan
- 2008** A/Prof Boon Chua
- 2009** Dr Trevor Leong
- 2010** Dr Maria Pearse and Dr Andrew Kneebone
- 2011** Prof Lester Peters and Prof Danny Rischin
- 2012** Prof Jim Denham
- 2013** Prof Bryan Burmeister
- 2014** Dr Michael Penniment

Outstanding Contribution to TROG

- 2007** A/Prof Annette Haworth
- 2008** Dr Peter O'Brien
- 2009** A/Prof Richard Fisher
- 2010** Prof David Ball
- 2011** A/Prof Daniel Roos
- 2012** A/Prof Sidney Davis
- 2013** Prof Gillian Duchesne
- 2014** Dr Ian Roos

TROG Life Members

- 2001** Prof Jim Denham
- 2010** Prof Lester Peters and Dr Peter O'Brien
- 2011** Prof David Ball
- 2012** A/Prof Chris Atkinson
- 2013** Prof Bryan Burmeister
- 2014** Prof Gillian Duchesne



2016

TROG's 28th Annual Scientific Meeting will be held from March 14-17 at Brisbane Convention and Exhibition Centre, QLD.

The 2016 meeting will feature Subspecialty Group sessions, as well as the return of our full-day, interactive Research Workshops.

Invited international speakers include:

Dr Antonio 'Tito' Fojo

Professor of Medicine at Columbia University Medical Centre

Professor Dirk De Ruyscher

Radiation Oncologist at the Maastric Clinic in The Netherlands

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2017

We hope you can join us in Auckland, New Zealand for the 29th TROG Annual Scientific Meeting at the ANZ Viaduct Events Centre from March 6-9, 2017.

our grants

2015 grants from competitive sources

TROG received the following funding grants, which commenced in 2015.

Funding Body	Trial	Duration	Total grant
Cancer Australia	TROG 13.01 (SAFRON II) - Stereotactic ablative fractionated radiotherapy versus radiosurgery for oligometastatic neoplasia to the lung: A randomised phase II trial.	3 years	\$439,418
Cancer Australia	TROG 08.05 (WBRT): Whole Brain Radiotherapy following local treatment of intracranial metastases of melanoma-A randomised phase III trial.	3 years	\$335,963
Cancer Australia and Prostate Cancer Foundation Australia	TROG 15.01 (SPARK) - Stereotactic Prostate Adaptive Radiotherapy utilising KIM (Kilovoltage Intrafraction Monitoring)	3 years	\$581,393
Cancer Society of New Zealand	TROG 14.02 (RAIDER) - A randomised phase II trial of adaptive image guided standard or dose escalated radiotherapy in the treatment of transitional cell carcinoma of the bladder	3 years	\$113,330.12



our publications

2015 TROG publications

Full manuscripts

Trial	Publication
03.04	Ebert M, Bulsara M, Haworth A, Kearvell R, Richardson S, Kennedy A, Spry N, Bydder S, Joseph D, Denham J. Technical quality assurance during the TROG 03.04 RADAR prostate radiotherapy trial: Are the results reflected in observed toxicity rates? J Med Imaging Radiat Oncol. 2015 Feb; 59(1): 99-108
03.04	Ebert M, Foo K, Haworth A, Gulliford S, Kennedy A, Joseph D, Denham J. Gastrointestinal dose-histogram effects in the context of dose-volume-constrained prostate radiation therapy: analysis of data from the RADAR prostate radiation therapy trial. Int J Radiat Oncol Biol Phys. 2015 Mar; 91(3): 595-603
10.02	Peterson DJ, Truong PT, Parpia S, Olivotto IA, Berrang T, Kim D-H, Kong I, Germain I, Nichol A, Akra M, Roy I, Reed M, Fyles A, Trotter T, Perera F, Balkwill S, Lavertu S, Elliott E, Julian JA, Levine MN, Whelan TJ. Predictors of adverse cosmetic outcome in the RAPID trial: An exploratory analysis. Int J Radiat Oncol Biol Phys. 2015 Apr; 91(5): 968-76
ANROTAT	Brown E, Cray A, Haworth A, Chander S, Lin R, Subramanian B, Ng M. Dose planning objectives in anal canal cancer IMRT: the TROG ANROTAT experience. J Med Rad Sci. 2015 Jun; 62(2): 99-107
03.04	Denham J, Steigler A, Joseph D, Lamb D, Spry NA, Duchesne G, Atkinson C, Matthews J, Turner S, Kenny L, Tai K-H, Gogna N, Gill S, Tan H, Kearvell R, Murray J, Ebert M, Haworth A, Kennedy A, Delahunt B, Oldmeadow C, Holliday E, Attia J. Radiation dose escalation or longer androgen suppression for locally advanced prostate cancer? Data from the TROG 03.04 RADAR trial. Rad Oncol. 2015 Jun; 115(3): 301-307
12.03	Britton B, McCarter K, Baker A, Wolfenden L, Wratten C, Bauer J, Beck A, McElduff P, Halpin S, Carter G. Eating As Treatment (EAT) study protocol: a stepped-wedge, randomised controlled trial of a health behaviour change intervention provided by dietitians to improve nutrition in patients with head and neck cancer undergoing radiotherapy. BMJ Open. 2015 Jul; 5(7)
03.05	Whelan T.J, Olivotto I, Parulekar W, Ackerman I, Chua B, Nabid A, Vallis K, White J, Rousseau P, Fortin A, Pierce L, Manchul L, Chafe S, Nolan M, Craighead P, Bowen J, McCready D, Pritchard K, Gelmon K, Murray Y, Chapman J, Chen B, Levine, M. Regional nodal irradiation in early-stage breast cancer. N Engl J Med. 2015 Jul; 373(4): 307-16

Trial	Publication
02.01	Henderson M, Burmeister B, Ainslie J, Fisher R, Di Iulio J, Smithers MB, Hong A, Shannon K, Scolyer RA, Carruthers S, Coventry B, Babington S, Duprat J, Hoekstra H, Thompson J. Adjuvant lymph-node field radiotherapy versus observation only in patients with melanoma at high risk of further lymph-node field relapse after lymphadenectomy (ANZMTG 01.02/TROG 02.01): 6-year follow-up of a phase 3, randomised controlled trial. Lancet Oncol. 2015 Sep; 16(9): 1049-60
03.04	Delahunt B, Egevad L, Srigley JR, Steigler A, Murray JD, Atkinson C, Matthews J, Duchesne G, Spry NA, Christie D, Joseph D, Attia J, Denham JW. Validation of International Society of Urological Pathology (ISUP) grading for prostatic adenocarcinoma in thin core biopsies using TROG 03.04 'RADAR' trial clinical data. J Pathology. 2015 Oct; 47(6): 520-525
12.03	Beck A, Baker A, Britton B, Wratten C, Bauer J, Wolfenden L, Carter G. Fidelity considerations in translational research: Eating As Treatment - a stepped wedge, randomised controlled trial of a dietitian delivered behaviour change counselling intervention for head and neck cancer patients undergoing radiotherapy. Trials. 2015 Oct; 16(465)
08.03	Trada Y, Kneebone A, Paneghel A, Pearse M, Sidhom M, Tang C, Wiltshire K, Haworth K, Fraser-Browne C, Martin J. Optimizing Radiation Therapy Quality Assurance in Clinical Trials: A TROG 08.03 RAVES Substudy. Int J radiat Oncol Biol Phys. 2015 Dec; 93(5): 1045-51



our community supporters



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

Our wonderful supporters at the Hawks Nest Golf Club and the Tea Gardens Country Club Fishing Club raised over \$5,000 for TROG at the annual Myall Coast Veterans Golf day, held in November.

We are continually grateful to this generous community for their ongoing support of our research.



Team TROG made a splash at the 2015 Colour Run. Thanks to all who supported and sponsored us for this fundraising effort.



Are you taking part in an upcoming event and would like to raise funds for TROG?

We are now listed as a charity on GoFundraise.com.au, so you can nominate us as your charity for a range of events or even start your own fundraiser!

Would your community group or workplace like to host a fundraising event for TROG?

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Since 2014, anyone fully qualified in their discipline, including radiation oncologists, medical oncologists, radiation therapists, medical physicists, statisticians, data managers, nurses and surgeons, can become a full TROG member.

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Muralidas Ramanathan, Princess Alexandra Hospital

Das is a Radiation Therapist and Clinical Trials Coordinator. He works with TROG and the Princess Alexandra Hospital Radiation Oncology team to conduct Quality Assurance for TROG trials. Das has been a full member since 2014.

"Being a full TROG member allows me to develop a networking team at TROG with like-minded professionals, keep up-to-date with the latest news and hold voting rights on trial protocols and other policies."

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