



**TRÖG**  
CANCER RESEARCH

*together*  
we can defeat cancer

2017 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.

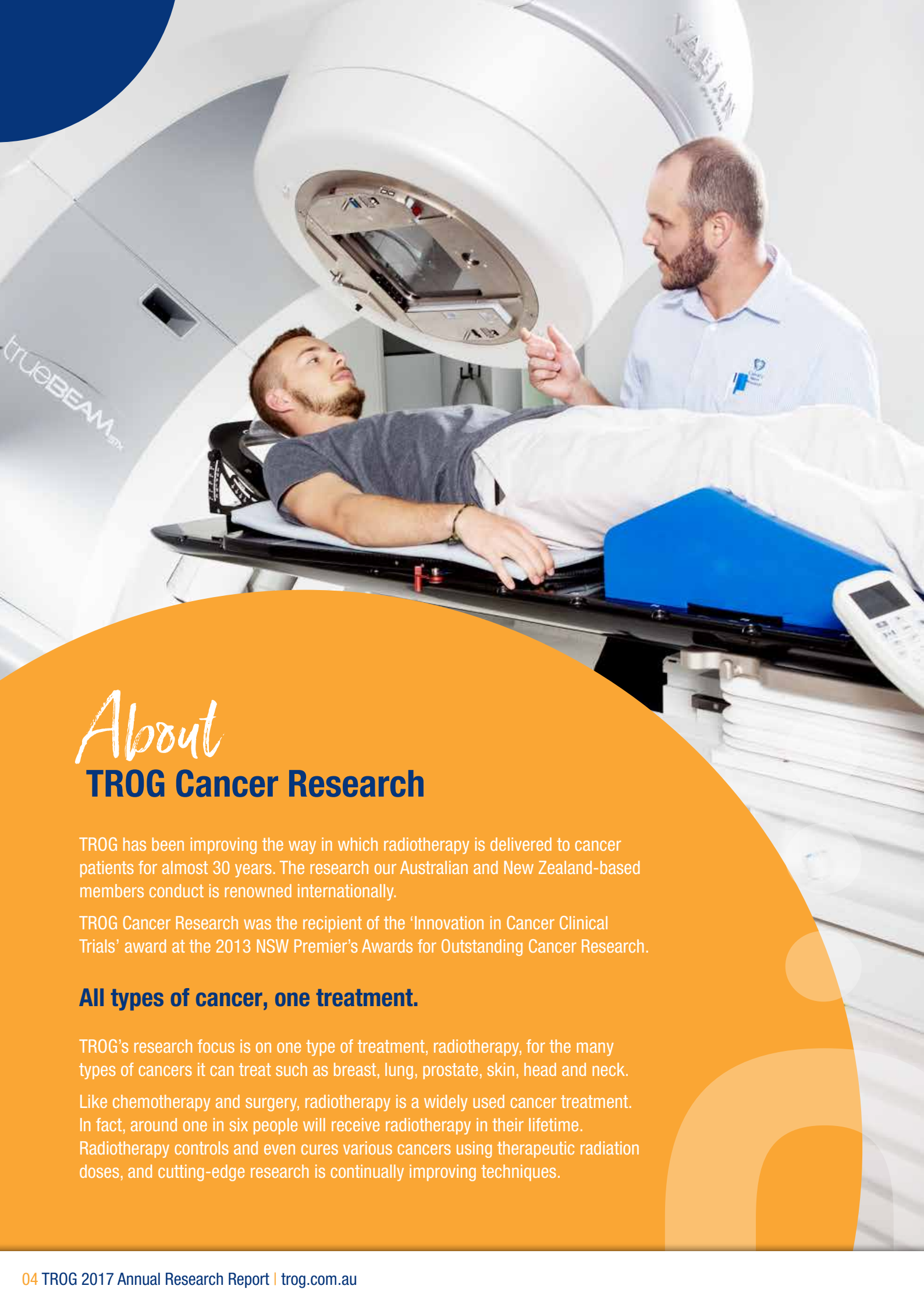


# Contents

04	About TROG
05	Message from the President and Board Chair
06	Message from the Chief Executive Officer and Acting Quality Assurance Manager
07	Message from the Scientific Committee Chair
08	Message from the Research Manager
09	Message from the Financial Controller and Company Secretary
09	Financial Statement
10	TROG Board
13	TROG Scientific Committee
13	Independent Data Safety Monitoring Committee
13	New Technologies and Techniques Committee
14	TROG Publications Committee
14	Consumer Advisory Panel
15	Our 2017 Research Achievements
17	Our Patients
18	Our People
19	Our Research
19	Breast
21	Brain and Central Nervous System
22	Head and Neck
23	Gastrointestinal
25	Urogenital (Bladder, Kidney & Prostate)
27	Lung
29	Lymphoma
30	Skin
31	Gynaecological
31	Symptom Management
32	Research Projects
32	Clinical Trial Activity
34	Total Accrual Statistics
36	Our Publications
37	2017 TROG Annual Scientific Meeting
38	TROGIE Award Winners
39	Become a TROG member
40	Our Community and Supporters
43	Donate to TROG
43	Connect with TROG







## About TROG Cancer Research

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 one in six people will receive radiotherapy in their lifetime. Radiotherapy controls and even cures various cancers using therapeutic radiation doses, and cutting-edge research is continually improving techniques.

# Message from the *President and Board Chair*



## Associate Professor Farshad Foroudi

The past year (2017) was a highly successful year for the Trans Tasman Radiation Oncology Group (TROG) with our activity and membership being the greatest it has ever been. The TROG Scientific Committee remains the central focus of trial review and development and is ably supported by the TROG sub-speciality groups. These groups include interventional oncology, head and neck/skin, breast, genito-urinary and lung.

The TROG Board has had changes over the past year with Associate Professor Dion Forstner, Faculty of Radiation Oncology Dean joining the board. This appointment is an integral part of the memorandum with the Royal Australian and New Zealand College of Radiologists (RANZCR). This agreement will help foster closer collaboration and sharing of resources between the two organisations for the benefit of radiation oncology clinical trial research. Mr John Cleary was also appointed as an independent board member with a focus of financial skills and corporate governance. Mr Andrew Jenkins, the TROG Financial Controller and Company Secretary has worked diligently to maintain TROG's financial reporting requirements and board functioning.

We have some new appointees with Associate Professor Giuseppe Sasso being elected unopposed as President-elect of the TROG Board at the 2018 Annual General Meeting of TROG. Professor Trevor Leong has also been elected as Chair of the TROG Scientific Committee, replacing Professor David Christie who completed his term. We acknowledge the very long and deep contribution of Professor David Christie to TROG. Professor Leong, has been a member of the TROG Scientific Committee and has extensive experience in clinical trial research.

With much sadness, the TROG Cancer Research Board was informed in March 2018 that Joan Torony, Chief Executive Officer, resigned for medical reasons. Joan was instrumental in growing TROG's membership as well as increasing TROG's clinical trials with currently 16 open clinical trials and nine new proposals. Working in partnership with the TROG Board and the Central Office team she overcame many challenges over the past six years.

I would like to thank everyone involved in TROG Cancer Research. TROG would not be in its current position of growth without all the efforts of all of its full and affiliate members, Central Office staff, trial coordinators and patient participants.

*F Foroudi*



# Message from the *Chief Executive Officer* and Acting Quality Assurance Manager



## Joan Torony

TROG has shown significant growth in many areas and continues to achieve positive outcomes in key areas relating to the strategic plan.

The membership continues to grow and the contribution of our membership is exceptional. The time and expertise provided by our members makes TROG the organisation it is today.

Business diversification at TROG Central Office has seen employee numbers increase to 17 FTE. TROG now also acts as a Contract Research Organisation for non-TROG trials. This was a business diversification decision to improve our financial sustainability and to allow us to be less reliant on government funding.

The TROG Facility Alliance Membership (FAM) continues to grow with 90 per cent of sites now part of the FAM. This is an important area for TROG to continue to provide ongoing support to sites undertaking TROG clinical trials.

TROG provides Quality Assurance (QA) to cancer centres and hospitals across Australia, New Zealand and internationally. With the many changes in technologies and techniques for delivery of radiation therapy, TROG remains as the leader in this area.

As an independent organisation we are able to provide radiotherapy review of treatment plans to ensure compliance and standardisation at centres undertaking TROG trials, utilising the MIM software to complete over 400 reviews in 2017.

TROG has representation on committees both nationally and internationally including the Australian Clinical Dosimetry Service, the Global Harmonisation Group (GHG) for Radiotherapy Quality Assurance and the International Atomic Energy Agency.

TROG also has excellent support from sponsors.

These partnerships are paramount to the growth of our organisation, providing funding and resources in the way of software and training to ensure we continue to provide efficient QA processes.

With the assistance of Varian, Rapid Plan Knowledge Based Planning was implemented successfully in the TROG 15.01 (SPARK) trial. This technology will be explored for future trials. Elekta have also provided MONACO TPS software to aid in ongoing quality assurance services and this will be used for future projects.

The TROG 2017 ASM in Auckland saw the launch of the inaugural TROG Plan Challenge as part of the Technical Research Workshop, utilising the ProKnow system to plan studies, contouring accuracy and analytics for radiation oncology.

As I have resigned as CEO this will be my final report. It has been an honour to work for TROG. I have been fortunate to work with many dedicated people over the past six years. To the TROG Board, TROG Scientific Committee, site staff, patients, the staff at TROG Central Office, our sponsors and everyone involved with TROG, thank you for your support.

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



# Message from the Scientific Committee Chair



## Professor David Christie

It is a pleasure to be able to report to you on the activities of the TROG Scientific Committee (TSC). We have had a big year and I would start by thanking the team for their efforts. They are all experts in their fields and their input is much needed and appreciated. There is now more clinical trial activity than ever before in terms of the numbers of new proposals getting presented and entering into protocol development.

Although much of the discussion and debate around specific trials is now held in the sub-specialty groups, there is still a strong need for the TSC to provide oversight so that all TROG members get opportunities to bring forward ideas for trials, and those ideas go through the process to completion properly.

As well as the sub-specialty groups the TSC also receives reports from subcommittees, including the New Techniques and Technologies Committee, Independent Data and Safety Monitoring Committee, Consumer Advisory Panel, TROG Publications Committee, the Secondary Analysis Committee and from our Health Economics advisors. We thank all the members of these committees for their work and are grateful to them for presenting their reports in such a way that it is easy for the TSC to see that they function well and that high priority areas are being addressed. In particular, I would highlight the Consumer Advisory Panel as that team is becoming better organised and is likely to have increasing input into the design and conduct of our trials, including when things go wrong (if that should ever happen).

Being able to hand over much of the work to those subcommittees means that the TSC can focus on specific areas if it sees that there are issues to address. Examples have included situations where the subspecialty chairs themselves were involved in the Trial Management Committee, where there was potential for significant competition between trials and where accrual was low enough that stopping the trial was under serious consideration. In each of these examples, solutions were found that were satisfactory to the trial proponents as well as to the TSC representing the wider membership.

In closing I would like to thank Joan Torony and the TROG Central Office team who have made my job a lot easier. After three years in the role I am grateful to be able to now hand over the chair to Professor Trevor Leong and wish him all the very best, I hope he finds it as interesting and rewarding as I have.

A handwritten signature in black ink, appearing to read 'David Christie'.



# Message from the *Research Manager*



## **Mrs Renee Swanson**

Since joining TROG Cancer Research in July 2017, I have seen an opportunity to improve on the research services provided to our membership. The aim has been to ensure there is a continual improvement of processes including developing and refining standard operating procedures. This will promote efficiency, data quality, compliance and facilitate enhanced communication with the TROG membership. I would strongly encourage the membership to provide any feedback to help with this process.

In the meantime, TROG also aims to increase our capacity to undertake cancer clinical trials. By utilising active collaborations with other Australian Multi-site Collaborative Cancer Clinical Trials Groups and international research groups, it facilitates the identification of important cancer clinical questions in the healthcare system. By continuing to build on these relationships, we aim to maximise patient accrual and community awareness.

We are also aiming to increase participation in clinical trials by engaging more with the TROG Consumer Advisory Panel. The review by consumers of specific clinical trial proposals will provide greater input from a patient's perspective and more ideas of how to increase trial participation in groups/areas where there is currently low clinical trials participation.

With the recent diversification of our membership base into other disciplines such as Interventional Oncology, we also aim to broaden the scope of the TROG clinical trial portfolio. This will increase the number of collaborating centres conducting TROG clinical trials.

Our trial portfolio currently stands at over 105 trials and through the commitment of sites (more than 70 across Australia and New Zealand and more than 110 international sites), and the support of the TROG Central Office team, we have accrued more than 14,000 participants to our trials to date.

Lastly, I would like to mention our TROG Central Office team. It is an honour to work alongside such a dedicated and passionate Research team who are always available to assist the membership with activities ranging from concept development through to activation, conduct and completion of TROG clinical trials.

*R Swanson*





# Message from the Financial Controller and Company Secretary



## Andrew Jenkins

### Financial results for the year ended 31 December 2017

For the year ended 31 December 2017 TROG reported a net surplus of \$61,727 after an adjustment was made relating to income incorrectly recognised in 2013. Unadjusted the surplus would have been \$103,585. Revenue increased \$314,222 with growth in Research Services. There was a corresponding expenditure increase of \$308,109 relating to this increased revenue stream.

The Company's statement of financial position discloses net assets of \$1,078,647 as at 31 December 2017. This compares to \$1,016,920 last year.

Our strong asset base will sustain us as we continually improve our processes and undertake a period of controlled growth.

This summary of financial information was extracted from the statutory financial statements. The statutory financial statements were audited and are available to members on request.

I would like to take this opportunity to thank the independent directors for their strategic input, guidance and governance throughout the year.

## Financial Statement

Statement of Surplus or Deficit and Other Comprehensive Income	2017	2016	Change
	\$	\$	\$
Revenue	2,213,091	1,940,727	272,364
Other income	84,876	71,287	13,589
Employee benefits expense	-1,407,227	-1,253,958	-153,269
Depreciation & amortisation expense	-55,336	-48,564	-6,772
Administration expenses	-773,677	-618,837	-154,840
<b>Net Surplus</b>	<b>61,727</b>	<b>90,655</b>	<b>-28,928</b>
Add back: Adjustment made this year to recognise trial funds held in Trust from prior years	41,858	-	41,858
<b>Adjusted surplus for comparison to prior year</b>	<b>103,585</b>	<b>90,655</b>	<b>12,930</b>

Statement of Financial Position	2017	2016	Change
	\$	\$	\$
Cash and cash equivalents	2,048,340	2,194,385	-146,045
Trade and other receivables	790,563	548,986	241,577
Other current assets	119,026	147,463	-28,437
Trade and other payables	-164,546	-141,721	-22,825
Employee benefits (current)	-149,788	-130,608	-19,180
Other liabilities	-1,729,479	-1,790,827	61,348
<b>Net Liquid Assets</b>	<b>914,116</b>	<b>827,678</b>	<b>86,438</b>

# Our Board

## 2017 TROG Board of Directors



### **A/Prof Farshad Foroudi, President**

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



### **Prof David Christie, Scientific Committee Chair**

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.



### **Dr Fiona Hegi-Johnson, Full member Director**

Fiona is a Radiation Oncologist at the Peter MacCallum Cancer Centre in Victoria and Conjoint Senior Lecturer at the University of Newcastle. Clinically, she specialises in the treatment of patients with lung, breast and head and neck cancer. Fiona is also Chair of the TROG Lung Subspecialty group.



### **Dr Purnima Sundaresan, Full member Director**

Puma is a consultant Radiation Oncologist at Blacktown and Westmead Hospitals specialising in head and neck, gastrointestinal and haematological malignancies. She is the publications portfolio lead for the TROG Scientific Committee. Puma is also a Senior Lecturer at the University of Sydney where she is actively involved with teaching and research supervision of medical and allied health students.



### **Dr Giuseppe Sasso, Full member Director**

Giuseppe (Peppe) is the Clinical Director of the Radiation Oncology Department at Auckland City Hospital, Auckland District Health Board, the Chairman of the Radiation Oncology Working Group of the New Zealand Ministry of Health, and Honorary Academic at the University of Auckland. He's worked as Radiation Oncologist in Italy, UK, Australia, France, Abu Dhabi and New Zealand. He's specialised in the treatment of prostate, head and neck cancers, and stereotactic ablative radiotherapy.



### **Dr Tim Kuypers, Independent Director**

Tim works as a Special Advisor for HoustonKemp Economists and the Principal at Walbrook Partners. He is an experienced and well-respected rail safety expert. Tim contributes his vast understanding of regulation to the TROG Board.



### **Mr John Cleary, Independent Director**

John is the CEO of an aged care facility and has more than 20 years' experience at a senior management and executive level in both the not-for-profit and for-profit sectors. He brings skills in finance and corporate governance to the Board.



### **Mr Rob Ferguson, Independent Consumer Representative**

Rob is a consumer advocate to cancer patients at St Vincent's Hospital and a Telephone Group Counsellor at Cancer Council NSW. He is also a member of the Macquarie University Cancer Research Consumer Advisory Group. Rob was formerly Chair of Muscular Dystrophy Foundation Australia, President of Muscular Dystrophy NSW, and a director of Colliers International.



### **A/Prof Dion Forstner**

Dion is a Radiation Oncologist at GenesisCare St Vincent's Sydney and Macquarie University Hospital. He is also currently Dean of Faculty of Radiation Oncology of Royal Australian and New Zealand College of Radiologists (RANZCR), the peak professional body for radiation oncologists in Australia and New Zealand.



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## TROG

# Scientific Committee

**Scientific Committee Chair:**

Prof David Christie

**Portfolio Leader - Publications:**

Dr Puma Sundaresan

**Radiation Oncologist:**

Prof Trevor Leong

**Radiation Oncologist:**

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 (Jan-Mar) &  
Prof Richard DeAbreu Lourenco  
(Mar-Dec)

**Special Advisor:**

C/Prof Peter Greer

**Independent Consumer****Representative:**

Mr John Stubbs

**TROG Chief Executive Officer:**

Ms Joan Torony

**TROG Quality Assurance****Manager:**

Mrs Melissa Crain

**TROG Research Manager:**

Mrs Renee Swanson

**Secretary:**

Ms Rebecca Montgomery

## Independent Data Safety

# Monitoring Committee

**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 (Jan-Nov) & Prof Bryan Burmeister (Dec)

## 2017 New Technologies and

# Techniques Committee

**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

## 2017 TROG

# Publications Committee

**Chairperson:** Dr Purnima Sundaresan

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

**Radiation Oncologist - Scientific Committee Chair:** Prof David Christie

**TROG Central Operations Office:** Ms Joan Torony (until June 2017) / Mrs Renee Swanson (from July 2017)

**Secretary:** Mr Patrick Wheeler

# Consumer Advisory Panel

The TROG Cancer Research Consumer Advisory Panel (CAP) aims to support consumers (patient advocates) who provide input into TROG's research programs.

This group advocates for TROG and advise 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 a Consumer Partner, Consumer Expert, Consumer Advisors and Consumer Advocates.

**Chairperson/Consumer Partner:** Mr John Stubbs

**Consumer Partner:** Mr Rob Ferguson

**Consumer Advisor:** Mr Tom Denny

**Consumer Advocate:** Aunty Margaret Lawton

**Consumer Advocate:** Aunty Bev Powers

**Invited Member:** Ms Leonie Young

**TROG Central Operations Office Representative:**  
Ms Joan Torony

In 2017, a second Consumer Advisory workshop was held to engage with and train our consumers, who provide TROG with expertise from their individual perspectives.





# Our 2017 Research Achievements



## World-first trial pioneers new standard of care for skin cancer

Patients with advanced skin cancer can now be spared from having to undergo chemotherapy, with results from a TROG study showing that surgery combined with radiotherapy is a more effective treatment.

Professor Sandro Porceddu who headed the TROG Cancer Research 05.01 POST trial said the results showed that for patients with advanced squamous cell carcinoma (one of the most common forms of skin cancer) of the head and neck, surgery and post-operative radiotherapy resulted in high cure rates, in excess of 85 per cent.

“This confirms that surgery and post-operative radiotherapy should be considered the standard of care for treating this disease. The trial also showed that the addition of chemotherapy did not improve cure rates. This will save patients from the added side effects associated with chemotherapy,” said Professor Porceddu.

Professor Porceddu presented the results of the TROG Cancer Research trial to more than 1,000 international medical professionals at the prestigious American Society of Clinical Oncology (ASCO) Meeting in the US.

More than 320 patients from 23 hospitals and cancer centres from Australia and New Zealand took part in the 11-year trial, which began in 2005.



## New approach to radiation therapy halves prostate cancer treatment time

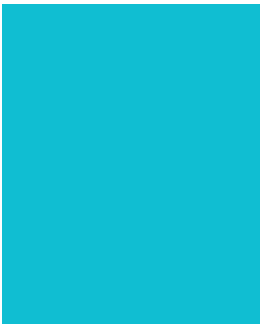
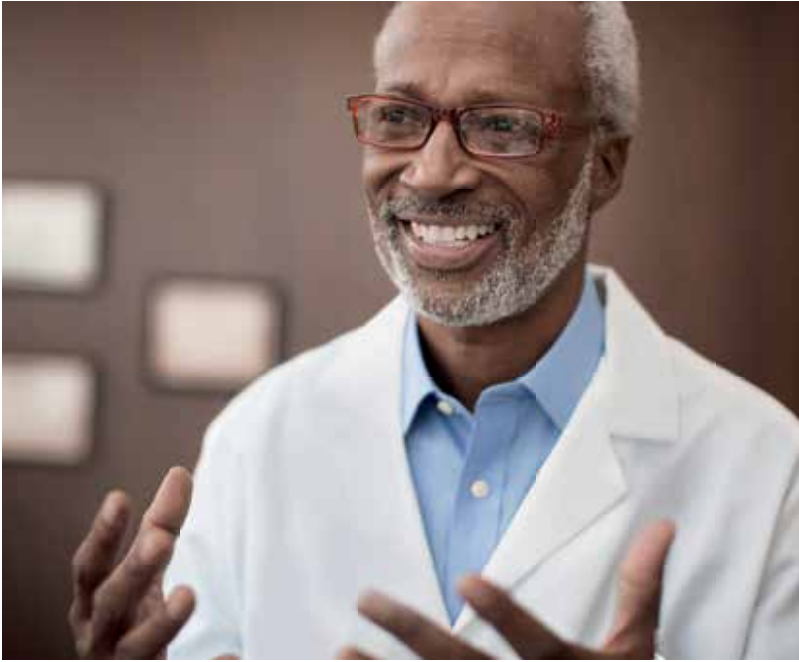
The TROG 08.01 PROFIT study proved that radiotherapy to treat prostate cancer can safely be compressed from a standard eight weeks of daily treatment down to four weeks with the same cure rate and no difference in side effects.

The international project, involving Canadian and French researchers, included more than 1200 men with a common type of prostate cancer termed ‘intermediate risk disease’.

A/Professor Jarad Martin who was the Australian head of the trial said after several years of monitoring these men, there was no difference between cure rates or side effects between the eight and four week groups.

On the basis of this research, many Australian cancer centres are now beginning to offer a four week radiation therapy program as a standard treatment option.

“The duration of treatment is a major issue for many of our patients. The message from them is that the shorter the treatment period the better. There are also economic benefits to shorter treatment times which reduce hospital workload and costs as well as the time off work and transport for men and their families,” said A/Prof Martin.



**We believe that a better future for the treatment of cancer and neurological disease is about achieving more focus where it matters.**

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# Our Patients



## John's story

John was one of the first patients to sign-up to TROG's 15.01 SPARK trial at Westmead Hospital. This trial is investigating the use of new technology to improve the accuracy of radiotherapy for prostate cancer patients reducing treatment from 40 visits to just five.

The 70-year-old, who has been diagnosed with prostate cancer, said the reduced number of hospital visits was a key attraction.

"When I was diagnosed with prostate cancer, I asked to see a radiation oncologist to discuss non-invasive options - they put me onto SPARK," said John.

"I really like the high-tech nature of this treatment; it's fantastic to be involved in something where constant study is happening, which will hopefully lead to improvements in the field."

The trial uses an Australian-developed technology called Kilovoltage Intrafraction Monitoring (KIM) to assess the position of the cancer in real-time, enabling the treatment team to redirect the radiation beam if the cancer moves - even by just a few millimetres.



## Robert's story

Robert was diagnosed with squamous cell carcinoma of the neck in August 2012. He volunteered to be part of the TROG 05.01 POST trial, and had radiation, chemotherapy and surgery.

The 57-year-old roof plumber said he found a lump on his neck one day driving home from work.

"I went for a CT scan and within a week had surgery. The doctors were very confident they got it all but I had radiation and chemotherapy as well just to be safe," said Robert.

Robert said he feels lucky to be part of a trial into improving treatments for cancer.

"I'm a big believer that helping someone else is a good thing," he said.

*Donate today*  
to help fund more life-saving  
cancer research  
[www.trog.com.au/donate](http://www.trog.com.au/donate)



# 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.

## Communications, Marketing and Fundraising

TROG also provides communication and marketing expertise to help promote and recognise the research achievements of members to both the research community and the public. TROG also works to undertake and initiate fundraising activities to help fund new clinical trials research.



# 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, and contributing international centres, TROG has been involved in 100 trials with the help of more than 14,000 patients.

## Breast

### Trials in development

#### TD 17.08 (TAILOR RT)

The aim of this study is to reduce over treatment of low risk breast cancer by identifying markers (in the patients' blood test) to identify a group of patients that may not require radiotherapy.

**TROG Trial Chair:** Boon Chua

**Primary Sponsor:** CCTG

**Collaborative group:** TROG

#### TD 17.07 (Skagen Trial 1)

This study aims to investigate the difference in late radiation morbidity between hypofractionated and normofractionated loco-regional breast irradiation irrespective of mastectomy or lumpectomy.

**TROG Trial Chair:** Kirsty Stuart

**Primary Sponsor:** DBCG

**Collaborative Group:** TROG

#### TROG 14.04 (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:** BCT

### Open trials

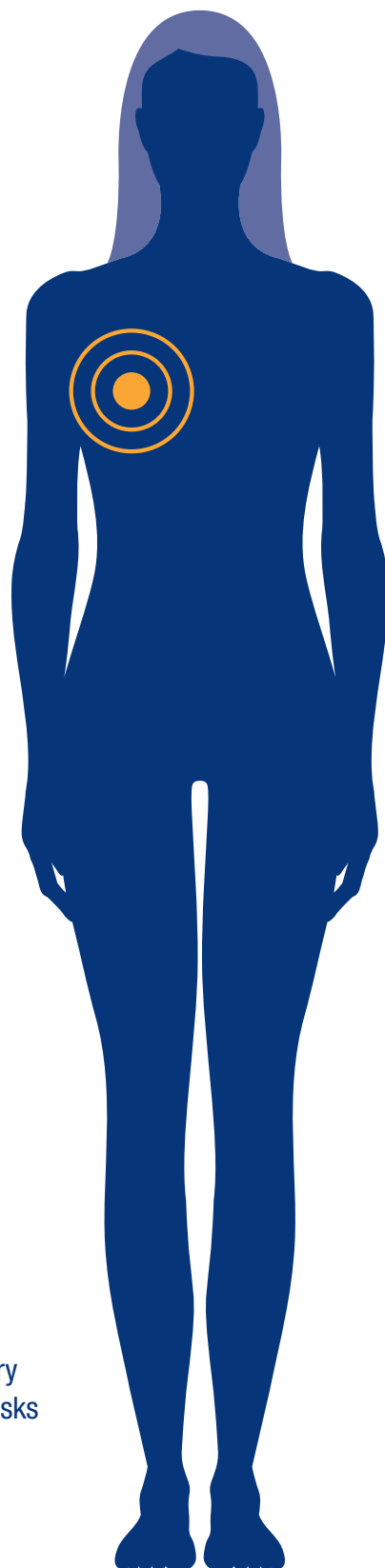
#### TROG 16.04 (EXPERT)

The aim of this study is to tailor radiotherapy utilisation after breast conserving surgery for people with low-risk luminal A early breast cancer, to the individual's recurrence risks by identifying patients who are unlikely to benefit from radiotherapy.

**Trial Chair:** Boon Chua

**Primary Sponsor:** BCT

**Collaborative groups:** TROG, BIG, IBCSG



### TROG 16.02 (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

### 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

## 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

**Collaborating groups:** TROG, BIG, SCTG, 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:** OCOG

**Collaborating group:** TROG

### TROG 08.06 (STARS)

This study compared 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

### 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.

**Trial Chair:** Boon Chua

**Primary Sponsor:** TROG

**Collaborating groups:** BCT, CCTG, EORTC, SCTG, BIG, CTI, IBCSG

### TROG 06.02 (APBI)

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:** CCTG

**Collaborating group:** TROG, NCI, NSABP, NCCTG, RTOG, 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

### TD 17.06 (SC.24)

This study aims to find out if SBRT is better than CRT at controlling pain in the spine three months after receiving treatment.

**TROG Trial Co-Chairs:** Shankar Siva & Matthew Foote

**Primary Sponsor:** CCTG

**Collaborating group:** TROG

### TD 17.04 (NEURONE)

The aim of the study is to determine if the addition of memantine will reduce the cognitive decline in patients treated with SRS.

**Trial Chair:** Eric Hau

**Primary Sponsor:** TROG

## Open trials

### 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

## Closed 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:** ANZMTG

**Collaborating groups:** TROG, SNOG

### 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, CCTG, MRC, NCRI, BTG

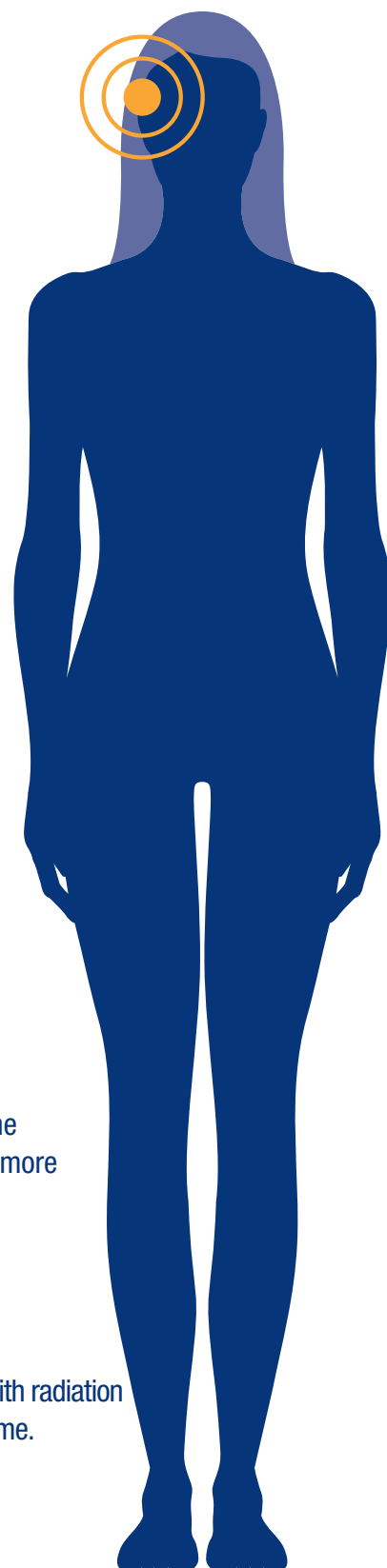
### TROG 08.02 (GBM in elderly patients)

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 & Mike Fay

**Primary Sponsor:** CCTG

**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.

# Head and Neck

## Open trials

### TROG 14.03 (1219-ROG-HNCG)

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

**TROG Trial Chair:** Sandro Porceddu

**Primary Sponsor:** EORTC

**Collaborating groups:** TROG, DAHANCA

### 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 & June Corry

**Primary Sponsor:** TROG

## Closed trials

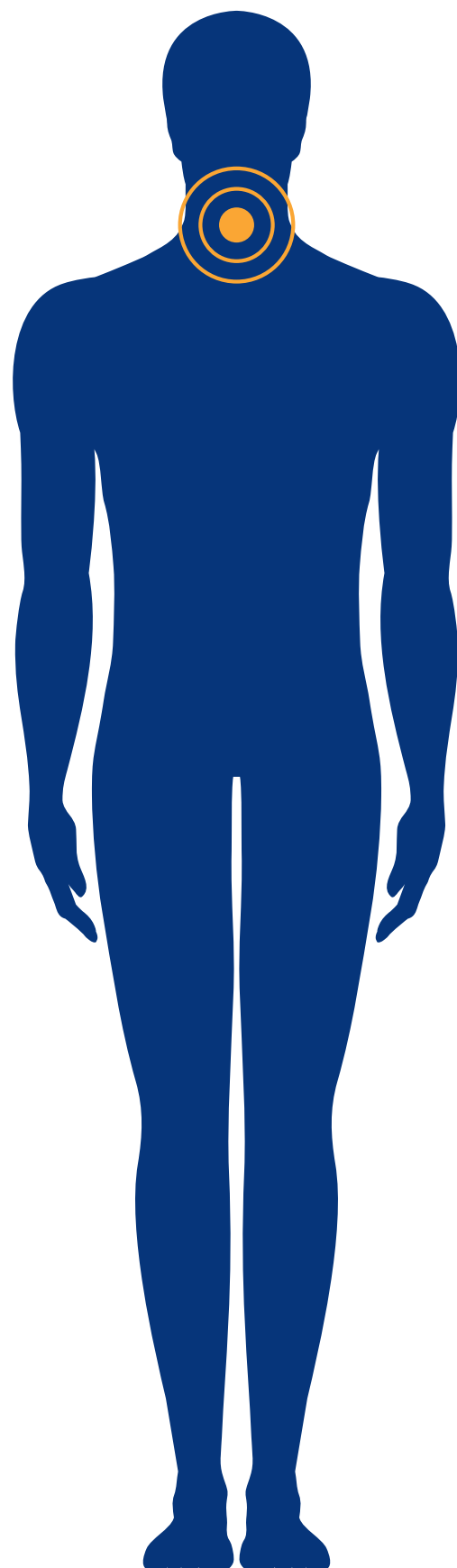
### TROG 12.03 (EAT)

This study is evaluated the effectiveness of a dietician-delivered health behaviour intervention to reduce malnutrition in head and neck cancer patients undergoing radiotherapy.

**TROG Trial Co-Chairs:** Chris Wratten & Ben Britton

**Primary Sponsor:** UON

**Collaborating group:** TROG



### 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 & 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.

# Gastrointestinal

## Trials in development

### TD 17.03 (LARK)

This study aims to show that incorporating Kilovoltage Intrafraction monitoring (KIM) in to liver SABR improves: treatment accuracy, patient treatment outcomes, and treatment efficiency.

**Trial Chair:** Dominique Lee

**Primary Sponsor:** TROG

### TD 16.05 (ACT 5)

This study aims to investigate the role of radiotherapy dose escalation in locally advanced anal cancer and determine if this can reduce local recurrence.

**TROG Trial Chair:** Mark Lee

**Primary Sponsor:** NCRI

**Collaborating group:** TROG

### 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.

## 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:** AGITG

**Collaborating groups:** TROG, CCTG, 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:** CCTG

## 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.

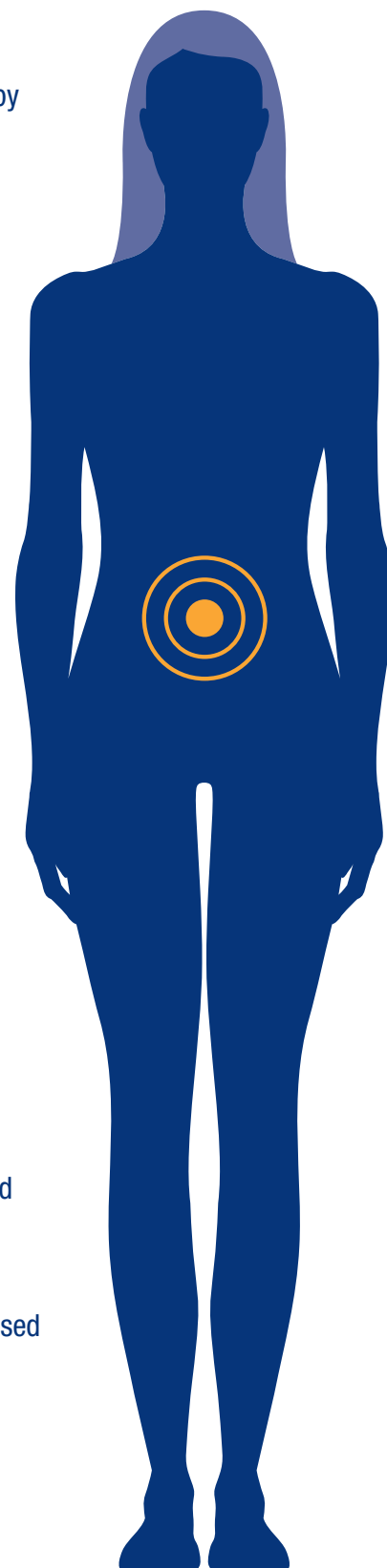
**TROG 96.02** Standard Radio-Chemotherapy for Oesophageal Cancer Patients.

**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).



# Urogential

## (Bladder, Kidney and Prostate)

### Open trials

#### TROG 16.03 (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.

**TROG Trial Co-Chairs:** David Pryor & Farshad Foroudi

**Primary Sponsor:** ICR

**Collaborating group:** 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

**Collaborating group:** ANZUP

#### 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 & Jarad Martin

**Primary Sponsor:** University of Sydney

**Collaborating group:** TROG

#### 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 & Paul Nguyen

**Primary Sponsor:** ANZUP

**Collaborating groups:** TROG, CTI, CCTG

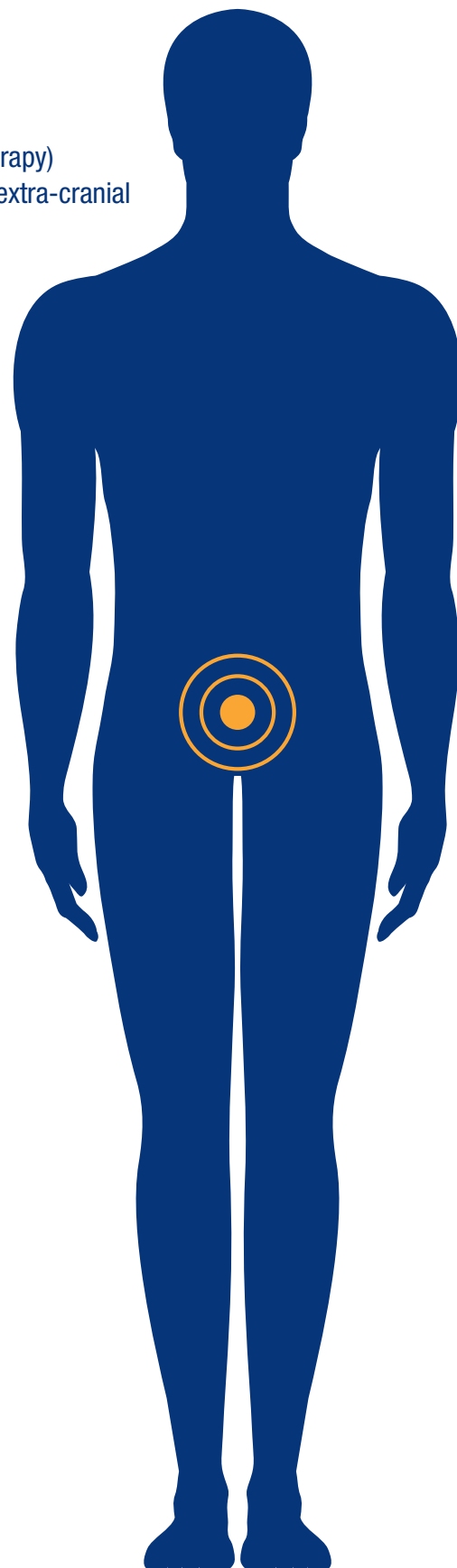
#### TROG 14.02 (RAIDER)

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 group:** TROG



## 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 08.03 (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 & Andrew Kneebone

**Primary Sponsor:** TROG

**Collaborating groups:** USANZ, ANZUP, PoCoG

### TROG 08.01 (PROFIT)

This prostate trial was designed to determine whether an eight week course of radiation can be compressed safely and with similar efficacy into a four week course.

**TROG Trial Chair:** Jarad Martin

**Primary Sponsor:** OCOG

**Collaborating groups:** TROG, CIHR

### 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 groups:** USANZ

## Completed trials

### TROG 03.06 (TOAD)

A collaborative randomised phase III trial: The timing of intervention with androgen deprivation in prostate cancer patients with a rising PSA.

### 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 Margin-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.





## Trials in development

### TD 17.09 STIMULI

The aim of the current study is to investigate the efficacy and tolerability of the standard treatment (chemotherapy and radiotherapy) alone for limited stage SCLC, compared with the standard treatment followed by nivolumab and ipilimumab in patients with limited SCLC.

**Trial Chair:** Fiona Hegi-Johnson

**Primary Sponsor:** ALTG

**Collaborating group:** TROG

### TD 17.02 (OUTRUN)

The aim of this study is to compare the effects of Osimertinib alone versus Osimertinib plus Stereotactic Radiosurgery (SRS) on intra-cranial disease control in EGFR mutated NSCLC with brain metastases diagnosed or developed while on first line EGFR tyrosine kinase inhibitors.

**Trial Chairs:** Yu Yang Soon, Fiona Hegi-Johnson, Chee Lee, Ivan Tham

**Primary Sponsor:** TROG

### TD 17.01 (DESSERT)

This study aims to show that use of a Decision Support System (DSS) will increase the proportion of patients receiving radiotherapy tailored to their individual prognostic profile, improve patient satisfaction with the decision making process and reduce decisional regret after treatment.

**Trial Chair:** Shalini Vinod

**Primary Sponsor:** TROG

### TD 13.03 (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 16.01 (NIVORAD)

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

**TROG Trial Chair:** Shankar Siva

**Primary Sponsor:** ALTG

**Collaborating group:** TROG

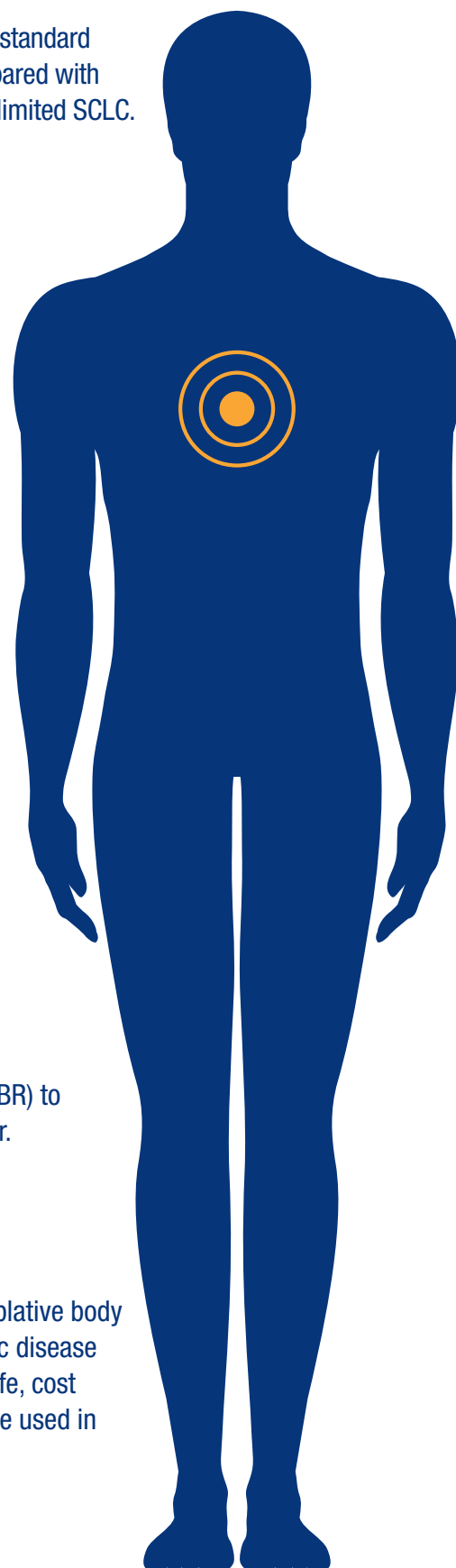
### TROG 13.01 (SAFRON II)

This study aims to examine and compare the safety of the two 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

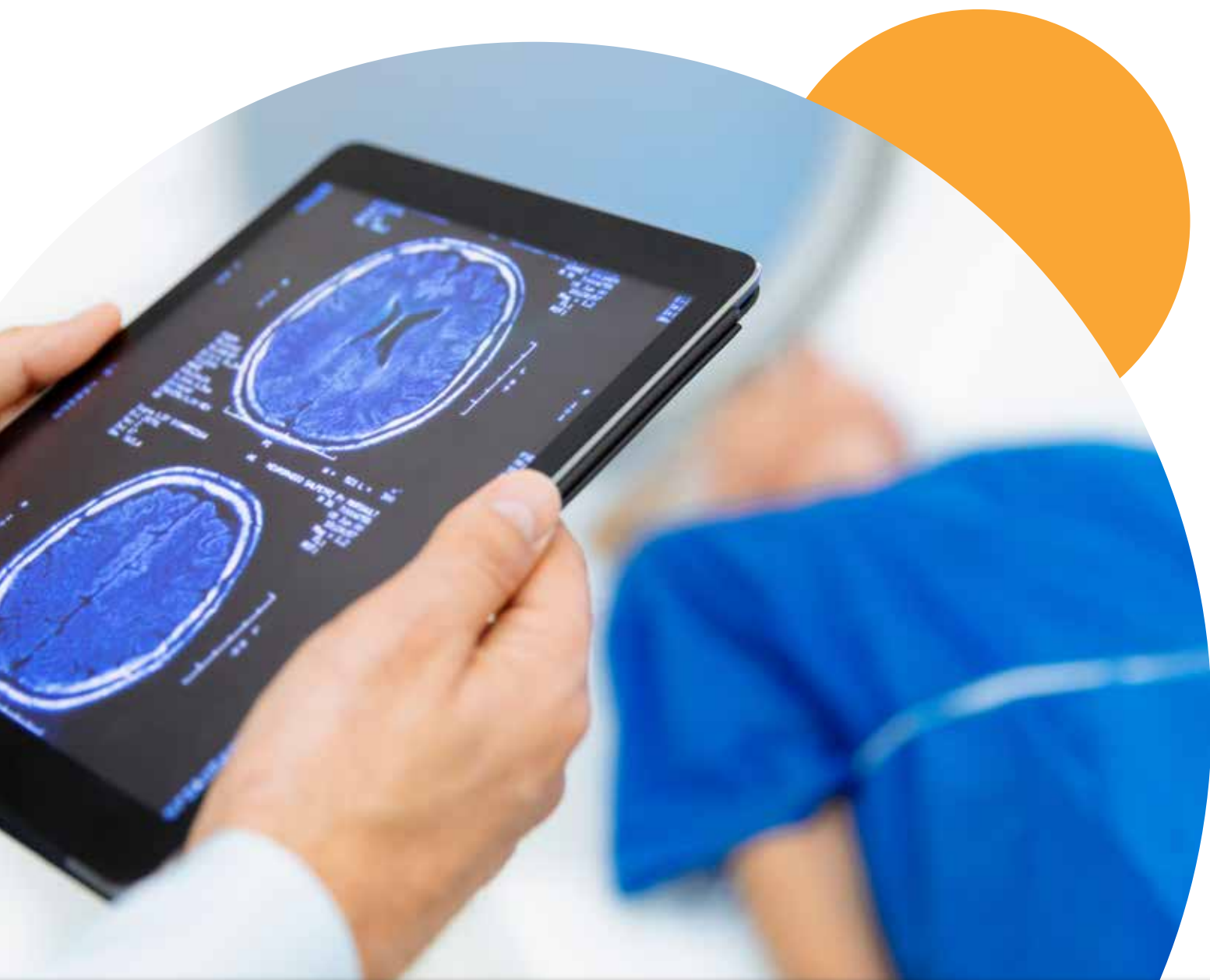
### **Completed trials**

#### **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:** 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.

**TROG 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 groups:** 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 group:** ALLG

## Completed trials

### TROG 99.04

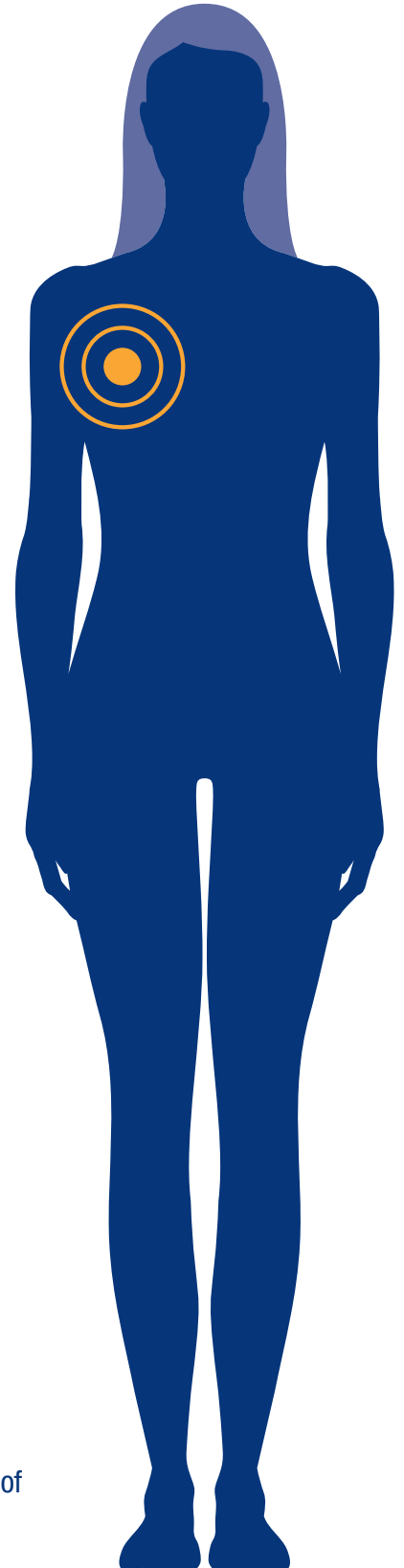
A Prospective, Non-Randomised Study of Chemotherapy and Radiotherapy for Osteolymphoma (OL).

### 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).





## **Trials in development**

### **TD 17.11 (iPOST)**

The aim of the trial is to determine the benefit of adding REGN2810 to standard postoperative radiotherapy in cutaneous squamous cell carcinoma of the head and neck.

**Trial Co-Chairs:** Sandro Porceddu & Danny Rischin

**Primary sponsor:** TROG

## **Open trials**

### **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:** ANZMTG

**Collaborating group:** TROG

## **Closed 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 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.



# Gynaecological

## 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:** DGOG

**Collaborating groups:** TROG, CRUK, CCTG, MaNGO Group, Italy, 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

# Symptom Management

## Closed 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

**Collaborating group:** TROG

## Completed trials

### TROG 04.01

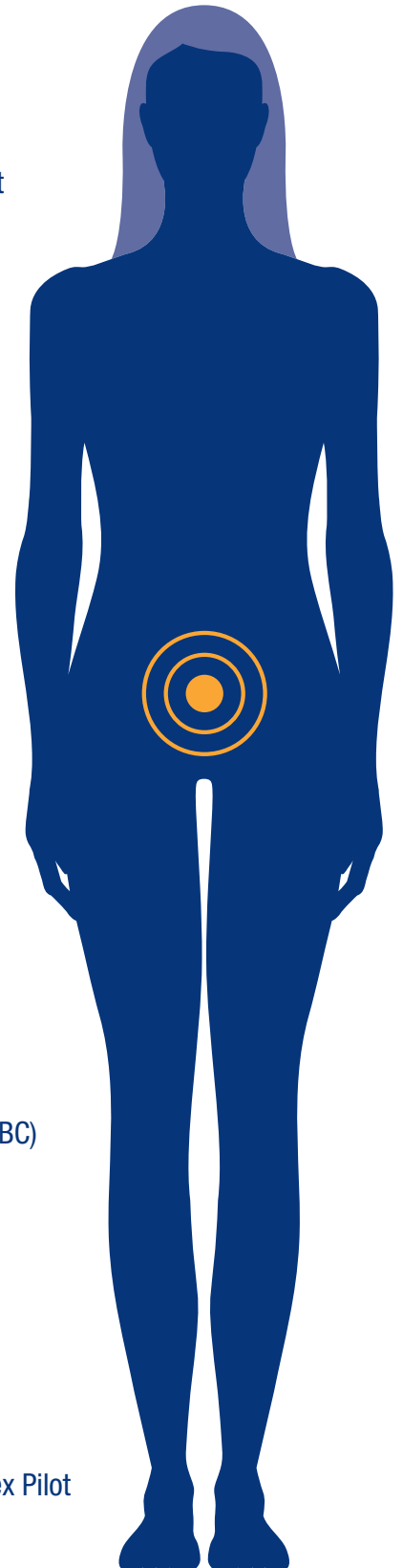
A Paired Double Blind Randomised Comparison of Cavilon Durable Barrier Cream (CDBC) to 10% Glycerine ("Sorbolene") Cream in the Prophylactic Management of Post-Mastectomy Irradiation Skin Care.

### 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

### Open projects

#### TROG 17.10 (reHUM)

The aim of this project is to determine the patterns of failure in head and neck cancer patients receiving IMRT relative to specified target volumes and doses using post-recurrence imaging co-registered to the delivered treatment plan, from the TROG 07.03 RadioHUM trial.

**Project Chair:** Noel Aherne

**Primary Sponsor:** TROG

#### 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.

**Project Chair:** Peter Greer

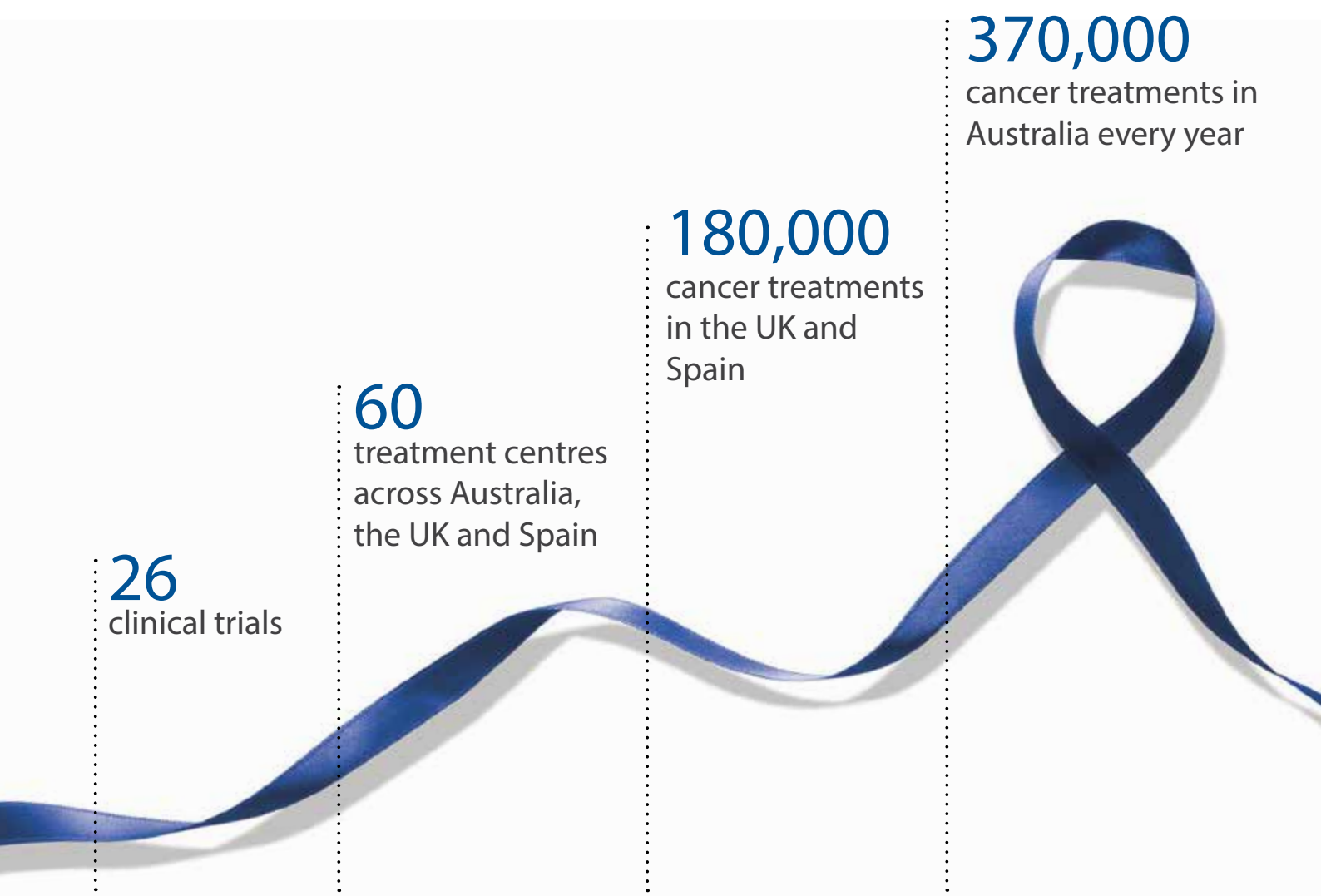
## Clinical Trial Activity in 2017

New Proposals	9 proposals submitted and accepted for presentation at the 2017 ASM
In development	12 trials, 1 project
Current trials	16 open trials, 12 trials closed to accrual, 17 trials closed to follow-up
Patient Accrual	152 (14,439 in total)
Publications	17 full manuscripts



# The largest provider of radiation oncology services in numbers.

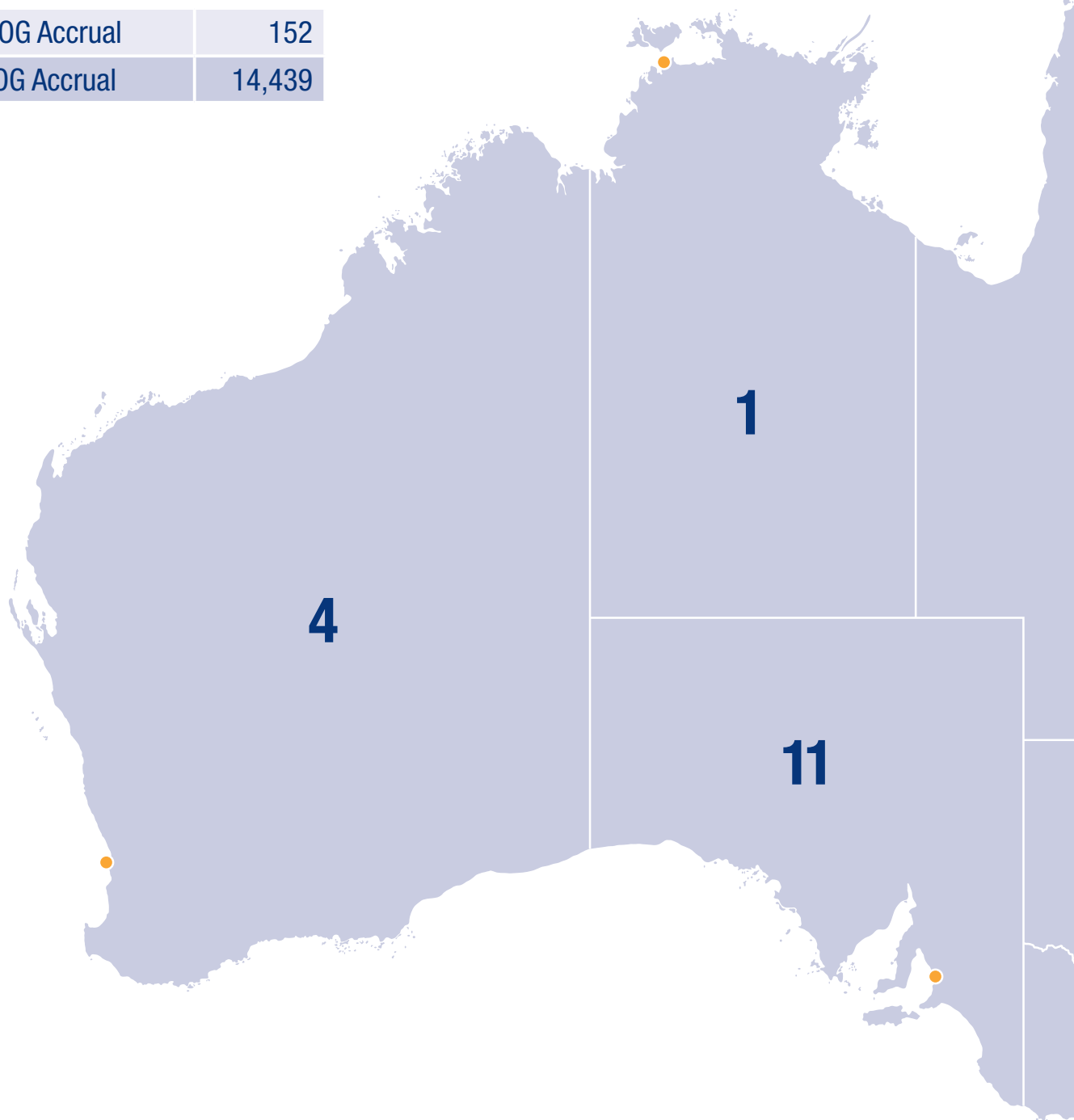
Genesis CancerCare is committed to improving patient access and promoting innovation in research to deliver better patient outcomes.



# Total Accrual Statistics

1 January 2017 - 31 December 2017

2017 TROG Accrual	152
Total TROG Accrual	14,439



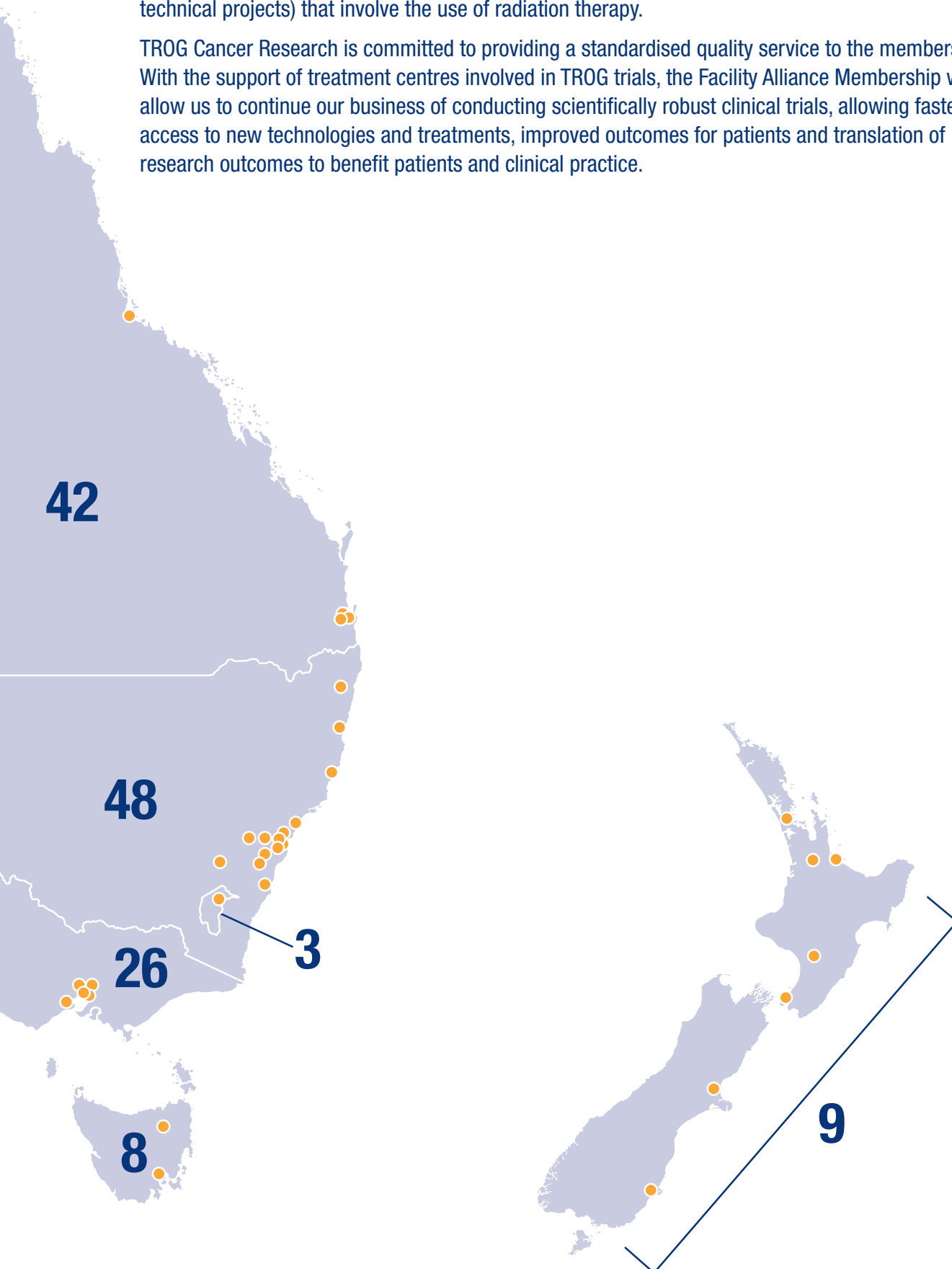
## Key

- 26** = 2017 TROG Accrual Numbers
- = TROG Facility Alliance Members

## TROG Facility Alliance Membership

The TROG Facility Alliance Membership provides support to the membership and sites for the conduct of clinical trials and radiotherapy quality assurance. TROG provides to its facility members centralised facilities, information and services for investigator-initiated co-operative group research (including technical projects) that involve the use of radiation therapy.

TROG Cancer Research is committed to providing a standardised quality service to the membership. With the support of treatment centres involved in TROG trials, the Facility Alliance Membership will allow us to continue our business of conducting scientifically robust clinical trials, allowing faster access to new technologies and treatments, improved outcomes for patients and translation of research outcomes to benefit patients and clinical practice.



# Our Publications

TROG publications as of 31 December 2017

11.01	Thomas J, Hanby A, Russell N, van Tienhoven G, Riddle K, Anderson N, Cameron D, Bartlett J, Bowman A, Piper T, Cunningham C, Canney P, Kunkler I. The BIG 2.04 MRC/EORTC SUPREMO Trial - Pathology quality assurance of a large phase 3 randomised international clinical trial of post mastectomy radiotherapy in intermediate-risk breast cancer. <i>Breast Cancer Res Treat</i> . 2017 Feb; 163(1):63-9.
03.04	Yahya N, Ebert MA, House MJ, Kennedy A, Matthews J, Joseph DJ, Denham JW. Modeling Urinary Dysfunction After External Beam Radiation Therapy of the Prostate Using Bladder Dose-Surface Maps: Evidence of Spatially Variable Response of the Bladder Surface. <i>Int J Radiat Oncol Biol Phys</i> . 2017 Feb; 97(2):420-6.
02.02	Ringash J, Fisher R, Peters L, Trotti A, O'Sullivan B, Corry J, Kenny L, Van Den Bogaert W, Wratten C, Rischin D. Effect of p16 Status on the Quality-of-Life Experience During Chemoradiation for Locally Advanced Oropharyngeal Cancer: A Substudy of Randomized Trial Trans-Tasman Radiation Oncology Group (TROG) 02.02 (HeadSTART). <i>Int J Radiat Oncol Biol Phys</i> . 2017 Mar; 97(4): 678-86.
08.02	Perry J, Laperriere N, O'Callaghan C, Brandes A, Menten J, Phillips C, Fay m, Nishikawa R, Carncross J, Roa W, Osoba D, Rossiter J, Sahgal A, Hirte H, Laigle-Donadey F, Franceschi E, Chinot O, Goldinopoulos V, Fariselli L, Wick A, Feuvret L, Back M, Tills M, Winch C, Baumert B, Wick W, Ding K, Mason W. Short-course radiation plus temozolomide in elderly patients with glioblastoma. <i>New Engl J Med</i> . 2017 Mar; 376(11):1027-37.
08.05	Hong A; Hallock H; Valenzuela M; Lo S; Paton E; Ng D; Dhillon H; Jacobsen K; Reisse C; Fogarty G. Hippocampal avoidance whole brain radiation therapy is associated with preservation of hippocampal volume at six months: a case series. <i>Neurooncol Open Access</i> 2017 Mar; 1:1.
03.04	Bitska V, Sharpley CF, Bradford R, Steigler A, Denham JW. Measuring Personal and Functional Changes in Prostate Cancer Survivors: Development and validation of the FADE: Data from the TROG 03.04 RADAR trial. <i>Psycho-Oncology</i> . 2017 Apr; 26(4):553-55.
15.01	Ngyuen D, O'Brien R, Kim J, Huang C, Booth J, Wilton L, Greer P, Legge K, Poulsen P, Martin J, Keall P. The First Clinical Implementation of a Real-Time Six Degree Of Freedom Tracking System For Intrafraction Prostate Motion During Radiation Therapy. <i>Radiother and Oncol</i> . 2017 Apr; 123(1):37-42.
08.01	Catton C, Lukka H, Gu C, Martin J, Supiot S, Chung P, Bauman G, Bahary J, Ahmed S, Cheung P, Tai KH, Wu J, Parliament M, Tsakiridis T, Corbett T, Tang C, Days I, Warde P, Craig T, Julian J, Levine M. Randomized Trial of a Hypofractionated Radiation Regimen for the Treatment of Localized Prostate Cancer. <i>J Clin Oncol</i> . 2017 Jun; 35(17):1884-90.
07.04	Corry J, Bressel M, Fua T, Herschtal A, Solomon B, Porceddu SV, Wratten, C, Rischin D. Prospective study of cetuximab, carboplatin and radiotherapy for patients with locally advanced head and neck squamous cell cancer (HNSCC) unfit for cisplatin. <i>Int J Radiat Oncol Biol Phys</i> . 2017 Jul; 98(4):948-54.
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## TROG *ASM 2017*

The 29th TROG Annual Scientific Meeting (ASM) was held at the ANZ Viaduct Events Centre on the waterfront in central Auckland in March 2017. Radiation oncology researchers from Australia and New Zealand and from across the disciplines came together for the ASM, which was themed 'Precision Treatment, Quality Research'. This theme also provided a platform for six invited international speakers to share their experience and recent work.

The meeting kicked off with the Clinical, Technical & SMART RO workshops. Highlights included the presentation of results of the inaugural TROG Plan Challenge at the Technical Research Workshop, which had 150 SBRT spine plans submitted from all over the world.

Professor Andre Dekker from the MAASTRO Clinic in the Netherlands gave a fascinating presentation on machine learning and how outcome prediction models are being generated from global cancer data. Professor Michael MacManus discussed the ground-breaking results of his 99.03 study which were presented at the ASTRO conference, which will change the management of early stage low-grade lymphoma worldwide.

On the final day six proffered papers were presented at the very first TROG ASM abstracts session which provided a great insight into some of the hard work that is always going on behind the scenes for TROG trials. Throughout the meeting all delegates were able to provide feedback on a series of exciting new trial proposals which were presented through the subspecialty group sessions.

A traditional Maori welcome at the Maritime Museum kicked off a lively social program, which also included a wonderful gala dinner and an entertaining afternoon of interactive drumming session and cheese tasting.

The 2018 TROG ASM will be a major milestone event being the 30th ASM for TROG.



# TROGIE

## Award Winners

### Trial Excellence Award

- 2007** A/Prof Sam Ngan
- 2008** A/Prof Boon Chua
- 2009** Dr Trevor Leong
- 2010** Dr Maria Pearse & Dr Andrew Kneebone
- 2011** Prof Lester Peters & Prof Danny Rischin
- 2012** Prof Jim Denham
- 2013** Prof Bryan Burmeister
- 2014** Dr Michael Penniment
- 2015** A/Prof Sam Ngan
- 2016** Prof Michael MacManus
- 2017** Prof Sandro Porceddu



### 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
- 2015** Prof Tomas Kron
- 2016** Prof Sandro Porceddu
- 2017** Prof Val GebSKI



### TROG Life Members

- 2001** Prof Jim Denham
- 2010** Prof Lester Peters & Dr Peter O'Brien
- 2011** Prof David Ball
- 2012** A/Prof Chris Atkinson
- 2013** Prof Bryan Burmeister
- 2014** Prof Gillian Duchesne
- 2015** Prof Danny Rischin
- 2016** Prof David Lamb & Prof Danny Roos





# Become a TROG Member

## Do you have a professional interest in radiotherapy research?

Join our network of more than 1,400 professionals in this exciting field.

### Become a full TROG member

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.

Full members hold voting rights at TROG meetings; can submit proposals for new trials; or become a Board member.

TROG members have access to the information in the members' section of the website, which includes the TROG Member Forum, Member directory and Member messenger; minutes and presentations from TROG meetings; copies of trial protocols; and the TROG Policy and Procedures Manual.

### Become an affiliate TROG member

Affiliate membership is FREE and open to anyone qualified or training in a radiotherapy-related discipline. By joining, you'll help advance clinical research into a treatment that benefits many cancers including breast, skin, lung, prostate and bladder, gynaecological and head and neck.



**Joerg Lehmann**

*"Clinical trials represent innovation, a source of new knowledge and a starting point for improved treatments. I enjoy working in interdisciplinary teams on various aspects of clinical trials. This includes Quality Assurance, which, as mundane as it may sound to some, is essential for outcomes of clinical trials and in radiotherapy in general, since the therapeutic window is often small and a slight deviation in dose or position can have significant consequences for the patient."*

*"TROG's Annual Scientific Meeting is a melting pot of ideas and a great place to meet interesting people from all areas of Radiation Oncology."*

*"Internationally, TROG has made a name for itself through its trials and its commitment to quality assurance. The latter includes contributions to the formation of the Global Quality Assurance of Radiation Therapy Clinical Trials Harmonisation Group (GHG), in which we currently hold the co-chair position."*



# Our Community and Supporters

## TROG High Tea fundraiser

More than 65 people showed their support for cancer research by attending a high tea fundraising event hosted by TROG Cancer Research. The October event was held in Newcastle, where TROG has its headquarters.

On top of a delicious high tea, guests also took part in a silent auction and a monster raffle with lots of fantastic donated prizes. All funds raised from the event went directly to TROG's cancer clinical trials research.



## TROG ambassador announced

Well-known and respected broadcaster Julie McCrossin was announced as TROG's ambassador in 2017. Julie has experienced cancer firsthand being diagnosed with throat cancer in 2013. She was treated with radiotherapy and recovered her speech and ability to swallow, and is back to her usual busy life.

According to Julie, research is the key to the innovation that improves treatment, saves lives and improves the quality of life for survivors.

"When I received radiotherapy as my primary treatment for stage four cancer in my tonsils, tongue and throat, I was lucky to benefit from the research that had preceded my diagnosis. Advances in treatment are occurring all the time. I am honoured to help support research that improves the quality of life for cancer survivors."

"It will be a real pleasure to help get the message out that funding research and translating the results into clinical care as quickly as safely possible are absolutely vital for people affected by cancer," said Julie.





### Sarah's Head Shave

TROG member Sarah Neylon put her luscious locks on the line to raise funds for TROG Cancer Research.

Sarah raised in excess of \$17,000 for TROG Cancer Research. Sarah works for NL-Tec, an organisation that works with TROG on cancer clinical trials.



### Golfers fundraise for TROG

The annual Myall Coast Veteran Golfers Cancer Charity Day contributed \$3,000 towards TROG's cancer clinical trials research. Around 140 golfers attended the annual charity event at Hawks Nest Golf Club in October.

President of the Myall Coast Veteran Golfers, Mr Don Henderson said the event, which includes an auction and raffles, is a highlight on the group's golfing calendar.

"A number of our members have suffered from different types of cancer at one time or another and we are very pleased to support a local cancer research group."

CEO Joan Torony thanked the Myall Coast Veteran Golfers for their ongoing support.

"We are so grateful for the support of the Myall Coast Veteran Golfers and are so very proud of our long association. We rely on community support to help fund our cancer clinical trials. Clinical trials are the critical step in the research process that leads to breakthroughs and change of practice in the treatment of cancer," said Ms Torony.





# An iconic approach to cancer care

Icon Group is built on a strong but simple vision – to deliver the best cancer care possible, to as many people as possible, as close to home as possible.

- Australia's largest dedicated provider of cancer care, bringing together all aspects of cancer treatment from medical oncology, radiation oncology, haematology, chemotherapy compounding and pharmacy, ensuring a holistic approach to patient care
- Growing reach into New Zealand, Singapore and China
- Advanced cancer care technology and treatment techniques across all disciplines
- Delivers clinical trials via not-for-profit partner Icon Cancer Foundation, the nation's largest private provider of comprehensive clinical trials with over 25 years' experience in cancer trials and a growing reach into radiation oncology research

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GOLD COAST PRIVATE | GOLD COAST UNIVERSITY | GOSFORD | GREENSLOPES  
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REVESBY | RICHMOND | SOUTH BRISBANE | SOUTHPORT | SPRINGFIELD | MULGRAVE  
TOOWOOMBA | TOWNSVILLE | WAHROONGA | WARRNAMBOOL | SINGAPORE  
NEW ZEALAND | CHINA



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# Donate to TROG

Cancer clinical trials are the critical step that leads to breakthroughs in the treatment of cancer.

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