CENTRE FOR HEALTH ECONOMICS RESEARCH AND EVALUATION

CREST newsletter

MARCH 2025

CHERE CENTRE FOR HEALTH ECONOMICS RESEARCH AND EVALUATION

CREST CANCER RESEARCH ECONOMICS SUPPORT TEAM

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Lung Cancer Screening Participation Among Indigenous Peoples Worldwide: A Systematic Review of Challenges and Opportunities

Lung cancer is a leading cause of cancer-related deaths world-wide. Indigenous people experience higher lung cancer incidence and mortality rates. Between 2009 and 2013, Aboriginal and Torres Strait Islander People had an age-standardised incidence rate of 85.2 cases per 100 000 and a mortality rate of 56.8 deaths per 100 000, both of which were twice the rates observed in non-Indigenous populations.

There are only 10 countries worldwide that are implementing lung cancer screening at a national and/or regional level. Australia is set to begin a lung cancer screening program (LCSP) in July 2025. Belachew et al. (2024) completed a systematic review to understand the barriers and facilitators affecting Indigenous people's participation in LCSPs and assess the evidence regarding its cost-effectiveness.

What proportion of Indigenous populations are participating in LCSP?

Limited evidence exists regarding Indigenous Peoples' participation in LCSPs. Amongst American military veterans, Indians/Alaska Natives had an 88% lower LCSP participation rate (4.7%) compared to non-Hispanic Whites (21.7%). Other studies showed comparable LCSP completion rates amongst Native Hawaiians and non-Hispanic White peoples or higher adherence to annual screening for Indigenous Peoples compared to White people, but overall participation was limited.

What are the barriers and facilitators of LCSP participation?

These are summarised in Figure 1.

What is the evidence regarding the cost-effectiveness of LCSPs?

Two studies assessed the cost-effectiveness of LCSPs for Indigenous populations and reported the incremental cost-effectiveness ratios (ICERs). While LCSPs were found to be cost-effective in both groups aged 55–74 years with a smoking history, the ICER ranged from NZ$24 700 per Health Adjusted Life Year (HALY) for Māori females to NZ$39 100 per HALY for non-Māori males. *(cont. pg. 2)*

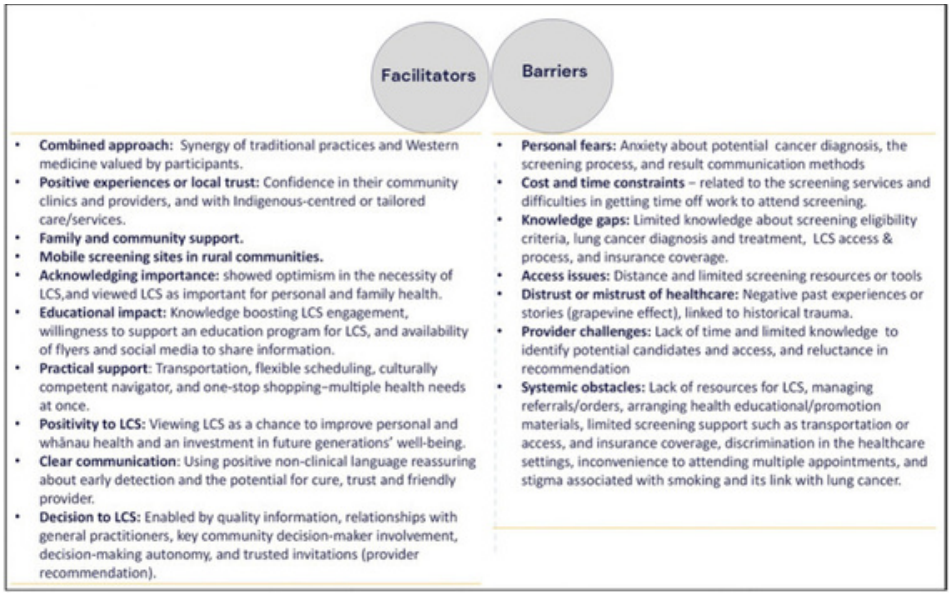


Figure 1: Barriers and facilitators to LCSP participation by Indigenous populations
LCS = lung cancer screening.

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Health gains were 50% higher for Māori females and 25% higher for Māori males compared to non-Māori individuals. In another study, lower total screening costs were reported for the Māori population ($570) compared to the non-Māori population ($3915).

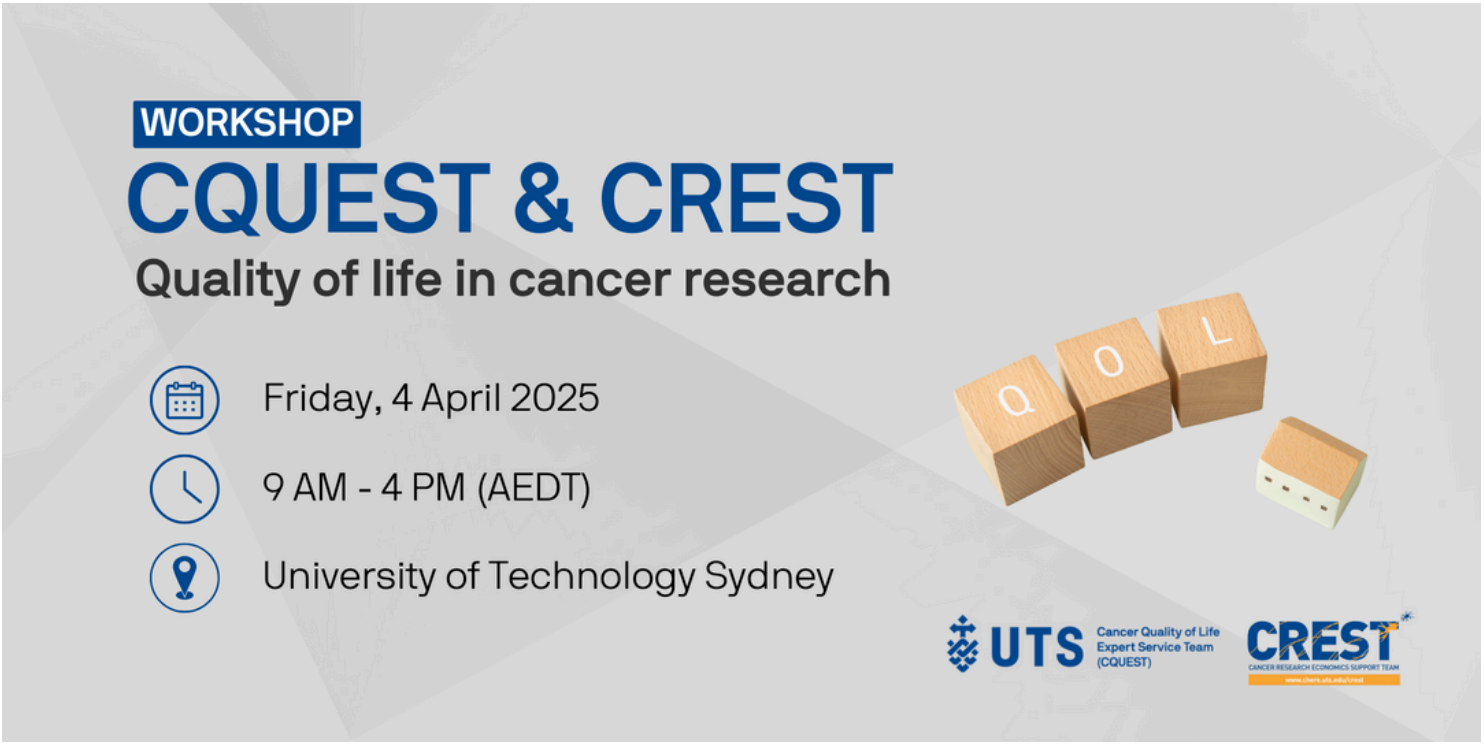
Where to from here?

Eligibility for LCSP is determined by guidelines developed through collaborative research with various stakeholders. However, Indigenous peoples were rarely included in the trials that informed the development of these guidelines. Enhancing Indigenous peoples' participation in LCSPs requires efforts to reduce barriers, a thorough understanding of the facilitators for Indigenous populations and co-designing LCSPs with Indigenous communities. Culturally appropriate resources and tailored health education for community members and healthcare professionals is needed.

Contributed by: Lutfun Hossain

Reference:
S. A. Belachew, H. M. Bizuayehu, A. Diaz, S. Jahan, S. Crengle, K. Fong, et al. (2025). Lung Cancer Screening Participation Among Indigenous Peoples Worldwide: A Systematic Review of Challenges and Opportunities.Health Promot J Austr 2025 Vol. 36 Issue 2 Pages e70001

Upcoming Joint CQUEST and CREST workshop



The Cancer Quality of Life Expert Service Team (CQUEST) and the Cancer Research Economics Support Team (CREST) are hosting a joint in-person workshop on quality of life in cancer research. This workshop has been developed specifically for clinicians, researchers and investigators in mind.

Presenters include: Brendan Mulhern, Tim Luckett, Carrie-Anne Ng, Lutfun Hossain and Antonio Ahumada Canale.

This in-person workshop will:

- describe the role of assessing health-related quality of life (HRQL) in clinical studies;
- describe the role of HRQL in economic evaluation;
- introduce quality-adjusted life-years (QALYs);
- describe methods of measuring HRQL and obtaining QALYs; and
- explore approaches to reduce questionnaire burden in trials.

Workshop: Quality of life in cancer research
Hosted by: CQUEST and CREST
Date: Friday, 4 April 2025
Time: 9 AM registration for 9.30 start; concluding at 4 PM (AEDT)
Location: UTS - (CB01.25.025)
Registration: https://t.co/4z1BBDzZZG
Closes Tuesday, 1 April 2025

Please note: this is an in-person workshop without a virtual option.

Breast Cancer Trials (BCT)

Introducing the Neo-N (Cohort C) Clinical Trial

We are pleased to announce that our Neo-N clinical trial sub-study 'Neo-N (Cohort-C)', is now open to recruitment.

Neo-N (Cohort C) aims to find out if two immunotherapy drugs called nivolumab and relatlimab given together helps control breast cancer when added to standard chemotherapy before surgery.

Immune checkpoint inhibitors have often been used with standard chemotherapy treatments. However, standard chemotherapy can reduce the immune system and may make it harder for the immune checkpoint inhibitors to work on the cancer.

Researchers want to find out if this is the case by giving nivolumab and relatlimab first on their own and then at the same time as standard chemotherapy.

It follows the success of the Neo-N clinical trial, which found that 50% of early-stage triple-negative breast cancer patients involved in the study, were breast cancer-free at the time of surgery.

For more information about this important research, visit: https://www.breastcancertrials.org.au/trials/neo-n-2/



Study Chair of the Neo-B (Cohort C) Clinical Trial, Professor Sherene Loi



46th Annual Scientific Meeting – Early Bird Registration is Open

Registration is open for the BCT 46th Annual Scientific Meeting (ASM), which will be held at the Hotel Grand Chancellor, in Hobart, Tasmania, from Wednesday 23 – Friday 25 July 2025.

This is a fantastic opportunity for BCT members, breast cancer researchers and clinical trials personnel to share knowledge in the field of breast cancer trials research, and to learn about recent developments into the treatment of prevention of breast cancer.

Our confirmed international speakers include:

- **Professor Dame Lesley Fallowfield:** Professor of Psycho-oncology at Brighton & Sussex Medical School, University of Sussex where she is Director of the Sussex Health Outcomes Research & Education in Cancer (SHORE-C) group.
- **Professor Reshma Jagsi:** Lawrence W. Davis Professor and Chair of the Department of Radiation Oncology and a Senior Faculty Fellow in the Centre for Ethics at Emory University in Atlanta, Georgia, USA.
- **Professor Shelley Potter:** Professor of Surgical Oncology at Bristol Medical School and Consultant Oncoplastic Breast Surgeon at North Bristol NHS Trust. Her research focuses on improving outcomes for women undergoing breast cancer surgery through the design and delivery of high-quality, patient-centred collaborative research.

As part of the program, trainees in radiation oncology, medical oncology and surgical oncology are invited to participate in a workshop on Saturday 26 July. This is a free multidisciplinary session, with both presentations and MDT panel discussions from leading Australian and international breast cancer experts and is a fantastic networking and professional development opportunity.

For more information or to register visit www.bct2025.org.

Register Your Interest for Future Q&A Events

Hear from some of the world's leading breast cancer researchers through our free, online, and live Q&A events.

Moderated by Author and Journalist, Annabel Crabb, the Q&As are aimed at keeping people informed about breast cancer research, clinical trials, and important associated topics, and they enable everyone to watch the events at a time and location that is convenient to them.

You will be able to ask our researchers your breast cancer questions on key topics and keep up to date on the latest in breast cancer research.

Previous topics that have been covered include:

- The Role and Impact of Diet and Exercise in Breast Cancer Care
- Breast Cancer and Heart Health
- Breast Cancer and Fertility
- Triple Negative Breast Cancer
- Breast Cancer in the LGBTQI+ Community
- Side Effects of Treatment
- Breast Cancer Recurrence
- Metastatic Breast Cancer
- Breast Cancer and Sex

To find out more, watch a recording of a previous Q&A, or to register your interest for future Q&As visit: https://www.breastcancertrials.org.au/qa-events/



Australia New Zealand Gynaecological Oncology Group (ANZGOG)

ANZGOG 2025 Annual Scientific Meeting

This year's ANZGOG Annual Scientific Meeting (ASM) marked a milestone as ANZGOG celebrates 25 years of advancing gynaecological cancer research. Held in Canberra, ACT, from Wednesday 5 – Friday 7 March 2025, this year's meeting embraced the theme "Reflections and Projections: Looking Back to Move Forward in Gynaecological Research." It was the perfect opportunity to reflect on ANZGOG's impact over the past quarter-century—its expansive research initiatives, practice-changing clinical trials, and leadership role in gynaecological oncology—while also charting a course for the next 25 years.

Bringing together over 330 national and international experts, including medical and radiation oncologists, surgical specialists, pathologists, translational and quality-of-life researchers, study coordinators, nurses, and industry partners, the ASM continues to be a premier forum for learning, collaboration, and innovation. This year we were honoured to welcome distinguished International Keynote Speakers A/Prof David Tan (National University Cancer Institute, Singapore), Dr. Lisa Bazette-Matabele (University of Botswana, School of Medicine, Rwanda), and Prof Carien Creutzberg (Leiden University Medical Centre, Netherlands).



ANZ GOG | Advancing research saving lives



Key Highlights

- This year's program featured groundbreaking research presentations, including updates from ANZGOG's clinical trials portfolio including results from the ICON-9 clinical trial, which was conducted in collaboration with colleagues in the UK.
- Sessions featured patient perspectives which were a powerful reminder of the real-world impact of ANZGOG's work and the importance of patient-centred care.
- Attendees had the opportunity to engage in interactive workshops, covering topics such as clinical trial design, data management, and important insights and conversations around quality of life and survivorship for people with a gynaecological cancer. A standout session was the Community Volunteers Workshop that focused on the research development process at ANZGOG and important updates regarding our research initiatives.
- We also reflected on the past 25 years of ANZGOG's history, acknowledging and celebrating the many milestones, the incredible people and significant achievements that have shaped our journey.

Recognising Excellence

ANZGOG was proud to celebrate excellence within the community, with the presentation of the 2025 ANZGOG Awards, which recognise the efforts of five remarkable individuals in improving outcomes for women diagnosed with gynaecological cancer.

We extend a heartfelt congratulations and thank you to each of the winners and look forward to the continued impact of their work.

- Michael Friedlander AM Award – Gwo-Yaw Ho from Monash Health
- Research Pioneer Award – George Au-Yeung from Peter MacCallum Cancer Centre
- ANZGOG Chair's Community Volunteer Award – Kathryn Cornthwaite and Jane Power
- Clinical Trial Achievement Award – Sue Brew from Genesis Care
- Outstanding Clinical Trial Site Award – Department of Gynaecological Oncology Westmead, NSW

Looking Ahead

The momentum from this year's ASM paves the way for an exciting future in gynaecological cancer research. With new collaborations formed and critical discussions taking place, ANZGOG remains committed to its mission of advancing research, saving lives.

We extend our sincere gratitude to all speakers, sponsors, and attendees who made this event a success. We look forward to seeing you at ASM 2026 as we continue to push the boundaries of research and care in gynaecological oncology.



Australasian Gastro-Intestinal Trials Group (AGITG)

Do you have an early phase study idea for a GI cancer?

The annual AGITG Idea Generation Workshop (IGW) returns in May, and we are welcoming oncology professionals to submit their bright ideas. All clinical trial ideas are welcome, especially proposals for investigator-initiated early phase trials.

This is a unique opportunity to lead a GI focussed investigator-initiated trial. AGITG is happy to support transforming a concept into a reality through the support of a well-established cooperative group, with mentorship from key GI malignancy opinion leaders and industry partners.

The online Workshop will be convened by Dr Abhijit Pal and Dr Charlotte Lemech on Friday 16 May 2025, 9am–12pm AEST.

Submissions close 3 April. Learn more and submit an idea



27th Annual Scientific Meeting: 24-27 November 2025, Tarntanya/Adelaide

Don't miss our 27th ASM at the Adelaide Convention Centre. This year's theme — Transforming Trials through Collaboration — builds upon our 2024 "Thinking Outside the Box" focus by highlighting the significance of collaborating for a greater global impact.

The program will foster greater collaboration across our already diverse membership, with specific sessions enabling members to share their knowledge on areas of interest. The Meeting will also focus on partnerships across all areas of our research, including our growing engagement with Aboriginal and Torres Strait Islander communities to help improve clinical trial awareness and reduce barriers to join clinical research studies.

We are thrilled to announce several international GI experts joining the Meeting:

- Dr Connie Yip, National Cancer Centre, Singapore
- Prof Shailesh V. Shrikhande, Tata Memorial Hospital, India
- Prof Takayuki Yoshino, National Cancer Center Hospital East, Japan
- More to come!

Learn more about our international faculty. Registration opens in May, along with grant and award opportunities.

AGITG at ASCO GI 2025

This year, three AGITG posters were presented at ASCO GI. Congratulations to the study teams of ASCEND, INTEGRATE/INTEGRATE IIa and SPAR.

The ASCEND study investigated the addition of a new drug to standard chemotherapy for people with metastatic pancreatic ductal adenocarcinoma (PDAC). The study is now in follow-up; the poster presented results for Cohort A of the study. View abstract for ASCEND

Another poster utilised clinical data and patient-reported outcomes from the AGITG INTEGRATE and INTEGRATE IIa trials, then developed a prognostic model for advanced gastric and oesophageal carcinoma (AGOC). View abstract for AGITG INTEGRATE/INTEGRATE IIa

The final results for the AGITG SPAR trial were also presented. SPAR findings indicate that a statin drug, taken for cholesterol, can lead to better patient responses to chemotherapy and radiotherapy for rectal cancer. View abstract for AGITG SPAR

Research portfolio

Our portfolio continues to grow, with trials open to recruitment across pancreatic, gallbladder and biliary tract, liver, colorectal, stomach, oesophageal and anal cancer, and neuroendocrine tumours. Please consider referring your patients to these trials where relevant.

Can you take on a Gutsy Challenge?

Join our Blue Mountains Gutsy Challenge in September! This exciting one-day trek on 13 September will help raise funds for vital new AGITG research.

Stay up to date with AGITG

Follow us on LinkedIn for more updates.



AGITG
AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP

Parallel processing in medicines for Cancer in Australia

The Australian Government funds medicines based on advice from the Pharmaceutical Benefits Advisory Committee (PBAC). This process is initiated by sponsors (usually, pharmaceutical companies) that submit a dossier with information related to the clinical and cost-effectiveness of the medicine, and the potential financial impact that listing on the Pharmaceutical Benefits Scheme (PBS) will have on the Federal Government.

In 2011, 43% of medicines registered in the Australian Registry of Therapeutic Goods (ARTG) were submitted for PBAC evaluation within 2 years. It was also reported that it took 63 weeks from registration of a medicine for cancer to get a positive PBAC recommendation. Given these timeframes and the life-threating condition of cancer, in 2011 the Australian Government introduced a parallel process for registration of new medicines through the Therapeutic Goods Administration (TGA), and funding evaluation by the PBAC. This way, both the regulatory requirement and the evaluation for possible funding can be conducted simultaneously.

On face value, it is expected that parallel processing will reduce the time to approval for medicines in general, including cancer treatments. However, there are potential challenges for this policy. The TGA makes a recommendation for registration based on safety and efficacy data, not cost-effectiveness. By submitting the same clinical evidence to both the TGA and PBAC, the data may be immature to demonstrate cost-effectiveness with certainty. There are also potential issues with the comparator in the trials as regulatory approval accepts placebo or inactive comparator to show the medicine provides health benefits, but for funding purposes, the appropriate comparator is therapy likely to be replaced most in practice.

Gao et al. (2025) set out to study the empirical differences between the TGA-PBAC parallel process and the standard sequential process (TGA then PBAC) with a focus on cancer medicines. They asked the following questions:

1. Is the evidence different between submission pathways?
2. Are submissions evaluated under parallel review more likely to be rejected?
3. Does the parallel process reduce the time to initial funding recommendation?

The authors assessed Public Summary Documents (PSDs), which summarised the PBAC assessments from 2012 to 2021. The inclusion criteria were first submission to the PBAC of medicines used to treat cancer, with enough details with respect to the clinical evidence for data extraction. They found 182 PSDs that met the eligibility criteria, of which 43.4% described a parallel evaluation process. The evidence presented between submission pathways was similar, although a higher proportion of submissions in the parallel process claimed their medicine was cost-effective compared to sequential submissions (79.7% vs 67.0%).

A high rejection rate was observed (59.9%), although this was similar between submission pathways. It was found that quality of evidence, type of clinical claim (superior), assessment of clinical claim (PBAC disagrees) and first-in-class medicines were associated with negative recommendations. However, this was also similar for both pathways.

Finally, the parallel process showed that funding decisions were made 17 weeks before market authorisation, whereas for the sequential process those decisions occurred 50 weeks after market authorisation (Figure 1). Notably, the time to actual listing in the PBS is unknown as it depends on Federal Government negotiation with sponsors and payers, and it also includes resubmissions.

In summary, the study from Gao et al. (2025) showed that the TGA-PBAC parallel process for cancer medicines was not associated with the use of different evidence, was not associated with an increase in negative funding recommendations, and that the time to a funding recommendation was considerably shorter. Implementing the parallel process had implications particularly for severe cancers without alternative treatment, where access to medicines is critical.

Contributed by: Antonio Ahumada Canale

Reference:
Gao Y, Laka M, Merlin T. Does Regulatory and Reimbursement Parallel Processing Provide Swifter Funded Access to Medicines for Patients? Evaluation of Cancer Medicines Using the Australian Parallel Process. Value Health. 2025 Mar;28(3):431-440. doi: 10.1016/j.jval.2024.11.008.

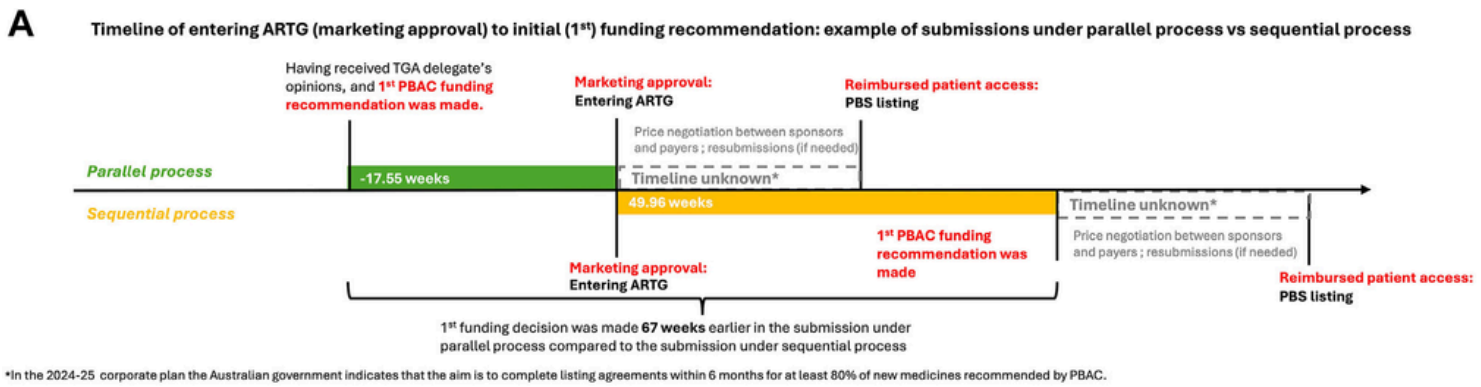


Figure 1: Timeline of entering the ARTG (marketing approval) to initial (first) funding recommendation
Source: Gao Y, Laka M, Merlin T. Does Regulatory and Reimbursement Parallel Processing Provide Swifter Funded Access to Medicines for Patients? Evaluation of Cancer Medicines Using the Australian Parallel Process. Value Health. 2025 Mar;28(3):431-440. ARTG = Australian Registry of Therapeutic Goods; PBAC = Pharmaceutical Benefits Advisory Committee; PBS = Pharmaceutical Benefits Scheme; TGA = Therapeutic Goods Administration.

Australasian Leukaemia & Lymphoma Group(ALLG)

Save the Date – ALLG's May 2025 Scientific Meeting

ALLG Scientific Meetings offer an important opportunity for our member clinicians, scientists, and clinical trial professionals to advance blood cancer research. These meetings provide a comprehensive agenda focused on progressing clinical trials, along with valuable networking opportunities with colleagues and industry partners. In addition, the 'Meet the Chief' sessions allow participants to engage directly with our Chief Investigators and Scientific Advisory Committee (SAC) leaders.

Registrations open in late March 2025 - stay tuned for further details.

Become an ALLG Member

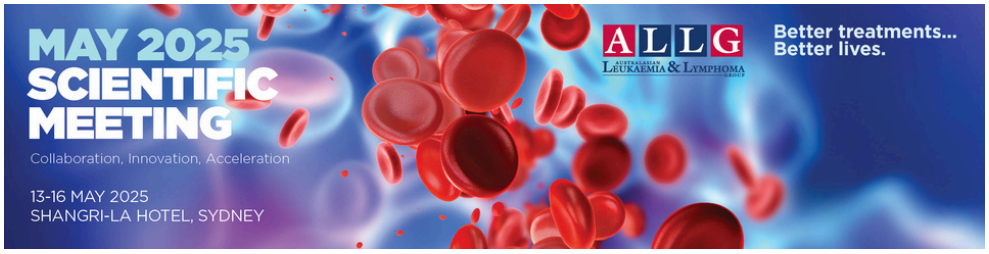
ALLG has had over 50 Years of Advancing Blood Cancer Research.

Since 1973, the Australasian Leukaemia & Lymphoma Group (ALLG) and its members have delivered world-class clinical trials that focus on delivering new treatments and supporting better lives for patients living with blood cancer. ALLG members have designed and conducted over 180 clinical trials that have had a significant impact on cancer treatment and care. Together, we are tackling the biggest challenges of blood cancers like leukaemia, lymphoma and myeloma.

Membership with the ALLG provides opportunities to collaborate, innovate, and drive advancements in blood cancer research.

Our membership includes two categories:

ALLG Associate Membership
This membership is designed for Trial Coordinators, Research Nurses, and Data Managers and provides resources, networking, mentoring and eligibility for Scholarships & Awards to accelerate your career in haematology clinical research.



ALLG Full Membership
This membership is designed to enhance leadership opportunities by fostering collaboration with haematology specialists. Members benefit from conducting impactful clinical trials, accessing funding, and engaging with international networks. Additionally, it provides access to Australia's largest collection of data on Acute Myeloid Leukaemia (AML) and blood disorders, as well as comprehensive support for trials and the opportunity to present research on a global stage.

Join ALLG today! Apply for your membership here:
ALLG Membership Application

Trial Updates

Professor Harry Iland -
Blood Advances Publication AMPL5

ALLG extends its congratulations to Life Member Professor Harry Iland on the publication of the ALLG APML5 trial in the prestigious medical journal, Blood Advances.

Professor Iland has led ALLG's APML trial program since 1997, contributing to defining the optimal drug combinations for APL treatment. As a result of ALLG's research, the cure rate for APL is almost 95%.



Professor Iland stated: *"The APML5 trial successfully demonstrated that the new oral form of arsenic trioxide, delivered in capsule form, achieved blood levels comparable to those obtained through intravenous infusion."*

Read the full APML5 article in Blood Advances here.

CLL08 REVERIE
After many years of work, it is enormously exciting to finally have the CLL08 study up and running. Relapsed and refractory CLL is a busy area of active research with multiple important unanswered questions chief of which is the role of BCL2 retreatment after time limited therapy. The CLL08 study will be an important step to answering this question of the utility of BCL2 inhibitor retreatment.

CML14 ASCENDANCE
The CML13 study established asciminib as a safe and efficacious frontline therapy in CML. However, a number of patients still experienced treatment failure. CML14 ASCENDANCE primary objective is to assess efficacy of an induction phase of combination therapy with asciminib plus low dose dasatinib in newly diagnosed chronic phase CML with high-risk genetics, with respect to achievement of major and deep molecular response to minimise treatment failure.

ALLG Australasian Leukaemia & Lymphoma Group
50 TH ANNIVERSARY ALLG 1973 – 2023
Better treatments...
Better lives.

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

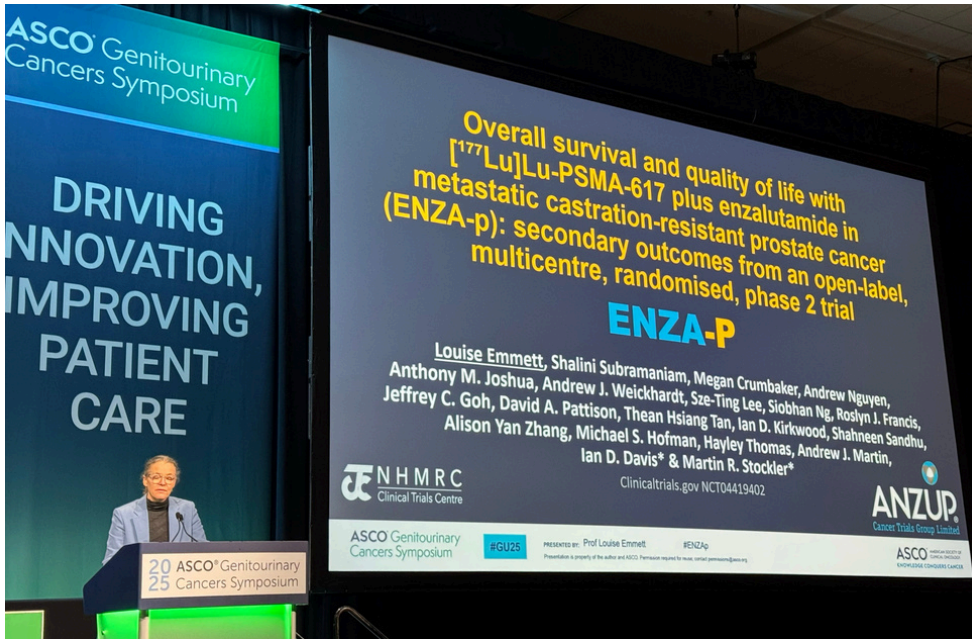
Some recent ANZUP news highlights

New research findings from ANZUP's ENZA-p study (ANZUP 1901), reveal a world-first combination treatment approach resulted in improvement in both survival and quality of life, for people living with a poor prognosis prostate cancer. These results were presented at ASCO GU 2025, with a concurrent Lancet Oncology publication. You can read more about the results on our website, including the great media coverage received, including a page 3 piece in The Australian.

- P3BEP (ANZUP 1302): An international randomized phase 3 trial of accelerated versus standard BEP chemotherapy for individuals aged 11-50 years with intermediate and poor-risk metastatic germ cell tumours- presented by Prof Martin Stockler (pictured with Cancer Research pioneer Larry Einhorn)
- Bipolar androgen therapy (BAT) for nonmetastatic castration-resistant (M0 CRPC) prostate cancer progressing on darolutamide: Working Out M0 BAT (WOMBAT ANZUP 2201) - presented by Megan Crumbaker
- Gemcitabine-Docetaxel Intravesical instillation Synchronous CO-administration-A phase I study: G-DISCO (ANZUP 2403) - presented by Kevin Keane
- SUB-urothelial DUrvalumab-zirconium to investigatE local and systemic distribution of durvalumab when injected in the sub-urothelium: SUBDUE-3 (ANZUP 2402)- presented by Kevin Keane

You can view these and other presentations and posters on the ANZUP website.





ANZUP's trial portfolio continued to grow with 7 ANZUP-led trials and 1 co-badged trial currently in recruitment, 15 in follow-up, and a number of new trials in development.

You can read more about our trials on our website here.

We also saw many achievements recently including:

- Our WOMBAT (ANZUP 2201) Phase 2 Prostate Cancer study opened for recruitment
- We opened Geni-AIRSPACE (ANZUP 2102) – our Prostate Cancer genomics study
- We announced an exciting new three-year partnership with Prostate Cancer Foundation of Australia (PCFA) building on our long-standing relationship that will fuel advancements needed to change the lives of those affected by prostate cancer



#ANZUP25 –20-22 July 2025

Our 2025 ASM is being held in Sydney from 20-22 July 2025 with the convening committee, ably led by Carole Harris and Laurence Krieger. Our theme for 2024 is "Listen, Reflect, Connect". The meeting will provide attendees with a forum to discuss and present the latest updates in GU cancer treatment, research and supportive care and to learn more about existing and planned ANZUP trials. We already have great international speakers confirmed: Roger Li, Tian Zhang, Alison Tree, Marniza Saad, Bishal Gyawali, Emily Grist and Bertrand Tombal.

Early bird registrations are now open, and we invite you to register for this face-to-face event.

We are also inviting abstract submissions from all professional disciplines and groups involved in researching and treating genitourinary cancers for admission into the program for 2025.

Abstract submissions close:
9am Monday 28 April 2025, AEST.

ANZUP Cancer Trials Group Limited

Australia and New Zealand Sarcoma Association (ANZSA)

Sarcoma Research Grant

ANZSA is offering two Sarcoma Research Grants with support from our generous donors to support Sarcoma Research. Two grants of up to $50,000 each are for direct research costs to improve both early detection and therapy for sarcoma. The grant (commencement date July 1st, 2025), is offered for 12 months at the end of which, the proposed work must be completed.
While the objective is to support the best possible research into sarcomas, there are some areas of particular priority that the ANZSA encourages for this grant such as; translational studies and projects that can leverage these result into successful large grant applications.

Expectation

The grant recipient must:

- Become a member of ANZSA at the time of application submission
- Report at regular intervals (6 months, 12 months and at completion of the project) to ANZSA
- Present findings at ANZSA scientific meetings
- Acknowledge ANZSA and our supporters in all presentations and publications
- Be available to talk to about this work at donor events

Application
The grant is awarded for direct research costs – salary support is not allowed. All applicants should include a budget with their application. Selection criteria include track record and project feasibility, innovation and excellence. Please email contact@sarcoma.org.au for any queries or extra information required.

Download the Application Form here.

Applications for a 2025 ANZSA Sarcoma Research Grant must reach the ANZSA Office by 5pm Friday 2nd May 2025 via email.

Please email applications and supporting paperwork to jasmine.mar@petermac.org.

Annual Scientific Meeting

Join us this year for the 2025 Annual Scientific Meeting (ASM) on the 10th-11th of October in Hobart!

Event Details:

- **When:** Friday 10th – Saturday 11th of October 2024
- **Venue:** The Crowne Plaza Hotel, 110 Liverpool Street Hobart, Tasmania Australia

This is a chance to hear from researchers and sarcoma specialists — from Australia and New Zealand as well as from around the world — about the most up to date multidisciplinary research in the sarcoma field.

Stay tuned for more details to be released soon!

ANZSA
Australia and New Zealand Sarcoma Association

The Great Sarcoma Plankathon

This July, alongside our Sarcoma Awareness Campaign we will be hosting our inaugural fundraising event, The Great Sarcoma Plankathon.

Sarcoma is a rare and aggressive cancer that receives limited funding, despite its devastating impact on patients and particularly on younger populations. Between 2013 and 2017, sarcoma was the leading cause of cancer-related deaths in individuals aged 15-24, accounting for over **30% of all cancer deaths in this age group**. The need for increased research is urgent, as many treatment options have remained unchanged for over 40 years. That's why we have launched the Great Sarcoma Plankathon to help rectify this!

Get your sports teams, gyms, coworkers, schools, and families involved in this incredible initiative.

To view more and stay up to date, please follow us on our social media – Instagram, LinkedIn, Facebook.



PARTICIPANTS NEEDED

Have you heard of using the **'modular approach'** in questionnaires? It tailors the questions to what matters most for people's quality of life during a clinical trial.

But why hasn't this method been used much in cancer clinical trials? Participate in these interviews to share your thoughts!

For more information:
https://utsau.au1.qualtrics.com/jfe/form/SV_23GneJZPY2Tp4H4



The Trans-Tasman Radiation Oncology Group (TROG)

Tour De Cure Grants support two valuable TROG trials

Two important TROG Cancer Research trials are set to progress to the next level, after successfully gaining a total of $250,000 in grants from the Tour de Cure cancer charity late last year.

The TROG 21.07 – SOCRATES HCC study, a randomised controlled trial of standard of care compared with radioablation in early-stage hepatocellular carcinoma (HCC), was awarded a $200,000 grant.

While curative surgical options are recommended for early-stage HCC, most patients are not eligible for surgery so are often faced with difficult treatment choices (such as thermal ablation or embolisation) which can be invasive, risky, or only partially effective.

Led by Chief Investigator Professor Alan Wigg from Flinders University,Adelaide, and sponsored by TROG, the groundbreaking SOCRATES HCC trial aims to determine whether stereotactic ablative body radiotherapy (SABR) can offer a safer, more effective treatment for early-stage HCC.

The trial has recruited more than 80 patients from across Australia, but it aims to recruit a total of approximately 200 participants – the grant will enable it to expand outreach and extend patient recruitment by an additional year to October 2026, ensuring it can gather the vital evidence about the use of SABR therapy in this form of cancer.

The second Tour de Cure grant of $50,000 will support progression of the TROG 23.02 SMART trial, which is being established to compare single and multi-fraction pre-operative stereotactic radiosurgery (pre-SRS) for patients with brain metastases.

In patients with brain metastases, SRS has traditionally been administered after surgery to help prevent recurrence. A new technique that is becoming standard of care involves giving one dose of SRS to brain metastases before surgery, to reduce the radiation dose to normal brain tissue and kill cancer cells before surgery.



However, in patients that don't have brain surgery, it has been shown that when SRS is given in three smaller doses instead of one, it may further improve chances of controlling the cancer and reducing the incidence of radionecrosis.

The SMART trial, led by Dr Neda Haghighi from the Peter MacCallum Cancer Centre in Melbourne, in collaboration with TROG, has potential to be practice-changing, both for Australian neuro-oncology centres and to support evidence being generated globally about optimal radiation therapy techniques for managing brain metastases.

Trek4TROG 2025 Light-to-Light Challenge

We are excited to announce our Trek4TROG 2025 fundraiser event, which will see trekkers take on a 30km hike along the pristine far south coast of NSW.

Join the TROG team to experience the Light-to-Light Challenge, from 30 October-2 November 2025. You'll explore unbridled coastal wilderness, enjoy a sunrise and breakfast at Green Cape, and spot wildlife including seals, seabirds and whales.

Places are strictly limited, so register now, or show your support for the trek team.

Find out more & register for Trek4TROG 2025

Meet TROG President Associate Professor Puma Sundaresan

Associate Professor Puma Sundaresan, a Sydney-based radiation oncologist, became TROG President in 2024. In our Q & A, she talks about her passion for patient-centred care, her vision for TROG and future directions for radiation medicine research.



New ASPIRE registry to provide valuable national data

TROG 21.12 – ASPIRE (Australian Particle Therapy Clinical Quality Registry) is set to provide valuable national data adding value to the understanding and advancement of particle therapy, according to the study protocol paper published in *BMJ Open*.

ASPIRE is a prospective, observational registry led by the South Australian Medical Research Institute and conducted in collaboration with TROG Cancer Research, to collect national data on patients with rare tumours who are treated with radiation therapy. This includes data on patterns of care for patients receiving either traditional X-ray based radiation therapy (XRT) or proton beam therapy (PBT), shedding light on long-term effects and disease control outcomes, with a focus on toxicity event types.
Read the paper

Thoracic Oncology Group Australia (TOGA)

Mesothelioma Masterclass

Stay ahead in mesothelioma care!

The TOGA Mesothelioma Masterclass is a chance to deepen your expertise and connect with leading experts in mesothelioma care. This is a must-attend event for those dedicated to improving patient outcomes.

When: Friday, 16 May 2025
Location: Pullman Sydney Hyde Park

Early bird registrations end 4 April

Register now:
https://thoraciconcology.org.au/events/toga-mesothelioma-masterclass/



TOGA
Thoracic Oncology Group Australasia

DID YOU KNOW?
CREST RESOURCES

Did you know we have a dedicated section on our website full of resources to help investigators incorporate health economics and pharmacoeconomic analyses into trial protocols?

From factsheets to videos, you'll find a number of helpful resources.

Resources

CREST Updates

CREST survey

Have you previously used a CREST service? If so, we'd love to get your feedback. All responses will be treated in confidence.

We appreciate any feedback you can offer us.

Deadline: Wednesday, 2 April 2025.

Link to survey: https://bit.ly/4kU8TZL



Structured Training Opportunity

If you're working on a clinical trial or cancer research, understanding health economics components is vital. The Structured Training Opportunity program by CREST, is design exclusively for members of Cancer Australia Clinical Trials Groups (CTGs).

As an STO participant, you'll receive:

- Expert guidance from a CREST health economist for your eligible project
- 30 to 40 hours of mentoring (typically across three months)
- Face-to-face/online sessions available

Find out more here.

