CENTRE FOR HEALTH ECONOMICS RESEARCH AND EVALUATION

CREST newsletter

SEPTEMBER 2026

UTS Centre for Health Economics Research and Evaluation (CHERE)

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Inaugural CREST Health Economics Symposium

The Cancer Research Economics Support Team (CREST) welcomed researchers, clinicians and consumer advocates to its inaugural Health Economics Symposium on Friday, 4 September at the University of Technology Sydney (UTS).

Professor Rosalie Viney, Director of the Centre for Health Economics Research and Evaluation (CHERE), opened the program by welcoming attendees and reflecting on CREST's 16-year journey of supporting the Cancer Cooperative Trials Groups (CTGs). Speaking of what were simply ideas in 2010 to what is now an extensive suite of services and resources.



Professor Rosalie Viney during her welcome address

The first guest speaker, **Jacqui Real**, Director of Prevention and Early Detection within Cancer Australia's Clinical Policy Advice Branch provided insight into the essential role of economic evidence in cancer research and policy development. She highlighted how CREST's collaboration with CTGs align closely with Cancer Australia's Strategic Objective 4, *"Strong and Dynamic Foundations",* which recognises the importance of clinical trials, high-quality data, workforce capability and evidence translation in improving cancer control outcomes.

A key message from Jacqui's presentation was the importance of involving health economists early in the trial design process. This ensures that the most relevant comparators, outcomes, resource-use measures, data collection time points, and follow-up requirements are clearly specified from the outset.

Our next invited speaker, **Associate Professor Sarah Norris**, Health Technology Assessment Lead at the Leeder Centre for Health Policy, Economics and Data at the University of Sydney, Co-Deputy Chair of the Medical Services Advisory Committee (MSAC), and Chair of the MSAC Evaluation Subcommittee (ESC), explored how health economics helps answer questions about value for money in healthcare.

She introduced the concept of quality-adjusted life years (QALYs), a widely used measure that combines both quality and quantity of life. She explained how QALYs provide a common framework for comparing healthcare interventions across different diseases and settings. Importantly, she noted that reimbursement and funding decisions extend beyond cost-effectiveness alone, with decision-makers also considering clinical benefit, evidence quality, patient preferences, unmet need, equity and affordability.

After the morning break, **Dr Sibel Saya**, Senior Research Fellow and Academic Genetic Counsellor at the University of Melbourne, shared insights from her work on cancer risk prediction and screening in primary care. Drawing on findings from the CRISP and SCRIPT trials, she demonstrated how risk-stratified colorectal cancer screening can be effectively implemented in general practice and how accompanying economic evaluations showed these approaches to be cost-effective.



Associate Professor Sarah Norris

Inaugural CREST Health Economics Symposium (cont.)



Members of CREST organising committee

She also explored the use of discrete choice experiments (DCEs) to better understand patient preferences around genomic cancer risk assessment. These methods can help researchers identify what aspects of testing matter most to patients, supporting the development of more patient-centred healthcare services.

Mathias Bressel, Senior Statistician at the Centre for Biostatistics and Clinical Trials at Peter MacCallum Cancer Centre, provided a statistician's perspective on the role of health economics in clinical research. Drawing on his experience with the FASTRACK trial, Mathias demonstrated how economic analyses complement clinical outcomes by providing a broader understanding of the value of healthcare interventions.

He highlighted that meaningful economic evaluations often require information from multiple sources, including trial data, Medicare records and published literature. He emphasised the importance of considering health economics early in trial development to ensure quality-of-life and resource use data are collected appropriately throughout the study.

The symposium then shifted to health services research with **Professor Karin Thursky**, infectious diseases physician, health services researcher and founding Director of the Centre for Health Services Research in Cancer.

Karin demonstrated how health economics can support implementation and service redesign within hospitals. She reflected on work evaluating a comprehensive sepsis pathway, where economic evidence demonstrated substantial benefits and supported the introduction of dedicated sepsis coordinator roles. She also discussed research into home-based management of febrile neutropenia in children with cancer, where economic evaluation contributed to changes in clinical practice guidelines across Australia and New Zealand.

Throughout her presentation, Karin highlighted the importance of combining data, clinical expertise, consumer involvement and implementation science to improve patient outcomes while ensuring healthcare services remain effective, equitable and sustainable.

The final presentation was delivered by CREST Structured Training Opportunity recipient **Professor Pascale Guitera**, Director of the Sydney Melanoma Diagnostic Centre at Royal Prince Alfred Hospital. Pascale reflected on her experience undertaking a cost analysis alongside the RADICAL trial, which compared topical imiquimod with radiotherapy for lentigo maligna.

Despite the challenges of conducting research during the COVID-19 pandemic, Pascale demonstrated how adopting a societal perspective allowed researchers to capture both direct treatment costs and indirect costs, such as productivity losses and travel time. The analysis showed topical imiquimod to be substantially less expensive than radiotherapy, providing valuable evidence to inform treatment choices.

The day concluded with an engaging panel discussion and audience Q&A session, bringing together speakers from research, policy and clinical settings. The discussion highlighted the growing recognition of


Professor Pascale Guitera

health economics as a critical component of healthcare research and decision-making and provided attendees with the opportunity to engage directly with leaders working across the field.

Reflecting on the symposium as a whole, it was inspiring to see the breadth of ways health economics is being applied across the healthcare landscape. From evaluating cancer treatments and informing screening programs to understanding patient preferences and supporting policy decisions, the presentations demonstrated the real-world impact of economic evidence. The symposium also showcased the diverse methods available to health economists, including cost-effectiveness analyses, quality-of-life measurement and discrete choice experiments, illustrating how health economics can influence healthcare practice and policy at both local and national levels.

Thank you to all who attended and supported this inaugural event!


L-R: Prof Karin Thursky, Prof Pascale Guitera, Dr Sibel Saya. A/Prof Sarah Norris, Mathias Bressel

Trans-Tasman Radiation Oncology Group (TROG)



TROG 2027 Annual Scientific Meeting: Call for abstracts and registration now open

Abstract submissions and early bird registration are now open for TROG's 39th Annual Scientific Meeting at Wrest Point, Hobart, Tasmania, from 9-12 March 2027.

The 2027 meeting theme is *'Connected for Impact'*, recognising that research impact is not driven by scientific excellence alone. It relies on strong partnerships, capable and connected people, innovative ideas, robust infrastructure and effective systems working together.

Don't miss the opportunity to submit your abstract to contribute to an exciting program and showcase your important research with the radiation oncology community.

Key dates:

- **Abstract submissions:** Close 9 October 2027
- **Early Bird registration:** Close 16 December 2027
- **TROG 2027 ASM:** 9-12 March, 2027

We'll also be opening applications for Attendance Grants soon – keep a watch on the meeting website and make your plans now to join us in the vibrant city of Hobart next year!

To submit abstracts and register, go to: www.trogasm.com.au

TROG gains $2.86m MRFF Grant For Breast Cancer Trial

TROG Cancer Research is set to launch a potentially ground-breaking international breast cancer trial in Australia, after the project received a $2.86 million Medical Research Future Fund (MRFF) grant.

The trial, led by Chief Investigator Prof Geoff Delaney from UNSW Sydney and CIB A/Prof Michael Jones from Icon Cancer Centre, Hobart, was one of only two research projects to successfully gain funding from 38 applications in the latest MRFF International Clinical Trial Collaborations funding round.

The phase III randomised control trial will investigate whether radiation therapy for breast cancer – including an additional boost dose required by some women – can be safely and effectively delivered over just five days rather than the current treatment given over 3-6 weeks.

FAST-Forward Boost is already underway in the UK, funded by the National Institute for Health and Care Research, and will recruit a total of 4,830 participants globally. TROG aims to recruit 500 Australian participants from across an estimated 20 cancer centres and trial sites.

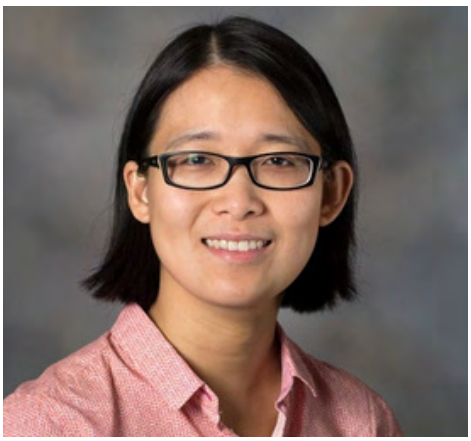
Read more.

New TROG Scientific Committee Chair-Elect welcomed

The TROG Scientific Committee (TSC) has welcomed a new Chair-Elect and three new members from the fields of medical oncology and radiation oncology.

The TSC plays a vital role in facilitating TROG's work through discussion and endorsement of clinical trial concepts and proposals submitted by members, oversight of active trials and ensuring publication of trial results.

A/Prof Ng, Director of Radiation Oncology Research and a Radiation Oncologist at Olivia Newton-John Cancer Research Institute at Austin Health in Melbourne, was appointed as TSC Chair-Elect after review of a strong field of applicants. She has held the role of TSC Deputy Chair since 2024 and will continue to work closely with current TSC chair Prof Hien Le over the coming months to ensure seamless transition to leadership when Prof Le completes his term as Chair, and takes on the role of TROG President in March 2027.



A/Prof Sweet Ping Ng

We also welcomed new TSC members: Dr Fiona Wang as TSC Discipline Representative – Medical Oncology, and Dr Joseph (Joe) Sia and Dr Jeffrey Tuan Kit Loon (Jeff Tuan) as TSC Discipline Representatives in Radiation Oncology.

Read more.

TROG celebrates World Radiotherapy Awareness Day

TROG helped to spread the word about the life-saving role of radiation therapy in cancer treatment on World Radiotherapy Awareness Day (WRAD) – 7 September, – by holding a pop-up information stand at a local shopping centre, Westfield Kotara in Newcastle.

TROG staff including Quality Assurance Radiation Therapy and WRAD Regional Champion Angela Whitehead (pictured) shared information with community members about radiation therapy and the vital role clinical trials play in advancing treatments and improving cancer outcomes.



TROG celebrates World Radiotherapy Awareness Day

Primary Care Collaborative Cancer Clinical Trials Group (PC4)

PC4 highlights from Adelaide

Pre-Symposium Workshop: Grant Writing that Wins

PC4 (Primary Care Collaborative Cancer Clinical Trials Group) held a Pre-Symposium Workshop: Grant Writing that Wins on Tuesday 8 September 2026, proudly sponsored by Health Translation South Australia (HTSA).

The session, led by CREST's Professor Richard De Abreu Lourenco and Professor Sandie McCarthy, Dean Research, College of Health and Enablement at Flinders University, shared experiences, explored strategies, health economics development and provided practical elements to grant writing, which helped early-to-mid career researchers feel more confident, inspired and empowered to develop stronger grant applications.

PC4 2026 Scientific Symposium

PC4's 8th Scientific Symposium, held the next day at Crowne Plaza Adelaide, was one of PC4's biggest events to date. It brought together over 100 delegates from across Australia, ranging from primary care cancer researchers, lived experience experts, clinicians and allied health professionals – all dedicated to making a difference within the primary care in cancer research sector.

The day featured an outstanding line-up of presentations from invited speakers, and oral and poster presenters, all centred on this year's theme, **"Primary Care: Central to Comprehensive Cancer Care."** A couple of the highlights from delegates included hearing from lived experience experts on their cancer journey, reminding us on why cancer research is important and The Great Debate with moderator, Will McDonald (Nine News Presenter), who brought thoughtful discussions and plenty of energy on the topic, "Artificial Intelligence (AI) in Primary Care: Friend or Foe for Cancer Management?"

PC4 would like to acknowledge their Local Organising Committee, their sponsors, presenters, attendees and supporters – we could not have held these incredible events without their passion, commitment and continued support for cancer in primary care.



Photos from the PC4 2026 Scientific Symposium



PC4 & Health Translation SA with Prof Sandie McCarthy and Prof Richard De Abreu Lourenco

PC4 Health Translation SA
COLLABORATION > RESEARCH > IMPACT

UPCOMING CREST WORKSHOP

VIRTUAL WORKSHOP: UNDERSTANDING HEALTH ECONOMICS IN CANCER RESEARCH

Registrations are now open!

Date: Friday, 13 November 2026
Time: 9 AM - 12 PM AEDT

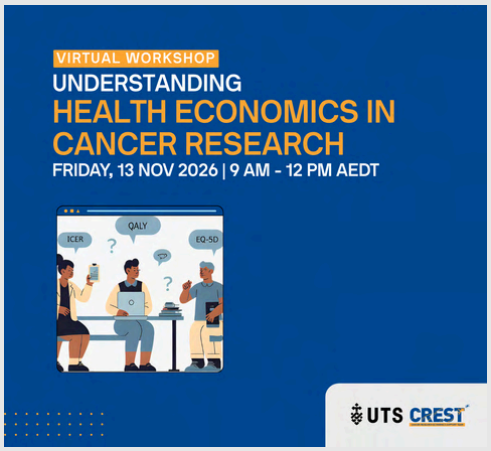
Event and registration page

Have you wanted to attend our in-person health economics workshop, but a whole day wasn't possible? Well, our half-day, virtual workshop is for you!

We'll cover essential topics, including:

- study design
- identifying, valuing and measuring outcomes and costs
- interpreting results
- QALY and ICER calculations

Two-weeks before, we'll send you a suite of resources including videos and slides to get you prepared for the workshop.



On the day, our team will take you through a number of practical exercises you can use in your own research.

Questions?
Get in touch at crest@uts.edu.au

Thoracic Oncology Group of Australasia (TOGA)

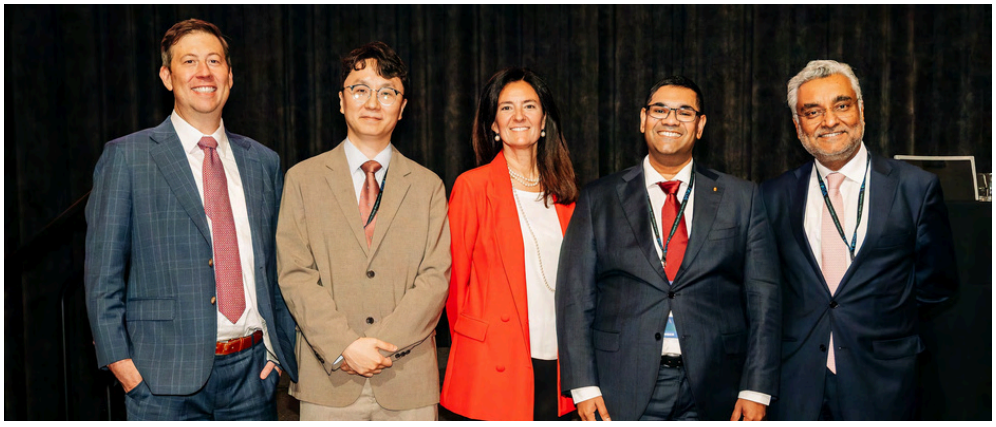
TOGA's 2026 Annual Scientific Meeting: Key Advances in Lung Cancer Care, Research and Screening

For two days, Melbourne became the meeting place for over 400 clinicians, researchers, nurses, allied health professionals, consumers and industry partners united by a common goal; to improve outcomes for people affected by thoracic cancers.

Convened by A/Prof Surein Arulananda and under the theme **Shaping Tomorrow's Thoracic Cancer Care Together**, the 2026 TOGA Annual Scientific Meeting (ASM) explored across more than 30 presentations, workshops and panel discussions, how the next generation of advances in lung cancer and mesothelioma will rely on multidisciplinary teams working together to translate discoveries into better patient care.

Precision medicine has transformed lung cancer treatment over the past decade. Yet one of the strongest messages from ASM was that the field is continuing to evolve at extraordinary speed. International keynote speaker Prof Sanjay Popat challenged delegates to rethink how we classify NSCLC EGFR mutations. Rather than referring broadly to "EGFR-positive" disease, he demonstrated that treatment decisions increasingly depend on understanding the biology of individual mutation subtypes, with new therapies being developed specifically for atypical and compound EGFR mutations. The conversation continued with emerging evidence in KRAS-mutant lung cancer. Once considered "undruggable", KRAS has rapidly become one of the most active areas of clinical research, with multiple next-generation inhibitors and combination strategies already entering clinical trials.

If the first decade of immunotherapy established immune checkpoint inhibitors as standard treatment, the next decade appears focused on helping more patients benefit from them. Prof Sara Ramella presented translational research from the PEMBRO-RT study demonstrating how stereotactic radiotherapy may stimulate systemic immune responses beyond the irradiated tumour. These findings suggest radiotherapy could help convert traditionally "immune cold" tumours into tumours more responsive to immunotherapy. Similarly, A/Prof Anthony Linton highlighted a similar evolution in mesothelioma. In little more than a decade, treatment has progressed from chemotherapy alone to immunotherapy combinations, targeted approaches and biomarker-driven clinical trials.



International delegates with A/Prof Surein Arulananda

TOGA also recognised outstanding contributions from emerging researchers. **The New Investigator Oral Presentation Award** was presented to **A/Prof Malinda Itchins** for her work from the AURORA-ROS1 registry, providing one of Australia's largest real-world analyses of outcomes for people living with ROS1-positive non-small cell lung cancer. Additionally, the **Poster Award** was presented to **Shirley Liang**, recognising her consumer co-designed educational resource supporting patient understanding of circulating tumour DNA (ctDNA)—an increasingly important component of precision oncology.

The meeting also recognised Prof Rob Stirling OAM with Honorary Membership of TOGA and acknowledged the generosity of supporters including Jessie Xiao, Angeline Low and Maria Chan, whose fundraising efforts continue to accelerate thoracic cancer research.



Nick Pavlakis, Phillip Antippa, Ben Solomon

TOGA sincerely thanks the Local Organising Committee, led by **A/Prof Surein Arulananda**, whose vision and leadership delivered an outstanding scientific program.

Upcoming education and events

International Conference Highlights – WCLC & ASTRO

Join TOGA as we present the latest thoracic cancer highlights from the 2026 IASLC World Conference on Lung Cancer (WCLC) and the 2026 ASTRO Annual Meeting. Presenters will discuss the major findings in thoracic cancers presented at these international meetings and the expected influence on local practice.

Free webinar | 6.30 pm, 13 October, 2026
Register here

Conversations in Lung Cancer Podcast

A go-to podcast for in-depth insights into lung cancer. Tune in for conversations with leading experts, inspiring stories, and the latest updates on clinical trials. Stay informed and empowered in the fight against lung cancer.
Listen on Apple or Spotify

TOGA
Thoracic Oncology Group Australasia

GI Cancer Trials (GCT)

Research news

Two of our trials recently closed to recruitment:

- The PALEO trial has closed enrolment in July, enrolling a total of 52 participants. The trial aims to alleviate symptoms of dysphagia, or difficulty swallowing, for people with oesophageal cancer.
- The PemOla trial has also now closed to recruitment, with the international enrolment target reached. This precision medicine trial is investigating whether patients with mismatch repair deficiency may respond well to a combination of the immunotherapy and a PARP inhibitor. Two participants were enrolled from Australia.

We wholeheartedly thank all participants, sites and the study team for this milestone. Both of these trials were made possible by community and philanthropic funding, signalling the keen interest in these approaches. We look forward to reporting back our findings soon.

Additionally, the BIL-PPP trial has now reached 60% of their enrolment goal. This trial is evaluating a new treatment combination for cholangiocarcinoma.

GI Cancer Trials Annual Scientific Meeting: 24–27 November, Nipaluna/Hobart

The countdown is on for our 28th Annual Scientific Meeting this November, at the Grand Chancellor in Nipaluna/Hobart. Join us as we explore high-impact partnerships, with the 2026 Meeting theme: *Collaborate. Accelerate. Improve Outcomes.*

Meet our international invited faculty:

- **Professor Nicholas Barker**, Research Director at A*STAR IMCB and Adjunct Professor, NUS Yong Loo Lin School of Medicine, Singapore
- **Associate Professor Elena Elimova**, Division of Medical Oncology at the University of Toronto and GI Medical Oncology Site Group Lead at Princess Margaret Cancer Centre, Canada
- **Dr Reena Engineer**, Radiation Oncologist, Tata Memorial Hospital, India



The GI Cancer Trials ASM is an unmissable event to learn and collaborate alongside the best in GI oncology.

- **Professor Chucheep Sahakitrungruang**, Professor of Surgery, Chulalongkorn University, Thailand
- **Professor Tim Underwood**, Professor of GI Surgery, University of Southampton, UK

Learn why this is the leading conference in the region for GI oncology:

"The conference gave me a rare and valuable window into the complexity of decision making across the patient care journey. The strong translational focus and numerous MDT and case-based sessions demonstrated the intricate considerations involved in selecting therapies and sequencing treatments in real-world contexts."

— **Kristen Needham**, Olivia Newton-John Cancer Research Institute, Vic

This year's ASM is in collaboration with CommNETs and AANZGOSA. Not to be missed is our NETs masterclass on Day 2, where we'll also be holding a concept development workshop. Learn more and register now.

Preceptorship in precision medicine in GI cancers

Our 2026 Preceptorship was a resounding success. Thank you to everyone who participated, including our convenors, preceptors and preceptees.

Convened by Professor Lorraine Chantrill and Associate Professor Amitesh Roy, and assisted by Dr Han-Yang Lau, Dr John Mak and Dr Jason Tong, we welcomed 38 preceptees and 10 preceptors to the event. Over the course of two days, preceptees reviewed papers and presented cases for discussion alongside GI Cancer Trials members who are leading cancer specialists.

Dr Suellyn Centauri, a 2026 preceptee, said:

"As a colorectal surgeon it was highly educational to have the opportunity to discuss the basic takeaway points for what is an overwhelming amount of data. There were high-quality presentations and discussions from trainees from multiple disciplines including oncology, surgery, radiation oncology and translation medicine as well as a thought-provoking presentation by a patient with lived experience."

Thank you to Merck, BeOne, Pfizer and Pierre Fabre for sponsoring this year's Preceptorship.

Since 2013, more than 350 senior trainees and junior consultants have taken part in our Preceptorship program to learn the current state-of-the-art management of GI cancer and to network with expert leaders. Taking part in a Preceptorship is a great first step towards an active role within the membership. Learn more about the Preceptorship



Dr Suellyn Centauri at the Preceptorship

Stay up to date with our news

Follow us on LinkedIn for more updates.

Breast Cancer Trials (BCT)

Welcoming New Appointments to BCT's Board and Scientific Advisory Committee

Breast Cancer Trials (BCT) is delighted to welcome two new leadership appointments, Ms Shreya Sethi as a Director on the BCT Board and Professor Lisa Beatty as Deputy Chair of the Scientific Advisory Committee (SAC).

Shreya joined the BCT Board in July 2026 and brings more than 13 years of experience across technology, financial services and consulting. She currently leads Sierra in Australia and New Zealand, with expertise spanning strategy, commercial leadership, artificial intelligence, data platforms and digital transformation.

Professor Beatty is a Professor in Clinical Psychology at Flinders University and a visiting Consulting Clinical Psychologist in Medical Oncology. With more than 20 years of experience in psycho-oncology, her research focuses on making evidence-based psychological support more accessible through digital interventions.

We warmly welcome Shreya and Lisa to their new roles.

Final Results from the Landmark SOFT and TEXT Trials

The final results from the landmark SOFT and TEXT clinical trials have been published, marking the culmination of research that transformed breast cancer treatment for young women.



Professor Prue Francis was the Study Chair of the SOFT and TEXT Clinical Trials



The trials demonstrated that ovarian function suppression is an effective anti-cancer therapy for premenopausal women with hormone receptor-positive early breast cancer. They also showed that exemestane is more effective than tamoxifen in preventing recurrence when combined with ovarian function suppression.

BCT made a significant contribution to this international research, with Australia and New Zealand recruiting 489 of the trials' 5,707 participants across BCT institutions.

Congratulations to Professor Prue Francis, who chaired the International Steering Committee responsible for SOFT and TEXT and was senior author of the publication reporting the final results. Click here to access the publication and final results.

Breast Cancer Trials Awards

The 2026 BCT Awards were presented at the 47th Annual Scientific Meeting (ASM) in Brisbane, recognising the outstanding contributions and achievements of BCT members across clinical trials research.

All BCT awards are at the discretion of the Board of Directors. Congratulations to our 2026 award winners:

- **The Robert Sutherland Award:** Associate Professor Shom Goel.
- **The John Collins Fellow Medal and Travel Grant:** Dr Chu Luan Nguyen.
- **The Study Coordinator Prize:** Ms Cherry Singh.
- **Education Travel Grants:** Miss Laure Culas, Dr Lachlan Fitzpatrick, Mrs Jo Fullerton, Dr Nancy Huang, Mrs Kirsty Keough, Dr Audrey Margery-Muir, Ms Katherine Saw, Miss Amy Wallace, Mrs Gillian Williams, and Dr James Williams.
- **Trainee and Early Career Day Grants:** Dr Eileen Geoghegan, Dr Hsing Hwa Lee, Dr Katherine Wright, Dr Jema Xu, and Dr Evie Yeap.

Save the Date – 48th Annual Scientific Meeting

The 48th Breast Cancer Trials ASM will be held at the Pan Pacific Perth, Western Australia, from 21–23 July 2027.

We're pleased to announce some of the leading international experts who will join us in Perth:

- **Dr Ines Vaz-Luis**, medical oncologist and researcher at Gustave Roussy in France, specialising in cancer survivorship and quality of life.
- **Professor Hope Rugo**, division chief of breast medical oncology at City of Hope in California.
- **Dr Mylin Torres**, radiation oncologist and professor at Emory University School of Medicine in Atlanta.

The official 2027 conference website is now live, with awards and education travel grants opening in early October alongside early-bird registration. Save the date and visit the conference website to learn more: bct2027.org.

BREAST CANCER TRIALS

Australasian Leukaemia & Lymphoma Group (ALLG)

BM12 CAST Trial Recognised at 2026 ACTA Trial of the Year Awards

Australia's clinical trials community gathered in Sydney in August to celebrate excellence in health and medical research at the Australian Clinical Trials Alliance (ACTA) Trial of the Year Awards.

The awards recognise outstanding investigator-led clinical trials and initiatives that improve clinical practice, influence healthcare policy and deliver better outcomes for patients. The event also highlights the importance of quality research and Australia's reputation as a global leader in clinical trials.

Among the trials recognised was the ALLG BM12 CAST Trial, led by Professor David Curtis, which was named runner-up in the 2026 ACTA Trial of the Year Awards.

Led by the Australasian Leukaemia & Lymphoma Group (ALLG) and Monash University, the BM12 CAST trial represents one of the most significant advances in blood stem cell transplantation in recent decades. The study demonstrated that a new combination of cyclophosphamide and cyclosporin significantly reduces the risk of Graft Versus Host Disease (GVHD), a serious and potentially life-threatening complication following stem cell transplantation.

The five-year Phase III trial involved 134 patients across eight hospital sites in Australia and New Zealand. Researchers found that patients receiving the new treatment regimen were more than three times as likely to be alive, free of blood cancer and free of GVHD three years after transplant compared with those receiving standard therapy. Serious side effects were also reduced, delivering improved long-term outcomes for patients.

Professor David Curtis described the findings as practice-changing, establishing a new benchmark for GVHD prevention in matched sibling donor transplants. The results gained international attention following publication in the New England Journal of Medicine and presentation at the European Haematology Association Congress (EHA).



SAC Chair Prof Judith Trotman, Prof David Curtis, Prof Steve Wesselingh, CEO National Health and Medical Research Council (NHMRC), ALLG CEO Delaine Smith & ALLG Consumer Representative John Stubbs



Prof David Curtis

"The BM12 trial showed the new treatment combination is simple, safe and more effective than current methods in preventing GVHD, which contributes to death or life-long illness in 20% of patients undergoing a blood stem cell transplant," said Prof Curtis.

"The trial has established a new benchmark for treatment in matched related donor transplantation."

The trial is also notable because it addresses an area of cancer care that has historically attracted limited commercial investment. By using medicines already widely available in clinical practice, the BM12 CAST findings can be rapidly translated into routine care, improving access for patients and accelerating adoption of a new standard of care.

The ACTA recognition reflects not only the scientific excellence of the study but also the collaboration behind its success, which involved clinicians, researchers, consumers, participating hospitals, and patients across Australia and New Zealand.

For the cancer research community, BM12 CAST demonstrates how high-quality clinical trials can deliver meaningful patient benefits while generating evidence that supports better care, improved outcomes and more effective use of healthcare resources. The trial also highlights the value of consumer involvement and collaboration in delivering research with real-world impact.

ALLG
AUSTRALASIAN LEUKAEMIA & LYMPHOMA GROUP

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?

Resources

AI-assisted breast cancer screening cost-effectiveness

Breast cancer is the most commonly diagnosed cancer for females in Australia, having the highest incidence rates for people aged 30-39 (22.7 per 100,000) and 40-49 (81.1 per 100,000) in 2025 (1). BreastScreen Australia provides free 2-yearly screening mammograms to women aged 40 and older, targeting women aged 50-74. In 2023-24, there were 1.9 million participants aged 50-74 (52% of the eligible population), while in 2023, 6,410 participants were diagnosed with invasive breast cancer.

Recently, efforts have focused on improving screening sensitivity and specificity with artificial intelligence (AI) driven products. A study by Andersen et al. (2026) evaluated the value for money of one such AI-driven product when used with biennial screening mammography with digital breast tomosynthesis for women aged 40-74, compared with not using the AI tool, from a United States (US) payer perspective (2).

The economic model yielded that for every 1000 women screened, the AI-assisted screening reduced false negatives by 2.1 per 1,000 and false positives by 49 per 1,000, resulting in 0.33 per 1,000 fewer advanced breast cancer cases at diagnosis and 0.13 per 1,000 fewer deaths compared with not using the tool. However, this resulted in an incremental cost-effectiveness ratio of $303,279 per quality-adjusted life year (QALY) gained, which means the AI tool was not cost-effective at the assumed willingness to pay of $100,000 per QALY gained in the US.

Zhou et al. (2026) argue that the payer perspective, i.e., including direct medical costs, neglects to capture the potential consequences of implementing this tool (3). These include out-of-pocket costs if patients pay for the tool, as well as time off work, transport, and care arrangements. Another unintended consequence may be related to anxiety levels, which may influence their willingness to undergo further treatment or follow through with appointments.

Interestingly, the results were not sensitive to the AI tool price, which the authors likely attributed to ductal carcinoma in situ (DCIS) costs (2). Zhou et al. (2026) noted that the model assumed immediate treatment for DCIS, despite the shift toward deintensification in managing low-risk DCIS (3). This may overestimate costs and utility losses projected in the model, biasing against the AI tool. On the other hand, Dustler et al. (2026) also noted that the model did not change its cost-effectiveness conclusions despite the tool's price, which is counterintuitive given its greater effectiveness and raises ethical questions about that conclusion (4).

Andersen et al. (2026) exemplifies the complexities of healthcare decision-making. Indeed, cost-effectiveness is an important piece of the puzzle, but complex decisions also consider other attributes of value, such as equity considerations, value of knowing, disease severity, productivity, family spillovers, among others (5). Health Technology Assessment bodies such as the Medical Services Advisory Committee deliberate and consider many elements of value when providing recommendations, as each technology has different nuances and contexts that need to be accounted for in every decision.

Contributed by: Antonio Ahumada-Canale

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Access to population level administrative data for New Zealand

Administrative health data (focusing on outpatient and inpatient health care service use and spending) for the New Zealand population can now be accessed through the National Health Identifier (NHI) linkage system. Requests for NHI data would need to be directed to Health New Zealand, who are the custodians of those datasets and can advise on access arrangements and eligibility.

Health New Zealand assess requests for access to data on a case by case basis. The criteria used to evaluate and determine whether this would be approved is:

- **Purpose:** What are the goals of the research
- **Relevance to New Zealand:** Does this research offer any benefit to New Zealand
- **New Zealand Affiliation:** Will this particular project be working with any researchers from New Zealand, if so, who?

If you are interested in conducting trials with participants from New Zealand, and would like to access their health care service use data, please reach to Health Zealand at: data-enquiries@health.govt.nz.

Contributed by: Lutfun Hossain

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

ENZAMET: Eight-year follow-up shows lasting benefit from enzalutamide

Long-term results provide encouraging news for people with metastatic prostate cancer

The latest results from the international ENZAMET clinical trial provide encouraging evidence that enzalutamide can help people with metastatic hormone-sensitive prostate cancer live longer and keep their cancer under control for many years.

Prostate cancer is driven by male sex hormones like testosterone. Androgen deprivation therapy (ADT) is a medical or surgical treatment to reduce levels of these hormones, and has been the mainstay of treatment for decades. Enzalutamide acts to block the effects of remaining low levels of these hormones, and improves survival in prostate cancer that has grown despite ADT.

ENZAMET (ANZUP 1304) compared enzalutamide, given alongside ADT and with or without a standard chemotherapy drug called docetaxel, with an older type of hormone treatment called a non-steroidal anti-androgen. The study included more than 1,100 participants and has now followed them for over 8 years on average, providing some of the longest-term information available.

More participants were alive at eight years

At eight years, 50% of ENZAMET participants receiving enzalutamide were still alive, compared with 40% of those receiving the older hormone treatment.

Deaths due to causes other than prostate cancer occurred at about the same rate in both groups. The improved overall survival was due to less prostate cancer deaths in the enzalutamide group. Across the study, prostate cancer was the cause of death in 207 participants receiving enzalutamide compared with 261 participants receiving the comparison treatment.

Cancer control lasted longer

Enzalutamide also provided longer-lasting control of prostate cancer. At eight years, 43% of participants receiving enzalutamide had not experienced clinical progression, compared with 20% of those receiving the older treatment. Among participants with "low volume" disease, 60 had not experienced cancer growth by 8 years.

A very low PSA was associated with better long-term outcomes

PSA is a blood test that often correlates with the amount of cancer in a person's body. Participants whose PSA had fallen to 0.2 ng/mL or lower were more likely to have better long-term outcomes. This PSA level was achieved by 67% of participants receiving enzalutamide, compared with 48% receiving the older treatment.

Among participants who reached this PSA level, 55% were alive at eight years, compared with 23% of those whose PSA remained above 0.2 ng/mL.

Many participants remained on treatment for years

One-third of participants originally assigned to enzalutamide were still receiving treatment at eight years, compared with 14% receiving the older treatment, and three quarters of participants assigned to enzalutamide did not need a dose modification of enzalutamide. Of the participants still on enzalutamide at 8 years, almost 90% had not required any changes in dose, meaning that they had been able to manage the side effects of treatment for at least that long without a dose reduction.

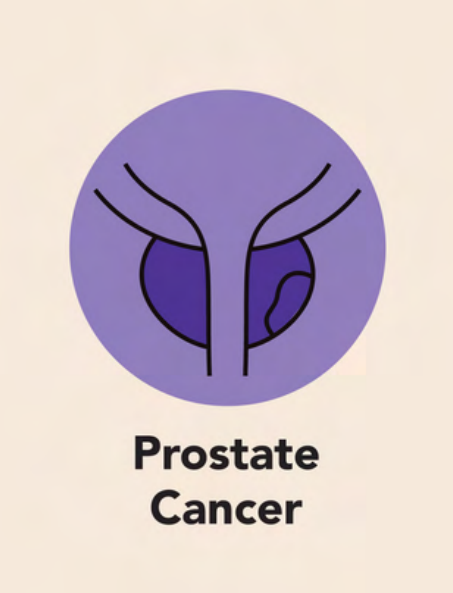
No new safety signals emerged with longer follow-up. However, falls were more common with enzalutamide, which is particularly relevant when considering treatment for more frail patients.

ANZUP® Cancer Trials Group Limited

What does this mean for patients?

These long-term ENZAMET results show that the benefits of enzalutamide seen earlier in the study continue with extended follow-up. Participants receiving enzalutamide lived longer, experienced longer control of their prostate cancer.

While enzalutamide does not prevent advanced prostate cancer from eventually progressing in every patient, it has become an important foundation of treatment for many people. These results add to the evidence supporting enzalutamide plus ADT as an important treatment option for people with metastatic hormone-sensitive prostate cancer. Treatment decisions should continue to consider age, overall health, frailty, side effects and risk of falls.



Enzalutamide may help people with advanced prostate cancer live longer and keep their cancer under control for years.

TRAINING & MENTORING

CREST 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 designed exclusively for members of Cancer Australia Clinical Trials Groups (CTGs).

Find out more here.

Cancer Symptom Trials (CST)

UTS Cancer Symptom Trials (CST)

PaCCSC & CST Research Forum 2027
Access by design: Precision, equity and impact in cancer and palliative care trials

Early bird registrations and abstract submissions open!
23-24 February 2027 | International Convention Centre (ICC), Sydney



Clinical trials are critical for evaluating the efficacy and safety of the therapies we use in cancer symptom management and in palliative care. It is also essential that we evaluate how we work as multi-disciplinary teams, and how we communicate with patients and families.

In 2027, the PaCCSC & CST Research Forum explores the scientific foundations that enhance the quality of care for people with cancer and other life-limiting illnesses.

If you are a researcher, healthcare professional or consumer with experience or interest in palliative care or cancer symptom management research, we invite you to take this opportunity to make connections, build your networks, and takeaway new knowledge that you can implement in your organisation.

Register now to secure your place:
https://www.uts.edu.au/events/paccsccst-forum

Email enquiries to cst@uts.edu.au.

#PaCCSCCST2027

Cancer Quality of Life Expert Service Team (CQUEST)



CQUEST Drop-in Sessions

CQUEST is offering drop-in sessions to discuss the PROM and qualitative components of proposals for the *NHMRC Clinical Trials and Cohort Studies Grant* scheme closing Wednesday, 4 November.

- Tues, 29 Sep, 10-11 AM AEST and
- Tues, 6 Oct, 10 - 11 AM AEDT

Link for both sessions
Add to calendar



Choosing the right PROMs for cancer clinical research 2026

Join this online workshop and learn more about choosing the right patient-reported outcome measures (PROMs) for your cancer clinical research.

- Date: Wednesday, 2 December 2026
- Time: 12 - 1.30 PM AEDT

Registration and more information.



Guest Webinar: Prof Melanie Calvert

This webinar will explore practical strategies for implementing, analysing and reporting PROs across the clinical trial lifecycle, including early phase trials.

- Date: Monday, 7 December 2026
- Time: 12 - 1 PM AEDT

Registration and more information.

Psycho-Oncology Co-operative Research Group (PoCoG)

The Psycho-Oncology Co-operative Research Group (PoCoG) is a multidisciplinary research network dedicated to improving the psychological and social outcomes of people affected by cancer. We support research across all cancer types, including tumour-agnostic interventions that address shared psychosocial challenges experienced throughout the cancer trajectory. Our mission is to generate high-quality, collaborative research that bridges the gap between clinical evidence and real-world supportive care, ensuring that all people living with and beyond cancer, and their families, receive evidence-based psychosocial support. Find out more about us and the research we administer and support at www.pocog.org.

If you're attending the Clinical Oncology Society of Australia (COSA) Annual Scientific Meeting in Sydney this year PoCoG has a stand in the exhibition area – please come and say hello!

Concept Development Workshops (CDWs)

A cornerstone of PoCoG's work is our Concept Development Workshops (CDWs), held twice each year. CDWs provide a unique, supportive, multidisciplinary forum for researchers to develop and refine new study concepts. Participants receive structured feedback from experienced clinicians, researchers, community representatives, and national technical services, strengthening study design, feasibility, and potential impact.

These workshops are central to PoCoG's mission of fostering large-scale, multi-centre Psycho-Oncology research and mentoring the next generation of investigators to develop clinically significant projects.

Our next CDW will be held on 19 October 2026. Each workshop is an all-day, in-person event hosted at the University of Sydney, Camperdown Campus. Researchers based in Australia or New Zealand are invited to apply to present their concept at a CDW by completing the application form. Further details and the application form are available here.

Conquer Fear In-Person Training Workshop Success

We were delighted to recently deliver a successful Conquer Fear training workshop in June at Cancer Council Victoria, attended by 22 Registered Psychologists from across Australia. The interactive workshop provided participants with an overview of the theoretical framework and clinical application of the evidence-based Conquer Fear intervention, a five-session psychological therapy designed to reduce fear of cancer recurrence (FCR) in cancer survivors. Attendees explored practical strategies for implementing the intervention in clinical practice and had the opportunity to engage in discussion and case-based learning with colleagues.

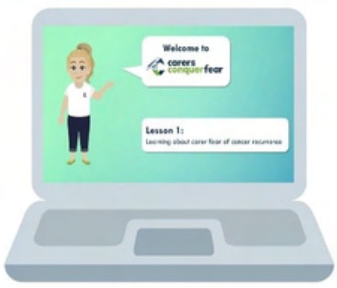
For those who were unable to attend, there will be another opportunity to undertake Conquer Fear training ahead of the Clinical Oncology Society of Australia (COSA) Annual Scientific Meeting in November being held in Sydney.

If you are a Registered or Clinical Psychologist and would like to learn more about upcoming training opportunities, please reach out to the PoCoG office.

Spotlight on PoCoG Studies

Carers Conquer Fear - Open to Recruitment

Recruitment is now underway for the Conquer Fear for Carers pilot study. This innovative research is evaluating the feasibility and acceptability of a four-week online intervention designed to help carers manage fears and worries about cancer recurrence or progression. Adapted from the evidence-based Conquer Fear intervention for people with cancer, the program includes four structured online lessons delivered over four weeks. The pilot study aims to recruit 40 carers to complete the intervention and provide feedback through questionnaires. Researchers will collect data on program uptake, engagement, and satisfaction, as well as changes in carers' fear of cancer recurrence levels.



Recruitment is progressing well, with n=10 carers enrolled to date towards our target. If you know someone who may be interested in participating, please visit the Carers Conquer Fear site here or for further information, please contact Dr Kyra Webb.

REST Trial – Open to Recruitment

REST is a randomised trial of a novel online intervention targeting self-efficacy to self-manage cancer-related fatigue in people with a primary brain tumour.

We are seeking people who:

- Are aged 18 years or older
- Have been diagnosed with a brain tumour in the past
- Experience fatigue
- Have or are willing to create an email account & have access to the internet

Participation involves:

- A brief phone call to confirm the study is suitable for the participant
- A short online survey asking for some information about the participant
- Doing an online program with six sessions across 12 weeks
- Completion of a brief online survey 3 times during the study

Recruitment is underway, with n=29 participants enrolled to date. We continue to welcome referrals and expressions of interest. Access the Participant Information Statement here.

Questions? Please email pocog.brains@sydney.edu.au.

PoCoG
Psycho-oncology Co-operative Research Group

Australia New Zealand Gynaecological Oncology Group (ANZGOG)

Registrations Open:
ANZGOG 2027 ASM
The Collective Leap: United Action in Gynaecological Cancer

Wed 21 April – Fri 23 April 2027
Amora Hotel, Adelaide, SA

Building on record attendance in 2026, the 2027 ASM invites us to take **The Collective Leap: United Action in Gynaecological Cancer.** It's a call to connect across disciplines, challenge thinking and turn collective expertise into progress. Join colleagues and international leaders for emerging science, robust discussion and collaboration spanning discovery, clinical trials and care. For more information and early-bird registration, visit: www.anzgogasm.org.au

ANZGOG Trial Update

ANZGOG members continue to lead and support important local and international studies across Australia and New Zealand.

Current trials open to recruitment include:

- **STRIVE** – Vulval cancer study in collaboration with the Canadian Cancer Trials Group (currently recruiting in New Zealand only)
- **REZOLV3R** – Recurrent malignant ascites study in collaboration with the University of Sydney/NHMRC Clinical Trials Centre
- **ENDO-3** – In collaboration with the Queensland Centre for Gynaecological Cancer
- **EN.10/TAPER** – Global study led by the Canadian Cancer Trials Group in collaboration with ANZGOG

For information on all ANZGOG trials, visit the ANZGOG website.

Preceptorship 2026

Rydges Hotel, Sydney Airport
Friday 16 October 2026

Providing ongoing educational opportunities to Fellows, Trainees, Registrars, and early career clinicians and nurses, ANZGOG will be hosting its annual online Preceptorship focused on the management and treatment of



ovarian cancer. More information and to register here.

GO for Gynae

Your next challenge could help drive the next discovery.

Looking for a way to make a difference, join us and sign up for **GO FOR GYNAE**. Choose a challenge, rally your colleagues and raise funds for ANZGOG's gynaecological cancer research. Go solo or form a team: every effort is a chance to raise awareness and stand alongside women living with these cancers. Make your next challenge count. Sign up for GO FOR GYNAE.

Australia's first Gynaecological Cancer Roundtable

On 14 September, ANZGOG brought together more than 40 leaders from government, research and healthcare, alongside women with lived experience, at Parliament House in Canberra for Australia's first National Gynaecological Cancer Roundtable. With opening and closing addresses from The Hon Rebecca White MP, Assistant Minister for Health and Aged Care, discussions focused on accelerating progress in prevention, early diagnosis and living with cancer, guided by the principles of Equity, Evidence and Enablers. The Roundtable united voices from across the gynaecological cancer sector with women's experiences at the forefront to help shape shared priorities and a pathway for coordinated research, policy and sector action.


Group photo: Australia's first National Gynaecological Cancer Roundtable


Caitlin Francis, ANZGOG Chief Executive Officer

Welcome Caitlin Francis

ANZGOG has welcomed Caitlin Francis as Chief Executive Officer, succeeding Alison Evans after almost 15 years of leadership. During Alison's tenure, membership grew to more than 1,650, the clinical trials portfolio more than doubled all while strengthening ANZGOG's international research impact. Caitlin brings more than 25 years of health sector leadership across Australia and the UK, including as a Partner at EY, with expertise in health reform, strategy and collaboration. She will lead ANZGOG's next phase of growth, strengthening partnerships and expanding research to improve outcomes for people with gynaecological cancers.

ANZ GOG | Advancing research saving lives