CENTRE FOR HEALTH ECONOMICS RESEARCH AND EVALUATION

CREST newsletter

JUNE 2026

CHERE CENTRE FOR HEALTH ECONOMICS RESEARCH AND EVALUATION

CREST CANCER RESEARCH ECONOMICS SUPPORT TEAM

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Prostate cancer cost-of-illness

Prostate cancer is the most commonly diagnosed cancer for males and for Australia overall. Estimates from 2025 show that approximately 29,000 cases were diagnosed, accounting for 30% of cancers diagnosed that year, in addition to a mortality of 33 deaths per 100,000 males[1].

A systematic review by Darba et al. (2026) aimed to describe the current state of the literature describing direct and indirect costs associated with prostate cancer in light of the latest clinical guidelines[2]. They included cost-of-illness studies of patients with prostate cancer at any stage from 2015 to 2025.

Among the 95 included studies, a wide range of values was observed given the study's international scope. For example, direct medical costs for non-metastatic prostate cancer varied from US$1,200 in a low-risk modelling study in Canada to US$280,000 per patient-year for patients with central nervous system adverse events in the United States. Costs in non-metastatic prostate cancer were mostly driven by patients in advanced stages or with adverse events.

When metastatic disease was reported, cost was found to increase by 1.1-fold to 35-fold, which was related to the use of systemic therapies and skeletal adverse events. Indirect costs from productivity loss or premature mortality ranged from US$666 to US$12,900 per patient-year, accounting on average for up to 30% of total costs.

The review reported 2 Australian studies. Goldsbury et al. (2018) analysed incident cancer cases from 2006 to 2010 and followed up to 2014 using data from the 45 and Up Study, reporting costs in 2013 AUD[3].

Regarding prostate cancer, they found that the mean cost in the initial phase was $17,412, mostly driven by hospitalisations (62%); the continuing phase cost per year was $1,555; and the terminal phase cost was $40,729, again driven by hospitalisations (82%).

Merollini et al. (2022) quantified long-term health service costs of cancer survivorship in Queensland of patients diagnosed with a first primary malignancy between 1997 and 2015, reporting costs between 2013 and 2016 in 2016 AUD[4]. They reported a mean annual healthcare cost of $13,119 for prostate cancer, and noted that prostate cancer had the highest budget impact with $537.72 million, again mostly driven by hospitalisations.

Despite advances in treatment and diagnosis of prostate cancer, direct and indirect costs remain high, mostly driven by hospitalisations, generating a considerable burden on the healthcare system in Australia and across the globe.

Contributed by: Antonio Ahumada Canale

References:

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[3] Goldsbury DE, Yap S, Weber MF, Veerman L, Rankin N, Banks E, Canfell K, O'Connell DL. Health services costs for cancer care in Australia: Estimates from the 45 and Up Study. PLoS One. 2018 Jul 30;13(7):e0201552. doi: 10.1371/journal.pone.0201552.
[4] Merollini KMD, Gordon LG, Ho YM, Aitken JF, Kimlin MG. Cancer Survivors' Long-Term Health Service Costs in Queensland, Australia: Results of a Population-Level Data Linkage Study (Cos-Q). Int J Environ Res Public Health. 2022 Aug 2;19(15):9473. doi: 10.3390/ijerph19159473.

Breast Cancer Trials (BCT)



47th Annual Scientific Meeting

Registration is open for the 47th Annual Scientific Meeting (ASM), which will be held at the Sofitel Brisbane Central, in Queensland, Australia, from 29-31 July 2026.

The ASM is a wonderful opportunity for 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 and prevention of breast cancer.

The program includes two days of scientific sessions with leading international and Australian guest speakers, covering topics of supportive care, advanced breast cancer, surgery, translational research, and early breast cancer.

As part of the program, trainees in radiation oncology, medical oncology and surgical oncology are invited to participate in a Trainee and Early Career workshop on Saturday 1 August. 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.

Don't miss out on the premier event to stay up to date with breast cancer clinical trials research. For more information or to register visit bct2026.org.

The ROSALIE Clinical Trial

We are pleased to announce that the ROSALIE clinical trial is now open to recruitment.

People who have breast cancer usually have chemotherapy and then surgery, followed by more treatment with radiation therapy to their breast. This is to help reduce the likelihood of cancer recurrence. However, modern treatments are very effective, and people often don't have any invasive cancer left in the breast when they have surgery.

Recent information suggests that the risk of breast cancer coming back is very low if there is no invasive cancer found at surgery. Patients, doctors and researchers are asking the question: "Do people need to have radiation to their breast when they don't have any invasive cancer left after chemotherapy and surgery?"

ROSALIE is trying to find out if people can go without radiation therapy when there is no invasive cancer left in their breast after chemotherapy and surgery.

Learn more about this important research.

OPTIMA Findings Presented at ASCO 2026

Results from the international OPTIMA trial, presented at the 2026 American Society of Clinical Oncology (ASCO) Annual Meeting, show that many people aged 40 years and older with hormone receptor-positive early breast cancer can safely avoid chemotherapy when treatment is guided by the Prosigna genomic assay.

OPTIMA enrolled 4,429 participants worldwide, including 263 from Australia and New Zealand. The study evaluated whether a Prosigna-directed treatment strategy could reduce chemotherapy use without compromising outcomes in patients who would traditionally be considered for chemotherapy.

More than two-thirds of participants (68%) had a low Prosigna score. Among these patients, five-year outcomes were very similar whether or not chemotherapy was given, with analyses showing that, at most, only 2% of patients with low Prosigna scores are likely to benefit from chemotherapy.

Australian Study Chair Associate Professor Belinda Kiely said the findings help address a long-standing challenge in breast cancer care.

Learn more about OPTIMA.

CAPTURE Results Presented at ASCO 2026

Results from the CAPTURE trial, presented at the 2026 American Society of Clinical Oncology (ASCO) Annual Meeting, support the continued use of capecitabine as an effective treatment option for patients with hormone receptor-positive metastatic breast cancer.

The Phase II study evaluated whether treatment with the PI3K inhibitor alpelisib in combination with fulvestrant could improve outcomes for patients whose tumours harboured a PIK3CA mutation detected through circulating tumour DNA (ctDNA) analysis. The trial enrolled 58 participants across 22 sites in Australia and New Zealand.

While the alpelisib-based approach did not demonstrate superior outcomes compared with capecitabine, the study highlights the ongoing value of standard-of-care chemotherapy in this setting.

Study Chair Professor Sarah Jane Dawson said the findings provide important insights into the role of biomarker-directed treatment strategies in advanced breast cancer.

Learn more about CAPTURE.

Cancer Symptom Trials (CST)

UTS Cancer Symptom Trials (CST)

Decoding a New Era of Good Clinical Practice

We're excited to invite you to our next PaCCSC and CST webinar:

🗓️ Thursday 02 July 2026
🕐 1:00–2:00 PM AEST
🎤 Dr Tanya Symons
💻 Free online webinar
📌 Register here



Over the past three decades, the administrative burden of clinical trials has increased significantly, often limiting efficiency, innovation, and participant-centred research. In this session, Dr Tanya Symons will unpack the key changes introduced in ICH GCP E6(R3), demystifying new concepts, processes, and expectations. The webinar will also explore the practical implications for investigator sites and sponsors, and how the revised guideline supports more streamlined, high-quality and flexible, participant-centredtrial conduct.

Dr Symons is an internationally recognised GCP expert who has trained over 80,000 professionals and contributed to major national and international clinical trial guidelines.

We look forward to welcoming clinical trial professionals, researchers, and those interested in staying current with evolving GCP and regulatory standards.

Primary Care Collaborative Cancer Clinical Trials Group (PC4)

PC4 2026 Scientific Symposium

Wednesday 9 September 2026
9am - 5:30pm (ACST)
Crowne Plaza Adelaide, South Australia

You're invited to attend PC4's (Primary Care Collaborative Cancer Clinical Trials Group), 8th Scientific Symposium on Wednesday 9 September 2026 in Adelaide.

The day will focus on the theme, **"Primary Care: Central to Comprehensive Cancer Care".** It's is a fantastic opportunity to come together and drive innovation and improvement in cancer in primary care research.

In addition, it will showcase primary care's vital and enduring role throughout one's cancer journey — from prevention and early detection through to treatment, survivorship, and palliative care.



For more information and to register, click here.

If you have any questions, please email the PC4 team on info@pc4tg.com.au.

PC4
PRIMARY CARE COLLABORATIVE CANCER CLINICAL TRIALS GROUP

GI Cancer Trials (GCT)



The Preceptorship provides an engaging space for our early-career members to learn from and network with leading cancer specialists.

Preceptorship in precision medicine in GI cancers

Limited places are still available for early-career members to join our 2026 Preceptorship!

The Preceptorship is a short course over two days, with active participation from attendees to review papers and present cases. Our Preceptors are leading cancer specialists across a range of oncology disciplines from Australia and Aotearoa New Zealand, who mentor Preceptees in small groups. This year, Professor Lorraine Chantrill and Associate Professor Amitesh Roy will be convening the event in Sydney.

Don't miss this chance to learn the current state of the art management of GI cancers, while networking with expert leaders.
Apply now / Download the flyer

Our research on the world stage

We're proud to note that three of our studies have been featured in recent international conferences.

- The OMEGCA study in gastric and gastro-oesophageal cancer was presented as a poster at the 2026 ASCO Annual Meeting.
- The MASTERPLAN study in pancreatic cancer featured as an oral presentation at ESTRO 2026, in the session *'Innovations for photons and proton delivery'*.
- The TOPGEAR study in gastric cancer also featured at ESTRO 2026, in the poster discussion session titled *'Access, economics and innovation in radiation oncology'*, and in the proffered papers session titled *'Quality and safety: From individual patients to societies'*.

28th Annual Scientific Meeting (ASM): 24–27 November 2026, Nipaluna/Hobart

Don't miss the region's premier GI oncology conference! Now open:

Early bird registration: Take advantage of lower prices, while still having the full ASM experience. Register now.

New Concepts Symposium: A stimulating and confidential setting to discuss the latest concepts in GI cancer research, exclusive to members. Submit a concept.

Abstract submissions: Successful submissions will be on display throughout the ASM, with the option of being selected for oral presentation. Submit an abstract.

Illustrious invited faculty: We are thrilled to welcome Professor Nick Barker from A*STAR IMCB, Singapore, Associate Professor Elena Elimova from Princess Margaret Cancer Centre, Canada, Dr Reena Engineer from Tata Memorial Hospital, India, and Professor Tim Underwood from the University of Southampton, UK. View all speakers.

This year's ASM marks our first as GI Cancer Trials, and collaboration with CommNETs and AANZGOSA. Join 400+ delegates from across the oncology sector as we delve into the full potential of high-impact partnerships, with the 2026 Meeting theme: *Collaborate. Accelerate. Improve Outcomes*. Learn more.



Now available: 2025 Annual Report

From practice-changing trial results, to new anal cancer research, 2025 was a transformative year for GI Cancer Trials. We invite you to read our latest annual report, reflecting on a truly incredible year.
Read our 2025 Annual Report
View our 2025 highlights

A recap of our Idea Generation Workshop in Young-Onset GI Cancer

Seven exciting ideas were presented at the 2026 Idea Generation Workshop, addressing unmet needs in young-onset GI cancer. Thank you to our convenors, Dr Rebecca Bergin and Professor S. George Barreto, and to our presenters, Associate Professor Susan Woods, Dr Erin Pearson, Dr Samuel Smith, Professor Barreto, Dr Norma Bulamu, Associate Professor Lisa Mielke, and Dr Rohan Nair. These ideas will be further developed with the support of the concept development groups, then progressed to the Working Parties.

Our next Idea Generation Workshop will focus on pancreatic cancer, to be held on 14 May 2027. Read our recap / Learn more about the IGW

Stay up to date with our news

Follow us on LinkedIn for more updates.

GI CANCER TRIALS



Join us at the region's premier GI oncology conference on 24–27 November, in Nipaluna / Hobart

Australia New Zealand Gynaecological Oncology Group (ANZGOG)



ANZGOG 2026 ASM group photo

ANZGOG 2026 ASM: A Record-Breaking Success

ANZGOG's 2026 Annual Scientific Meeting (ASM), held on the Gold Coast from 25–27 March, was the largest in the organisation's history, bringing together a record number of delegates from Australia, New Zealand and around the world.

Under the theme ***On the Edge: Translating Innovation into Action***, the ASM showcased world-leading research, international expertise and multidisciplinary collaboration focused on improving outcomes in gynaecological cancer.

Highlights included keynote presentations from Dr Kathleen Moore, Dr William Small and Professor Yin Ling Woo, alongside five international experts, 42 invited speakers, seven trial updates, two new trial concepts and more than 50 research presentations. The meeting also featured ANZGOG's largest-ever community participation, ensuring lived experience remained central throughout the program.

Recognising Excellence
Congratulations to the recipients of the 2026 ANZGOG Awards:

- **Michael Friedlander AM Award** – Niveditha Rajadevan
- **Research Pioneer Award** – Kylie Gorringe
- **ANZGOG Chair's Community Volunteer Award** – Alex Neville
- **Clinical Trial Achievement Award** – Sandi Hayes
- **Outstanding Clinical Trial Site Award** – Monash Health

Thank You
Thank you to everyone who contributed to ASM 2026. In particular, we acknowledge ASM Chair Associate Professor Emma Allanson, Deputy Chair Associate Professor Kate Webber and the ASM Steering Committee for their leadership. We also thank Dr Nicola Meagher, Dr Holly Barker and Associate Professor Tracy O'Mara for leading the Pure Science Symposium, and all presenters and participants whose work continues to strengthen our research community.



SAVE THE DATE: 2027 ASM

📍 Adelaide, SA | 📅 21–23 April 2027

Join us in Adelaide as the local and global gynaecological cancer community comes together to connect, collaborate and shape the future of research, treatment and care. With the meeting scheduled alongside a long weekend and school holiday period, delegates may wish to extend their stay and experience all that South Australia has to offer. More details coming soon.

Introducing the PRROSE Clinical Trial

An important new ovarian cancer study is bringing hope to women facing one of the most challenging forms of the disease. The PRROSE trial is an investigator-initiated study evaluating narmafotinib in combination with standard chemotherapy for women with high-grade serous ovarian cancer (HGSOC) who have not responded adequately to initial platinum-based chemotherapy before surgery. Developed in collaboration with Amplia Therapeutics, the study is led by Dr Gwo Yaw Ho and sponsored and coordinated through ANZGOG's international clinical trials network. The trial will evaluate the safety of narmafotinib in combination with carboplatin and paclitaxel.

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 ANZGOG trials.



Idea Generation Workshops

📍 Rydges Hotel, Sydney Airport
📅 Friday 16 October 2026

ANZGOG's annual Idea Generation Workshops with its Tumour Working Groups (TWGs) are back. Researchers are encouraged to bring ideas for development and support across any area of gynaecological cancer research, including prevention, treatment, translational research, quality of life and symptom benefit studies. Workshops are open to ANZGOG members only. A call for ideas and concept submissions will open in August 2026. For more information: john.andrews@anzgog.org.au

Follow ANZGOG on LinkedIn or X for the latest update.
#AdvancingResearchSavingLives

ANZ GOG | Advancing research saving lives

CREST Health Economics Symposium

CREST HEALTH ECONOMICS SYMPOSIUM

Valuing outcomes, improving lives: the impact of cancer clinical trials

04 SEPT 2026 | SYDNEY

CREST is excited to share that we're hosting our first CREST Health Economics in Cancer Research Symposium, and we'd love for you and your members to be part of it.

This symposium brings together researchers, clinicians, consumers and health economists to explore the critical role that health economics plays in cancer research and in shaping healthcare funding decisions.

We will be joined by guest speakers:

- Mathias Bressel
- Pascale Guitera
- Sarah Norris
- Sibel Saya
- Karin Thursky &
- Cancer Australia

The program will feature presentations on the use of health economics in trials and practice – demonstrating how:

- economic evidence can guide decision-making,
- patient outcomes can be improved, and
- the value proposition of cancer interventions can be strengthened

This event is open and **FREE for all members of the Cancer Cooperative Trials Groups (CTGs)**, with a particular focus on supporting early and mid-career researchers.

Tickets are limited, don't miss out – register today

If you have any questions, please reach out to our team at: crest@uts.edu.au.



Event Details

Date: Friday, 4 September 2026
Time: 10:00 AM – 4:00 PM AEST
Location: Aerial Function Centre (Thomas Room) – UTS Building 10
Theme: Valuing outcomes, improving lives: the impact of cancer clinical trials
Cost: FREE for CTG members

Click here to learn more or scan the QR code!

SCAN ME

Cooperative Trials Group for Neuro-Oncology (COGNO)



COGNO ASM 2026, Adelaide Convention Centre, 26–27 August



A/ Professor Craig Gedye presenting MAGMA trial results at the 2026 ASCO Annual Meeting, Chicago.

Register Now: COGNO ASM 2026 Adelaide, 26–27 August

The 18th COGNO Annual Scientific Meeting comes to the Adelaide Convention Centre on 26–27 August for the first time and will be held jointly with the Neurosurgical Society of Australasia. Under the theme *Integrated Precision Care for Brain Cancer*, the program features an exceptional international line-up including Associate Professor Bryan Choi (Harvard Medical School), whose work on CAR T-cell therapies for brain tumours is reshaping what is possible, and Professor John de Groot (UCSF), co-author of the Response Assessment in Neuro-Oncology (RANO) and RANO 2.0 criteria and one of the most influential figures in glioblastoma research today.

Early bird registration closes 6 July. Register at cognoasm2026.org

From Publication to Practice: IDH-Mutant Glioma Guidance and Upcoming Webinar

COGNO recently published its Expert Position Statement on the management of adults with IDH-mutant gliomas in the Asia-Pacific Journal of Clinical Oncology, providing Australian-specific, evidence-based guidance for multidisciplinary teams on treatment timing, sequencing, and long-term quality of life. Read here.

To support implementation, COGNO is hosting a free educational webinar on Wednesday 22 July 2026, 5:00–7:00pm AEST. Most of the authorship group will present and discuss their own work live, working through real clinical scenarios spanning grade 2 to grade 4 disease. It is a rare opportunity to hear directly from the people who wrote the guidance on how to apply it. Register here.

MAGMA Trial: Australian Glioblastoma Research on the Global Stage

The COGNO-led MAGMA trial, a multi-arm phase III randomised controlled trial and the largest adult glioblastoma study ever conducted in Australia, was presented at American Society of Clinical Oncology (ASCO) 2026 by Principal Investigator, Associate Professor Craig Gedye.

Reporting outcomes from 347 participants across 28 sites, including six regional sites, MAGMA demonstrates what is achievable when a national cooperative trials group builds the infrastructure and governance to run complex research at scale. For a disease where treatment options remain severely limited, trials of this size and rigour are how progress gets made.

Read the abstract here.

Clinical Trials Update

COGNO is currently undertaking study start-up activities for the VIGOR trial, with site activation planned in late 2026.

VIGOR is a global EORTC-sponsored phase III trial, led jointly in Australia by Olivia Newton-John Cancer Research Institute (ONJCRI) and COGNO, evaluating vorasidenib as maintenance treatment after first-line chemoradiotherapy in patients with IDH-mutant WHO grade 2 or 3 astrocytoma.

Clinicians with potentially eligible patients and interest in contributing to the study are encouraged to contact trials@cogno.org to be referred to an eligible participating site.

Become a COGNO Member

COGNO membership is free and open to all with an interest in advancing neuro-oncology research. Members join a network of approximately 1,200 multidisciplinary professionals across Australia and New Zealand, with access to concept development workshops, trial steering and governance committees, education and travel awards, real-time trial updates, and opportunities to contribute to COGNO's strategic direction.

Neuro-oncology remains one of the areas of greatest unmet clinical need in cancer research. We welcome clinicians, researchers, trial coordinators, allied health professionals and consumers to join our growing network and help improve outcomes for people affected by brain tumours. Visit cogno.org.

COGNO
COOPERATIVE TRIALS GROUP FOR NEURO-ONCOLOGY

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

Some recent ANZUP trial news highlights

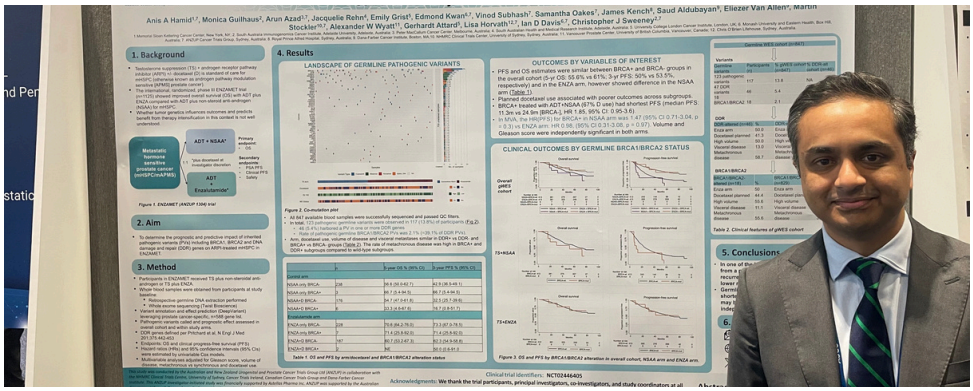
ANZUP is proud to celebrate the latest results of our globally significant studies.

ANZUP hit the global centre stage at the recent ASCO Annual Meeting held in Chicago in May, with our practice-changing ENZAMET featured prominently with two oral presentations and one poster presentation. This work highlights how precision medicine and emerging technologies may help personalise treatment for people with metastatic prostate cancer.

- **Decipher genomic test may help guide chemotherapy decisions:** Presented by Christopher Sweeney, this analysis provided the first Level 1B evidence that the Decipher Prostate Genomic Classifier can identify which patients are most likely to benefit from adding docetaxel chemotherapy to androgen deprivation therapy (ADT) and enzalutamide. Patients with high Decipher scores and high-volume disease experienced substantially improved long-term survival with triplet therapy, while those with lower scores showed no additional benefit from chemotherapy. These findings suggest genomic testing could help tailor treatment intensity and potentially spare some patients unnecessary toxicity.



Christopher Sweeney presenting the ENZAMET results at ASCO



Anis Hamid presenting the ENZAMET poster at ASCO

- **AI tool shows promise for treatment selection:** Sebastian Medina Carrillo presented research evaluating APIC, an artificial intelligence-based pathology classifier that analyses routine diagnostic tumour slides. The study found that patients classified as APIC-negative derived greater benefit from adding enzalutamide to standard hormone therapy, while APIC-positive patients did not appear to experience the same advantage. If validated prospectively, APIC could become a practical and cost-effective tool to help guide treatment decisions using pathology material already collected at diagnosis.

- **Inherited genetics and treatment outcomes:** In a poster presentation, Anis Hamid reported findings from an ENZAMET sub-study examining inherited genetic variants. Among 847 participants tested, around 14% carried inherited cancer-related genetic changes. The analysis suggested that patients with BRCA mutations treated with standard hormone therapy were more likely to experience earlier disease progression, while this effect was not observed in patients receiving enzalutamide. These findings provide further insight into how inherited genetics may influence treatment response and support ongoing efforts to personalise care.

Together, these studies demonstrate the continuing impact of ENZAMET in advancing precision medicine and improving treatment decision-making for people with metastatic prostate cancer.

Congratulations to the investigators and teams involved in these studies. We express our sincere gratitude to the participants on these studies for their contribution to help us advance towards our vision of living life without fear of cancer.

#ANZUP26 –28-30 June 2026

The countdown is on for #ANZUP26, and the program is shaping up to be one of our best yet.

From 28 to 30 June 2026, the Adelaide Convention Centre will become the meeting place for the best and brightest minds in urogenital cancer research, bringing together clinicians, researchers, nurses, allied health professionals and consumers from across Australia, New Zealand and beyond.

This year's theme, What Matters Most, will drive three days of inspiring discussion, cutting-edge science, practical learning and invaluable networking opportunities. We're putting the finishing touches on an outstanding program featuring world-renowned experts, including internationally recognised researcher Gert Attard, whose work continues to influence prostate cancer care around the globe.

Alongside our headline sessions, delegates can look forward to favourites such as the MDT Masterclass and ANZUP Nurses Symposium, packed with real-world insights and ideas you can take straight back into your practice.

The excitement is building, the program is almost complete, and this is one event you won't want to miss. If you haven't registered yet, it's not too late to register today and be part of the conversations shaping the future of urogenital cancer care.

ANZUP Cancer Trials Group Limited

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. Our mission is to generate high-quality, collaborative research that bridges the gap between clinical evidence and real-world supportive care. Find out more www.pocog.org.

World Psycho-Oncology Day April 9 2026

To mark World Psycho-Oncology Day, a global initiative highlighting the importance of addressing the psychological and emotional impacts of cancer, the PoCoG team held a webinar, *Thriving With and Beyond Cancer*, showcasing how new research and clinical trials are transforming how we support people with cancer and their families.

The webinar explored a range of topics including, fear of cancer recurrence, burden on carers, cancer-related fatigue, menopause, and more. We were delighted to attract hundreds of registrations, with strong attendance from clinicians, researchers, people affected by cancer, and carers. Sharing our research and hearing from the community is an important part of PoCoG's mission, and we thank everyone who joined us.

The full 1-hour recording is available on the 'Webinars' page on our website.

Spotlight on PoCoG Studies

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 malignant brain tumour in the past
- Experience fatigue
- Have or are willing to create an email account & have access to the internet

What 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

Please download and share the participant flyer and link as needed. Questions? Please email pocog.brains@sydney.edu.au.

ICONIC - Improving COmmuNication & Support for People with Brain Cancer and Their Families – open to recruitment.

ICONIC is communication skills training targeting healthcare professionals working with people diagnosed with brain cancer experiencing cognitive impairment. This program is free to participants.

Our Melbourne workshop is at capacity but training will be run in WA and SA in coming months.

Who should attend: Healthcare professionals currently working with people diagnosed with brain cancer in Australia. All disciplines welcome.

For questions contact Dianne Legge: dianne.legge@postgrad.curtin.edu.au.

Communicating Inhereditary cancer risk – recently published!

A new study undertaken by PoCoG in collaboration with The Kathleen Cuningham Foundation Consortium for Research into Familial Aspects of Breast Cancer (kConFab) and Inherited Cancers Australia (ICA) highlighted the importance of providing families with practical resources to support communication about hereditary cancer risk and genetic test results.

The research adapted the US developed ConnectMyVariant resources for use in Australia. Through interviews with individuals carrying hereditary cancer variants, their relatives, and genetic counsellors, adaptations were identified to ensure resources reflected Australian healthcare systems, genetic testing



pathways, support services, and life insurance considerations.

The findings are now published in Psycho-oncology, and the resources will soon be available on the PoCoG website, providing patients, families, and healthcare professionals with practical tools to support conversations about inherited cancer risk.

[This research was supported by a grant from the National Breast Cancer Foundation]

Caring for the carers – Completed study!

Caring for a friend or family member diagnosed with a brain tumour requires navigating a new and unfamiliar world. Developed and evaluated in the BRAINS Program, this work was led by Dr Helen Haydon from The University of Queensland in collaboration with PoCoG, Cancer Symptoms Trials Group, and The Cooperative Trials Group for Neuro-Oncology (COGNO), to create an online resource to help carers caring for someone with a brain tumour.

Download the information flyer here, or visit the Caring for the Carer website.

Trans-Tasman Radiation Oncology Group (TROG)

TROG kidney cancer trial findings gain international attention

A new, non-invasive form of radiation therapy achieves unprecedented 100% effectiveness in treating primary kidney cancers, findings from the world-leading TROG 15.03/ANZUP 16001 FASTRACK II trial reveal.

Trial chair Prof Shankar Siva, from Peter MacCallum Cancer Centre, presented the findings at the European Society of Radiotherapy and Oncology (ESTRO) annual meeting in Stockholm, Sweden in May, at the same time as they were published in *Lancet Oncology*.

The FASTRACK II trial, run by TROG in collaboration with the Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP), investigated whether stereotactic ablation body radiotherapy (SABR) could provide an alternative to traditional techniques of radiofrequency ablation and cryoablation for patients with primary renal cell cancer where surgery is not an option.

After follow-up of five years, there were no cases of local cancer recurrence, and no cancer-related deaths among the 70 trial participants.

“These results are really promising. They suggest SABR offers a convenient, non-invasive, and effective option for controlling kidney cancer in patients who are unable to undergo surgery, including for larger tumours,” said Prof Siva, adding that further randomised controlled trials were now needed. Read more.

TROG’s Annual Research Report highlights an impactful year

TROG’s Annual Research Report, published this month, outlines a year of innovative research, strong international collaborations, and widespread impact.

Highlights from 2025 include:

- 189 participants recruited to TROG trials
- 1719 TROG members
- 28 TROG Facility Alliance Members across Australia and New Zealand



TROG staff at Clinical Trials Day 2026

- 21 trials open, including 8 open to recruitment and 13 in follow-up
- 11 new trial proposals submitted
- $3.5+ million in grant-funding for trials that TROG is running or collaborating on.

Read the full report

TROG says ‘thank you’ on Clinical Trials Day

TROG staff helped raise awareness of the vital role of cancer clinical trials at an information stand at the Calvary Mater Newcastle Hospital to mark International Clinical Trials Day on 20 May 2026.

The day, with the theme “Research rises”, was a great opportunity to share some cupcakes and connect with hospital staff and visitors to highlight how clinical trials are advancing radiation therapy experiences and outcomes across many cancer types.

The annual celebration was also an opportunity to say a heartfelt thank you to the many researchers and collaborators working with TROG to conduct trials – and to nearly 16,000 trial participants who have made our research possible over 37 years.

TROG cements its commitment to listen to consumer voices

TROG has launched a new Consumer Engagement Charter, outlining a commitment to involving consumer voices in all aspects of the organisation’s work, from research strategy through to study delivery.

TROG President A/Prof Puma Sundaresan



TROG Board Independent Consumer Representative Mr Murray McLachlan

and TROG Board Independent Consumer Representative Mr Murray McLachlan (pictured) presented the Charter at the TROG 2026 Annual Scientific Meeting in Melbourne.

Consumer engagement is vital to improve the relevance and impact of our research, help prioritise research activities, inform study design, and improve dissemination of findings, A/Prof Sundaresan told the meeting.

The Charter’s eight guiding principles are:

1. **Respect:** lived experience as expertise
2. **Inclusiveness:** diversity including under-represented groups
3. **Equity:** remove barriers – accessibility, language, cost
4. **Connectivity:** work with tumour-specific networks and advocacy organisations to recruit the right voices
5. **Relevance:** meaningful roles, not tokenistic consultation
6. **Transparency:** clarity on roles, expectations, and how input changes decisions
7. **Partnership:** consumers as equal partners across research, governance, and translation
8. **Cultural safety:** engagement that is culturally safe and responsive, especially for Aboriginal and Torres Strait Islander peoples.

Read more

TROG 2027 Annual Scientific Meeting: Save the Date

TROG’s 39th Annual Scientific Meeting will be held at Wrest Point, Hobart, Tasmania, from 9-12 March 2027.

Save the date and keep a look out for more details coming soon.

Melanoma and Skin Cancer Trials (MASC Trials)

2026 Melanoma and Skin Cancer Trials Scientific Meeting

Join us in Melbourne for the 2026 Melanoma and Skin Cancer Trials Scientific Meeting - a satellite meeting of the 2026 Australasian Melanoma Conference.

🗓️ 19 November - Melanoma and Skin Cancer Trials Annual Scientific Meeting
🗓️ 19-21 November - Australasian Melanoma Conference (AMC)

Featuring leaders in melanoma and skin cancer clinical trials and consumer presentations, this event promises to foster further innovative research.



Registrations Open: Melanoma and Skin Cancer Trials Annual Scientific Meeting 2026

Register here for the 2026 MASC Trials Scientific Meeting on Thursday, 19 November.

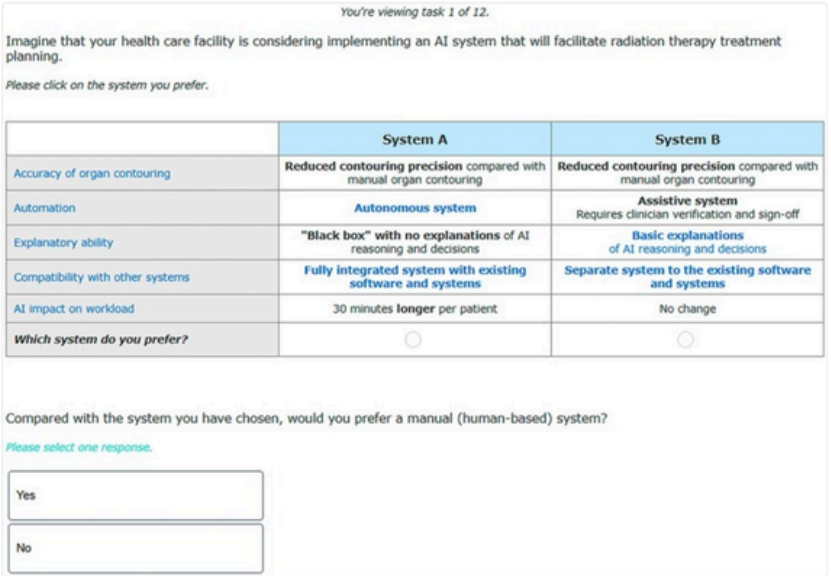
Seats are limited so get in early! https://www.masc.org.au/sm-2026/.

Artificial Intelligence in Radiation Therapy: a discrete choice experiment

Research shows artificial intelligence (AI) may be more accurate in analysing medical images to detect lung cancer compared to healthcare professionals. In doing so, AI systems may increase patient throughput and streamline workflows, resulting in improved patient outcomes, and time and cost savings.

Concerns have been raised that the datasets used to train AI models may not accurately reflect the population for which it is intended, leading to algorithmic biases. The AI algorithms may also lack interpretability or transparency in their decision-making processes.

Lewandowska and colleagues conducted a discrete choice experiment (DCE) to examine the characteristics radiation oncology professionals think are most important for adopting AI in radiation therapy treatment planning. A DCE is a method to understand people's preferences through a structured survey, in which respondents are asked to choose between different options in a set of hypothetical scenarios. Each scenario includes multiple characteristics (called attributes), designed to reflect real-lifechoices. The characteristics explored in this DCE were accuracy, automation, explainability, compatibility and impact on workload associated with the use of AI for radiation therapy planning. An example of a scenario is shown in Figure 1.


You're viewing task 1 of 12.

Imagine that your health care facility is considering implementing an AI system that will facilitate radiation therapy treatment planning.

Please click on the system you prefer.

	System A	System B
Accuracy of organ contouring	**Reduced contouring precision** compared with manual organ contouring	**Reduced contouring precision** compared with manual organ contouring
Automation	**Autonomous system**	**Assistive system** Requires clinician verification and sign-off
Explanatory ability	**"Black box" with no explanations** of AI reasoning and decisions	**Basic explanations** of AI reasoning and decisions
Compatibility with other systems	**Fully integrated system with existing software and systems**	**Separate system to the existing software and systems**
AI impact on workload	30 minutes **longer** per patient	No change
Which system do you prefer?	○	○

Compared with the system you have chosen, would you prefer a manual (human-based) system?

Please select one response.

Yes

No

Figure 1: Example of a DCE choice task

Eighty-two respondents completed all choice tasks. The majority of DCE respondents were radiation therapists (52%).

The results show the highest preference is for an AI-system that reduces workload (time saved), followed by an AI system with an ability to provide explanations (basic or in-depth). There was also a preference for AI systems that are assistive rather than fully autonomous and those that are fully integrated into existing software and systems. Respondents had mixed views on whether AI would displace jobs, but were generally positive about its potential to improve RT delivery and broaden the range of skills within their teams. Respondents were willing to accept longer treatment planning times in exchange for potential benefits, such as improved accuracy, clearer explanations, and better integration with existing systems. Overall, this DCE provides useful insights for understanding and planning how AI can be adopted in RT.

Contributed by: Lutfun Hossain

Reference:
Lewandowska M, Street D, Yim J, Jones S, Viney R. Artificial intelligence in radiation therapy treatment planning: A discrete choice experiment. Journal of Medical Radiation Sciences. 2025;72(Suppl. 2):S42–S51. https://doi.org/10.1002/jmrs.843