



2019

**ANNUAL
RESEARCH
REPORT**

Together, we can defeat cancer.

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⋮
TROG
⋮
**CANCER
RESEARCH**

ABOUT TROG

CANCER RESEARCH

TROG Cancer Research has been improving the way in which radiation therapy is delivered to cancer patients for over 30 years. We are one of the largest clinical cancer trial groups in Australia and New Zealand, specialising in radiation therapy clinical trials and are renowned internationally.

All cancers, one treatment.

Our primary research focus, radiation therapy, can be used to treat many types of cancers such as breast, head and neck, lung, prostate, and skin.

Radiation therapy uses high energy x-rays and charged particles to control, cure and improve the outcomes of patients affected by cancer.

OUR VALUES

✔ **COLLABORATION**

We work with key stakeholders, organisations and community groups who share our aim of defeating cancer.

✔ **QUALITY**

Our research is guided by innovation and integrity, best practice, rigour and accuracy.

✔ **CARE**

We provide the utmost care and consideration for cancer patients and families, as well as members of our own team and all those with whom we come into contact during the course of our work.

OUR MISSION

TROG conducts world-class research involving radiation therapy to improve outcomes and quality of life for people affected by cancer.

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CELEBRATING 30 YEARS OF GLOBAL PROGRESS AGAINST CANCER

TROG CANCER RESEARCH

Over three decades, TROG Cancer Research has facilitated hundreds of clinical trials that have helped improve the outcome and quality of life for more than 14,500 cancer patients globally.

Over that time, the prognosis of cancer patients has improved considerably: in the 1980s the cancer survival rate was less than 50 per cent. Today for some cancers the survival rate is as high as 90 per cent.

110

Total Trials

14,715

Trial Participants

30

Countries who work
with TROG

14

Trials Under
Development

30

Active Trials

66

Trials Closed/
Completed

210

Published peer-
reviewed manuscripts

102

Abstracts

31

Annual Scientific
Meetings

1990

- First publication submitted

1995

- TROG's incorporation as an association

1998

- TROG website launched (sub-site of RANZCR)

2003

- Publications Committee formed

2006

- Consumers formally involved in TROG activities

2008

- Approved as NHMRC Administering Institution for grant applications
- 8000 participants entered onto TROG trials

2011

- 10,000 participants entered onto TROG trials

2014

- Tumour specific Sub-speciality Groups introduced

2017

- Over 100 clinical trials conducted
- Julie McCrossin becomes ambassador

2019

- TROG revises study pathway to include submission of new study proposal ideas at any time and streamlined feedback from TROG Committees

1989

- TROG established at Taupo, NZ
- First trial activated

1991

- First randomised trial (TROG 91.01 locally advanced H&N cancer)

1997

- Scientific Committee (TSC) formed

2001

- First international trial group collaboration (EORTC)
- Membership expanded to include disciplines beyond Radiation Oncology

2005

- First infrastructure grants obtained
- TROG's Central Quality Management System and 3D QA Review Software (SWAN) implemented
- Quality Assurance Development Group established (to become the New Techniques and Technologies Committee)

2007

- Launch of stand-alone web portal
- TROG becomes a member of the Breast International Group

2009

- 100 publications (full publications and meeting abstracts) achieved

2013

- Introduction of trial coordinating centre services by TROG Central Operations Office
- Launch of new TROG website and ClinTrial Refer app

2016

- Secondary Data Analysis Committee (SDAC) established

2018

- Finance, Audit and Risk Management Committee established

Providing hope to people with cancer through one treatment – radiation therapy – TROG Cancer Research has become one of the largest clinical trial groups in Australia and New Zealand working with hospitals, universities, cancer centres and the wider community.

TROG Cancer Research CEO, Susan Goode, said it was hard to believe that 30 years have passed since the organisation was founded in 1989.

Susan acknowledged the unwavering support of the medical and Australian/New Zealand community as a significant contributor to the organisation's continued success.

“We’ve come a long way since our humble beginnings in 1989. We saw members of seven radiation therapy centres across Australia and New Zealand form a clinical trial group, advancing the study of cancers that could be treated with radiation therapy,” Susan Goode said.

“Today we have medical Professionals approaching us from around the world with new ideas on how to use radiation therapy to improve quality of life and treatment of specific cancers. One in two cancer patients will benefit from radiation therapy, so the research we conduct is vital.

“By collaborating and bringing to life these concepts in a managed environment, we’ve been able to achieve great advancements in cancer patient care and outcomes that have changed the way patients are treated worldwide.”

TROG Cancer Research trials have been run in more than 200 hospitals and cancer centres in urban hubs and regionally around the world, including Australia, New Zealand, United Kingdom, Asia, Canada, Europe and South America.

Radiation Oncologist and Professor, Jarad Martin, is among many long-term TROG Cancer Research members who have had a significant impact on cancer treatment worldwide through radiation therapy research.

Prof. Martin has contributed to research in an approach that has improved options for patients with prostate cancer. This international trial's results are now being used by medical facilities globally and have resulted in a reduction of treatment time from eight weeks to just four, with five medical visits for prostate cancer patients.

Jarad said TROG Cancer Research's clinical trial models are now recognised as a vital mechanism to improve healthcare in Australia and overseas.





“There’s a real legacy from what TROG Cancer Research has achieved over thirty years. Their approach to clinical trials which focuses on collaboration over competition is being emulated by other organisations,” Jarad said.

“They give opportunities to researchers by providing a vehicle to make their research possible. For me, that opportunity has transformed and improved the way a lot of people with prostate cancer are treated.

“TROG encourages and harnesses new ideas and brings people together virtually from around the world so we can tap into what I call the world brain to produce real results for patients.”

While over 30 years of technological advancement in radiation therapy and a better understanding

of tumour biology have improved the efficacy of radiation therapy for improved quality of life and treatment, there are still many cancers that have a relatively poor prognosis.

“Although our clinical trials have facilitated great advancements in the way that different cancers are treated and have improved the quality of life for patients, there’s still much to be done,” Susan said.

“Radiation therapy remains an important curative treatment option, however ongoing research is still needed to ensure we can progress the ways we use this advanced technology to outsmart the many strains of the disease.”

TROG Cancer Research has facilitated over 100 cancer research trials over 30 years to enable researchers to better understand cancer and discover more effective ways of managing and treating it.

PATIENT STORIES

TROG 2019

A clinical trial by TROG Cancer Research and the Australasian Lung Cancer Trials Group has shown for the first time that a new radiation therapy technique has produced greater survival rates in early-stage inoperable lung cancer patients, compared to conventional radiation treatment.

The TROG 09.02 CHISEL Trial investigated a new treatment technology (Stereotactic Ablative Body Radiotherapy – SABR) utilising a high radiation therapy doses towards a patient’s tumour. The high dose means that patients can complete their treatment sooner than conventional radiation treatment, with fewer trips to the hospital.

101 patients with inoperable early-stage non-small cell lung cancer from across Australia and New Zealand participated in the TROG 09.02 CHISEL trial, including Maureen.

Maureen had already received traditional radiation therapy as a treatment earlier in her cancer journey and found the new technology preferable to traditional methods.

“I didn’t have any side effects with the SABR technique and I had just three treatments, which was much better than the six weeks of radiation treatment I had to treat another lung tumour. With the traditional treatment I always felt much more tired and had some burning to my chest and back,” Maureen said.

Professor David Ball, who headed the trial, said the results were a breakthrough for treatment worldwide.

“Our trial found that for patients with early-stage lung cancer, SABR was more effective in controlling cancer growth resulting in longer life expectancy,



Maureen
Cancer Survivor

and is just as safe as traditional radiation therapy. We found that 89 per cent of cancers were controlled two years after SABR treatment and this compared to 65 per cent for conventional radiation therapy, and there was also a clear benefit in overall survival,” David said.

After two years, 77 per cent of the patients who received SABR treatment were surviving compared to 59 per cent of those who received conventional radiation therapy.

“The cancer treatment that saved my life was developed through a clinical trial.”

Thanks to the participation of the community in life-changing and life-saving research, cancer patients around the world have benefited from ground-breaking improvements in cancer-specific treatments.

Nobody wants to hear the terrifying words “you have cancer”. Yet six years ago, I found out that my sore throat was symptomatic of something more than just a cold coming on.

Being told you have stage 4 oropharyngeal - tongue, throat and tonsil - cancer is perhaps the most frightening experience of my life. I asked the doctor how many stages of cancer there are.

He replied, “four”. That’s when I knew my cancer was very serious.

For someone who talks for a living, it was confronting to go from being perfectly well to losing over 20 kilos and losing my voice. But I was willing to give up my voice if it meant I would survive.

I had radiation treatment every day for a month, combined with chemotherapy once a week. It took me a long time to recover from my cancer, both physically and emotionally.

Cancer isn’t something you just bounce back from.

But the good news is, I have been confirmed to be a survivor – I now live cancer-free. I put my recovery down to two key factors: my radiation therapy treatment and the impact others in my position had on its success by participating in life-changing clinical trials.

The highly targeted treatment I received for my cancer was developed in a clinical trial, so I am an example of the impact this research can have on the survival of cancer patients.



Julie

Cancer Survivor, Radio Broadcaster and Journalist

My understanding is that even in the handful of years that have passed since I received my treatment, the approach would be very different today. There is in fact a whole new radiation therapy machine that offers even better outcomes for cancer patients.

This just goes to show that through the work that TROG Cancer Research does, treatments for cancers like mine are continuously improving.

It’s in the interests of people like me and our families and friends to encourage people to donate so that TROG Cancer Research has the freedom, finances and the opportunity to run the clinical trials that could deliver ground-breaking results.

A MESSAGE FROM PRESIDENT & BOARD CHAIR



Dr. Giuseppe Sasso

2019 has been incredibly busy for TROG. We had a significant reshaping of our Board, central office and operations. There remains plenty to achieve - we are currently reviewing our constitution to see if it still aligns with today's research landscape.

I wish to thank all of those who participated in the TROG strategy day held in August 2019, the outcomes of which will be incorporated into the new strategic plan. At a Board level, we also welcomed Prof. Annette Haworth as interim Board member, Prof. Trevor Leong as TSC Chair, Mr. Denis Byron as independent Director and Dr. Madhavi Chilkuri as the RANZCR representative.

Thanks to our previous strategic plan (2017-2019) we consolidated our financial sustainability and laid the foundation for the new structure of the organisation. The new strategic plan will set the scene for TROG's evolution over the next five to ten years; to face and win the challenges of the new fiscal environment and globalisation.

Our mission is evolving from being merely a radiation oncology group into a wider radiation medicine research leader, maintaining our fundamental strengths of patient-centred and practice-changing research, as well as an innovative focus on cost efficiency.

Since it was founded, 30 years ago, TROG Cancer Research has achieved an international reputation

for practice-changing Radiation Oncology research; boasting over 210 publications, the successful recruitment of more than 14700 patients to clinical trials and an international reputation for quality research. The environment in which TROG Cancer Research operates has changed since TROG was first established, and continues to change.

Globalisation is the buzzword of today, and we will begin to face the challenges of having to compete for grant funding with larger and stronger organisations, which will need to drive some innovative thinking of where our structure and identity is headed in the medium-term future.

A scenario similar to what's happening in North America with NRG is not unlikely and we will need to think carefully how to make sure we continue to play our role in the cancer research work-space for the good of our discipline and the results that radiation therapy care delivers to our patients.

Last but not least, we need to continue to expand our critical mass, lest we risk being too little and too niche. In my view, this is a perfect opportunity to engage further with relevant disciplines in the world of radiation medicine (radiology, medical physics, radiation therapy, allied health, and so on).

Thank you all for your hard work, support and your involvement in TROG Cancer Research - from the Board to our Central Operations Office, to all members, committees, sponsors and supporters. A special thanks also to my immediate predecessors Prof. Sandro Porceddu and A/Prof. Farshad Foroudi, from whom I have learned so much.

A MESSAGE FROM CHIEF EXECUTIVE OFFICER



Susan Goode

Collaboration has always been a key foundation of TROG's success. During 2019 we continued to have significant research collaborations across 80 cancer treatment centres across ANZ and further collaborations with over 30 countries internationally.

We are pleased to have the continued support of our participating sites across ANZ via the TROG Facility Alliance Members. This membership provides access to a range of services and infrastructure including: collaborative group services, expertise in RTQA, access to essential software and IT infrastructure as well as training.

Our corporate partnerships have remained strong and we are most grateful for this support by way of funding, software and training. It enables us to continue to provide high quality and timely RTQA services in support of our TROG trials in an environment that is rapidly evolving.

2019 saw significant progress on implementing new processes and continued the central operations office restructure. These changes were certainly not easy but have us better placed in the future to meet the challenges and opportunities presented to us as a Collaborative Cancer Trials Group.

The restructure of TROG Central Operations Office, as well as staff transition to other roles outside of TROG, resulted in several staff changes during 2019.

We wish to thank all those who have served TROG for many years (Monica Harris, Courtney Hill, Tanya Carlyle, Faizan Jameel and Andrew Jenkins) and welcome new appointees (RTQA: Sofee Holmes, Rachael Sharp, Alana Rossi, Research services: Rebekah Di Rico and Annette Dempsey).

We continue to provide support for the trial activities including: pipeline of trial development; sponsor oversight via collaborative group services; centralised trial coordination; and radiation therapy quality assurance. We offer a comprehensive suite of member services ranging from access to TROG policy statements and standard operating procedures, to fulfilling the function of secretariat for a growing number of committees and working parties.

From a financial management perspective we had a busy year. We were pleased to work with Cutcher and Neale to ensure that we were compliant with new accounting standards for not for profits and have implemented new financial reporting software to increase efficiencies. With the role of Financial Controller/Company Secretary vacant as of October 2019 we are currently reviewing how we fulfil financial and corporate governance functions.

Finally, from a strategic perspective, we have been developing our new strategic plan with the support of the Board and member input and we look forward to sharing this with you in 2020. The years ahead will present new challenges but with a comprehensive forward-looking strategic plan and the support of our staff, members and Board we are well placed to turn these challenges into opportunities.

RESEARCH PORTFOLIO

TROG 2019 OVERVIEW

TROG Cancer Research clinical trial portfolio continued to expand in 2019 with the submission of nine new trial proposals, five of which were approved for further development by the TROG Scientific Committee.

With 12 trials under development and an additional three proposals waiting for approval in 2020, TROG has 110 trials in its portfolio at various stages of activity; 30 trials with active participant activity including 11 open for recruitment; 23 closed trials that are awaiting final closeout activities to be completed; and 43 published trials closed with all activity completed.

As of 31 December 2019, 14715 volunteers had participated in or are currently participating in one of the 96 TROG clinical trials that span across a broad range of tumour types.

KEY

Category A: TROG initiated and sponsored trial

Category B: International trial with TROG as Australian Sponsor

Category C: Not led by TROG but TROG collaborates with the Sponsor

Category D: Consists of registries, secondary analysis and special projects.

TROG 2019 TRIALS

A full trial list can be found in the appendix on page 45.

STAGE OF TRIAL	TRIAL CATEGORY				TOTAL
	A	B	C	D*	
New Proposal	0	1	2	0	3
Development	7	2	0	1	10
Start-up	1	0	0	0	1
Open - Recruiting	6	2	5	1	14
Open - In Follow Up	7	5	4	0	16
Closed (no participant activity)	16	5	2	0	23
Completed	35	6	1	1	43

*Excl. secondary analysis and RTQA projects

2019 HIGHLIGHTS

TROG	ACRONYM	MILESTONE	TRIAL CATEGORY
08.04	PORTEC - 3	Published in Lancet Oncology (July 2019)	C - ANZGOG Sponsored
14.04	HART	Completed follow-up	A
16.03	CORE	Completed accrual (Feb 2019)	B - ICR Sponsored (ICR-CTSU /10052/2015)
17.02	OUTRUN	First site activated (Feb 2019)/ first trial participant (Aug 2019)	A
17.03	LARK	Opened to accrual (Oct 2019)	A
17.06	SC.24	Completed accrual (Sept 2019)	B - CCTG Sponsored (CCTG: SC.24)
18.01	NINJA	First site activated (Jan 2019) / first trial participant (March 2019)	A
18.04	MASTERPLAN	Opened to accrual (Sept 2019)	C - AGITG Sponsored (CTC 0245 / AGITG AG0118PS)

RADIATION THERAPY QUALITY ASSURANCE PROJECTS UPDATE

TROG's Radiation Therapy Quality Assurance (RTQA) program provides the framework to monitor radiation therapy protocol compliance and clinical trial data quality.

Advanced techniques and technology in radiation oncology continue to evolve, which in turn requires the TROG RTQA team to remain dynamic and nimble. Inevitably, the RTQA team collaborate on a range of special projects. Some highlights from 2019 include:



Sensitivity assessment system to improve quality in Radiation Oncology treatments (SEAFARER) - PI: A/Prof. Joerg Lehmann

A novel project that sought to identify pilot methods to systematically and remotely test the sensitivity of a centres' Patient Specific Quality Assurance (PSQA) procedures to detect clinically relevant treatment delivery problems.



Virtual EPID Standard Phantom Audit (VESPA) - PI: Prof. Peter Greer

A novel remote method for external dosimetric Treatment Planning System (TPS)-planned auditing of Intensity Modulated Radiotherapy (IMr.T) and Volumetric Modulated Arc Therapy (VMAT) for clinical trials using an Electronic Portal Imaging Device (EPID).



Knowledge-based Planning

A novel approach to TROG RTQA methods is currently being piloted using Knowledge-Based Planning (KBP) to provide a systematic method for patient-specific qualitative feedback. TROG trials in the pilot program include: TROG 15.01 SPARK, TROG 15.03 FASTRACK II, TROG 17.03 LARK and TROG 18.01 NINJA.



TROG SCIENTIFIC COMMITTEE

A MESSAGE FROM THE TSC CHAIR

Prof. Trevor Leong, TSC Chair



The TROG Scientific Committee (TSC) enjoyed a busy and productive year. We welcomed two new committee members; Dr. James Lynam as the discipline representative for medical oncology and Ms. Shivani Kumar as the discipline representative for radiation therapy.

I would like to thank outgoing committee members Dr. Fiona Day and Mr. Rob McDowell for their many years of valued service.

Over the last 12 months, we introduced several new initiatives with the aim of streamlining the process for trial development that have hopefully benefited TROG members involved in clinical research.

The 'new study pathway' is now active and allows TROG members to submit new proposals at any time during the year. This new pathway provides greater flexibility for investigators.

There are currently Subspecialty Working Parties for Breast, Lung, Head and Neck and Genitourinary tumour streams. A survey of the membership in late 2019 indicated that there was a strong desire to establish a Neuro-oncology working party, reflecting the increased number of Neuro-oncology related trials being proposed. Work towards establishing such a group is now in progress.

In 2019 there were 7 new trial proposals submitted, of which 4 were category A, 2 were category B and 1 was category C. Of these, 5 have been approved by the TSC for further development. There were also 5 category D proposals for secondary analysis of previous TROG trials. Two trials (CORE, SC.24) completed accrual in 2019, and 4 trials (LARK, NINJA, OUTRUN and MASTERPLAN) opened to accrual. In total, 14,715 patients have been recruited to TROG studies, with 113 recruited in 2019.

The TROG Independent Data Safety Monitoring Committee (IDSMC) monitors the progress of all TROG phase III and late phase II clinical trials. Ms. Peta Forder has chaired this committee for several years but decided to step down as Chair in November 2019. I would like to thank Peta for her significant contributions and am pleased that she will continue to serve as a committee member. Professor Bryan Burmeister has kindly accepted the role of IDSMC Chair. Bryan has an in-depth understanding of TROG trials and processes, and he is well known to the membership.

We acknowledge the enormous efforts of TSC and Subspecialty Working Party members throughout the year, particularly as much of their work is performed on a voluntary basis. A big thank you to the subcommittees that report to the TSC, and I further extend my gratitude to staff at the TROG Central Operations Office who work tirelessly to ensure that everything runs smoothly.

A MESSAGE FROM THE FINANCE AUDIT & RISK MANAGEMENT COMMITTEE



Dr. Tim Kuypers

I am pleased to be able to share that TROG Cancer Research delivered a solid financial result in 2019.

Despite slightly reduced revenue (down \$90,074 to \$2,463,616) TROG earned a surplus of \$18,526 - an improvement of \$62,806 on the previous year. This result maintained TROG's accumulated surplus (our reserves for dealing with future challenges) at over \$1m. We continued to earn revenue from a range of sources with around 60 per cent of income coming from fee for service and the remainder being made up of grants and donations.

TROG management successfully focused on controlling costs in 2019 delivering a reduction in staff costs of 7 per cent (our largest cost) and an 11 per cent reduction in administration costs in comparison to the year previous.

The Finance Audit and Risk Management Committee (FARM), a sub-committee of the board, met regularly during 2019. The FARM Committee had two main priorities in 2019. The first was to improve the accounting treatment of revenue, that is ensuring revenue is recognised in the accounts when the work is undertaken. This was important given the introduction of new accounting standards dealing

with revenue recognition in 2020. The second priority was to ensure that TROG's fee for service contracts adequately cover all costs. Progress was made on both priorities in 2019 and the independent financial audit confirmed with the improvements implemented during 2019 TROG would be compliant with the new accounting standards. The benefits of improving cost recovery for fee for service contracts will be felt over a number of years as there are a large number of legacy multi-year contracts.

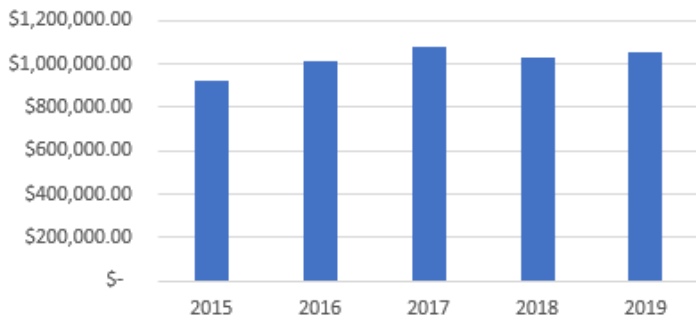
The FARM Committee' focus for 2020 and beyond is to continue to improve TROG's financial performance through continued delivery of excellent outcomes for grant funders, improvement in our fee for service financial outcomes, and a relentless focus of cost efficiency. Improved future surpluses for TROG will allow our accumulated surplus to increase to weather future challenges and also allow TROG to invest in research including in emerging Australian research leaders.

I wish to thank my fellow members of the FARM Committee for their diligence and commitment and the CEO and wider TROG Team for their hard work during 2019.

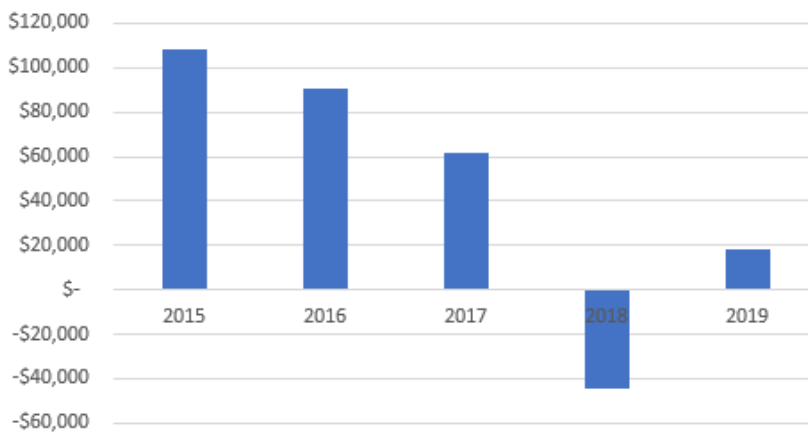
FINANCE REPORT

TROG 2019

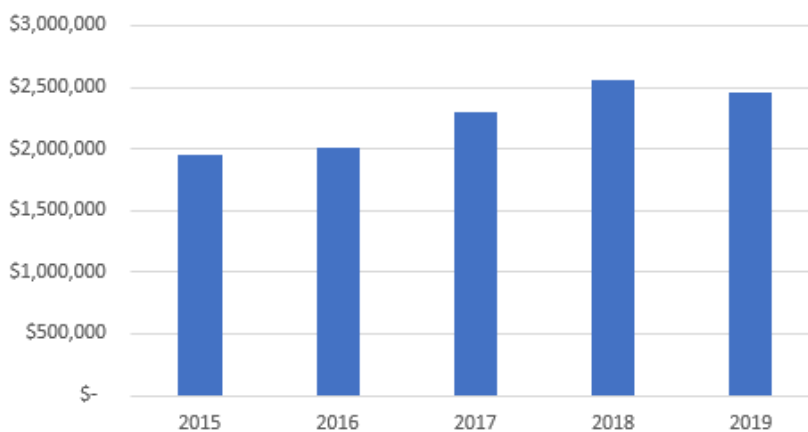
TROG ACCUMULATED SURPLUS 2015 - 2019



TROG SURPLUS 2015 - 2019



TROG REVENUE 2015 - 2019



BOARD OF DIRECTORS

TROG 2019



Dr. Giuseppe Sasso

President

(March 2019 ongoing)

Giuseppe (Peppe) is the TROG President and the Clinical Director of the Radiation Oncology Department at Auckland City Hospital, Auckland District Health Board, the past Chairman of the Radiation Oncology Working Group of the New Zealand Ministry of Health, and Honorary Academic at the University of Auckland.

He has worked as a radiation oncologist in Italy, UK, Australia, France, Abu Dhabi and New Zealand. He is specialised in the treatment of genito-urinary and head and neck cancers; with a special interest in stereotactic ablative body radiotherapy (SABR) and use of MR imaging in radiation therapy.



Prof. Trevor Leong

Scientific Committee Chair

Trevor is a Consultant Radiation Oncologist and immediate past Director of Radiation Oncology at Peter MacCallum Cancer Centre in Melbourne, VIC. He is internationally recognised as a leader in the management and research of gastrointestinal cancers, and is actively involved as Trial Chair for numerous TROG Collaborative trials.

Trevor has been involved with TROG activities for more than 17 years as a trial chair, member and Chair of the TROG Scientific Committee and Board Director, as well as being a key contributor to clinical trial radiation therapy quality assurance.



Dr. Fiona Hegi-Johnson

Full Member Director

Fiona is a Radiation Oncologist at the Peter MacCallum Cancer Centre in Melbourne, VIC. She is also Conjoint Senior Lecturer at the University of Newcastle.

Clinically, she specialises in the treatment of patients with head and neck, lung, and breast cancer. Fiona is the Chair of the TROG Lung Working Party and a member of the TROG Finance Audit & Risk Management Committee.



A/Prof. Puma Sundaresan
Full Member Director

Puma is a consultant Radiation Oncologist at Blacktown and Westmead Hospital, specialising in head and neck, gastrointestinal and haematological malignancies.

She is also the publications portfolio lead for the TROG Scientific Committee. As Associate Professor at the University of Sydney, she is actively involved in teaching and research supervision of medical and allied health students.



Prof. Annette Haworth
Full Member Director
(May 2019 ongoing)

Annette is a Professor of Medical Physics and Director at the Institute of Medical Physics at the University of Sydney and has more than 20 years of clinical experience.

She has been involved in TROG Cancer Research activities for over 15 years including membership of the New Techniques and Technologies Committee, the TROG Scientific Committee, TROG Radiation Therapy Quality Assurance Team, a TROG representative on the Global Harmonisation Group as well as a member of multiple Trial Management Committees.

Annette's contribution to TROG was recognised in 2017 with a TROG Life Member Award.



Dr. Tim Kuypers
Independent Director

Tim is an experienced non-executive Director and Senior Executive with significant expertise in highly regulated industries such as health, transport and telecommunications.

Currently, he is a Special Advisor for HoustonKemp Economists and the Principal at Walbrook Partners, a rail safety consulting firm.

He sits on the Rail Industry Safety and Standards Board and the Metro Trains Melbourne Board Safety Committee.

Tim is the current Chair of the TROG Finance Audit & Risk Management Committee.



Mr. Denis Byron

Independent Director

(March 2019 ongoing)

Denis is a recently retired CEO with very extensive experience in the aged care and primary health sectors of Australia.

He is a Certified Practising Accountant and Australia Institute of Company Directors member. Denis brings a wealth of experience to the TROG Board as an Independent Director, and is a current member of the TROG Finance Audit & Risk Management Committee.



Mr. Rob Ferguson

Independent Consumer Representative

Rob is a Consumer Advocate for cancer patients at St Vincent's Hospital Sydney, and a Telephone Support Group Counsellor for Cancer Council.

Rob has formerly been Chair of Muscular Dystrophy Foundation Australia, President of Muscular Dystrophy NSW, and a Director of Colliers International.

Rob is a current member of the TROG Finance Audit & Risk Management Committee.



Dr. Madhavi Chilkuri

RANZCR Representative

Madhavi is a Radiation Oncologist at the Townsville Cancer Centre and Adjunct Senior Lecturer at James Cook University, QLD.

She specialises in the management of head and neck, thoracic and upper gastrointestinal malignancies. She is Dean of the Faculty of Radiation Oncology, Royal Australian and New Zealand College of Radiologists (RANZCR), and also serves on the RANZCR's Board of Directors.

Madhavi is also a valued member of the Australian Institute of Company Directors.




A/Prof. Farshad Foroudi

President

(January – March 2019)

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

- 
- 42 international cancer centres
 - Centres under construction or announced

Icons in cancer care

Icon Group is Australia's largest dedicated cancer care provider with a growing reach into New Zealand and Asia. The Group is built on a strong but simple vision – to deliver the best cancer care possible, to as many people as possible, as close to home as possible.

Our comprehensive services

- Radiation oncology, medical oncology and haematology
- Pharmacy and chemotherapy compounding
- State-of-the-art centres across Australia, New Zealand, Singapore and developments in China
- The latest in treatment techniques and technologies:
 - Icon was the first in Australia to install a Halcyon System – the latest in radiation therapy
 - The first to offer HyperArc treatment – for the benefit of secondary brain tumours

Our dedication to research

- Icon is one of the largest private providers of clinical trials
- Providing patients with access to new cancer treatments via breakthrough trials and research programs
- Over 25 years' experience in medical oncology and haematology trials
- Radiation oncology clinical trials and research
- Actively involved in over 130 trials

To be part of our iconic conversation follow us at:

    or iconcancercentre.com.au

OUR PEOPLE

RESEARCH SERVICES DEVELOPMENT & OPERATIONS

TROG Cancer Research fosters and promotes the design and execution of high-quality cancer clinical trials involving radiation through multi-centre participation and robust trial development procedures. During 2019 we separated the research functions into trial development and trial operations so that we could have dedicated and skilled staff to support each of these functions.

The Trial Development team was implemented to support the TROG study pathway from new proposals to the start-up phase. The Trial Operations team fulfils the functions of the central trial coordinating centre and oversees trial management from open to accrual through to the closeout of the study (whilst assisting in dissemination). TROG Research Services works with our members to:

- Develop robust clinical trial protocols
- Support applications for essential trial/ research funding
- Facilitate patient recruitment and integral data collection
- Monitor patient safety
- Ensure protocol compliance and primary/final endpoints are reported
- Ensure reporting timelines to regulatory agencies are met.

BUSINESS SERVICES

TROG Cancer Research also supports business functions including financial management, human resource management, governance, regulatory compliance, and communication and marketing services in support of our staff, members and trials. In September 2019, TROG successfully outsourced the communications and marketing functions to The Marketing GP, with some new marketing concepts to be implemented in the coming quarters.

In addition, during 2019 we reviewed several contracted services to ensure they were fit for purpose and value for money. This resulted in a change of supplier for the ASM Event Organiser (welcome to Encanta Event Management) and a change in TROG's external Human Resources and WHS provider (held by HR Assured since October 2019).



RADIATION THERAPY QUALITY ASSURANCE

In order for the results of a trial to be published and adopted into clinical practice, data must be accurate. TROG's Radiation Therapy Quality Assurance (RTQA) program provides the framework to monitor radiation therapy protocol compliance and data quality. RTQA also ensures that patient safety and radiation therapy protocol compliance issues on a trial are identified as soon as possible and rectified.

TROG is committed to collaboration with both national and international experts and continues to review international standards for credentialing new techniques and technologies in radiation oncology. Technologically advanced software and procedures are continually being incorporated into TROG's RTQA program. In doing this, we ensure our researchers have access to the best available resources for conducting their research.

The TROG Radiation Therapy Quality Assurance team actively supports clinical trial activities through:

- The development of robust radiation therapy planning, delivery and quality assurance guidelines
- Facilitating the development of guidelines to incorporate new techniques and technology
- Monitoring and feedback on radiation therapy protocol compliance and radiation therapy plan quality
- Maximising collaborative efforts to ensure TROG maintains high standards and responds to changing national and international guidelines

COLLABORATIVE GROUP SERVICES

TROG Cancer Research continues to provide collaborative group services to allow TROG Central Operations Office (TCOO) to provide sponsor oversight of trials independently of Trial Coordination and RTQA functions. Collaborative group services include fulfilling the role of sponsor as well as providing insurance and indemnity, legal contracting, regulatory and monitoring requirements.

SCIENTIFIC COMMITTEE

TROG 2019

Scientific Committee Chair	Prof. Trevor Leong
Portfolio Leader – Publications	A/Prof. Puma Sundaresan
Radiation Oncologist	A/Prof. Michael MacMannus
Radiation Oncologist	A/Prof. Sashendra Senthil
Discipline Representative – Statistics	Prof. Val GebSKI
Discipline Representative – Radiation Therapy	Mr. Rob McDowell January 2019 - March 2019
Discipline Representative – Radiation Therapy	Mr. Raymond Dalfsen May 2019 – August 2019
Discipline Representative – Radiation Therapy	Ms. Shivani Kumar October 2019 ongoing
Discipline Representative – Medical Oncology	Dr. Fiona Day January 2019 – May 2019
Discipline Representative – Medical Oncology	Dr. James Lynham
Discipline Representative – Physics	Prof. Paul Keall
Discipline Representative – Health Economist	A/Prof. Richard De Abreu Lourenco
Interventional Oncology	Dr. Jonathan Tibballs November 2019 ongoing
Special Advisor	C/Prof. Peter Greer
Independent Consumer Representative	Mr. John Stubbs
TROG Research Manager	Mrs. Renee Swanson
TROG Radiation Therapy Quality Assurance Manager	Mrs. Alisha Moore
Secretary	Ms. Rebecca Montgomery



COMMITTEES

TROG 2019

INDEPENDENT DATA SAFETY MONITORING COMMITTEE

The Independent Data Safety Monitoring Committee (IDSMC) ensures that TROG trials fulfil ethical and safety requirements and wherever possible that each trial meets its primary objectives.

The rights, safety and welfare of trial participant are of key consideration in the continual assessment of each TROG trial by the IDSMC. Functioning independently of TROG Central Operations Office, TROG trials and other TROG Committees, and feeding into the TROG Scientific Committee, the IDSMC meet at six-monthly intervals to fulfil these important functions.

Chairperson/ Statistician: Ms. Peta Forder

Radiation Oncologist: Prof. Bryan Burmeister

Medical Oncologist: A/Prof. Eva Segelov

Surgical Oncologist: Dr. Guy Hingston

Radiation Oncologist: A/Prof. Paul Nguyen

NEW TECHNIQUES & TECHNOLOGIES COMMITTEE

The New Techniques & Technologies Committee (NTTC) comprises medical physicists, radiation therapists and radiation oncologists as well as TROG Central Office representatives. The scope of the committee is to provide guidance and where necessary advice on quality assurance requirements for the use of new technology and techniques in TROG trials.

A major consideration for the NTTC in 2019 has been dose reporting with adoption of dose-to-medium for TROG trials. Other new areas of active interest include MRI in RT, and MRI in linacs, interventional oncology, particle beam therapy and molecular radiation oncology. The NTTC has been liaising closely with the Australian Clinical Dosimetry Service who are now performing standardised regular dosimetry audits and the Global Harmonisation Group who are active in many areas.

Chairperson: C/Prof. Peter Greer	Dr. Mahesh Kumar
Mr. Michael Bailey	Mr. Rob McDowall
Ms. Laura Ciurlionis	Mr.s Alisha Moore
Dr. Josh Dass	Mr. Kenton Thompson
Prof. Martin Ebert	Mr. David Willis
A/Prof. Joerg Lehmann	Prof. Annette Haworth
Prof. Tomas Kron	Ms. Olivia Cook
	Ms. Alana Rossi

SECONDARY DATA ANALYSIS COMMITTEE

During 2019, the Secondary Data Analysis Committee (SDAC) has been focusing on developing methods to facilitate secondary analysis by establishing robust governance around the collection and distribution of data. This has included:

- The assessment of proposals submitted under the revised proposals process, with the SDAC assessing five new proposals submitted specifically for secondary analysis of existing trial datasets.
- Assessing previous TROG trials for the availability of associated data including data locations and formats.
- Developing trial dataset descriptions that will be able to be used to make potential collaborators aware of the nature of TROG's data stock.
- Reviewing TROG's template data transfer agreement which will be used to ensure the appropriate and transparent use of data.
- Establishing the compatibility of TROG data with those from other trial groups, with SDAC members participating in a review of organ-at-risk definitions across trial groups, coordinated by the Global Harmonisation Group.

During 2019 the SDAC commenced a planning process to develop better data collation, archive and access infrastructure with the aim to ensure appropriate curation of TROG's data, and for reducing the effort required of TROG central operations staff to make data available to collaborators. This will be a major priority for the SDAC over the coming years.

Chairperson: Prof. Martin Ebert

Ms. Eva Arneric

Ms. Tammy Corica

A/Prof. Richard De Abreu Lourenco

A/Prof. Lois Holloway

Dr. Noel Aherne

Mr. Michael Bailey

Mr. Stuart Greehnam

Mr. Kenton Thompson

Prof. Val Gebski

Dr. Fiona Hegi-Johnson

Mr.s Alisha Moore

Mrs. Renee Swanson

Mrs. Rachael Dykyj



TROG PUBLICATIONS COMMITTEE

Material that is published or presented in the name of TROG Cancer Research is the single most important determinant of TROG's reputation. The TROG Publications Committee (TPC) provides peer review in the form of independent scientific review of material and timelines, helping to maintain high standards and encouraging accurate, thorough and credible research reporting. We are proud to have over 215 publications attributed to TROG.

The TROG Authorship, Publication and Spokesperson guideline remains available to all TROG members via the TROG website, and it is hoped that this provides guidance for investigators and authors regarding TROG sponsored research.

Two TPC meetings were held in 2019 and 16 reviews were completed by the TPC. A breakdown of these reviews can be found below.

	NO. OF MANUSCRIPTS REVIEWED BY TPC IN 2019	NO. OF ABSTRACTS REVIEWED BY TPC IN 2019
Category A	9	3
Category B	0	0
Category C	2	0
TOTAL	13*	3

** This includes two manuscripts that arose that were not related to a category.*

Ten manuscripts arising from TROG sponsored research were published in 2019, with 90 per cent of these manuscripts acknowledging TROG appropriately! We thank all of these authors for continuing to ensure TROG receives the appropriate acknowledgement. For details of these published manuscripts, please refer to page 36.

We are looking forward to a busy 2020 with a number of TROG trials nearing data maturity time-points!

Chairperson: A/Prof. Puma Sundaresan

Discipline Representative – Statistics: Prof. Val Gebski

Radiation Oncologist – Scientific Committee Chair: Prof. Trevor Leong

Secretary: Mr. Patrick Wheeler

A MESSAGE FROM THE CONSUMER ADVISORY PANEL



John Stubbs

As a member of the Cancer Clinical Trials Consumer Network, TROG plays a significant role as a member encouraging other trial groups to see the importance of radiation technology in cancer treatment.

This is my third year as Chair of the Consumer Advisory Panel (CAP) and also my sixth year as a TROG Consumer.

The design and structure of clinical trials have changed Dramatically over the past years with patients being an integral element in the design and conduct of the trial. Consumers have the unique opportunity to contribute their expertise and knowledge as a person who has a cancer diagnosis.

Consumer input to clinical trials either through assistance in design, consent, information for participants is now viewed by funders as a given.

The past year has been somewhat difficult for trial groups across the health sector with a reduction in funding available to researchers and clinicians to undertake this important work that we know leads to better health outcomes.

The aim of TROG's CAP is to support consumers (or patient advocates) who provide input into TROG's clinical trials and research program. Our role now is

to advocate for increased funding for TROG as well as advising its members of any approaches in research that may be regarded as unethical or inappropriate, together with suggestions on ways to better inform or include participants in research.

TROG CAP members are engaged in the TROG family through various channels including Board membership, the TROG Scientific Committee, and Fundraising. This engagement provides the opportunity for the patient voice to be integral to the role and mission of TROG.

I know first-hand what it is like to be part of a clinical trial. Diagnosed with Chronic Myeloid Leukaemia in 2000 I volunteered to take part in a clinical trial testing a new drug treatment. So, like many other consumers I joined TROG's CAP hoping to provide help and support to others who are facing diagnosis and the opportunity to undergo a clinical trial.

As health consumers and advocates we are members of an august group of people and it is now our job to promote and encourage access to clinical trials.

GenesisCare specialises in the treatment of cancer and heart disease



The organisation employs more than

3,000 highly-trained healthcare professionals

and support staff across **Australia and Europe**, including some of the world's most experienced specialists, with plans to expand into the **U.S. in 2020**



Every year GenesisCare clinical teams see more than

160,000 people at more than **150** locations

For cancer treatment, that includes **14 centres in the UK, 21 in Spain and 38 in Australia**, with more than 20 new centres under development.



Our purpose is to design care experiences that get the best possible life outcomes. We believe that care should be focused on the individual, not the condition, and are proud of our **patient satisfaction ratings**, which place us in the

Top 1% of outpatient healthcare organisations globally



We're committed to leading the change in how care is designed and delivered and are currently leading or participating in more than

150 clinical trials

RESEARCH ACHIEVEMENTS

TROG 2019 OVERVIEW

Balancing the risk of side effects with the potential benefit of treatment is a big part of making decisions about treating any cancer.

Focusing on radiation therapy as a treatment, some of TROG Cancer Research's key research areas include head and neck, skin, breast, bladder, lungs and prostate.

Working with more than 80 cancer treatment centres and hospitals in Australia and New Zealand, as well as collaborating across 30 countries internationally, TROG Cancer Research has been involved with 110 trials with the help of 14,715 patients.

RESULTS STAND TO CHANGE CLINICAL PRACTICE WORLDWIDE

TROG 08.03 RAVES TRIAL

Over 21,000 new cases of prostate cancer are diagnosed each year across Australia and New Zealand, with surgery being the most common treatment. More than a third of patients will have high-risk features placing them at significant risk of their cancer returning.

The strategy of treating these high-risk patients with radiotherapy soon after surgery (called adjuvant radiation therapy) has been shown to halve the risk of the cancer returning, and is currently recommended by both European and American urological guidelines.

An alternative approach is to use radiation therapy only if a rising PSA shows the cancer is active (called surveillance with salvage radiation therapy). While adjuvant radiation therapy benefits a proportion of patients, it exposes all men to risks of bladder and bowel problems, and can compromise any recovery of erectile functioning.

Launched in 2009, the RAVES trial is the first study in the world to address the role and timing of radiation therapy after surgery for prostate cancer. It has shown surveillance with early salvage radiation therapy has similar rates of controlling cancer to adjuvant radiation therapy and is associated with fewer urinary problems.

After 5 years of follow-up, 86 per cent of patients in the adjuvant radiation therapy arm were free from relapse measured by PSA tests, compared with 88 per cent in the salvage radiation therapy arm.

The phase III randomised clinical trial was led by Dr. Maria Pearse from Auckland Hospital and A/Prof. Andrew Kneebone from Royal North Shore Hospital.

333 men were enrolled at 32 radiation therapy centres across Australia and New Zealand. Patients were randomly allocated to receive radiation therapy within 6 months after surgery. All men who had radiation therapy received the same dose of 64Gy. Symptoms, PSA, and patient quality of life were assessed regularly in both groups.

TROG's long history of implementing effective quality assurance programmes for radiation therapy trials meant that the RAVES trial could be designed without key limitations of the previous trials.

Future analyses will look at side effects and quality of life, more effective ways to identify high-risk patients, and explore the relationship between radiation therapy delivery technique and risk of side effects. Data will also be pooled with two similar trials in Britain and France for a combined analysis of over 2000 patients, providing enough patients to compare the two treatments in relation to survival.

This trial was funded with grants from the New Zealand Health Research Council, Australian National Health Medical Research Council, Cancer Council Victoria, Cancer Council NSW, Auckland Hospital Charitable Trust, Trans-Tasman Radiation Oncology Group Seed Funding, Genesis Oncology Trust, Royal Australian and New Zealand College of Radiologists, Cancer Institute NSW, Prostate Cancer Foundation Australia, and Cancer Australia.



WORKING PARTIES

YEAR IN REVIEW

BREAST WORKING PARTY

CHAIR | PROF. BOON CHUA

It has been a busy year for the trials in the TROG breast portfolio, particularly for Professor Boon Chua's TROG-led BIG 3-07 / TROG 07.01 DCIS study in collaboration with clinical trials groups of the Breast International Group network.

A total of 1,608 patients from 130 centres in 11 countries were randomised in the study. The group is soon to publish the first two of a series of papers focusing on patient-reported outcomes led by Professor Madeleine King in The Lancet Oncology, and cosmetic outcomes led by Professor Ivo Olivetto in Radiotherapy and Oncology. The much anticipated main analysis is in preparation with data lock scheduled for Q2 2020, and release of results planned for Q4 2020.

Congratulations to Professor Tomas Kron for completion of the HART study and pending manuscript publication.

A key milestone was reached in Professor Boon Chua's EXPERT study with randomisation of over 300 patients. Thirty-one of 36 Australian and New Zealand centres are active, and international activation involving centres in Europe, Asia and South America is planned for late 2020.

Congratulations to Dr. Steven David's new proposal, TROG NP19K AVATAR which has successfully navigated through the TROG development process.

LUNG WORKING PARTY

CHAIRS | DR. FIONA HEGI-JOHNSON & DR. YU YANG SOON

The Lung Working Party continues to be productive and innovative, expanding further into the space of combined modality trials and investigating a broader role for SABR in the radical management of oligometastatic disease.

This was an unmet area of need in our existing portfolio and the proposal was warmly supported by the group.

SARON, a Cancer Research UK led study, further investigates the role of SABR in the radical management of oligometastatic non-small cell lung cancer (NSCLC). It is also gratifying to note the publication of CHISEL, Professor Ball's groundbreaking study, that has helped to establish the role of SABR.

We look forward with interest to seeing the response to new developments in thoracic oncology in 2020.

GU WORKING PARTY

CHAIRS | A/PROF. DAVID PRYOR & A/PROF. SHANKAR SIVA

The last year saw some major milestones for the GU group. Congratulations go to A/Prof. Andrew Kneebone, Dr. Maria Pearce and the entire TROG 08.03 RAVES team for their presentation of the primary analysis at the ASTRO Conference in September 2019.

Prof. Jim Denham and the TROG 03.04 RADAR team published 10-year outcomes in the Lancet Oncology journal whilst Prof. Paul Keall, Prof. Jarad Martin and the TROG 15.02 SPARK team submitted their final analysis to the Red Journal.

A/Prof. Shankar Siva and the TROG 15.03 FASTRACK team achieved a TROG milestone with accrual to our first kidney cancer trial now completed. In the category B trials RAIDER (ICR-CTSU/2014/10049/TROG 14.02) (RCT of adaptive IGRT and dose escalation in bladder cancer) is on track to complete

accrual in the first quarter of 2020. The CORE trial (ICR-CTSU/2015/10052/TROG 16.03) (RCT of SABR for oligorecurrent prostate cancer) completed phase 2 accrual, and will no longer be proceeding to the planned phase 3 component.

The TROG 18.01 NINJA study (RCT of SABR for prostate cancer) continues to score goals with new centres being activated and accrual standing strong.

The TD 19.06 DECREASE trial (SABR for castrate-resistant oligoprogressive prostate cancer) is speeding through the development process and working towards activation.

Thanks to our working party members, all our investigators, centres and TROG central office for their ongoing commitment and we look forward to your involvement in 2020 and beyond.

HEAD & NECK / SKIN WORKING PARTY

CHAIR | PROF. JUNE CORRY

2019 was a relatively quiet year for our TROG led studies. We eagerly await the maturation of trial data from a number of trials within the portfolio, including the TROG 12.01 HPV study.

Professor Gerald Fogarty's MASC led WBRT study, run in collaboration with TROG Cancer Research, was presented at ASTRO and ASCO with the subsequent manuscript published in JCO.

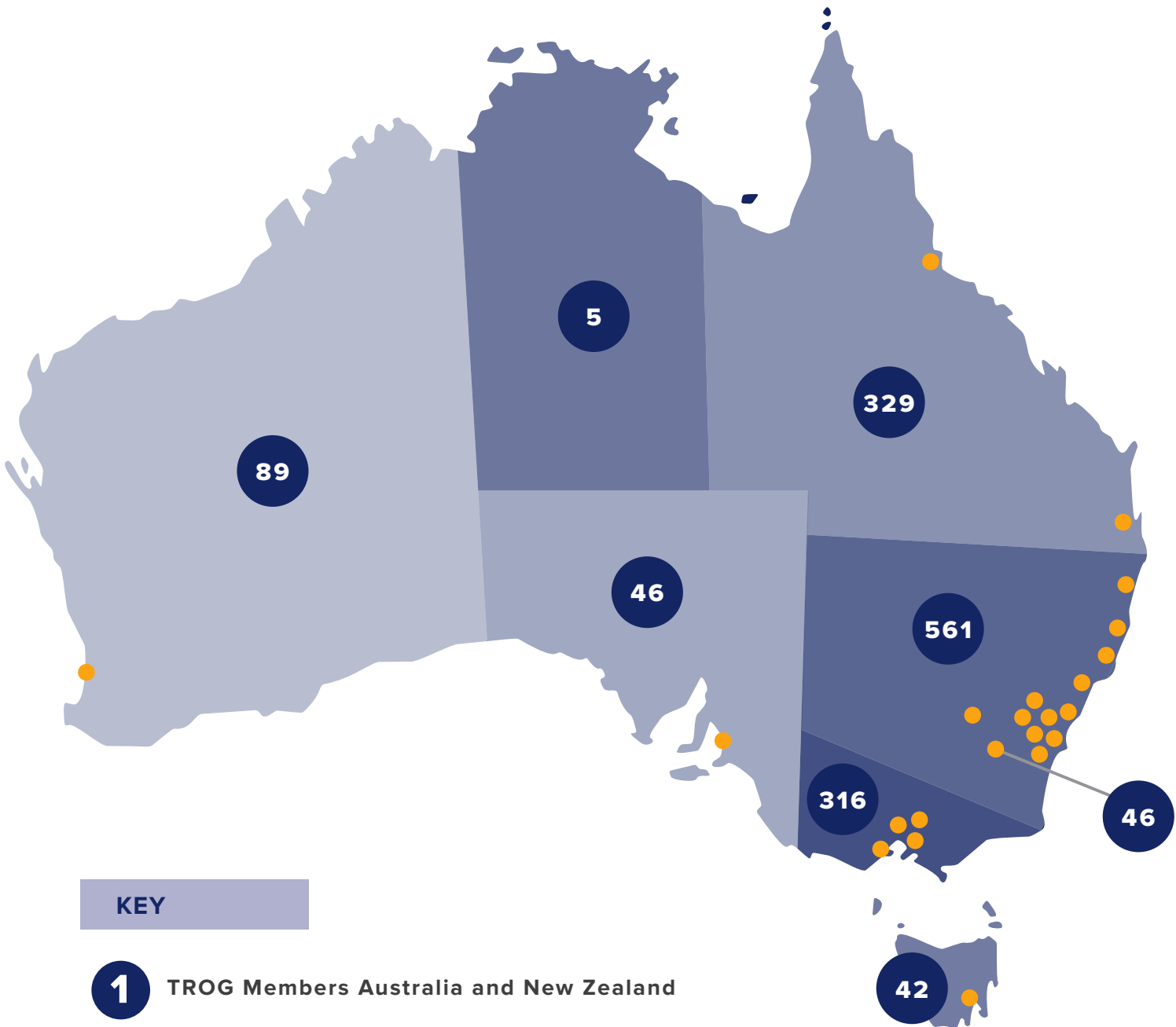
We were pleased to see the C-POST study, led by Professor Danny Rischin and Professor Sandro Porceddu, hit the ground running. This trial, sponsored by Regeneron, aims to show that adjuvant cemiplimab after surgery and radiation therapy will increase disease-free survival for patients with high-risk cutaneous squamous cell carcinoma.

Congratulations to Dr. Lachlan McDowell as his first trial concept sits within the TROG study pathway, and has been awarded a TROG trial development number by the TROG Scientific Committee.

Four new working party members were added, bringing us to 18. I must thank each and every one of you; it is your commitment that allows TROG Cancer Research to continue to facilitate collaboration and high-quality research internationally.

MEMBERSHIP

TROG 2019



KEY

1 TROG Members Australia and New Zealand

● Facility Alliance Membership

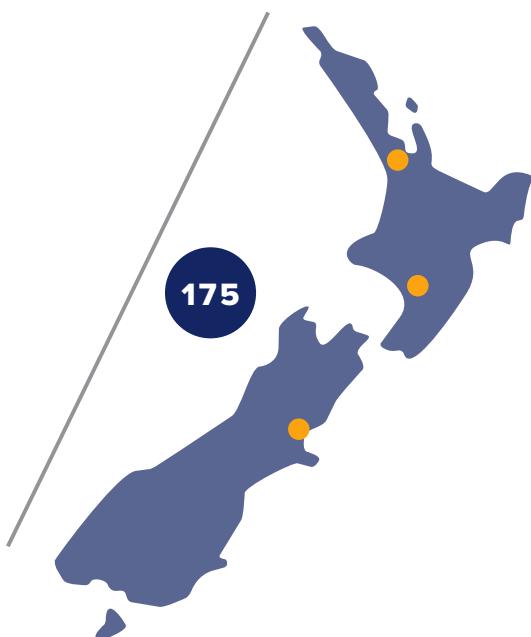
Facility Alliance Membership is also represented Australia-wide by sites owned by ICON and GenesisCare.

TOTAL TROG MEMBERS

DISCIPLINE	2019	FULL	AFFILIATE	OTHER (LIFE ETC)
Radiation Oncologists	306	162	135	9
Radiation Therapists	554	6	548	0
Radiation Oncology Registrars	159	6	153	0
Trial Coordinators/Data Managers	226	4	222	0
Medical Physicists	152	7	144	1
Medical Oncologists	19	1	17	1
Statisticians	13	1	12	0
Consumers	6	0	6	0
Other	147	18	129	0
TOTAL MEMBERSHIP	1582	205	1366	11

FACILITY ALLIANCE MEMBERSHIP

The TROG Facility Alliance Membership (FAM) continues to facilitate important infrastructure, providing ongoing support and value-added services to sites participating in TROG clinical trials and research. Benefits of FAM include: collaborative group services, expertise in RTQA, access to essential software and IT infrastructure as well as training.



OUR PUBLICATIONS

TROG 2019

EAT TROG 12.03 Britton B, Baker A, Wolfenden L, Wratten C, Bauer J, Beck A, McCarter K, Harrowfield J, Isenring E, Tang C, Oldmeadow C, Carter G. Eating As Treatment (EAT): a stepped-wedge, randomised controlled trial of a health behaviour change intervention provided by dietitians to improve nutrition in patients with head and neck cancer undergoing radiotherapy (TROG 12.03). *Int J Radiat Oncol Biol Phys.* 2019 Feb; 103(2):353-62.

RADAR TROG 03.04 Denham J, Joseph D, Lamb D, Spry N, Duchesne G, Matthews J, Atkinson C, Tai K, Christie D, Kenny L, Turner S, Gogna K, Diamond T, Delahunt B, Oldmeadow C, Attia J, Steigler A. Short-term androgen suppression and radiotherapy versus intermediate-term androgen suppression and radiotherapy, with or without zoledronic acid, in men with locally advanced prostate cancer (TROG 03.04 RADAR): 10-year results from a randomised, phase 3, factorial trial. *Lancet Oncol.* 2019 Feb; 20(2):267-81.

CHISEL TROG 09.02 Ball D, Mai T, Vinod S, Babington S, Ruben J, Kron T, Chesson B, Herschtal A, Vaneski M, Rezo A, Elder C, Skala M, Wirth A, Wheeler G, Lim A, Shaw M, Schofield P, Irving L, Le H. Stereotactic ablative radiotherapy versus standard radiotherapy in stage 1 non-small-cell lung cancer (TROG 09.02 CHISEL): a phase 3, open-label, randomised controlled trial. *Lancet Oncol.* 2019 Apr; 20(4):494-503.

ALLG HDNHL04 TROG 03.03 Wirth A, Prince H, Roos D, Gibson J, O'Brien P, Zannino D, Khodr B, Stone J, Davis S, Hertzberg M. A Prospective, Multicenter Study of Involved-Field Radiation Therapy With Autologous Stem Cell Transplantation for Patients With Hodgkin Lymphoma and Aggressive Non-Hodgkin Lymphoma (ALLG HDNHL04/TROG 03.03). *Int J Radiat Oncol Biol Phys.* 2019 Apr; 103(5):1158-1166.

RAVES TROG 08.03 Cloak K, Jameson M, Paneghel A, Wiltshire K, Kneebone A, Pearse M, Sidhom M, Tang C, Fraser-Browne C, Holloway L, Haworth A. Contour variation is a primary source of error when delivering post-prostatectomy radiotherapy: Results of the Trans Tasman Radiation Oncology Group 08.03 Radiotherapy Adjuvant Versus Early Salvage (RAVES) benchmarking exercise. *J Med Imaging Radiat Oncol.* 2019 Jun; 63(3):390-8.

PORTEC-3 (CKTO 2006-04/TROG 08.04) de Boer S, Powell M, Mileskin L, Katsaros D, Bessette P, Haie-Meder C, Ottevanger P, Ledermann J, Khaw P, Colombo A, Fyles A, Baron M, Kitchener H, Nijman H, Kruitwagen R, Nout R, Verhoeven-Adema K, Smit V, Putter H, Creutzberg C; PORTEC study group. Adjuvant chemo-radiotherapy versus radiotherapy alone in women with high-risk endometrial cancer (PORTEC-3): patterns of recurrence and post-hoc survival analysis of a randomised phase 3 trial. *Lancet Oncol.* 2019 Jul; 20(9):1273-85.

SPARK USYD/TROG 15.01 Wolf J, Nicholls J, Hunter P, Nguyen D, Keall P, Martin J. Dosimetric impact of intrafraction rotations in stereotactic prostate radiotherapy: A subset analysis of the TROG 15.01 SPARK trial. *Radiother Oncol.* 2019 Jul; 136:143-7.

SPARK USYD/TROG 15.01 Hewson E, Nguyen D, O'Brien R, Kim J, Montanaro T, Moodie T, Greer P, Hardcastle N, Eade T, Kneebone A, Hruba G, Hayden A, Turner S, Siva S, Tai K, Hunter P, Sams J, Poulsen P, Booth J, Martin J, Keall P. The accuracy and precision of the KIM motion monitoring system used in the multi-institutional TROG 15.01 Stereotactic Prostate Ablative Radiotherapy with KIM (SPARK) trial. *Med Phys.* 2019 Nov; 46(11): 4725-37.

MASC 01/07/TROG 08.05 Hong A, Fogarty G, Dolven-Jacobsen K, Burmeister B, Lo S, Haydu L, Vardy J, Nowak A, Dhillon H, Ahmed T, Shivalingam B, Long G, Menxies A, Hruba G, Drummond K, Mandel C, Middleton M, Reisse C, Paton E, Steel V, Williams N, Scolyer R, Morton R, Thompson J. Adjuvant Whole-Brain Radiation Therapy Compared With Observation After Local Treatment of Melanoma Brain Metastases: A Multicenter, Randomized Phase III Trial. *J Clin Oncol.* 2019 Nov; 37(33): 3132-41.

Intelligent Cancer Care

Welcome to a new era in oncology

It's been said that the next wave of progress in oncology will come from an increased ability to harness the power of technology—collecting and analysing data to enable better, faster decision-making in clinical care and business processes.

That next wave is here. We call it **Intelligent Cancer Care™**.

Learn more at varian.com/intelligent

TROG EVENTS

TROG 2019 OVERVIEW

The TROG Cancer Research Annual Scientific Meeting (ASM) continues to be our premier scientific event for showcasing TROG trials as well as discussing new trials and concepts. 2019 was no exception with a packed program including several networking opportunities. The ASM also allows us to recognise excellence with the TROG Awards.

Connecting with the local community has always been important to TROG Cancer Research. Our annual Tea4TROG event allows us to connect with local businesses as well as local community members. Following our past success with Tea4TROG, in 2019 we expanded the event to include satellite sites allowing participation to be broader than the Newcastle region.

TROG Cancer Research was pleased to partner with the Myall Lake Veteran Golf Club again in 2019 to host a charity golf event. This annual event has become part of the regular calendar for golf veterans in the region and also draws participants from further abroad. Events such as this charity golf day are a great opportunity to raise awareness in the community of the life-changing research conducted by TROG Cancer Research.



ANNUAL SCIENTIFIC MEETING

TROG EVENTS 2019

More than 350 people attended the TROG 2019 Annual Scientific Meeting (ASM) in Melbourne, Victoria in March.

Delegates heard from a host of engaging and knowledgeable speakers including Dr. Nicholas van As, Medical Director of the Royal Marsden in the UK, A/Prof. Rebecca Howell from the University of Texas MD Anderson Cancer Center in the USA and Dr. Constantinos Sofocleous from the Weill-Cornell Medical College of Cornell University, from the USA.

The event kicked off with a heartfelt Welcome to Country by Ian Hunter from the Wurundjeri people, who spoke of his own family's experiences with cancer.

Our plenaries included presentations on particle therapy, SABR, interventional oncology and combined radiation therapy/drug treatment. For the first time, a Clinical Interventional Oncology (IO) Symposium was held in conjunction with the TROG ASM and was well attended.

The IO Symposium provided a forum for delegates involved in this rapidly expanding field to gain clinical knowledge in interventional oncology as well as discuss future research proposals. Our concurrent workshops in clinical research, technical research and the RANZCR SMART workshop were also well attended.

The Melbourne Cricket Ground Members Lounge provided an excellent venue for our TROG 30th Anniversary Gala dinner with attendees dressed for the dinner theme of Melbourne Fashion Week. As guest speaker, A/Prof. Peter O'Brien reminisced on the humble beginnings of TROG from 30 years ago to a successful not-for-profit trials group with an international reputation for excellence in radiation therapy research.



TROGIE AWARD WINNERS

TROG EVENTS 2019



OUTSTANDING CONTRIBUTION TO TROG CANCER RESEARCH

This award recognises outstanding mid-career researchers who have made significant contributions to the field of radiation oncology and/or in the development of emerging technology/techniques that have advanced oncology treatments; and have demonstrated service to TROG.

Prof. David Christie was awarded the Outstanding Contribution to TROG award for his leadership and dedication in transforming TROG's operation from a small fledgling group of interested clinicians to an internationally recognised world-class clinical trials group.



TRIAL EXCELLENCE AWARD

This award recognises outstanding performance in trial conduct and significant contribution to the field of radiation oncology through the conduct of high-quality clinical trials/research.

Prof. Paul Keall and Prof. Jarad Martin were awarded the Trial Excellence award for leading the TROG 15.01 (SPARK) Trial – Efficacy of Kilovoltage Intrafraction Monitoring (KIM) in men with prostate cancer undergoing stereotactic prostate radiotherapy. This is a Phase 2 trial which was developed, competitively funded and activated at a remarkable pace. It has 6 publications and 6 presentations in the lead up to their manuscript reporting primary outcome analyses.



LIFETIME MEMBERSHIP AWARD

We wish to congratulate Professor Tomas Kron on receiving the TROG Cancer Research Lifetime Membership Award! Prof. Kron has been working alongside TROG Cancer Research for over twenty years, and has been a key contributor to the success of our research and clinical trials.

Prof. Kron also plays an important role as an advisor on the New Techniques and Technology committee, helping us to maintain leading quality assurance systems and policies.



TEA4TROG

TROG EVENTS 2019

As our TROG Cancer Research High Tea Fundraiser grows in success year on year, 2019 proved to be no exception with the sold-out event reaching record numbers in October.

Our event sponsors included ACIM Solutions, Monica Clare Recruitment and Varley Group with support from local companies such as Seed Consulting and The Marketing GP.

Hosted by cancer survivor and radio broadcaster Julie McCrossin, the event was both entertaining and informative as Julie spoke of her own experience of Head and Neck radiation therapy and her amazingly positive results.

Our guest speaker, A/Prof. Puma Sundaresan, consultant radiation oncologist at Blacktown and Westmead Hospital, member of the TROG Scientific

Committee and TROG Board member, provided an inspiring and informative presentation on TROG's processes. Focusing on trial development from initial stages through to end results of changing clinical practice, she provided guests with insight into the vital role TROG Cancer Research plays for researchers, medical Professionals, patients and the wider community.

As well as enjoying a sumptuous high tea, guests showed great generosity taking part in a silent auction and raffle with plenty of donated prizes.

This year for the first time we offered a chance for companies or individuals to host their own Tea4TROG, with numerous successful events taking place across the country during the month of October, all funds raised going directly to TROG Cancer Research clinical trials.



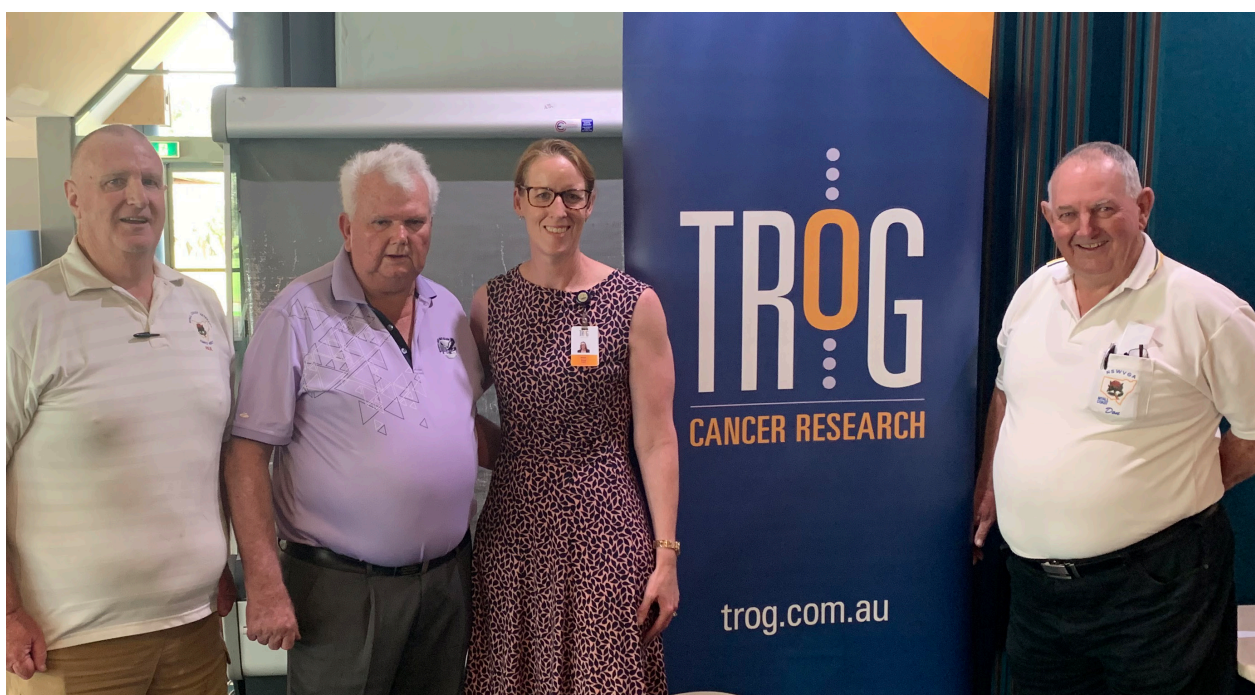
MYALL LAKES GOLF DAY

TROG EVENTS 2019

The Myall Coast Veteran Golfers Club continues to support TROG Cancer Research by hosting their annual Cancer Charity Day year after year.

The group donated over \$3,000 to TROG Cancer Research, which they raised at Hawks Nest Golf Club in November during the 2019 event. Blessed with beautiful golfing weather, the day consisted of a shotgun round of golf followed by an auction and raffles. The 2019 event once again fulfilled its expectation as a highlight on the groups golfing and fundraising calendar.

President of the Myall Coast Veteran Golfers, Mr. Don Henderson, has said that TROG Cancer Research is an organisation they are very pleased to support as several of their members have suffered from different types of cancer at one time or another. TROG Cancer Research are proud of this long-standing association with the Myall Coast Veteran Golfers Club and look forward to the success of future events.



CELEBRATING 30 YEARS OF GLOBAL PROGRESS AGAINST CANCER

Over three decades, TROG Cancer Research has facilitated over 100 clinical trials that have helped improve the outcome and quality of life for more than 14,500 cancer patients globally.

Over that time, the prognosis of cancer patients has improved considerably: in the 1980s the cancer survival rate was less than 50 per cent. Today for some cancers the survival rate is as high as 90 per cent.

Providing hope to people with all cancers through one treatment – radiation therapy – TROG Cancer Research has become one of the largest clinical trial groups in Australia and New Zealand working with hospitals, universities, cancer centres and the wider community.

TROG Cancer Research CEO, Susan Goode, acknowledged the unwavering support of the medical and Australian/New Zealand community as a significant contributor to the organisation's success.

“We’ve come a long way since our humble beginnings in 1989 when members of seven radiation therapy centres across Australia and New Zealand formed clinical trial groups to advance the study of cancers that could be treated with radiation therapy,” Susan said.

“Today we have medical Professionals approaching us from around the world with new ideas on how to use radiation therapy to improve quality of life and treatment of a specific cancer disease. One in two cancer patients will benefit from radiation therapy, so the research we conduct is vital.

“By collaborating and bringing to life these concepts in a managed environment, we’ve been able to achieve great advancements in cancer patient care and outcomes that have changed the way patients are treated worldwide.”

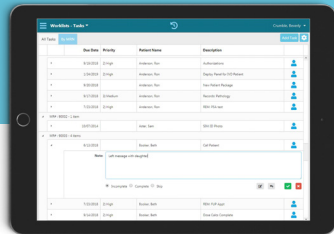
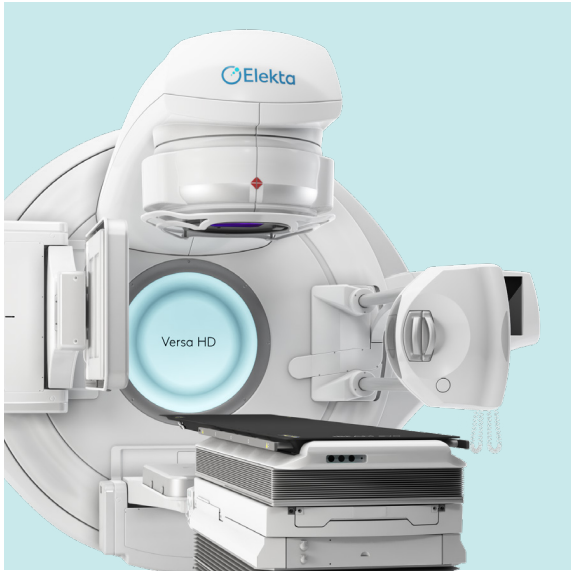
TROG Cancer Research trials have been run in more than 200 hospitals and cancer centres in urban hubs and regionally around the world, including Australia, New Zealand, United Kingdom, Asia, Canada, Europe and South America.

With over 30 years of technological advancement in radiation therapy and a better understanding of tumour biology, we have improved the efficacy of radiation therapy for patient treatment.

“Although our clinical trials have facilitated great advancements in the way that different cancers are treated and have improved the quality of life for patients, there’s still much to be done,” Susan said.

“Radiation therapy remains an important curative treatment option, however, ongoing research is still needed to ensure we can progress the ways we use this advanced technology to outsmart the many strains of the cancer disease.”

TROG Cancer Research has facilitated over 100 cancer research trials over 30 years to enable researchers to better understand cancer and discover more effective ways of managing and treating it.



We are Precision Radiation Medicine.

Elekta is committed to ensuring everyone in the world with cancer has access to—and benefits from—more precise, personalized radiotherapy treatments.

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**AWARD WINNING
Elekta Care
SERVICE**



STUDY PORTFOLIO

FULL TROG TRIAL LIST 2019

BREAST

AZTEC (PMC 17/013 / TROG 17.05) A randomised phase II trial comparing the efficacy of single fraction or multi-fraction SABR (Stereotactic ablative body radiotherapy) with Atezolizumab in patients with advanced Triple-negative breast cancer.

AVATAR (NP 19K) A randomised phase II trial comparing the efficacy of single fraction or multi-fraction SABR (Stereotactic Ablative Body Radiotherapy for Oligoprogressive Luminal Breast Cancer) with Atezolizumab in patients with advanced Triple-negative breast cancer.

TAILOR RT (CCTG MA.39/TD 17.08) A randomised trial of regional radiotherapy in biomarker low-risk node-positive breast cancer.

PET LABRADOR (TROG 12.02) PET scans for locally advanced breast cancer and diagnostic MRI to determine the extent of operation and radiotherapy.

Local HER-O (TROG 16.02) A phase II study of local therapy only (stereotactic radiosurgery and or surgery) for treatment of up to 5 brain metastases from HER2+ breast cancer.

EXPERT (ANZ 1601/BIG 16-02/TROG 16.04) A randomised phase III trial of adjuvant radiotherapy versus observation following breast-conserving surgery and endocrine therapy in patients with molecularly characterised low-risk luminal A early breast cancer (EXPERT).

DCIS (TROG 07.01/BIG 3-07) A randomised phase III study of radiation doses and fractionation schedules in non-low risk ductal carcinoma in-situ (DCIS) of the breast.

STARS (TROG 08.06) A Randomised comparison of anastrozole commenced before and continuing during adjuvant radiotherapy for breast cancer versus anastrozole and subsequent anti-oestrogen therapy delayed until after radiotherapy.

SUPREMO (Mr.C/BIG 2-04/TROG 11.01) A phase III randomised trial to assess the role of adjuvant chest wall irradiation in 'intermediate risk' operable breast cancer following mastectomy. SUPREMO (Selective Use of Postoperative Radiotherapy after Mastectomy) BIG 2-04.

MA.20 (NCIC CTG/TROG 03.05) A Phase III Study of Regional Radiation Therapy in Early Breast Cancer.

APBI (TROG 06.02) A Multi-centre Feasibility Study of Accelerated Partial Breast Irradiation Using Three-Dimensional Conformal Radiation Therapy for Early Breast Cancer.

RAPID (OCOG/TROG 10.02) Randomized trial of accelerated partial breast irradiation.

HART (TROG 14.04) Deep Inhalation Breath Hold for reduction of cardiac toxicity in patients with left-sided breast cancer undergoing radiotherapy.

CATEGORY

STATUS

C

New Proposal

C

New Proposal

B

Development

A

Open

A

Open

C

Open

A

Open

A

Open

B

Open

B

Closed

A

Closed

B

Closed

A

Closed

Cavilon Breast (TROG 04.01) A Paired Double-Blind Randomised Comparison of Cavilon Durable Barrier Cream (CDBC) to 10 per cent Glycerine (“Sorbolene”) Cream in the Prophylactic Management of Post-Mastectomy Irradiation Skin Care.

TROG 89.02 Simultaneous Adjuvant Radiation and CMF Chemotherapy Following Surgery for Breast Cancer.

CATEGORY	STATUS
A	Completed
A	Completed

GASTROINTESTINAL

SIROCCO (TD 19.02) Sir-spheres implanted with and without Occlusafe balloon micro catheter.

TROG 19D SDA: (Secondary Analysis of 01.04 A randomised trial of Preoperative Radiotherapy for stage T3 Adenocarcinoma).

TROG 19F SDA: (Project relating to 09.01 PROArCT- update of patients’ outcomes).

TOPGEAR (AGITG AG0407GR/TROG 08.08) A randomised phase II/III trial of preoperative chemo-radiotherapy versus preoperative chemotherapy for resectable gastric cancer.

MASTERPLAN (CTC 0245/AGITG AG0118PS/Trog 18.04) A randomised phase II study of MFOLFIRINOX And STereotactic Radiotherapy (SBRT) for Pancreatic Cancer with High Risk and Locally Advanced disease.

IAEA HCC (IAEA E33036) Randomised study of stereotactic body radiation therapy (SRBT) versus transarterial chemoembolization (TACE) in hepatocellular carcinoma.

OESOPHAGUS (TROG 03.01) A randomised phase III study in advanced oesophageal carcinoma to compare dysphagia in patients treated with radiotherapy versus chemo-radiotherapy.

PROARCT (TROG 09.01) A phase II trial of integrated preoperative radiotherapy and chemotherapy with oxaliplatin 5-FU and folinic acid in patients with locally advanced rectal cancer.

TROG 01.04 A Randomised Trial of Preoperative Radiotherapy for Stage T3 Adenocarcinoma of the Rectum.

TROG 03.02 A Feasibility Study to Evaluate Adjuvant chemo-radiotherapy for Gastric Cancer.

TROG 89.03 Upper Aero-Digestive Track (Accelerated RT).

TROG 89.04 Synchronous Radiotherapy and Chemotherapy in Oesophageal Cancer.

TROG 94.01/AGITG IG9401 A Randomised Phase III Clinical Trial Comparing Surgery Alone with Concurrent Preoperative Chemotherapy and Radiation Followed by Surgery For Localised Resectable Carcinoma of the Oesophagus.

TROG 95.01 A Randomised Trial Comparing Adjuvant Protracted Venous Infusion and Bolus 5FU/Leucovorin with Either Early or Late Radiotherapy in Rectal Cancer.

CATEGORY	STATUS
A	Development
D	Development
D	Development
C	Open
C	Open
D	Open
A	Closed
A	Closed
A	Completed
A	Completed
A	Completed
A	Completed
A	Completed
A	Completed

TROG 96.02 Standard Radio-Chemotherapy for Oesophageal Cancer Patients.

TROG 96.03 Concomitant Accelerated Radiotherapy Boost for Good Prognosis Oesophageal Patients.

TROG 98.01 A Phase II Trial Of Preoperative Radiotherapy With Protracted Infusion 5-Fluorouracil For Resectable Adenocarcinoma Of Rectum.

TROG 98.06 Concurrent Radiotherapy and Chemotherapy for Oesophageal Cancer Patients.

TROG 99.02 A Prospective Single-Arm Non-Randomised Study of Concurrent Radiation and Chemotherapy For the Organ Conserving Treatment of Early Anal Canal Cancer.

ONJ2017-003-DV-008259-RaDD Phase I dose escalation study of Radiotherapy and Durvalumab (MEDI4736) in Relapsed/Refractory Diffuse Large B-cell Lymphoma (DLBCL): The RaDD study.

DECO (AG030705 /TROG 08.07) A Randomised Phase II Trial to evaluate the response of Weekly Docetaxel (Taxotere) Chemo-radiotherapy +/- Cetuximab (Erbix) for Localised Resectable Cancer

USYD/TROG 17.03 LARK This study aims to show that incorporating Liver Ablative Radiotherapy utilising Kilovoltage Intrafraction Monitoring (KIM) into liver SABR improves treatment accuracy, patient treatment outcomes, and treatment efficiency.

CATEGORY	STATUS
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A	Completed
A	Completed
A	Completed
A	Completed
A	Completed
D	Open
B	Completed
A	Open

GENITOURINARY

PACE-C (ICR-CTSU/2015/10053/TROG NP19L) Prostate Advances in Comparative Evidence | PACE-C: International randomised study of prostatectomy vs stereotactic body radiotherapy (SBRT) and conventional radiotherapy vs SBRT for organ-confined prostate cancer.

DECREASE (TD 19.06) DarolutamidE + Consolidation RadiothErapy in Advanced proStatE cancer detected by PSMA.

RAIDER (ICR-CTSU/2014/10049/TROG 14.02) A randomised phase II trial of adaptive image-guided standard or dose-escalated radiotherapy in the treatment of transitional cell carcinoma of the bladder.

FASTRACK II (TROG 15.03/ANZUP 16.001) Focal Ablative STereotactic RADiosurgery for Cancers of the Kidney - a Phase II Clinical Trial.

NINJA (TROG 18.01) Novel Integration of New prostate radiation schedules with adJuvant Androgen deprivation.

RAVES (TROG 08.03) A phase III multi-centre randomised trial comparing adjuvant radiotherapy (RT) with early salvage RT in patients with positive margins or extraprostatic disease following radical prostatectomy.

ENZARAD (ANZUP 1303/TROG 14.01) Randomised phase 3 trial of radiation plus androgen deprivation therapy with or without enzalutamide for high risk, clinically localised, prostate cancer.

SPARK (USYD/TROG 15.01) Stereotactic Prostate Adaptive Radiotherapy utilising KIM (Kilovoltage Intrafraction Monitoring) SPARK.

CATEGORY	STATUS
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B	New Proposals
A	Development
B	Open
A	Open
A	Open
A	Open
C	Open
A	Open

TROG 19.04 SDA: Quality Assurance sub-study - Standardizing the process of contouring the proximal bronchial tree and determining tumour centrality by using CHISEL data as gold standard.

CATEGORY **STATUS**

D

Open

TROG 02.03 Randomised phase III trial of radical chemo/radiotherapy vs radiotherapy alone in the definitive management of localised muscle-invasive TCC of the urinary bladder.

A

Closed

RADAR (TROG 03.04) A Randomised Trial Investigating the Effect on Biochemical (PSA) Control and Survival of Different Durations of Adjuvant Androgen Deprivation in Association With Definitive Radiation Treatment for Localised Carcinoma of the Prostate.

A

Closed

PROFIT (OCOG/TROG 08.01) A randomised trial of shorter radiation fractionation schedule for the treatment of localised prostate cancer (Prostate Fractionated Irradiation Trial).

B

Closed

BOLART (TROG 10.01) A multi-centre feasibility study of online adaptive image-guided radiotherapy for muscle-invasive bladder cancer.

A

Closed

TROG 95.03 Phase III Double-Blind Study of Pentosan Polysulphate Sodium (PPS) in the treatment of Late (Chronic) Radiation Proctitis.

A

Completed

TROG 96.01 A Randomised Trial Investigating the Effectiveness of Different Durations of Maximal Androgen Deprivation Prior to and During Definitive Radiation Therapy for Locally Advanced Carcinoma of the Prostate.

A

Completed

TROG 97.01 A Phase II Study of Trans-Urethral Resection Followed by Synchronous Chemo-Radiation in the Definitive Management of Localised Invasive TCC of the Urinary Bladder.

A

Completed

TROG 98.03 Randomised Trial to Compare the Rates of Disease-Free Survival in Margine-Positive Patients After Radical Prostatectomy With or Without Adjuvant Post-Operative Radiotherapy.

A

Completed

TROG 99.06 Phase I/II Study of Trans-Urethral Resection Followed by Modified Synchronous Chemo-Radiation in the Definitive Management of Localised Invasive TCC of the Urinary Bladder.

A

Completed

TOAD (TROG 03.06/VCOG PR 01-03) A Collaborative Randomised Phase III Trial: The Timing of Intervention with Androgen Deprivation in Prostate Cancer Patients with a Rising PSA.

C

Completed

GYNAECOLOGICAL

CATEGORY **STATUS**

PORTEC-3 (CKTO 2006-04/TROG 08.04) Randomised phase III trial comparing concurrent chemoradiation and adjuvant chemotherapy with pelvic radiation alone in high risk and advanced stage endometrial carcinoma.

C

Open

CERVICAL (FIGO STAGE & TUMOUR VOLUME) (TROG 04.02)

A

Closed

HEAD & NECK

TD 18.03 Atezolizumab in low risk HPV OPSCC.

UTILITY (TD 19.07) Unilateral Treatment In all Well-Lateralized Tonsillar Primary Tumours.

TROG 19I SDA: 'Identification of early predictive features of response to radiotherapy in head and neck cancer (secondary analysis of TROG trials - 0704, 0202, 0101).

RTN2 (MASC 01.09/TROG 08.09) A randomised trial of post-operative radiation therapy following wide excision of neurotropic melanoma of the head and neck.

IAEA NPC (IAEA E33039) A Situation Analysis of National Radiotherapy Resources and Patterns of Care for Patients with Nasopharyngeal Carcinoma in Low-Middle Income Countries: Can Enhancing the Quality of Radiotherapy Planning Improve Outcomes.

C-POST (R2810-ONC-1788/TROG 17.11) A randomised, placebo-controlled, double-blind study of adjuvant Cemiplimab versus placebo after surgery and radiation therapy in patients with high risk cutaneous squamous cell carcinoma.

MP3 (TROG 09.03) A phase II efficacy study of chemo-radiotherapy in PET stage II and III Merkel cell carcinoma of the skin.

HPV OROPHARYNX (TROG 12.01) A randomised trial of weekly cetuximab and radiation versus weekly cisplatin and radiation in good prognosis locoregionally advanced HPV-associated oropharyngeal squamous cell carcinoma.

EORTC-1219 ROG-HNCG/TROG 14.03 A blind randomized multi-centre study of accelerated fractionated chemo-radiotherapy with or without the hypoxic cell radiosensitizer nimorazole (Nimoral), using a 15-gene signature for hypoxia in the treatment of squamous cell carcinoma of the head and neck.

REHUM (TROG 17.10) Reanalysis of the TROG 07.03 RadioHUM study using deformable image registration to predict patterns of failure in head and neck cancer patients undergoing treatment with IMRT or 3DCRT.

POST (TROG 05.01) Post-operative concurrent chemo-radiotherapy versus post-operative radiotherapy in high-risk cutaneous squamous cell carcinoma of the head and neck.

RADIOHUM (TROG 07.03) Radiotherapy with humidification in head and neck cancer. A randomized phase III trial of the Trans Tasman Radiation Oncology Group.

CETUXIMAB (TROG 07.04) A Phase I/II trial of Cetuximab, Carboplatin and Radiotherapy for patients with locally advanced Head and Neck Squamous Cell Carcinoma.

EAT (UON/TROG 12.03) Eating As Treatment (EAT): An RCT of psychological training for dieticians to reduce malnutrition and depression in head and neck cancer patients undergoing radiotherapy.

CATEGORY	STATUS
A	Development
A	Development
D	Development
C	Open
D	Open
C	Open
A	Open
A	Open
B	Open
D	Open
A	Closed
A	Closed
A	Closed
C	Closed

EORTC 22996-24002/TROG 01.01 A Phase III Double-Blind, Randomized, Placebo-Controlled Study of Erythropoietin. When Used as an Adjuvant to Radiation Therapy in Patients With Head & Neck Squamous Cell Carcinoma.

TROG 98.02/EFC3344 Randomised Phase II Study of Two Different Strategies for Chemoradiotherapy in Advanced Squamous Cell Carcinoma of the Head and Neck. When Used as an Adjuvant to Radiation Therapy in Patients With Head & Neck Squamous Cell Carcinoma.

ANZMTG 1-02/TROG 02.01 A Randomised Clinical Trial of Surgery Versus Surgery Plus Adjuvant Radiotherapy for Regional Control in Patients With Completely Resected Nodal Metastatic Melanoma. When Used as an Adjuvant to Radiation Therapy in Patients With Head & Neck Squamous Cell Carcinoma.

HEADSTART (CPRR04-EFC4690/TROG 02.02) Phase III Randomized Trial of Concomitant Radiation, Cisplatin, and Tirapazamine (SR259075) Versus Concomitant Radiation and Cisplatin in Patients With Advanced Head and Neck Cancer When Used as an Adjuvant to Radiation Therapy in Patients With Head & Neck Squamous Cell Carcinoma.

TROG 91.01 A Phase III Prospective Randomised Clinical Trial of Accelerated Radiotherapy (ART) for Stage III and IV Squamous Carcinoma of the Upper Aerodigestive Tract.

CATEGORY	STATUS
B	Completed
A	Completed
A	Completed
A	Completed
A	Completed

LUNG

SARON (UCL/13/0594/TD 19.08) Stereotactic Ablative Radiotherapy for Oligometastatic Non-small cell lung cancer.

Health economic analysis of TROG 09.02 - CHISEL data SDA: '(Data from 09.02).

OUTRUN (TROG 17.02) Randomised phase II trial of Osimertinib with or without stereotactic radiosurgery for EGFR mutated NSCLC with brain metastases.

SAFRON II (TROG 13.01/ALTG 13.001) Stereotactic ablative fractionated radiotherapy versus radiosurgery for oligometastatic neoplasia to the lung: A randomised phase II trial.

NIVORAD (ALTG 14/002/CTC0135/TROG 16.01) Randomised phase 2 trial of nivolumab and radiotherapy versus nivolumab alone in advanced non-small-cell lung cancer progressing after first line chemotherapy.

TROG 18A SDA: Radiomics predictors of early-stage non-small-cell lung cancer outcome.

CHISEL (TROG 09.02) A randomised phase III trial of highly conformal hypofractionated image-guided ("Stereotactic") radiotherapy (HypoRT) versus conventionally fractionated radiotherapy (ConRT) for inoperable early stage I non-small-cell lung cancer.

TROG 11.03/ALTG (P_LUNG GP) A randomised phase III trial of high dose palliative radiotherapy (HDPRT) versus concurrent chemotherapy and HDPRT (C-HDPRT) in patients with good performance status, locally advanced/small volume metastatic NSCLC not suitable for radical chemo-radiotherapy.

CATEGORY	STATUS
B	Development
D	Development
A	Open
A	Open
C	Open
D	Open
A	Closed
A	Closed

TROG 03.07 A Randomised Phase II Study of Two Regimens of Palliative Chemoradiation Therapy in the Management of Locally Advanced Non-Small-Cell Lung Cancer.

TROG 99.05 Tumour Volume as an Independent Prognosis Factor in Patients with Non-Small Cell Lung Cancer: A Protocol for a Progressive Database.

QUARTZ (Mr.C LU24/TROG 07.02) A phase III multi-centre randomised controlled trial to assess whether optimal supportive care alone (including dexamethasone) is as effective as optimal supportive care (including dexamethasone) plus whole-brain radiotherapy in the treatment of patients with inoperable brain metastases from non-small cell lung cancer (Quality of Life After Treatment for Brain Metastases).

CATEGORY	STATUS
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A	Completed
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A	Completed
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B	Completed
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LYMPHOMA

FOLSTART (TD 19.01) A multi-centre randomized controlled trial of investigator's choice systemic therapy compared with the same systemic therapy plus low dose involved-field radiation therapy in stage IIIA low-grade follicular lymphoma.

PCNSL (TROG 01.02) A Phase II Study of Idarubicin-Based Combined Modality Therapy in Primary Central Nervous System Lymphoma.

MALT LYMPHOMA (TROG 05.02) A prospective single-arm trial of involved field radiotherapy alone for stage I-II low grade non-gastric marginal zone lymphoma.

FOLLICULAR LYMPHOMA (TROG 99.03) A Randomised Multicentre Trial Of Involved Field Radiotherapy Versus Involved Field Radiotherapy Plus Chemotherapy In Combination With Rituximab (Mabthera®) For Stage I – II Low-Grade Follicular Lymphoma.

ALLG HDNLHL04/TROG 03.03 An ALLG/TROG Prospective Multicentre Study of Involved-Field Radiotherapy with Transplantation for Patients with Hodgkin's Disease and non-Hodgkin's Lymphoma.

TROG 92.01 A Phase II Study of Intravenous Methotrexate and Cranial Irradiation in the Treatment of Primary Central Nervous System Lymphoma (PCNSL).

ANZLG HD3/TROG 99.01 An ANZLG / TROG Prospective Study of Limited Chemotherapy and Involved Field Radiotherapy for Patients With Clinical Stage I-II Hodgkin's Disease.

TROG 99.04/ALLG LY02 A Prospective, Non-Randomised Study of Chemotherapy and Radiotherapy for Osteolymphoma (OL).

CATEGORY	STATUS
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A	Development
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A	Closed
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A	Closed
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A	Closed
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C	Closed
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A	Completed
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B	Completed
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A	Completed
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MULTIPLE

NEURONE (TD 17.04) Intracranial stereotactic radiosurgery with or without memantine.

PPRISM (TD 18.02) Paediatric palliative radiotherapy in single or multiple Fractions

SEAFARER RTQA: Sensitivity assessment system to improve quality in Radiation Oncology treatment.

PARTICLE THERAPY REGISTRY (TD 18.07) The Australian Particle Therapy Evidence Generating Network for Rare and Difficult to treat cancers.

VESPA RTQA: Virtual EPID Standard Phantom Audit.

ANROTAT (TROG 11.A) The Assessment of New Radiation Oncology Technologies and Treatment.

ARORP (TROG 11.B) ANROTAT Radiation Oncology Register Pilot.

LARK (USYD/TROG 17.03) Liver Ablative Radiotherapy utilising Kilovoltage intrafraction monitoring (KIM).

CORE (ICR-CTSU/2015/10052/TROG 16.03) A randomised trial of Conventional care versus Radioablation (stereotactic body radiotherapy) for Extracranial oligometastases.

TROG 98.05 A Randomised Trial of Immediate Versus Delayed Whole Brain Irradiation Following Surgery and/or Radiosurgery for patients with one or two brain metastases.

CATEGORY	STATUS
A	Development
A	Development
D	Open
D	Development
D	Open
D	Open
D	Completed
A	Open
B	Open
A	Completed

BRAIN & CENTRAL NERVOUS SYSTEM

FIG (TROG 18.06) Prospective, multi-centre trial evaluating FET-PET in Glioblastoma.

ROAM (EORTC 1308/TROG 15.02) Radiation versus Observation following surgical resection of Atypical Meningioma: a randomised controlled trial (The ROAM trial).

LOW-GRADE GLIOMA (EORTC 22033-26033/TROG 06.01) Primary chemotherapy with Temozolomide vs. radiotherapy in patients with low-grade gliomas after stratification for genetic 1p loss: a phase III study.

GBM IN ELDERLY PATIENTS (NCIC CTG CE.6/TROG 08.02) A Randomised Phase III study of Temozolomide and short-course radiation versus short-course radiation alone in the treatment of newly diagnosed glioblastoma multiforme in elderly patients.

EORTC/TROG 01.03 Concomitant and Adjuvant Temozolomide and Radiotherapy for Newly Diagnosed Glioblastoma Multiforme. A Randomized Phase III Study.

Mr.C LU24/TROG 07.02 (QUARTZ) Dexamethasone and supportive care with or without whole-brain radiation therapy in treating patients with non-small cell lung cancer that has spread to the brain and cannot be removed by surgery.

CATEGORY	STATUS
A	Start-Up
B	Open
B	Open
B	Closed
B	Completed
B	Completed

SYMPTOM MANAGEMENT

TROG 01.05 A Pilot Randomised Controlled Trial of Dexamethasone 96mg Versus 16mg Per Day for Malignant Spinal Cord Compression Treated by Radiotherapy - TROG SuperDex Pilot.

BONEMETS (NCIC CTG SC.20/TROG 03.08) A phase III international randomized trial of single versus multiple fractions for re-irradiation of painful bone metastases.

TROG 95.02 A Phase III Double-Blind Randomised Trial of Rectal Sucralfate Suspension in the Treatment of Radiation Proctitis.

TROG 96.04 Phase III Comparison of Radiotherapy with Glucocorticoid Steroid Support for the Palliation of Liver Metastases.

TROG 96.05 A Prospective Randomised Trial of Single Fraction Verses Fractionated Radiotherapy of Neuropathic Pain Due to Bone Metastases.

TROG 98.04 Phase II Study Examining the Efficacy of Short Fractionation Radiotherapy for the Palliation of Liver Metastases.

SC.24 (CCTG/TROG 17.06) A Phase III Randomized Feasibility Study Comparing Stereotactic Body Radiotherapy (SBRT) Versus Conventional Palliative Radiotherapy (CRT) For Patients With Spinal Metastases.

SCORAD III (UCL/TROG 11.02) A randomised phase III study of single-fraction radiotherapy compared to multi-fraction radiotherapy in patients with metastatic spinal cord compression.

CATEGORY

STATUS

A

Completed

B

Completed

A

Completed

A

Completed

A

Completed

A

Completed

B

Open

B

Closed

SKIN

TROG 96.06 A Phase II Study of Radiation Therapy Following Nodal Surgery in Malignant Melanoma.

TROG 96.07 A Phase II Study of Synchronous Carboplatin/Etoposide And Radiation In Merkel Cell Carcinoma Of The Skin.

WBRT (MASC 01/07/TROG 08.05) Whole Brain Radiotherapy following local treatment of intracranial metastases of melanoma - A randomised phase III trial.

CATEGORY

STATUS

A

Completed

A

Completed

C

Open

TROG

CANCER
RESEARCH

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