TROG
CANCER RESEARCH

together
we can defeat cancer

2016 Annual Research Report

our mission

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

our values

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

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

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

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about TROG

TROG has been improving the way in which radiotherapy is delivered to cancer patients for almost 30 years. The research our Australian and New Zealand-based members conduct is renowned internationally.

TROG Cancer Research was the recipient of the 'Innovation in Cancer Clinical Trials' award at the 2013 NSW Premier's Awards for Outstanding Cancer Research.

All types of cancer, one treatment.

TROG's research focus is on one type of treatment, radiotherapy, for the many types of cancers it can treat such as breast, lung, prostate, skin, head and neck.

Like chemotherapy and surgery, radiotherapy is a widely used cancer treatment. In fact, around 1 in 6 people will receive radiotherapy in their lifetime. Radiotherapy controls and even cures various cancers using high energy x-rays and similar rays, and cutting-edge research is continually improving techniques.


VARIAN

TROG facts

All cancers:
One treatment

MORE THAN
200 **hospitals and cancer centres**
run TROG trials around the **WORLD**

The largest provider of radiation oncology services in Australia, UK and Spain.

Across a network of **54** treatment centres, Genesis Cancer Care undertakes around **320,000** cancer treatments in Australia and a further **180,000** treatments across the UK and Spain every year.

Currently involved in over **26** clinical trials, Genesis Cancer Care is committed to improving patient access & promoting research innovation to deliver better patient outcomes.
genesiscancercare.com.au

GenesisCare

COMPREHENSIVE TECHNOLOGY POWERED BY VARIAN.
COMPREHENSIVE CARE
POWERED BY YOU.

Let's show cancer what we can do together.

We fight cancer with more than just medicine or machines. We fight cancer with our combined determination and shared expertise. Our goal is to help power your clinic with leading-edge solutions, so that together, we can continue toward the future of cancer care. When you partner with Varian, our technology helps you focus on what really matters: treating patients.

Learn more at varian.com/BetterTogether

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VARIAN medical systems | A partner for life

message from the President and Board Chair

Professor Farshad Foroudi

The past year has been a highly successful year for TROG with our activity and finances both on the upward trajectory. While there remain many opportunities, a lot of the challenges of the past have been resolved. TROG is working on increasing trial activity, publications, practice changing outcomes, member engagement as well as broadening our trial portfolio.

The TROG Scientific Committee (TSC) continues to be ably led by Professor David Christie and provides a robust scientific oversight and the basis for TROG's trial portfolio. The sub-specialty groups continue to grow and have a mix of co-chairs. At the 2017 ASM there was an aim to minimise conflicting group meetings, by careful scheduling, which worked well.

TROG is forming an interventional oncology sub-specialty group with co-chairs Dr Nick Brown and Professor Liz Kenny AO. Interventional oncology (IO) employs minimally invasive, imaging–guided procedures to treat patients with cancer. This discipline is growing exponentially and has arisen from our radiology colleagues. This is an important area that has many opportunities for research with similarities to image guided treatments and studies that TROG has a long history of leading. This initiative is supported by Professor Andreas Adams and RANZCR.

RANZCR and TROG's formal memorandum of understanding has been ratified by both organisations and TROG is pleased to have A/Professor Dion Forstner the Dean of the Faculty of Radiation Oncology joining the board. This agreement will help foster closer collaboration and sharing of resources between the two organisations.

The TROG board has had changes over the last year with the retirement of A/Professor Chris Milross (radiation oncologist member) and Mr Rhys Williams (independent board member). It is important to acknowledge their tireless work and contribution to TROG. Dr Fiona Hegi-Johnson has joined as an Australian radiation oncology member and Dr Purnima Sundaresan has been voted by the membership at the 2017 Annual meeting to join the board. It is important to note the improving gender balance on the TROG Board. Currently TROG is advertising for an independent board member with a focus of financial skills and desirability of a background in fundraising. Mr Andrew Jenkins the TROG financial controller and company secretary has worked diligently to maintain TROG's financial reporting requirements and board functioning.

By broadening the TROG funding base to include trial co-ordination and quality assurance consultation work, TROG is no longer so dependent on infrastructure grant funding our reliance on this funding source has decreased significantly. The strong support by the radiation oncology community in terms of facility alliance membership and corporate sponsorship have been vital in stimulating change. In the future there will be opportunities such as the Medical Research Future Fund for clinical trials allocation.

I would like to acknowledge the hard work of our CEO and Research Manager Joan Torony who has been working conscientiously in building TROG and central office. TROG would not be in its current growing position without the efforts of all of its full and affiliate members, trial coordinators and patient participants.

F Foroudi

message from the Chief Executive Officer and Research Manager

Joan Torony

TROG Cancer Research is recognised nationally and internationally for undertaking radiotherapy clinical trials. We continue to conduct robust research and engage through collaboration across Australia and the world as a research leader.

December 2016 saw the culmination of our 2013 – 2016 strategic plan. Financial Sustainability had previously been identified as the number one pillar to ensure our organisation would be able to continue our core business of radiotherapy clinical trials. This was achieved in this period.

A full risk assessment was conducted and provided to the TROG Board. A comprehensive Risk Management Plan is now in place to monitor all areas of the business. TROG is fortunate to have a dedicated membership who continually support the many committees TROG has to ensure efficient trial conduct. In 2016 inaugural meetings were held for Consumer Advisory Panel, Independent Data Safety Monitoring Group and Secondary Analysis Committee, these new groups work in conjunction with our many other committees, ensuring the scientific integrity and add a consumer opinion to our research.

To continue increased engagement and consultation with our key stakeholders In 2016, 20 TROG sites visits were undertaken, meetings were held with our major sponsors, presentations to cancer support groups and other community groups. TROG was also represented at many levels including Cancer Australia, CINSW, ACTA and other forums.

The support we receive from our many sponsors also allows us to continue our research. Our current Corporate Partners are GenesisCare and Varian Medical Systems and our Major Sponsors are Elekta and Radiation Oncology Centres (ROC).

In August an MOU was signed between RANZCR and TROG allowing us to continue our collaboration and explore new opportunities to expand TROG's services and programs. An agreement was also signed with the University of Newcastle to allow the placement of Radiation Therapy students at TROG Central Office. This initiative aims to increases awareness of research, encourages engagement and promotes membership.

At an operational level, we have continued to build the TROG Cancer Research brand through TV advertising with the launch of our prostate cancer advertisement. TROG's videos have also been updated on YouTube. TROG continues to engage and promote our research with social media and our engaging website. The initiatives first taken in 2013 have created community awareness and allowed improved engagement with all our stakeholders. This is vital to increase donations and extend ourselves to the broader community.

I am personally very proud of TROG's achievements over the past year. The ongoing support received from our membership, donors, the community, collaborating groups, government bodies and our sponsors allow us to continue in achieving quality research outcomes that ultimately improve the lives of people diagnosed with cancer and their families. The team at TROG Central Office will continue to work with all our stakeholders to ensure engagement across the group at all times.

message from the Scientific Committee Chair

Professor David Christie

I am pleased to report that the TSC has had a successful year if that can be measured by the successful activation and completion of trials. An alternative form of measurement would be to consider participation by the TSC members. The latest TSC meeting was held immediately after the TROG ASM and although seven members were due to complete their terms, all of those members offered to continue in their current roles, which was very satisfying.

The willingness to participate may relate to steps that have been taken to make it easier for each member to keep track of the activities of the various subcommittees that report to us and to monitor the wide range of trials that exist in varying stages of completion. To cope with the growing number of subcommittees reporting to the meeting, each subcommittee submits a written report which is backed up by verbal comments at the TSC from its representative and these reports are high quality. We now receive reports from the NTTC, TPC, IDSMC, Consumer Advisory Panel, the Secondary Analysis committee, Health Economics and the four sub-specialty groups.

We have incorporated into the notes provided to the members up to date details about the status of each trial including progress with accrual for open trials and progress towards analysis and publication for those that have completed their follow-up. We are very grateful to the organising abilities of the TCOO for providing all that. All these measures have allowed the members to quickly focus on the areas that need attention and come to the meeting well prepared.

The processes for receiving new proposals and activating trials has also undergone some changes. We now recognise that category B trials, those that are primarily driven by other trials organisations, are generally well received by the members and receive good support, but have little need for modification. These can therefore be handled out of session and between meetings through email. A group-specific appendix is developed for each trial where local issues need to be recognised.

For category A trials, the need for detailed input by the membership at the ASM is still recognised and to make that easier, at the recent ASM, the subspecialty groups were run in such a way that members could attend two group meetings and have greater input into the trials that are relevant to them. A record number of new proposals were presented and in general they received good support from the members and enough votes to proceed to protocol development.

We have also proposed that a further two categories of trials be identified, category C where TROG is not the sponsor but the trial involves TROG primarily for support activities such as QA; and category D where the trial is not really a trial but a research study with some other design such as a survey or registry. All of these measures should enable researchers to bring forward their new ideas more easily and turn them into productive studies.

I hope all of these activities will indicate to you that with the help of the TSC, TROG is alive and well and maintaining its position as a leading collaborative trials group in Australia and you will be inspired to keep supporting it. TROG only works if the members can get behind it and drive it, so please keep bringing forward your new ideas, turning them into trials and making use of all the support for you that TROG now has to offer.

Clinical Trial activity in 2016:

New Proposals	8 proposals submitted and accepted for presentation at the 2017 ASM
In development	8 trials 1 projects 12 open trials 1 open project
Current trials	14 trials closed to accrual 14 trials closed to follow-up
Patient Accrual	392 (14,287 in total)
Publications	13 full manuscripts

message from the Financial Controller and Company Secretary

Andrew Jenkins

Financial results for the year ended 31 December 2016

For the year ended 31 December 2016 TROG reported a net surplus of $90,655. Government funding decreased but was offset with strong increases in Donations and Sponsorship and Facility Alliance memberships.
These increases were offset by the cost of the ASM and trial support.

This positive result has increased TROGS reserves to $1,016,920, placing TROG in a strong position to fund its commitments to existing programmes and continue the execution of its strategic plan.

The full audited financial statement for the year ended 31 December 2016 is available on TROG's website. The following reports are not intended to replace or modify the content of the separate audited financial statements.

financial report

Income Statement

Statement of Surplus or Deficit and Other Comprehensive Income
For the Year Ended 31 December 2016

	2016 ($)	2015 ($)	Change ($)
Operating Activities	965,634	985,201	-19,567
Donations and Sponsorships	119,445	63,297	56,148
Government Grants	503,276	608,804	-105,528
Other	423,659	330,278	93,381
Total Income	**2,012,014**	**1,987,580**	**24,434**
Employee benefits expense	1,253,958	1,271,071	-17,113
Depreciation & amortisation expense	48,564	40,565	7,999
Administration and Operating expenses	618,837	567,929	50,908
Total Expenditure	**1,921,359**	**1,879,565**	**41,794**
Net Surplus	**90,655**	**108,015**	**-17,360**

Balance Sheet

Statement of Financial Position
For the Year Ended 31 December 2016

	2016 ($)	2015 ($)	Change ($)
Cash and cash equivalents	2,194,385	2,350,738	-156,353
Trade and other receivables	548,986	193,653	355,333
Other current assets	147,463	70,548	76,915
Trade and other payables	-141,721	-82,070	-59,651
Employee benefits (current)	-130,608	-107,190	-23,418
Other liabilities	-1,790,827	-1,675,391	-115,436
Net Liquid Assets	**827,678**	**750,288**	**77,390**

message from the

Quality Assurance and Grants Manager

Melissa Crain

The TROG Quality Assurance (QA) team works with the membership to facilitate the introduction of new technologies in clinical trials while ensuring robust, high quality outcomes.

TROG's QA program provides independent review of radiotherapy treatment plans to assess compliance with trial protocols and ensure quality data. More than 400 QA case checks were conducted in 2016 using the MIM review software, providing feedback to participating centres on areas where compliance to the trial protocol can be improved.

The New Technologies and Techniques Committee (NTTC) met three times throughout the year to address the implementation of new technologies into TROG trials. A key focus for the NTTC were discussions on a framework for the use of Flattening-Filter Free technology in TROG trials. The NTTC reports to the TROG Scientific Committee.

Our relationships with industry partners (manufacturers of radiation oncology equipment and technical software) are vital, as they provide TROG's QA team with access to state-of-the-art resources to gain efficiencies in the data submission process for QA.

The QA team was successful in obtaining a grant from Varian Medical Systems to facilitate the implementation of RapidPlan, knowledge planning software, into TROG clinical trials.

The QA team will continue to support our members to achieve TROG's mission, to conduct world class research in radiotherapy through innovation and collaboration.

our people

Trial Management

TROG's Central Operations Office is equipped to provide full trial coordination centre activities from the time of trial concept through to completion and publication in medical journals.

TROG works with radiation therapy treatment centres and researchers to ensure:
- Patient recruitment and data collection targets are being met
- Patient safety is monitored
- Data is being collated and primary/final endpoints are reported
- Reporting timelines to regulatory agencies are met

Quality Assurance

In order for the results of a trial to be published and adopted into clinical practice, data must be accurate. Quality Assurance (QA) provides the framework for verifying data accuracy and protocol compliance. It also ensures that safety issues for patients on a trial are identified as soon as possible and rectified. TROG reviews international standards for credentialing these new techniques, and incorporates the use of technologically advanced dosimetric phantoms and software. In doing this, we ensure our researchers have access to the best available resources for conducting their research.

our researchers

Meet some of our researchers

Shalini Vinod, New South Wales

Shalini is a radiation oncologist at Liverpool Cancer Therapy Centre, Sydney, who is passionate about research into lung cancer. She is a member of the Thoracic Oncology Group Executive of TROG. She has always been an active clinician researcher but has only recently embarked on developing a clinical trial.

"I want to be able to translate research findings into clinical practice and improve outcomes for my patients."

To maintain a healthy work life balance, Shalini regularly participates in fun runs and triathlons under the Targeting Cancer banner.

Paul Keall, New South Wales

Paul is an NHMRC Senior Professorial Research Fellow at the University of Sydney. He is a member of the TROG Scientific Committee, chairs the 15.01 TROG SPARK prostate cancer trial with Jarad Martin and is actively working with Tim Wang and many others to move the TD17.03 TROG LARK liver cancer trial into an active TROG trial. The goal of Paul and his team is to create, share and apply scientific knowledge to improve health. They do this by creating new or improved methods to image and target cancer, and measure the impact of these methods through clinical trials.

"Being part of clinical trials of improved methods to image and target cancer is the best and most satisfying part of my career. Clinical trials demand a large amount of effort by a large team of people. The clinical support we have, along with the positive patient and consumer feedback, is incredible and makes it all worthwhile."

our board

2016 TROG Board of Directors

President: Professor Farshad Foroudi

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

Scientific Committee Chair: Prof David Christie

David is the Chair of the TROG Scientific Committee and a Radiation Oncologist at Genesis CancerCare, QLD. David has experience in treating all cancers that require radiotherapy but has a special interest in urological cancer and lymphoma, including brachytherapy for prostate cancer.

Full Member Director: A/Prof Chris Milross

Chris acts as Australian Ordinary Member of the TROG Board. Chris is Director of Radiation Oncology and Medical Services at Chris O'Brien Lifehouse and President of the Royal Australian and New Zealand College of Radiologists (RANZCR).

Independent NZ Representative: Dr Giuseppe Sasso

Giuseppe (Peppe) is the Clinical Director of the Radiation Oncology Department at the Northern Regional Cancer and Blood Services, Auckland City Hospital and Auckland District Health Board (ADHB). His clinical focus is on prostate and breast cancer and he also has a special interest in the use of ablative radiotherapy for early metastatic cancers.

Independent Director: Dr Tim Kuypers PhD

Tim works for Asciano, which owns Australia's largest national above rail freight operator. As General Manager of Regulation he interacts with economic regulators and negotiates access to rail tracks. Tim contributes his vast understanding of regulation to the TROG Board.

Independent Director: Dr Rhys Williams

Rhys brings his extensive knowledge and experience in internal auditing, risk management and management consultancy to the TROG Board. Rhys also has a background in neural science.

Independent Consumer Representative Director: Mr Rob Ferguson

Rob has been involved with consumer advocacy for cancer patients, carers and families since 2013. Before retiring from his professional career in 2014, he was instrumental in providing vastly improved services to those with Muscular Dystrophy and other neuromuscular diseases, throughout NSW and Australia.

our committee members

2016 TROG Scientific Committee Members

Scientific Committee Chair:
Prof David Christie

Portfolio Leader - Publication:
Dr Puma Sundaresan

TSC Member:
A/Prof Trevor Leong

TSC Member:
Dr Sashendra Senthi

Discipline Representative - Statistics:
Prof Val Gebski

Discipline Representative - Radiation Therapy:
Mr Rob McDowall

Discipline Representative - Medical Oncology: Dr Fiona Day

Discipline Representative - Physics:
Prof Paul Keall

Discipline Representative - Health Economist: Prof Marion Haas

Independent Consumer Representative:
John Stubbs (from July 2016) - Dr Nicola Bruce (passed away June 2016)

Special Advisor:
Conjoint Prof Peter Greer

TROG Chief Executive Officer and Research Manager:
Ms Joan Torony

TROG Quality Assurance and Grants Manager:
Mrs Melissa Crain

2016 TROG Independent Data Safety Monitoring Committee (IDSMC)

Chairperson/Statistician: Mrs Peta Forder

Medical Oncologist: A/Prof Eva Segelov

Surgical Oncologist: A/Prof Guy Hingston

Radiation Oncologist: A/Prof Paul Nguyen

Radiation Oncologist & TROG Representative: Prof Gill Duchesne

2016 TROG New Technologies and Techniques Committee (NTTC)

Chairperson: Conjoint Prof Peter Greer
Mr Michael Bailey
Ms Laura Ciurlionis
Mrs Melissa Crain
Dr Josh Dass
Dr Martin Ebert
Dr Mike Fay
A/Prof Joerg Lehmann
Prof Tomas Kron
Dr Mahesh Kumar
Mr Rob McDowall
Mrs Alisha Moore
Mr Kenton Thompson
Prof David Thwaites
Mr Dave Willis

2016 TROG Publications Committee

Chairperson: Dr Puma Sundaresan
Discipline Representative - Statistics: Prof Val Gebski
Radiation Oncologist - Scientific Committee Chair: Prof David Christie
TROG Central Operations Office: Ms Joan Torony
Secretary: Mr Patrick Wheeler

our consumer advisory panel

The Consumer Advisory Panel (CAP) aims to support consumers who provide input into TROG's research programs by providing mentoring and training to TROG consumers, while creating a platform for succession planning. This group of trained consumers shall advocate for TROG and advise its members of any approaches in research that may be regarded as unethical, insensitive or inappropriate, together with suggestions on ways to better inform and/or include participants in research. Incorporating consumers of various skill levels, the TROG CAP consists of eight members including a Consumer Partner, Consumer Expert, Consumer Advisors and Consumer Advocates.

Chairperson/Consumer Partner: John Stubbs
Fifteen years ago John was diagnosed with Chronic Myeloid Leukaemia, and since that time he has been a committed and passionate advocate for people affected by cancer.
He is currently voluntary CEO of CanSpeak a national cancer consumer advocacy group.

Consumer Expert: Dr Nicola Bruce (passed away June 2016)
Nicola was a specialist qualitative researcher who is also a committee member of Cancer Action Victoria, which is an amalgamation of two advocacy groups – Breast Cancer Action Group Victoria and Cancer Voices Victoria.

Consumer Partner: Rob Ferguson
Rob has been involved with consumer advocacy for cancer patients, carers and families since 2013. Before retiring in 2014, he was instrumental in providing vastly improved services to those with Muscular Dystrophy and other neuromuscular diseases, throughout NSW and Australia.

Consumer Advisor: Tom Denny
Tom had throat cancer in 2004 and has occupied a variety of senior management positions in the construction and legal industries, spanned over 40 years.

Consumer Advocate: Aunty Margaret Lawton
Margaret is a breast cancer survivor having been diagnosed firstly in 2008 and again in 2012.

Consumer Advocate: Aunty Bev Powers
Bev is an advocate for the Aboriginal community and a breast cancer survivor.

Invited Member: Leonie Young
Leonie was diagnosed with breast cancer in 1987. Since her diagnosis she has been involved with many aspects of breast cancer advocacy and support with both national and international cancer organisations.

TROG Central Operations Office Representative and Research Manager: Joan Torony
TROG Chief Executive Officer

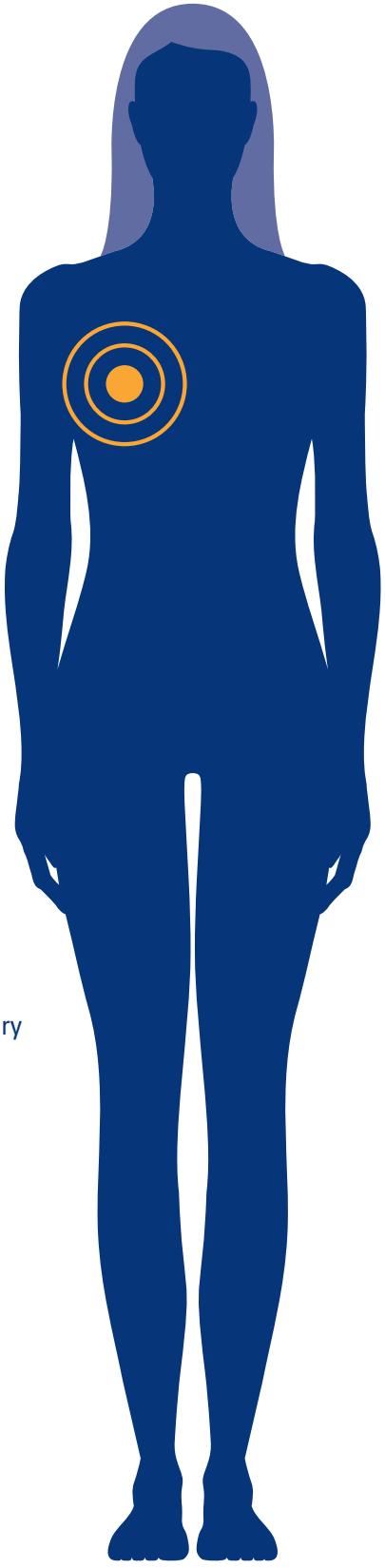
TROG Central Operations Office Representative: Rebecca Montgomery
TROG Assistant Research Manager

our research

TROG's key research areas

Focusing on radiotherapy as a treatment, TROG's key research areas include the head and neck, breast, bladder, lungs and prostate.

Working with more than 70 cancer treatment centres in Australia and New Zealand, as well as with contributing international centres, TROG has launched almost 100 trials with the help of more than to 14,000 patients. Over time we have achieved significant improvements in patient care and outcomes.



breast

Trials in development

HART - the aim of the HART trial is to implement the Deep Inhalation Breath Hold (DIBH) technique in Australian treatment centres for patients with left-sided breast cancer to determine whether the technique can reduce radiation to the heart.
Trial Chair: Tomas Kron
Primary Sponsor: TROG
Collaborative group: Australia and New Zealand Breast Cancer Trials Group (ANZBCTG)

TROG 16.04 (EXPERT) - The aim of this study is to tailor radiotherapy utilisation after breast conserving surgery for people with low-risk luminal A early breast cancer, to the individual's recurrence risks by identifying patients who are unlikely to benefit from radiotherapy.
Trial Chair: Boon Chua
Primary Sponsor: ANZBCTG
Collaborative group: TROG

TROG 16.02 (Local HER-0) - this study aims to show that brain metastasis, from HER2 positive breast cancer are able to be controlled by Stereotactic Radiosurgery and/or Neurosurgery without the need for WBRT.
Trial Chair: Claire Phillips
Primary Sponsor: TROG

Open trials

TROG 12.02 (PET LABRADOR) - this study is investigating whether women with locally advanced breast cancer can have breast conservation surgery (BCS) instead of mastectomy, with a low chance of cancer coming back in the breast. The study also investigates if breast Magnetic Resonance Imaging (MRI) and PET-CT are better ways of seeing how breast cancer responds to chemotherapy or hormone therapy compared to mammogram, ultrasound and examination by doctors.
Trial Chair: Verity Ahern
Primary Sponsor: TROG

breast

Closed trials

TROG 11.01 (SUPREMO) - the purpose of this study was to help researchers decide whether radiotherapy was helpful for women with 'intermediate risk' operable breast cancer following mastectomy.
TROG Trial Chair: Boon Chua
Primary Sponsor: UK Medical Research Council (MRC)
Collaborating groups: TROG; Breast International Group (BIG); Scottish Cancer Trials Group; European Organisation for Research & Treatment of Cancer (EORTC)

TROG 10.02 (RAPID) - this study looked at partial breast irradiation compared to whole breast irradiation to see if it was effective at preventing breast cancer recurrence. The study also investigated if the side-effects were different, if it was more convenient and if it had different effects on the quality of life of women receiving radiation after breast conserving surgery.
TROG Trial Chair: Boon Chua
Primary Sponsor: Ontario Clinical Oncology Group (OCOG)
Collaborating group: TROG

TROG 08.06 (STARS) - this study compared the effectiveness of treatment with the drug anastrozole before and during adjuvant radiotherapy to anastrozole therapy delayed until after radiotherapy for women who have had a mastectomy or lumpectomy for breast cancer.
Trial Chair: Peter Graham
Primary Sponsor: TROG

TROG 07.01 (DCIS) - doctors are always looking for better ways to treat women with ductal carcinoma in-situ (DCIS) of the breast. In this trial, researchers aimed to determine whether an additional dose of radiation called a boost, given to the part of the breast that had DCIS within it was of benefit to the patients. The overall objectives of this trial were to improve the outcome of women with DCIS treated with breast conserving therapy and to individualise treatment selection to achieve long term disease control with minimal side effects.
TROG Trial Chair: Boon Chua
Primary Sponsor: TROG
Collaborating groups: ANZBCTG; National Cancer Institute of Canada Clinical Trials Group (NCIC CTG), EORTC; Scottish Cancer Trials Group; BIG

TROG 06.02 - this was a TROG multicentre feasibility study of Accelerated Partial Breast Irradiation (APBI) using 3D conformal radiotherapy in selected women with node-negative breast cancer, and treated by breast conserving surgery.
Trial Chair: Boon Chua
Primary Sponsor: TROG

TROG 03.05 (MA20) - this trial studied radiation therapy to the breast alone, to see how well it worked, compared to radiation therapy to the breast plus surrounding tissue in treating women who had undergone surgery for early-stage invasive breast cancer.
TROG Trial Chair: Boon Chua
Primary Sponsor: National Cancer Institute of Canada Clinical Trials Group (NCIC CTG)
Collaborating group: TROG; National Cancer Institute (NCI); National Surgical Adjuvant Breast and Bowel Project (NSABP); North Central Cancer Treatment Group (NCCTG); Radiation Therapy Oncology Group (RTOG); Southwest Oncology Group (SWOG)

Completed trials

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

brain and central nervous system

Trials in development

TROG 15.02 (ROAM) - this study aims to determine whether early adjuvant fractionated external beam radiotherapy reduces the risk of tumour recurrence compared to active monitoring in newly diagnosed atypical meningioma.
TROG Trial Chair: Gail Ryan
Primary Sponsor: The Walton Centre NHS Foundation Trust, University of Liverpool, UK
Collaborating groups: TROG; EORTC

Open Trials

TROG 08.05 (WBRT) - The purpose of this study is to investigate the effect of adding whole brain radiotherapy after surgery and/or stereotactic irradiation (SI) on the development of further brain metastases (cancer spread to the brain) in participants with melanoma.
Trial Chair: Gerald Fogarty
Primary Sponsor: Australia & New Zealand Melanoma Trials Group (ANZMTG)
Collaborating groups: TROG; Sydney Neurology Oncology Group (SNOG)

Closed trials

TROG 06.01 - drugs used in chemotherapy, such as temozolomide, work in different ways to stop the growth of tumour cells. The study aimed to determine whether radiation therapy was more effective than temozolomide in treating gliomas.
TROG Trial Chair: Gail Ryan
Primary Sponsor: EORTC
Collaborating groups: TROG; NCIC; Medical Research Council (MRC) - National Cancer Research Institute (NCRI); Brain Tumour Group

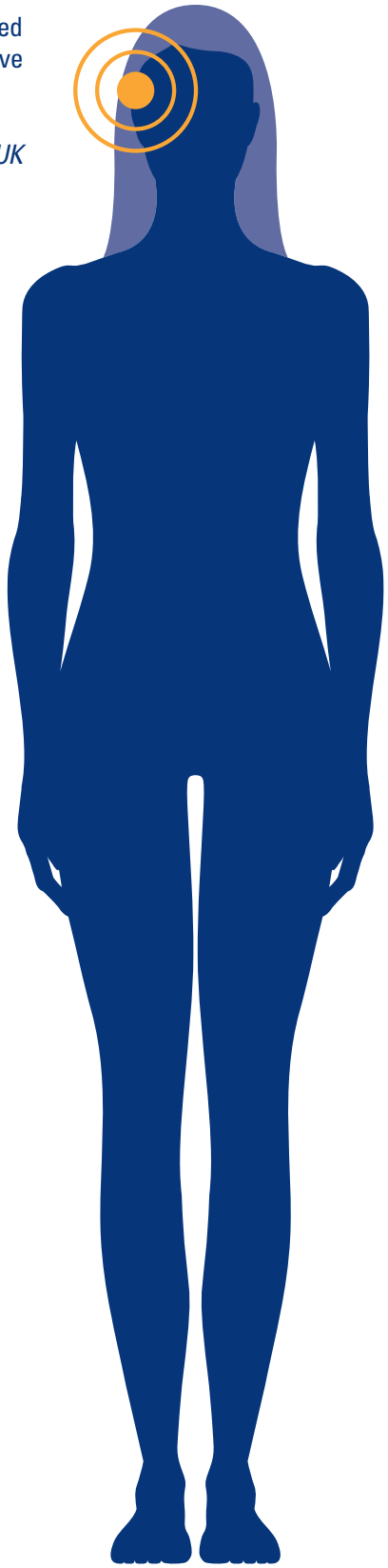
TROG 08.02 (GBM in elderly patients) - this trial studied radiotherapy and temozolomide to see how well they worked compared with radiation therapy alone in treating patients 65yrs or over with newly diagnosed glioblastoma multiforme.
TROG Trial Co-Chairs: Claire Phillips and Mike Fay
Primary Sponsor: NCIC CTG
Collaborating groups: TROG; EORTC

Completed trials

TROG 07.02 (QUARTZ) - Dexamethasone and Supportive Care With or Without Whole-Brain Radiation Therapy in Treating Patients with Non-Small Cell Lung Cancer That Has Spread to the Brain and Cannot Be Removed By Surgery

TROG 01.03 - Concomitant and Adjuvant Temozolomide and Radiotherapy for Newly Diagnosed Glioblastoma Multiforme. A Randomised Phase III Study

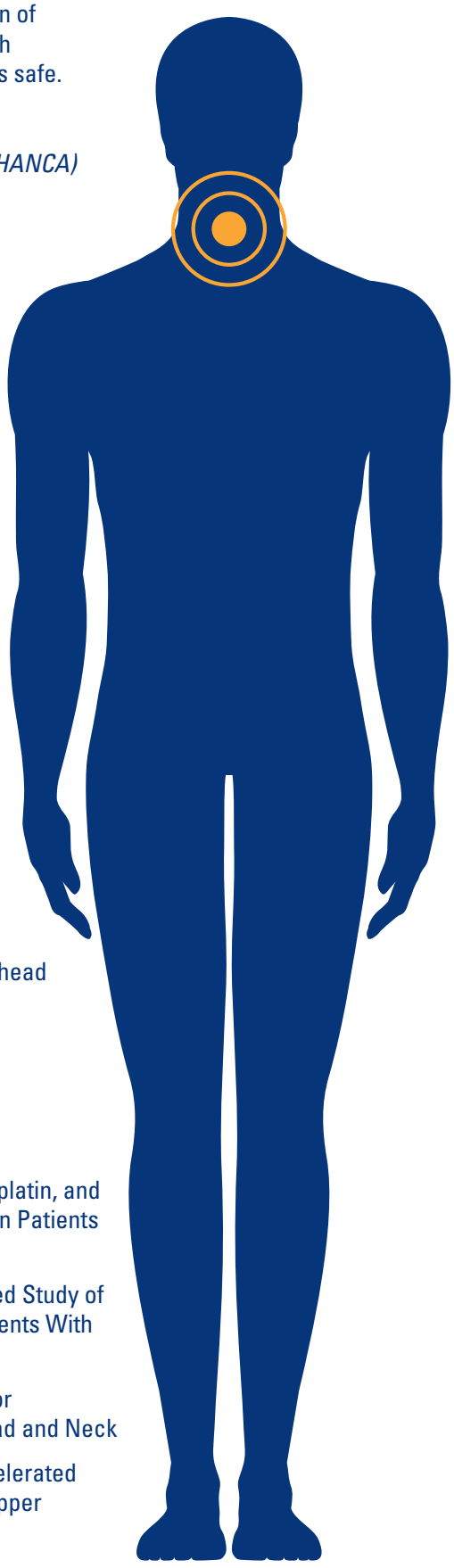
TROG 98.05 - A Randomised Trial of Immediate Versus Delayed Whole Brain Irradiation Following Surgery and/or Radiosurgery for patients with one or two brain metastases



head and neck

Trials in development

TROG 14.03 (1219-ROG-HNCG) - the aim of this study, for HPV negative, locally advanced head and neck cancers, is to determine whether the addition of nimorazole to the standard treatment (radiotherapy in combination with chemotherapy using cisplatin) shows activity against the cancer and is safe.
Trial Chair: Sandro Porceddu
Primary Sponsor: EORTC
Collaborating group: TROG; Danish Head and Neck Cancer Group (DAHANCA)



Open trials

TROG 12.01 (HPV OROPHAYNX) - this study aims to compare radiotherapy combined with either cetuximab or cisplatin in patients with locoregionally advanced HPV positive oropharyngeal squamous cell carcinoma (OPSCC) (located at the base of tongue or tonsil).
Trial Co-Chairs: Danny Rischin and June Corry
Primary Sponsor: TROG

Closed trials

TROG 12.03 (EAT) - this study is evaluated the effectiveness of a dietician-delivered health behaviour intervention to reduce malnutrition in head and neck cancer patients undergoing radiotherapy.
Trial Co-Chairs: Chris Wratten and Ben Britton
Primary Sponsor: University of Newcastle
Collaborating group: TROG

TROG 07.04 - the purpose of this study was to assess the safety and feasibility of combining radiotherapy and carboplatin (a chemotherapy drug) with a new drug called cetuximab in patients with locally advanced head and neck cancer.
Trial Co-Chairs: Danny Rischin and June Corry
Primary Sponsor: TROG

TROG 07.03 (RadioHum) - this study has evaluated the benefits of humidification in patients receiving radiotherapy / chemoradiation for head and neck cancer.
Trial Chair: Andrew Macann
Primary Sponsor: TROG
Collaborating group: Fisher & Paykel Healthcare

Completed trials

TROG 02.02 - Phase III Randomised Trial of Concomitant Radiation, Cisplatin, and Tirapazamine (SR259075) Versus Concomitant Radiation and Cisplatin in Patients With Advanced Head and Neck Cancer

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

TROG 98.02 - Randomised Phase II Study of Two Different Strategies for Chemoradiotherapy in Advanced Squamous Cell Carcinoma of the Head and Neck

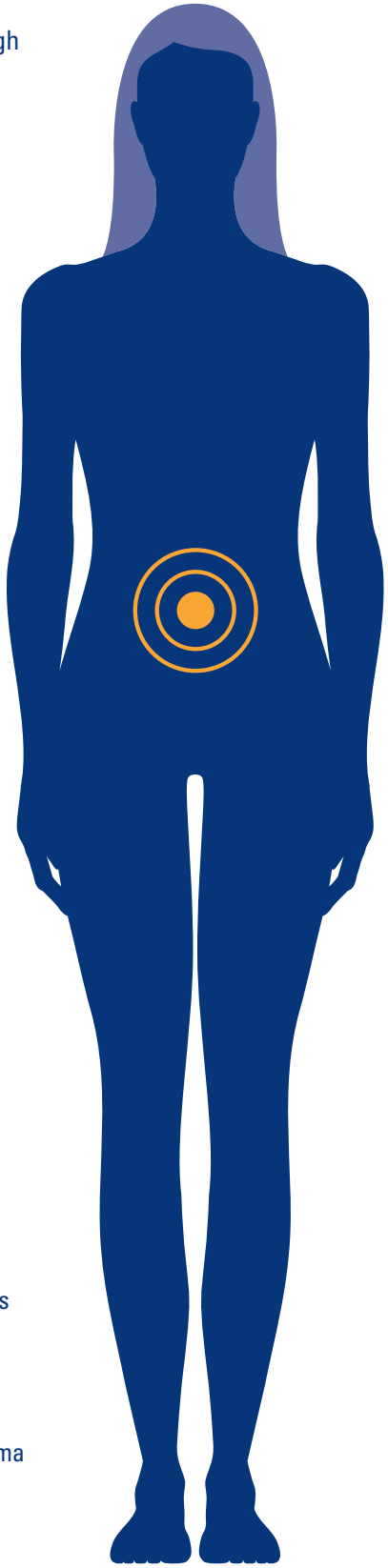
TROG 91.01 - A Phase III Prospective Randomised Clinical Trial of Accelerated Radiotherapy (ART) for Stage III and IV Squamous Carcinoma of the Upper Aerodigestive Tract

gastrointestinal

Trials in development

ACT 5 - this study aims to investigate the role of radiotherapy dose escalation in locally advanced anal cancer and determine if this can reduce local recurrence.
TROG Trial Chair: Mark Lee
Primary Sponsor: NCRI (National Cancer Research Institute)
Collaborating group: TROG

TROG 13.02 (LIGHT) - this study is investigating whether a new technique of delivering very high doses of radiotherapy to inoperable liver metastases can be performed consistently and accurately throughout treatment centres in Australia.
Trial Chair: Mark Lee
Primary Sponsor: TROG



Open trials

TROG 08.08 (TOP GEAR) - the aim of this trial is to investigate whether pre-operative treatment with chemotherapy plus radiotherapy has a better outcome than chemotherapy alone in patients undergoing surgery for resectable gastric cancer.
Trial Chair: Trevor Leong
Primary Sponsor: Australasian Gastro-Intestinal Trials Group (AGITG)
Collaborating groups: TROG; National Cancer Institute of Canada Clinical Trials Group (NCIC CTG); European Organisation for Research & Treatment of Cancer (EORTC); NHMRC Clinical Trials Centre

Closed trials

TROG 09.01 (PROArCT) - this research project tested a combination of chemotherapy and radiotherapy for patients with locally advanced rectal cancer. It involved combining an 11-week treatment of chemotherapy known as FOLFOX and radiotherapy.
Trial Chair: Sam Ngan
Primary Sponsor: TROG

TROG 03.01 - this study compared the treatment of advanced oesophageal cancer with radiotherapy alone and assessed the advantage and toxicity of adding chemotherapy.
Trial Chair: Michael Penniment
Primary Sponsor: TROG
Collaborating group: NCIC CTG

Completed trials

TROG 08.07 (DECO) - The DECO Study: A Randomised Phase II Trial of Weekly Docetaxel (Taxotere) Chemoradiotherapy +/- Cetuximab (Erbitux) in the Treatment of Localised Resectable Cancer of the Oesophagus
TROG 03.02 - A Feasibility Study to Evaluate Adjuvant chemo-radiotherapy for Gastric Cancer
TROG 01.04 - A Randomised Trial of Preoperative Radiotherapy for Stage T3 Adenocarcinoma of the Rectum
TROG 99.02 - A Prospective Single Arm Non Randomised Study of Concurrent Radiation and Chemotherapy For the Organ Conserving Treatment of Early Anal Canal Cancer
TROG 98.06 - Concurrent Radiotherapy and Chemotherapy for Oesophageal Cancer Patients
TROG 98.01 - A Phase II Trial Of Preoperative Radiotherapy With Protracted Infusion 5-Fluorouracil For Resectable Adenocarcinoma Of Rectum
TROG 96.03 - Concomitant Accelerated Radiotherapy Boost for Good Prognosis Oesophageal Patients
TROG 96.02 - Standard Radio-Chemotherapy for Oesophageal Cancer Patients
TROG 95.01 - A Randomised Trial Comparing Adjuvant Protracted Venous Infusion and Bolus 5FU/Leucovorin with Either Early or Late Radiotherapy in Rectal Cancer
TROG 94.01 - A Randomised Phase III Clinical Trial Comparing Surgery Alone with Concurrent Preoperative Chemotherapy and Radiation Followed by Surgery For Localised Resectable Carcinoma of the Oesophagus
TROG 89.04 - Synchronous Radiotherapy and Chemotherapy in Oesophageal Cancer
TROG 89.03 - Upper Aero-Digestive Track (Accelerated RT)

urogential
(Bladder, Kidney and Prostate)

Trials in development

TROG 16.03 (CORE) - this study aims to show that the addition of SBRT (stereotactic body radiotherapy) to standard of care improves progression free survival for patients that have extra-cranial oligiometastatic disease spread from lung, breast and/or prostate cancer.
Trial Co-Chair: David Pryor and Farshad Foroudi
Primary Sponsor: Institute of Cancer Research (ICR)
Collaborating group: TROG

Open trials

TROG 15.03 (FASTRACK II) - this study aims to evaluate the activity and efficacy of Stereotactic Ablative Body Radiotherapy (SABR) for the treatment of kidney cancers.
Trial Chair: Shankar Siva
Primary Sponsor: TROG
Collaborating group: ANZUP

TROG 15.01 (SPARK) - this trial is testing the use of Kilvoltage Intrafraction Monitoring in prostate cancer patients being treated with stereotactic prostate adaptive radiotherapy.
Trial Co-Chairs: Paul Keall and Jarad Martin
Primary Sponsor: TROG
Collaborating group: University of Sydney

TROG14.01/ ANZUP 1303 (ENZARAD) - the study will compare the effectiveness of standard deprivation therapy and radiation therapy combined either with enzalutamide or currently available antiandrogen drugs for improving the survival in men with localised prostate cancer at high risk of recurrence.
Trial Co-Chairs: Scott Williams and Paul Nguyen
Primary Sponsor: Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP)
Collaborating groups: TROG; All Ireland Cooperative Oncology Research Group (ICORG); NCIC CTG

TROG 14.02 (RAIDER) - this international clinical trial plans to use daily imaging to determine the optimal radiation treatment for bladder cancer patients.
TROG Trial Chair: Farshad Foroudi
Primary Sponsor: ICR
Collaborating group: TROG

TROG 08.03 (RAVES) - the aim of the study is to compare in patients who have had a prostatectomy, whether treatment with active surveillance and early salvage radiotherapy is as effective as immediate radiotherapy.
Trial Co-Chairs: Maria Pearse and Andrew Kneebone
Primary Sponsor: TROG
Collaborating groups: Urological Society of Australia & New Zealand (USANZ); ANZUP; Psycho-Oncology Co-operative Research Group (PoCoG)

urogential
(Bladder, Kidney and Prostate)

Closed trials

TROG 10.01 (BOLART) - this study investigated whether a new method of giving radiation therapy for bladder cancer by adapting to the size of the bladder at each treatment could be done consistently in a number of different radiation oncology departments in Australia and New Zealand.
Trial Chair: Farshad Foroudi
Primary Sponsor: TROG

TROG 08.01 (PROFIT) - this prostate trial was designed to determine whether an 8-week course of radiation can be compressed safely and with similar efficacy into a 4-week course.
TROG Trial Chair: Jarad Martin
Primary Sponsor: OCOG
Collaborating groups: TROG; Canadian Institutes of Health Research (CIHR)

TROG 03.06 (TOAD) - this trial was developed to determine if it is better to start hormone treatment straight away or to wait and start hormone treatment only after prostate cancer begins to cause problems.
Trial Chair: Gill Duchesne
Primary Sponsor: Victorian Cooperative Oncology Group (VCOG)
Collaborating group: TROG

TROG 03.04 (RADAR) - six months of hormone treatment improves the results of radiotherapy for men with early prostate cancer. The aim of this trial was to determine if adding another 12 months of hormone treatment after radiotherapy was even better.
Trial Chair: Jim Denham
Primary Sponsor: TROG

TROG 02.03 - the purpose of this study was to define the optimal management of patients with localised transitional cell carcinoma (TCC) of the bladder by evaluating whether chemoradiation is better to radiotherapy alone.
Trial Chair: Kumar Gogna
Primary Sponsor: TROG
Collaborating groups: Urological Society of Australia and New Zealand (USANZ)

Completed trials

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

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

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

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

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

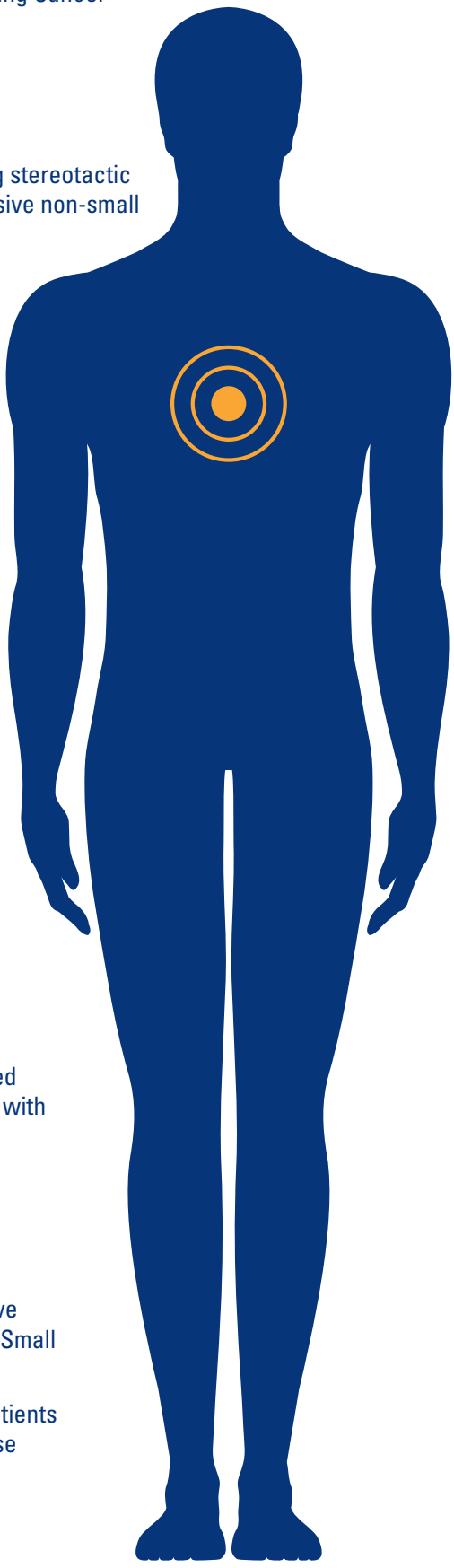
TROG 95.03 - Phase III Double Blind Study of Pentosan Polysulphate Sodium (PPS) in the treatment of Late (Chronic) Radiation Proctitis

lung

Trials in development

SABR-OS - this trial will investigate if Stereotactic Ablative Body Radiotherapy (SABR) is more effective than surgery for early stage Non-Small Cell Lung Cancer (NSCLC) in patients considered at high risk of surgical resection.
Trial Chair: Fiona Hegi-Johnson
Primary Sponsor: TROG

TROG 16.01 (NIVORAD) - this study is investigating the benefit of adding stereotactic radiotherapy (SABR) to nivolumab (versus nivolumab alone) in progressive non-small cell lung cancer.
Trial Chair: Shankar Siva
Primary Sponsor: Australasian Lung Cancer Trials Group (ALTG)
Collaborating group: TROG



Open trials

TROG 13.01 (SAFRON II) - this study aims to examine and compare the safety of the two stereotactic ablative body radiotherapy (SABR) techniques emerging in Australia used to treat metastatic disease to the lung (single fraction and multi fraction). It will also examine quality of life, cost effectiveness and resource use to determine which technique is the best to be used in Australia and New Zealand in the future.
Trial Chair: Shankar Siva
Primary Sponsor: TROG
Collaborating group: ALTG

TROG 11.03 (P_LUNG GP) - this study investigates whether adding chemotherapy to a short course of radiotherapy results in a greater improvement in symptoms and overall wellbeing compared with using a short course of radiotherapy alone in patients with *Non-Small Cell Lung Cancer (NSCLC).*
Trial Chair: Margot Lehman
Primary Sponsor: TROG

Closed trials

TROG 09.02 (CHISEL) - this study investigated whether radiotherapy given as three large doses over a period of two weeks (hypofractionated radiotherapy) is more effective than standard radiotherapy for patients with non-small cell lung cancer that has not spread beyond the lung.
Trial Chair: David Ball
Primary Sponsor: TROG

Completed trials

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

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

lymphoma

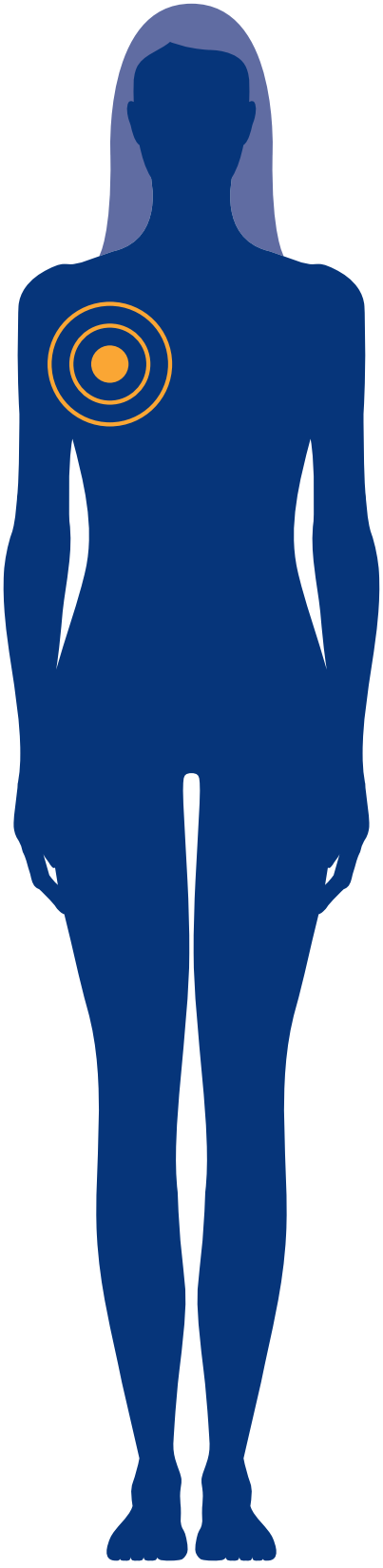
Closed trials

TROG 05.02 (MALT Lymphoma) - the main aim of this study was to test the effectiveness of radiotherapy for marginal zone lymphoma that has developed outside the stomach.
Trial Chair: Michael MacManus
Primary Sponsor: TROG
Collaborating groups: Australasian Leukaemia & Lymphoma Group (ALLG); Princess Margaret Hospital, Toronto, Canada

TROG 03.03 (HDNLHL4) - in this study, radiotherapy was given to all the areas known to be affected by lymphoma (other than bone marrow) with the aims of assessing the ability of radiotherapy to reduce the risk of relapse following transplantation, and carefully evaluating the side effects of adding radiotherapy to transplantation.
Trial Chair: Andrew Wirth
Primary Sponsor: ALLG
Collaborating group: TROG

TROG 01.02 - this clinical research study looked at a new combination of chemotherapy drugs (Idarubicin and Methotrexate) followed by a lower dose of radiotherapy in participants with Primary Central Nervous System Lymphoma (PCNSL). The main purpose of this study was to assess the effectiveness of this treatment and its effect on the ability of patients to perform normal daily functions.
Trial Chair: Peter O'Brien
Primary Sponsor: TROG
Collaborating groups: ALLG; Amgen

TROG 99.03 - this study compared standard therapy (radiotherapy) and investigational therapy (radiotherapy plus chemotherapy) to see if adding chemotherapy extends the time until the lymphoma progresses in those patients that will not be cured.
Trial Chair: Michael MacManus
Primary Sponsor: TROG
Collaborating group: ALLG



Completed trials

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

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

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

skin

Open trials

TROG 08.09 (RTN2) - the purpose of this trial is to investigate in patients with neurotropic melanoma of the head and neck, if having radiation therapy soon after surgery is better at preventing the melanoma recurrence rather than just having surgery alone.
Trial Chair: Matthew Foote
Primary Sponsor: Australia and New Zealand Melanoma Trials Group: (ANZMTG)
Collaborating group: TROG

Closed trials

TROG 09.03 (MP3) - this study aims to develop a well-tolerated chemo-radiotherapy treatment for patients with Merkel Cell Carcinoma (MCC) of the skin, which achieves high rates of cancer control.
Trial Chair: Michael Poulsen
Primary Sponsor: TROG

TROG 05.01 (POST) - for patients who have undergone surgery for high-risk skin cancer of the head and neck, this trial aimed to determine whether there was a difference in time to relapse between patients treated with post-operative concurrent chemo-radiotherapy, and post-operative radiotherapy alone.
Trial Chair: Sandro Porceddu
Primary Sponsor: TROG

Completed trials

TROG 02.01 - A Randomised Clinical Trial of Surgery Versus Surgery Plus Adjuvant Radiotherapy for Regional Control in Patients With Completely Resected Nodal Metastatic Melanoma

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

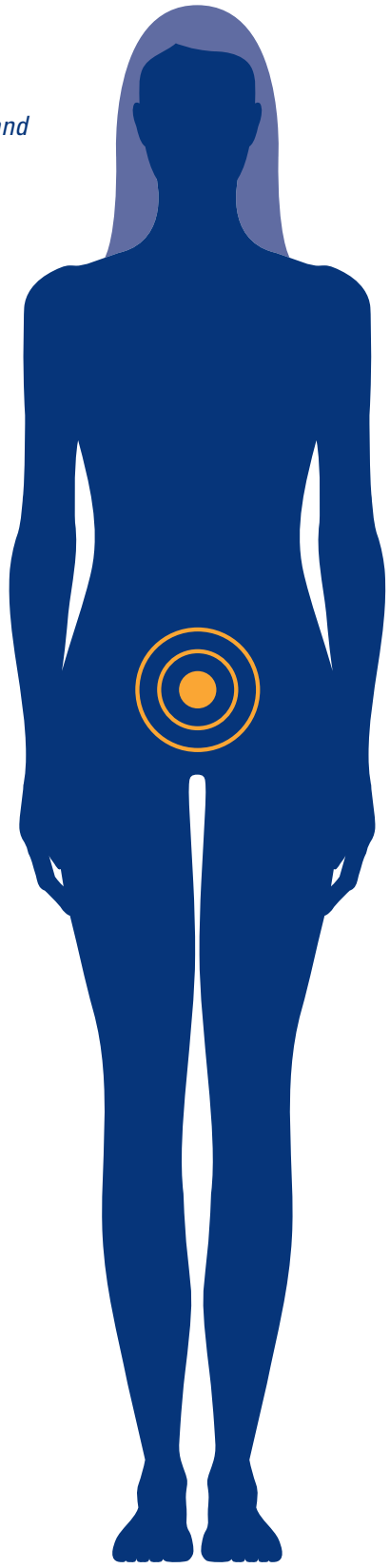
TROG 96.06 - A Phase II Study of Radiation Therapy Following Nodal Surgery in Malignant Melanoma

gynaecological

Closed trials

TROG 08.04 (PORTEC3) - this study compared radiation with chemotherapy with radiotherapy alone in treating women with endometrial cancer that is classified as high risk or advanced stage.
TROG Trial Chair: Pearly Khaw
Primary Sponsor: Dutch Cooperative Gynecologic Oncology Group (DGOG); Collaborating groups: TROG; Cancer Research UK (CRUK); NCIC CTG; Maria Negri Gynecologic Oncology Group (MaNGO Group, Italy); Australia New Zealand Gynaecological Oncology Group (ANZGOG)

TROG 04.02 - the aim of this study was to assess the number of patients with cervical cancers that have more invasive disease within the uterus.
Acting Trial Chair: Farshad Foroudi
Primary Sponsor: TROG



symptom management

Open trials

TROG 11.02 (SCORAD III) - this randomised clinical trial is comparing two radiation therapy regimens to see how well they work in treating patients with metastatic spinal cord compression
TROG Trial Chair: Tanya Holt
Primary Sponsor: University College London (UCL)
Collaborating group: TROG

Completed trials

TROG 04.01 - A Paired Double Blind Randomised Comparison of Cavilon Durable Barrier Cream (CDBC) to 10% Glycerine ("Sorbolene") Cream in the Prophylactic Management of Post-Mastectomy Irradiation Skin Care

TROG 03.08 - A phase III international randomised trial of single versus multiple fractions for re-irradiation of painful bone metastases

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

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

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

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

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

research projects

Open project

Virtual Epid Standard Phantom Audit (VESPA) - VESPA is a novel method that aims to remotely perform a dosimetry check on the output of a linear accelerator using its own imaging equipment (Electronic Portal Imager). TROG clinical trial participation, utilisation of advanced techniques as well as TROG site credentialing, has been assisted through implementation of the VESPA project.
Professor Peter Greer

TROG *total accrual*

TROG total accrual (open and closed trials)

Total by centre from inception to 31st December 2016:

Centre	Total
NSW	
Calvary Mater Newcastle, NSW	1181
St George Cancer Care Services, St George Hospital, NSW	782
Crown Princess Mary Cancer Centre, Westmead, NSW	500
Northern Sydney Cancer Centre, Royal North Shore Hospital, NSW	296
Chris O'Brien Lifehouse (Royal Prince Alfred), NSW	258
Liverpool Cancer Therapy Centre, Liverpool Hospital, NSW	277
Illawarra Cancer Care Centre, Wollongong Hospital, NSW	179
Prince of Wales Hospital, NSW	114
Riverina Cancer Care Centre, Wagga Wagga, NSW	67
Macarthur Cancer Therapy Centre, Campbelltown Hospital, NSW	68
St Vincent's Hospital, Darlinghurst, NSW	45
Nepean Cancer Care Centre, Nepean Hospital, NSW	37
Central West Cancer Service, Orange, NSW	14
Melanoma Institute Australia, North Sydney, NSW	8
North Coast Cancer Institute, Port Macquarie Base Hospital, NSW	6
Central Coast Regional Cancer Care, Gosford Hospital, NSW	4
Albury Base Hospital, NSW	3
Concord Cancer Care, Concord Repatriation General Hospital, NSW	2
North Coast Cancer Institute, Lismore, NSW	2
The Mater North Sydney, NSW	2
Radiation Oncology Centres – Wahroonga (Sydney Adventist Hospital), NSW	1
Genesis CancerCare – Hurstville, NSW	13
Genesis CancerCare – Newcastle, NSW	1
	3860
QUEENSLAND	
Radiation Oncology Mater Centre, QLD	1132
Princess Alexandra Hospital, QLD	854
Royal Brisbane and Women's Hospital, QLD	547
Townsville Cancer Centre, The Townsville Hospital, QLD	170
Radiation Oncology Centres - St Andrew's Cancer Centre, Toowoomba, QLD	163
Genesis Cancer Care - Tugun, John Flynn Private Hospital, QLD	147
Genesis Cancer Care - Southport, QLD	27
Radiation Oncology Centres - Liz Plummer Cancer Centre, Cairns, QLD	19
Genesis Cancer Care - Wesley Medical Centre, QLD	7
Radiation Oncology Centres - Gold Coast, QLD	11
Genesis Cancer Care - Nambour, QLD	4
Genesis Cancer Care - Chermside, QLD	2
	3085
VICTORIA	
Peter MacCallum Cancer Centre - East Melbourne, VIC	1557
Andrew Love Cancer Centre, Geelong Hospital, VIC	333
William Buckland Radiotherapy Centre, The Alfred, VIC	167
Olivia Newton-John Cancer and Wellness Centre, Austin Hospital, VIC	113
Peter MacCallum Cancer Centre - Box Hill, VIC	109
Peter MacCallum Cancer Centre - Moorabbin, VIC	87
Monash Medical Centre, VIC	49
Peter MacCallum Cancer Centre - Bendigo, VIC	27

Centre	Total
St Vincent's Hospital, Melbourne, VIC	10
Murray Valley Private Hospital, VIC	9
Ballarat Regional Integrated Cancer Centre, Ballarat Base Hospital, VIC	8
Royal Melbourne Hospital, VIC	8
Epworth Radiation Oncology, Epworth Freemasons Hospital, VIC	5
Western Radiation Oncology Centre, Western Private Hospital, VIC	1
	2504
NEW ZEALAND	
Auckland Regional Cancer and Blood Service, Auckland City Hospital, NZ	525
Wellington Blood and Cancer Centre, Wellington Hospital, NZ	472
Christchurch Hospital, NZ	391
Waikato Hospital, Hamilton, NZ	92
Dunedin Hospital, NZ	79
Palmerston North Hospital, NZ	68
Auckland Radiation Oncology, NZ	1
	1628
WESTERN AUSTRALIA	
Sir Charles Gairdner Hospital, WA	780
Genesis Cancer Care - Royal Perth Hospital, WA	79
Genesis Cancer Care - Wembley (Perth Radiation Oncology Centre), WA	57
Genesis Cancer Care - Bunbury, WA	16
Fremantle Hospital, WA	5
Genesis Cancer Care - Murdoch (Fiona Stanley Hospital), WA	8
The Mount, WA	1
	946
SOUTH AUSTRALIA	
Royal Adelaide Hospital, SA	603
Genesis Cancer Care - Adelaide Radiotherapy Centre, SA	27
Repatriation General Hospital, SA	12
Queen Elizabeth Hospital, SA	3
Flinders Medical Centre, SA	4
	649
TASMANIA	
WP Holman Clinic, Royal Hobart Hospital, TAS	82
WP Holman Clinic, Launceston General Hospital, TAS	38
	120
AUSTRALIAN CAPITAL TERRITORY	
Capital Regional Cancer Service, The Canberra Hospital, ACT	88
	88
NORTHERN TERRITORY	
Alan Walker Cancer Centre, Royal Darwin Hospital, NT	59
	59
OTHER	
International Centres	1325
Non RT Centres (Private)	23
	1348
TOTAL ALL CENTRES	**14,287**

our *research achievements* 2016

Lymphoma breakthrough

In a world-first breakthrough for early stage low-grade lymphoma, set to change the management of the disease worldwide, TROG 99.03 has found that patients live longer without a relapse with immune-chemotherapy plus radiotherapy treatment rather than radiotherapy alone.

The primary aim of the trial, which was a collaboration between TROG and the Australasian Leukaemia and Lymphoma Group (ALLG), was to see if, by adding immuno-chemotherapy to the standard treatment of radiotherapy alone, outcomes could be improved for patients with stage I-II low-grade follicular lymphoma.

Australian Trial Co-Chair and Peter MacCallum Cancer Centre Radiation Oncologist, Professor Michael MacManus, said that the multi-centre international study, which accrued 150 participants across Australia, New Zealand and Canada, was the first of its kind to be conducted and will help define the standard of care for these patients.

'It is clear from the trial results that radiotherapy plus R-CVP, is associated with a much better chance that patients will survive to 10 years without a relapse. It is likely to mean that the cure rate will be much higher. Overnight, this trial will transform our knowledge of the comparative effectiveness and toxicity of two very different treatment strategies for these patients. The results of this trial will immediately inform every discussion of treatment strategy for every patient with stage I-II follicular lymphoma in the developed world.'

Brain cancer landmark results

Brain cancer breakthrough: older GBM patients live longer with temozolomide

In a brain cancer breakthrough, the results from a landmark TROG trial were presented at the American Society of Clinical Oncology (ASCO) Annual Meeting in Chicago, as one of the most significant advances in cancer care and treatment in the world.

The international phase III clinical trial TROG 08.02 (GBM in elderly patients), which included Australian and New Zealand researchers and patients, has found that adding temozolomide chemotherapy during short-course radiation therapy, followed by monthly maintenance doses of temozolomide, significantly improved survival of elderly patients with glioblastoma (GBM), reducing the risk of death by 33%.

This is the first study to test the combination of temozolomide and radiation therapy in older adults, who account for half of all patients with this disease. While side effects were slightly greater among patients receiving temozolomide, overall quality of life was similar in both patient groups. Australian Trial Co-Chair and Radiation Oncologist, Dr Claire Phillips (pictured), said that in the past there had been a tendency to be 'gentle' when treating older patients with GBM due to the poor prognosis of the disease.

'It provides good evidence that older patients who have GBM, but who are otherwise quite healthy, benefit from moderately aggressive therapy without causing terrible toxicity.'

Prostate cancer
10 year snapshot

Life 10 years on from prostate cancer: study reveals issues faced by men

A new survivorship study is the first of its kind in Australia and New Zealand to follow-up men and their partners 10 years after prostate cancer treatment to determine how the disease has impacted their quality of life, masculinity and mental health.

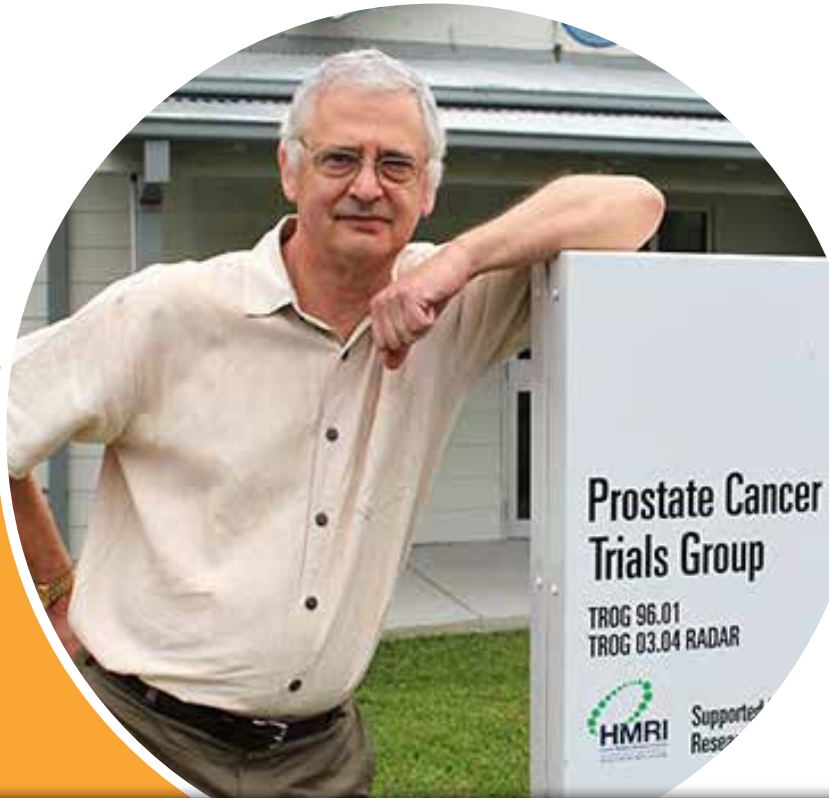
The research was presented at the Multi-national Association of Supportive Care in Cancer (MASCC) conference by TROG researcher, Professor Jim Denham (pictured). He says the preliminary overall results are surprisingly positive.

'The most surprising result was that men who had been treated for prostate cancer 10 years ago had similar quality of life to other men generally – even if they had experienced a relapse.'

The in-depth study from the TROG 03.04 RADAR prostate cancer trial, involved a detailed questionnaire of over 200 cancer survivors who were diagnosed and treated 10 years previously.

The most significant issue that researchers uncovered was that 50% of prostate cancer survivors experienced feelings of loss of masculinity.

'The challenge is how we can support more prostate cancer survivors to become resilient and what support services we can offer them to help them deal with these feelings.'



our patients

Bev's story

When Bev Snedden from the NSW Hunter Valley was diagnosed with non-hodgkin lymphoma in 2011, her positive outlook on life was put to the test. But the chance to join the TROG 99.03 clinical trial, gave Bev the opportunity to be part of the 'bigger picture'.

"I was first diagnosed with a lymphoma after unsuccessful attempts to get to the bottom of a swollen cheek," Bev said. "I found this news to be confronting and challenging. I was then offered a place on a clinical trial which not only treated the lymphoma with the standard treatment of radiation but also added immuno-chemotherapy. The complexity of what was happening to me was overwhelming and I admit that there were times when I had doubts about getting through, but this was the chance to live a full and healthy life. Together with a team of friendly, supportive and caring staff I now have the all clear from this horrible cancer and know that this trial has not only helped me but will help others overcome the same challenges. I now have a new perspective: to enjoy life and to do all the things that are important."

Steve's story

Steve McCluskey is one of the first people in the world to access a novel, Australian-developed technology called Kilovoltage Intrafraction Monitoring (KIM), as part of the TROG SPARK prostate cancer trial, which will cut his treatment time from 40 visits down to just five. Steve decided to join the trial after a recent prostate cancer diagnosis and said the reduced number of hospital visits will make his life a lot easier.

"I am a great believer in new technology and I loved the idea of only having five visits with minimal chances of major side effects. I cannot wait to get the treatment behind me as quickly as possible and get on with my life." he said.

A/Professor Jarad Martin is the clinical Co-Chair of SPARK and said it was an exciting treatment option for men, which could eventually become the global standard of care for many other cancers.

"Radiotherapy is already a safe and effective treatment option for men with prostate cancer. SPARK is another step in us exploring new ways to make a good treatment even better." A/Prof Martin said.

SPARK will recruit 48 patients from around Australia and researchers expect the efficacy of the KIM technology to be known in late 2017.

Considering joining a TROG study?

Download the *TROG ClinTrial Refer* app - available in the Apple App Store or Google Play for smartphone and tablet. It's now so easy to find the right study for you.

The free mobile app *TROG ClinTrial Refer* puts information about TROG's cancer research trials at the fingertips of patients and clinicians.

By simply choosing a disease type and nearest hospital, users can access a list of potentially suitable trials, opening up further opportunities for treatment and care.

TROG *annual scientific meeting*

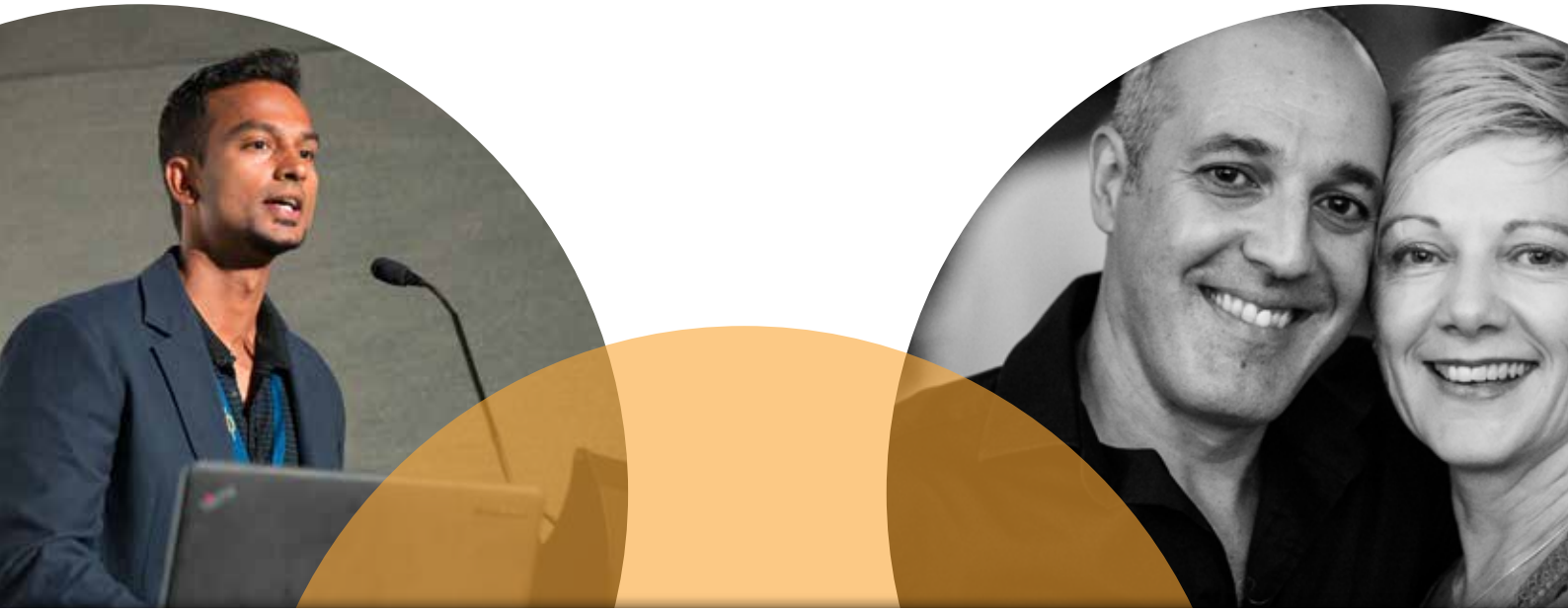
The TROG Annual Scientific Meeting (ASM) provides a focal point for TROG member involvement, collaboration, formulation of scientific direction, review and reporting of research activity, as well as education and knowledge sharing. More than 200 delegates attend the meeting, which is supported by industry representatives and features a dedicated trade display area for industry products and information.

2016

TROG's 28th Annual Scientific Meeting, held in Brisbane, brought together researchers from all areas of Australian and New Zealand radiation oncology under the theme of "Value for Money in Oncology Research".

International speakers who attended were renowned Radiation Oncologists, Dr Antonio 'Tito' Fojo from Columbia University, United States of America and Professor Dirk De Ruysscher from the Maastro Clinic in The Netherlands. The speakers provided unique perspectives on oncology clinical trials, their health systems and the challenges faced in their respective parts of the world.

The meeting included more TROG trial updates than any previous ASM, with exciting results and updates in the areas of prostate, lung, breast, bladder, oesophagus, bone, blood and skin cancer. We continued the conference format introduced in 2015 featuring interactive subspecialty group sessions with great feedback. Throughout the meeting, delegates commented on the high quality of presentations by the international and local invited speakers, providing valuable insights into the challenges and opportunities in the oncology healthcare environment




only if we resolve to
tough decisions
drug costs and the obstacles to
effective cancer therapies
Tito Fojo, MD, PhD
Columbia University


TROG
CANCER RESEARCH
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Professor Sandro Porceddu was recognised for his outstanding contribution to the group, receiving the 2016 'TROGIE' Outstanding Contribution Award. Professor Porceddu has been an integral part of TROG, serving as President of the TROG Board, a principal trial investigator and Chair of the TROG Scientific Committee. The award recognised his achievements and dedication in the area of cancer research.

Professor David Lamb, a founding member of TROG Cancer Research was recognised for his contribution with a TROG 'Lifetime Membership Award' for his service to the group. Professor Danny Roos was also recognised for his contribution to TROG with a 'Lifetime Membership Award'.

Professor Michael MacManus received the 2016 'Trial Excellence Award' (TROGIE) for his work on the TROG 99.03 lymphoma trial. A new award was also introduced in 2016 – the 'TROG Peer Recognition Award'. The inaugural winner was Tracy Pearl-Larsson.

TROGIE Award Winners

Trial Excellence Award

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

Outstanding Contribution to TROG

2007 A/Prof Annette Haworth
2008 Dr Peter O'Brien
2009 A/Prof Richard Fisher
2010 Prof David Ball
2011 A/Prof Daniel Roos
2012 A/Prof Sidney Davis
2013 Prof Gillian Duchesne
2014 Dr Ian Roos
2015 Prof Tomas Kron
2016 Prof Sandro Porceddu

TROG Life Members

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

2017

TROG's 29th Annual Scientific Meeting is scheduled for March 2017 at ANZ Viaduct Events Centre, Auckland, New Zealand. The 2017 meeting features subspecialty group sessions, as well as the full day, interactive research workshops.

Invited international speakers include:

Professor Andre Dekker
Medical Physycist, Maastro Clinic, NL

Dr Nancy Lee
Radiation Oncologist, Memorial Sloan Kettering Cancer Center, USA

Dr Gail Lebovic
Chief Medical Officer, Focal Therapeutics, USA

Dr Vincent Khoo
Clinical Oncologist, The Royal Marsden, UK

Dr Gerard Deib
Clinical Fellow, John Hopkins USA

2018

We hope you can join us in Hobart, Tasmania for the 30th TROG Annual Scientific Meeting 19-22 March 2018.

our grants

2016 grants from competitive sources

TROG received the following funding grants, which commenced in 2016.

Funding Body	Trial	Duration	Total grant
NHMRC	TROG 03.04 - RADAR - Randomised trial investigating the effect of biochemical (PSA) control and survival of different durations of adjuvant androgen deprivation in association with definitive radiation treatment for localised carcinoma of the prostate.	2	$376, 612.80
NHMRC	TROG 07.01- DCIS - A randomised phase III study of radiation doses and fractionation schedules in non-low risk DCIS of the breast	4	$658,418.75
NHMRC	TROG 07.01 - DCIS - A randomised phase III study of radiation doses and fractionation schedules in non-low risk DCIS of the breast	4	$1,392,930.35
Auckland Medical Research Foundation	TROG 13.01 - SAFRON II - Stereotactic ablative fractionated radiotherapy versus radiosurgery for oligometastatic neoplasia to the lung: A randomised phase II trial	2	$23,386.72
Cancer Australia	TROG 16.03 - CORE: A multistage multicentre international randomised trial of Conventional care Or Radioablation (stereotactic body radiotherapy) for Extra-cranial oligometastatic disease in lung, breast and prostate cancer	3	$ 430, 563.00

our publications

2016 TROG publications

Full manuscripts

Trial	Publication
03.06	Duchesne G, Haworth A, Bone E, Carter H, Ebert M, Gagliardi F, Gibbs A, Hornby C, Martin A, Sidhom M, Wood M, Jackson M. Testing the Assessment of New Radiation Oncology Technologyand Treatments framework using the evaluation of post-prostatectomy radiotherapy techniques. J Med Imag Radiat Oncol. 2016 Feb; 60(1):129-37.
02.02	Ringash J, Fisher R, Peters L, Trotti A, O'Sullivan B, Corry J, Kenny L, Van Den Bogaert W, Wratten C, Rischin D. Effect of p16 Status on the Quality-of-Life Experience During Chemoradiation for Locally Advanced Oropharyngeal Cancer: A Substudy of Randomized Trial Trans-Tasman Radiation Oncology Group (TROG) 02.02 (HeadSTART). Int J Radiat Oncol Biol Phys. 2016 Mar. In press.
01.04	McLachlan S, Fisher R, Zalcberg J, Solomon M, Burmeister B, Goldstein D, Leong T, Ackland S, McKendrick J, McClure B, Mackay J, Ngan S. The impact on health-related quality of life in the first 12 months: A randomised comparison of preoperative short-course radiation versus long-course chemoradiation for T3 rectal cancer (Trans-Tasman Radiation Oncology Group Trial 01.04). Eur J Cancer. 2016 Mar; 55:15-26
08.03	Tesson S, Sundaresan P, Ager B, Butow P, Kneebone A, Costa D, Woo H, Pearse M, Juraskova, Turner S. Knowledge, attitudes and decision-making preferences of men considering participation in the TROG RAVES Prostate Cancer Trial (TROG 08.03). Radiother Oncol.2016 Apr; 119(1):84-90.
03.06	Duchesne G, Woo H, Bassett J, Bowe S, D'Este C, Frydenberg M, King M, Ledwich L, Loblaw A, Malone S, Millar J, Milne R, Smith R, Spry N, Stockler M, Syme R, Tai K, Turner S. Timing of androgen-deprivation therapy in patients with prostate cancer with a rising PSA (TROG 03.06 and VCOG PR 01-03 [TOAD]): A randomised, multicentre, non-blinded, phase 3 trial. Lancet Oncol. 2016 Jun; 17(6):727-37.
08.04	de Boer S, Powell M, Mileshkin 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. Toxicity and quality of life after adjuvant chemoradiotherapy versus radiotherapy alone for women with high-risk endometrial cancer (PORTEC-3): an open-label, multicentre, randomised, phase 3 trial. Lancet Oncol. 2016 Jul; 17(8):1114-26.
03.04	Sridharan S, Steigler A, Spry NA, Joseph D, Lamb DS, Matthew J, Atkinson C, Tai KH, Duchesne G, Christie D, Attia J, 9, Holliday EG, Denham JW. Oligometastatic bone disease in prostate cancer patients treated on the TROG 03.04 RADAR trial. Radiother Oncol. 2016 Oct; 121(1):98-102.

Trial	Publication
06.01	Baumert B, Hegi M, Van Den Bent J, Von Deimling A, Gorlia T, Hoang-Xuan K, Brandes A, Kantor G, Taphoorn M, Ben Hassel M, Hartmann C, Ryan G, Capper D, Kros J, Kurscheild S, Wick W, Enting R, Reni M, Thiessen B, Dhermain F, Bromberg J, Feuvret L, Reijneveld J, Chinot O, Gijtenbeek J, Rossiter J, Dif N, Balana C, Barvo-Marques J, Clement P, Marosi C, Tzuk-Shina T, Nordal R, Rees J, Lacombe D, Mason W, Stupp R. Temozolomide chemotherapy versus radiotherapy in high-risk low-grade glioma (EORTC 22033-26033): a randomised, open-label, phase 3 intergroup study. Lancet Oncol. 2016 Nov; 17(11):1521-32.
06.01	Reijneveld J, Taphoorn M, Coens C, Bromber J, Mason W, Hoang-Xuan K, Ryan G, Beh Assel M, Enting R, Brandes A, Wick A, CHinot O, Reni M, Kantor G, Thiessen B, Klein M, Verger E, Borchers C, Hau P, Back M, Smits A, Golfinopoulous V, Gorlia T, Bottomley A, Stupp R, Baumert B. Health-related quality of life in patients with high-risk low-grade glioma (EORTC 22033-26033): a randomised, open-label, phase 3 intergroup study. Lancet Oncol. 2016 Nov; 17(11):1533-42.
08.04	Jameson M, Mcnamara J, Bailey M, Metcalfe P, Holloway L, Foo K, Do V, Mileshkin L, Creutzberg, Khaw P. Results of the Australasian (Trans-Tasman Oncology Group)radiotherapy benchmarking exercise in preparation forparticip ation in the PORTEC-3 trial. J Med Imag Radiat Oncol. 60 2016; 554-59
03.04	Bitska V, Sharpley CF, Bradford R, Steigler A, Denham JW. Measuring Personal and Functional Changes in Prostate Cancer Survivors: Development and validation of the FADE: Data from the TROG 03.04 RADAR trial. Psycho-Oncology. 2016 In press.
03.04	Sharpley, C.F., Bitsika, V., Christie, D.R.H., Bradford, R., Steigler, A., & Denham, J.W. (in press). Total Depression and Subtypes in Prostate Cancer Survivors 10 years after treatment. Eur J Cancer Care, 2016. In press.

Published protocol

Trial	Publication
13.01	Siva S, Kron T, Bressel M, Haas M, Mai T, Vinod S, Sasso G, Wong W, Le H, Eade T, Hardcastle N, Chesson B, Pham D, Høyer M, Montgomery R, Ball D. A Randomised Phase II Trial of Stereotactic Ablative Fractionated Radiotherapy versus Radiosurgery for Oligometastatic Neoplasia to the Lung (TROG 13.01 SAFRON II). BMC Cancer. 2016 Mar: 16:183

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Do you have a professional interest in radiotherapy research?

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Become a full TROG member

Anyone fully qualified in their discipline, including radiation oncologists, medical oncologists, radiation therapists, medical physicists, statisticians, data managers, nurses and surgeons, can become a full TROG member.

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

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

Become an affiliate TROG member

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

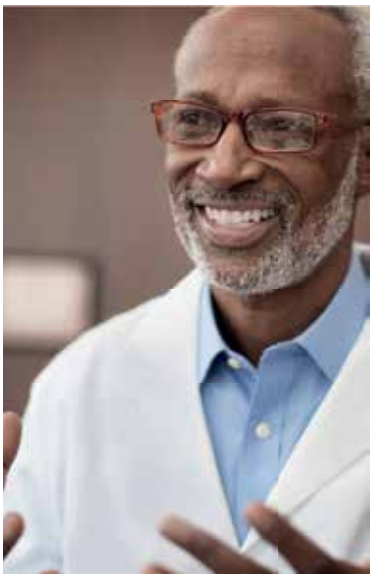
Trish Jenkins

There is a fulfilling feeling about understanding what a trial is about, being involved in the recruitment process and ensuring the data is collected as per the protocol. That feeling is strengthened when the results of a trial is published. Then I realise how important it is to have good studies, good research practice and good data with adequate follow-up, because it changes peoples' lives.

I believe that the work of TROG Cancer Research is extremely valuable, especially when it contributes to other research in other parts of the globe. Although TROG is Trans –Tasman we are a part of the world research community in the search for better treatment for patients with cancer. That's what I like about TROG.

As a Trial Coordinator working in Radiation Oncology Research our trials are TROG trials. As yet there are few fully funded trials sponsored by either pharmaceutical companies as there is with drug development. At present the only way to ensure scientific evaluation of new radiotherapy techniques is by conducting TROG trials. TROG is a collaborative group which means it relies on the membership to drive the research agenda and provide the support by participating in TROG and conducting TROG trials.

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



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our community and supporters

Our wonderful supporters at the Hawks Nest Golf Club raised more than $3,000 for TROG at the annual Myall Coast Veterans Golf day, held in November. In excess of 120 local golfers took part in the event.

Thank you to everyone who came out to support our first annual RACE4TROG charity event at Newcastle Jockey Club on Saturday October 29. It was a beautiful Derby Day afternoon and our guests were looking fabulous. We raised close to $4,500 on the day, which will support our radiotherapy research projects.

Our first Bunnings BBQ was held in November in Newcastle - we raised close to $2,000 from the sale of sausage sandwiches, drinks and raffle tickets sold!

The inaugural Art4TROG fundraising exhibition was held during May and featured a diverse collection of works from 17 established and emerging Hunter artists who have been touched by cancer. The event was a success, raising over $5,000 for TROG.

TROG would like to the thank the Cardiff City Tigers and Garden Suburb Football Clubs from Newcastle, who raised an amazing $10,000 for TROG at a charity night called 'Shed the Dreads' at Cardiff Bowling Club!! Three people were brave enough to shave their heads on the night in the name of cancer research. We are grateful to this generous community for their ongoing support of our research.

Are you taking part in an upcoming event and would like to raise funds for TROG?
We are listed as a charity on GoFundraise.com.au so you can nominate us as your charity for a range of events or even start your own fundraiser!

Would your community group or workplace like to host a fundraising event for TROG?
Contact us to find out how you can help!

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TROG

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