TROG
CANCER RESEARCH

together
we can defeat cancer

2018 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 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.

Donate to TROG

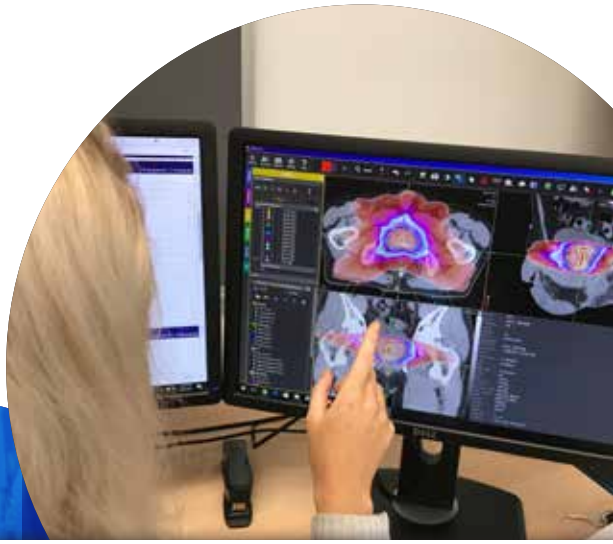
Cancer clinical trials are the critical step that leads to breakthroughs in the treatment of cancer.

Donate securely online
www.trog.com.au/donate

Telephone
(02) 4014 3911

Help save lives by giving today

Contents



About TROG Cancer Research

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

Our primary research focus is on radiotherapy, which can be used to treat many different types of cancers such as breast, lung, prostate, skin, head and neck.

Radiotherapy is a widely used cancer treatment. Radiotherapy controls and even cures various cancers using high energy x-rays and charged particles. Cutting-edge research is continually improving the techniques and technology used in radiotherapy.

Message from the *President and Board Chair*

Associate Professor Farshad Foroudi

The Trans Tasman Radiation Oncology Group (TROG) has had another successful year maintaining our high level of research activity and member engagement. In 2018 there were a number of changes to our operations including the resignation of Joan Torony in March 2018 after more than six years of service to TROG as the Chief Executive Officer and Research Manager. The TROG Board implemented a recruitment strategy and were pleased to appoint Susan Goode as the incoming CEO in July 2018. On behalf of the Board, I would like to thank Joan Torony for her services to TROG and Renee Swanson who fulfilled the role of Acting CEO from March to June 2018.

Change also occurred at the Board level with Associate Professor Giuseppe Sasso being elected unopposed as President-elect of the TROG Board at the 2018 Annual General Meeting of TROG, with his term to commence in March 2019. During the 2018 ASM Professor Trevor Leong was elected as Chair of the TROG Scientific Committee (TSC), replacing Professor David Christie who completed his term. In December 2018 the Board also farewelled Associate Professor Dion Forstner on completion of his RANZCR Faculty of Radiation Oncology (FRO) Dean term. This appointment is an integral part of the memorandum between TROG and the Royal Australian and New Zealand College of Radiologists (RANZCR) aimed at fostering collaboration and enabling resource sharing between our organisations. For 2019 the TROG board are pleased to welcome Dr Madhavi Chilkuri as the Dean of the Faculty of Radiation Oncology.

We were also pleased to have the services of Mr John Cleary as an Independent Board member from July 2017 to November 2018 and we thank John for his business and financial expertise. Mr Andrew Jenkins continues to fulfil the dual roles of TROG Financial Controller and Company Secretary, working consistently to maintain our finances and ensure the Board members are well supported.

The research landscape saw many changes in 2018 including further roll out of the Medical Research Futures Fund (MRFF) scheme and major revisions to the NHMRC funding schemes. To ensure that TROG is well positioned to respond to these changes, we redesigned the new proposal process under the leadership of Professor Trevor Leong, and with the support of the TROG Central Operations Office (TCOO). The TROG Scientific Committee remains the central focus of trial review and development. The new proposal pathway provides a clear schema for proposals from new concepts, through development, conduct and close out; and has been implemented to allow proposals to be submitted year round. To date these changes have received positive feedback and we look forward to further developments in 2019.

I would like to thank everyone involved in TROG Cancer Research. TROG would not be in its current position as a global leader in radiation therapy research without the dedication of our full and affiliate members, TROG Central Operations Office (TCOO) staff, trial coordinators and patient participants.

F Foroudi

Message from the *Chief Executive Officer*

Susan Goode

TROG Cancer Research has continued to achieve positive outcomes in many key areas relating to our strategic plan, despite some major staffing changes during the course of 2018.

The research undertaken by our TROG members continues to provide evidence for the efficacy of new and improved radiation therapy treatments for patients; producing clinically relevant results that are incorporated into practice and policy.

Our collaboration with national and international trials groups continues to grow with active collaboration on 17 national trials and 18 international trials. We conduct our trials at more than 80 sites across Australia and New Zealand and at 110 international sites. TROG has representation on committees both nationally and internationally including the Australian Clinical Dosimetry Service, Australian Clinical Trials Alliance, Royal Australian and New Zealand College of Radiologists, Global Harmonisation Group for Radiotherapy Quality Assurance and the International Atomic Energy Agency.

Financial sustainability continues to be an important objective of TROG, with recent success in government funding and several initiatives implemented to diversify our funding sources. These initiatives have included implementing fee-for-service models for both Trial Coordination and Radiation Therapy Quality Assurance (RTQA); continued strong participation in the TROG Facility Alliance Membership (FAM); and ongoing support from a number of key corporate partners.

With funding from Cancer Australia, via the Support for Cancer Clinical Trial Program, we are able to continue our focus of supporting the development of industry independent/ investigator-initiated clinical trials. In 2018, TROG was successful at securing this Cancer Australia funding for an additional three years (July 2018-June 2021). The previous funding from Cancer Australia (2013-2018) was instrumental in our success to date with exceptional five year outcomes in key areas including: (1) development - 12 trials in development; (2) activation - 10 trial concepts developed and activated; (3) recruitment - 1,962 patients recruited to 18 accruing trials; (4) dissemination - 64 publications in peer-reviewed journals and 69 conference presentations; (5) knowledge translation - 22 references to TROG trials in EviQ and four new Medicare item numbers.

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

TROG continues to have excellent support from corporate sponsors. These partnerships have allowed our organisation to expand our reach and scope of operations. This partner support via funding, resources by the way of software and training enable TROG to continue to provide high quality and timely RTQA services in support of our TROG trials.

Since commencing the role of CEO in July 2018, I have been impressed with the commitment and calibre of our members and staff. I am honoured to have been provided this opportunity and optimistic that TROG will continue on our upward trajectory into the future. I would like to acknowledge the valuable contribution of our member's time and effort to our Board, Committees, Working Parties and Trials. Finally, I would like to acknowledge the trial participants who have volunteered to be involved in our trials, enabling us to conduct world class radiation therapy research to improve the outcomes and quality of life of those affected by cancer.

Message from the *Scientific Committee Chair*

Professor Trevor Leong

2018 was a busy but productive year for the TROG Scientific Committee (TSC). Since taking over the role of TSC Chair in early 2018, I have worked closely with staff at the TROG Central Operations Office (TCOO) and TSC to introduce several new initiatives that will hopefully benefit TROG members involved in clinical research.

The process for identifying and developing new trial proposals has been significantly changed. While previously, new proposals could only be put forward at the TROG Annual Scientific Meeting (ASM), the revised process allows for new proposals to be submitted at any time during the year, which provides much greater flexibility for TROG members. A 'new proposal pathway' has been developed, which clearly articulates the steps and processes involved in TROG trial development, from initial trial submission through to final TSC decision.

While this new pathway will facilitate a more streamlined process for trial development, it also creates a greater workload for the TSC and TCOO. With this in mind, we have redefined the functions of the subspecialty working groups, which until now have functioned mainly as 'interest groups' with no clear purpose or mandate. We have revised the Terms of Reference (ToR) to provide greater clarity around authority, reporting lines and processes with the aim of providing the Subspecialty Working Parties with greater authority and autonomy in the decision making process. Creation of the Subspecialty Working Parties means that the TSC can now draw upon the expertise of a select group of subspecialty experts when making decisions regarding the TROG trials portfolio.

The TROG Independent Data and Safety Monitoring Committee (IDSMC) plays a vital role in monitoring the progress of all TROG phase III and late phase II clinical trials. We have recently revised the ToR for this group following discussions with the Chair of the IDSMC. While the previous ToR provided the scientific parameters to guide IDSMC deliberations, it did not provide a practical framework for communication processes and responsibilities between the IDSMC, the TSC, the IDSMC Secretariat, and the TCOO. These deficiencies have now been formally addressed in the new document.

I am pleased to report that our application to the Cancer Australia 'Support for Cancer Clinical Trials (SCCT) Program 2018-2021' was successful. This grant provides TROG with $500,000/year for three years, which contributes to the financial sustainability of the organisation and helps to support the important functions of TCOO staff.

I would like to thank all members of the TSC for their enormous efforts during the year, particularly as much of this work is performed on a voluntary basis. My thanks extend to the various subcommittees that report to the TSC including the New Techniques and Technologies Committee, IDSMC, Consumer Advisory Panel, TROG Publications Committee, and the Secondary Data Analysis Committee. Lastly, a big thank you to staff at the TCOO, without whom, the TSC would not be able to function.

Trevor Leong

Message from the *Research Manager*

Renee Swanson

The research achievements of TROG Cancer Research over the past 12 months would not have been possible without the strong collaboration and commitment of TROG members.

Our trial portfolio continues to be strong with 105 trials across a broad range of tumour types and more than 14,600 volunteers participating in a TROG trial to date. A snapshot of our clinical trial activity for the year included 16 trials in development, 11 open trials with 163 patients recruited, 13 trials closed to accrual, 23 trials closed to follow up and 11 publications in print.

TROG's discipline-specific focus naturally facilitates collaboration with the other Multi-site Collaborative Cancer Clinical Trials Groups (both nationally and internationally) to expand the TROG research portfolio. We continue to build on these relationships to maximise the number of trials available for patients in Australia and to increase community awareness.

2018 has been a year of change. Thank you to Professor Trevor Leong and the TROG Scientific Committee (TSC) for their ongoing support, guidance and expert opinions to ensure our clinical trials undergo the necessary scientific evaluation. As part of the successful Cancer Australia funding for the "Support for Cancer Clinical Trials (SCCT) Program 2018-2021' we have been able to revise the processes involved in TROG clinical trial development.

The 'new proposal pathway' provides clear guidance to members on how the TSC (with associated committees, National Technical Services and TROG Central Operations Office (TCOO) support) can help bring their trial idea to fruition. This new system was implemented late 2018 so will be further developed in 2019 as member feedback continues to be provided.

Finally, I would like to express my deep gratitude to the TCOO Research team who have worked tirelessly over the past year to support the membership with all aspects of TROG clinical trials. It has been a challenging but yet inspiring time and I am thankful to work alongside such an enthusiastic and committed team. Over the past year we have built a strong foundation for TROG Cancer Research, and we look forward to delivering on our plans and reporting progress next year.

Message from the *Radiation Therapy* Quality Assurance Manager

Alisha Moore

Radiation Therapy Quality Assurance (RTQA) is essential in radiation oncology clinical trials. The quality of radiation therapy can be one of the most impactful factors influencing patient outcome and trial endpoints. RTQA as part of a clinical trial ensures patient safety, protocol compliance, and data quality.

TROG provides RTQA to affiliated cancer centres and hospitals across Australia and New Zealand and to international centres participating in TROG trials. As an independent organisation we are able to provide radiotherapy review of treatment plans to ensure compliance and standardisation at centres undertaking TROG trials. With the rapid changes in technologies and techniques for delivery of radiation therapy, which are often initially tested in TROG clinical trials, TROG remains a national and international leader in RTQA.

The Radiation Therapy Quality Assurance office farewelled Melissa Crain from the position of Quality Assurance and Grants Manager. I have since taken on the role of Radiation Therapy Quality Assurance Manager (Acting).

In 2018, the TROG RTQA office conducted clinical trial RTQA for 21 clinical trials and projects. This portfolio represents both TROG sponsored trials, collaborative trials (including Category B and Category C trials), as well as non-TROG trials in a fee for service capacity. Central imaging review was also a focus for the TROG RTQA office in 2018, with TROG conducting Local Regional Failure (LRF) reviews and follow-up imaging data collection for 4 clinical trials.

TROG RTQA further explored the applicability of Knowledge Based Planning (KBP) as a RTQA tool for radiation therapy plan quality feedback. TROG's pilot project of this work for the USYD/TROG 15.01 SPARK trial was completed in 2018. Further work involving KBP is planned for three additional trials.

TROG continues to utilise MIM software and TROG's Central Quality Management System (CQMS) for clinical trial RTQA.

The New Technologies and Techniques Committee (NTTC) met three times in 2018 to address the ongoing implications and considerations of new and complex technology in TROG clinical trials. A key focus for the group were discussions on a framework for the use of Stereotactic Radiosurgery (SRS) in TROG trials. The work of this sub-group will continue in 2019. TROG RTQA and the NTTC continue to foster collaborative links with the Global Harmonisation Group and the Australian Clinical Dosimetry Service ensuring standardisation globally and high quality radiation therapy. The NTTC reports to the TROG Scientific Committee.

I would like to thank the RTQA team for their hard work in 2018. We will continue to support our members to achieve TROG's mission, to conduct world class research in radiotherapy through innovation and collaboration.

Message from the *Financial Controller* and Company Secretary

Andrew Jenkins

For the year ended 31 December 2018 TROG reported a deficit of $44,280. A number of factors contributed to this result including less than full cost recovery on some previously quoted clinical trial services. Significant work has been undertaken to improve our quoting approach, including improving information flow between TROG and Trial Chairs. In addition, this year's results include an adjustment relating to income recognised for clinical trial services that were yet to be performed due to delays in trial progress. This adjustment resulted from an independent audit of income recognition procedures and has also resulted in new procedures to improve revenue recognition and ensure compliance with newly introduced accounting standards.

TROG's financial position remains relatively stable with net liquid assets marginally increasing to $916,749 compared to the 2017 position.

In May 2018 the TROG Board approved the establishment of the Finance, Audit and Risk Management Committee (FARM) to provide additional oversight of finance and risk. The committee currently has three members: Tim Kuypers (Chair), Rob Ferguson and Fiona Hegi-Johnson. The committee met three times in 2018.

This summary of financial information was extracted from the statutory financial statements. The statutory financial statements were audited and are available to members on request.

I would like to thank our external accountants and auditors from Cutcher & Neale, for their services to TROG throughout the year.

Financial Statement

Statement of Surplus or Deficit and Other Comprehensive Income	2018	2017	Change
	$	$	$
Revenue	2,795,876	2,213,091	582,785
Other income	74,123	84,877	-10,754
Employee benefits expense	-1,641,647	-1,409,651	-231,996
Depreciation & amortisation expense	-51,040	-55,336	4,296
Direct Trial Support Services	-316,309	-119,673	-196,636
Annual Scientific Meeting	-287,968	-323,859	35,891
Administration expenses	-617,315	-327,722	-289,593
Net Surplus	**-44,280**	**61,727**	**-106,007**

Statement of Financial Position	2017	2016	Change
	$	$	$
Cash and cash equivalents	2,575,411	2,048,340	527,071
Trade and other receivables	422,235	790,563	-368,328
Other current assets	121,851	119,026	2,825
Trade and other payables	-110,797	-164,546	53,749
Employee benefits (current)	-147,763	-149,788	2,025
Other liabilities	-1,944,188	-1,729,479	-214,709
Net Liquid Assets	**916,749**	**914,116**	**2,633**

Our Board 2018 TROG Board of Directors

A/Prof Farshad Foroudi - President

Farshad is the TROG President and 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.

Prof David Christie - Scientific Committee Chair (January - March 2018)

David is 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.

Prof Trevor Leong - Scientific Committee Chair (March 2018 onwards)

Trevor is Director of Radiation Oncology at Peter MacCallum Cancer Centre in Melbourne, VIC. He is actively involved with clinical research programs and has been a principal investigator in numerous phase I/II/III studies relating to gastrointestinal malignancies. He has been involved with AGITG activities for more than 10 years as a trial investigator, member of the Scientific Advisory Committee, and Board member.

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 lung, breast and head and neck cancer. Fiona is also Chair of the TROG Lung Subspecialty Working Party.

Dr Purnima Sundaresan - Full member Director

Puma is a consultant radiation oncologist at Blacktown and Westmead Hospitals specialising in head and neck, gastrointestinal and haematological malignancies. She is also the publications portfolio lead for the TROG Scientific Committee. Puma is also a Senior Lecturer at the University of Sydney, where she is actively involved with teaching and research supervision of medical and allied health students.

Dr Giuseppe Sasso - Full member Director

Giuseppe (Peppe) is the Clinical Director of the Radiation Oncology Department at Auckland City Hospital, Auckland District Health Board, the 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 prostate, head and neck cancers, and stereotactic ablative radiotherapy.

A/Prof Dion Forstner (March-December 2018)

Dion is a radiation oncologist at GenesisCare St Vincent's Sydney and Macquarie University Hospital. He is also Dean of Faculty of Radiation Oncology of Royal Australian and New Zealand College of Radiologists (RANZCR), the peak professional body for radiation oncologists in Australia and New Zealand.

Dr Tim Kuypers - Independent Director

Tim works as a Special Advisor for HoustonKemp Economists and the Principal at Walbrook Partners. He is an experienced and well-respected rail safety expert. Tim contributes his vast understanding of regulation to the TROG Board.

Mr John Cleary - Independent Director (Resigned from the Board in November 2018)

John is the CEO of an aged care facility and has more than 20 years' experience at a senior management and executive level in both the not-for-profit and for-profit sectors.

Mr Rob Ferguson - Independent Consumer Representative

Rob is a consumer advocate to cancer patients at St Vincent's Hospital and a Telephone Group Counsellor at Cancer Council NSW. He is also a member of the Macquarie University Cancer Research Consumer Advisory Group. Rob was formerly Chair of Muscular Dystrophy Foundation Australia, President of Muscular Dystrophy NSW, and a director of Colliers International.

varian

Solutions built to treat, manage, and power new cancer-fighting victories.

From advanced data analytics to integrated software to intelligent treatment delivery, our full spectrum of oncology solutions is inspiring new victories in the fight against cancer—today, and well into the future.

See what our oncology-focused ecosystem can do for you, visit: Varian.com

Safety information: Radiation may cause side effects and may not be appropriate for all cancers.

TROG Scientific Committee

The role of the Scientific Committee is to

- ratify TROG's participation in all clinical trials;
- assist in the development of new clinical trial proposals which have been approved by the members of TROG;
- oversee ongoing clinical trials to ensure they are being properly supervised by their Trial Management Committee;
- advise the Board on scientific matters that may arise and which the Board may ask the Scientific Committee to address;
- initiate an audit of an ongoing clinical trial and, if necessary, act on that audit;
- perform any additional duties set out in the Scientific Committee charter or which the Board may ask it to perform from time to time; and
- oversee its subcommittees, working parties and special interest groups.

The TROG Scientific Committee holds quarterly meetings.

Scientific Committee Chair (Jan - Mar 2018):
Prof David Christie

Scientific Committee Chair (Mar 2018 - ongoing):
Prof Trevor Leong

Portfolio Leader - Publications:
Dr Puma Sundaresan

Radiation Oncologist:
A/Prof Michael MacMannus (Nov 2018 – ongoing)

Radiation Oncologist:
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:
A/Prof Richard De Abreu Lourenco

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

Independent Data Safety Monitoring Committee

The TROG Independent Data and Safety Monitoring Committee (IDSMC) provides continual assessment of the safety and efficacy of TROG sponsored clinical trials. The IDSMC functions independently of the TROG Scientific Committee, the TROG Central Operations Office, the TROG Board and all other individuals associated with the conduct of TROG trials. Meeting twice per year at six monthly intervals, the IDSMC ensures that TROG trials fulfil ethical requirements, consider subjects' rights and welfare, and wherever possible each trial meets its primary objectives.

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 Bryan Burmeister

2018 Secondary Data Analysis Committee

The TROG Secondary Data Analysis Committee (SDAC), which meets every quarter, oversees the development of guidelines and procedures for secondary analysis of TROG data.

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 Greenham
Mr Kenton Thompson
Prof Val Gebski
Dr Fiona Hegi-Johnson
Mrs Alisha Moore
Mrs Renee Swanson
Mrs Monica Harris

2018 New Technologies and Techniques Committee

Based on the needs of trials and the TROG Scientific Committee (TSC), the New Techniques and Technologies Committee identify priorities and develop procedures to implement new and complex technologies in TROG clinical trials. This group meets quarterly.

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

2018 TROG Publications Committee

Material that is published or presented in the name of TROG 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 TROG's high standards and encouraging accurate, thorough and credible research reporting. The TPC meets twice per year to discuss the publications portfolio.

Chairperson: Dr Purnima Sundaresan

Discipline Representative - Statistics:
Prof Val Gebski

Radiation Oncologist - Scientific Committee Chair:
Prof Trevor Leong

TROG Central Operations Office: Mrs Renee Swanson

Secretary: Mr Patrick Wheeler

Consumer Advisory Panel

John Stubbs, knows first-hand what it is like to be part of a clinical trial. John was diagnosed with Chronic Myeloid Leukaemia in 1999 and volunteered to take part in a clinical trial testing a new drug treatment. Since that time, he has been a committed and passionate advocate for people affected by cancer, using his knowledge and past experience as a cancer patient to ensure better outcomes for patients, their families and carers. John is also the Chair of TROG's Consumer Advisory Committee (CAP).

The aim of TROG's CAP is to support consumers (or patient advocates) who provide input into TROG's clinical trials and research program. This group also advocates 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 or include participants in research. The TROG CAP consists of eight members including a Consumer Partner, Consumer Expert, Consumer Advisors and Consumer Advocates.

John joined TROG's CAP as he wanted to give something back to help others who are facing a cancer diagnosis.

"As a former cancer patient who was involved in a clinical trial, I now see it is as my job to promote, engage and encourage access to cancer research and clinical trials."

"I think sitting down with researchers and asking them about the outcomes they want to achieve from their trial can help bridge the gap between patients and doctors. The combination of joining researchers together with patients can only lead to better outcomes for everyone," said John.

"My goal and focus is to ensure that the voices of cancer patients and their families is heard."

Our 2018 Research Achievements

Precision radiotherapy delivers survival gains in inoperable lung cancer

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

The TROG 09.02 CHISEL study aimed to investigate if Stereotactic Ablative Body Radiotherapy (SABR) is more effective than standard radiotherapy for patients with non-small cell lung cancer (early stage lung cancer).

SABR is a new, highly-targeted technique for delivering very high radiotherapy doses targeted at a patient's tumour. The high doses ensure patients complete their treatment sooner than for conventional radiotherapy, as the required dose can be given over fewer trips to hospital.

The CHISEL study was a Phase III clinical trial involving 101 patients with inoperable early-stage Non-Small Cell Lung Cancer, from Australia and New Zealand, and who were randomised to receive either SABR or conventional radiotherapy.

Professor David Ball, who headed the trial, said the results were practice-changing.

"Our trial found that for patients with early-stage lung cancer, SABR was more effective in controlling cancer growth, resulting in longer life expectancy and is just as safe as traditional radiotherapy. We found that 89% of cancers were controlled two years after SABR treatment and this compared to 65% for conventional radiotherapy, and there was also a clear benefit in overall survival."

After two years, 77% of the patients who received SABR treatment were surviving compared to 59% of those who received conventional radiotherapy.

Conventional radiotherapy for this cancer requires the patient to return to hospital regularly over six or seven weeks to receive their required radiation dose in small amounts. With SABR, the same treatment is delivered in a more concentrated dose - and in a highly-targeted way - requiring only three to four visits to hospital over around two weeks.

"As the SABR technique is much more precise, only the cancer is treated and the surrounding healthy tissue is unaffected," Professor Ball said. "Not only is the treatment more effective, but it is more convenient with fewer hospital attendances which is a significant bonus."

The trial, which began in 2010, is the first to demonstrate a survival benefit from SABR in non-small cell lung cancer.

This trial was a collaboration involving TROG Cancer Research and the Australasian Lung Cancer Trials Group (ALTG). The trial was funded with grants from Cancer Australia, The Cancer Society of New Zealand and the Cancer Research Trust New Zealand.

Colin's story

When he was asked by his doctor if he wanted to volunteer for a clinical trial (TROG 03.03 RADAR) to test a new treatment regime for prostate cancer, Colin jumped at the chance.

"I didn't even hesitate when my doctor asked if I wanted to participate in this clinical trial. I had the 18 months of hormone treatment and the impact on my life was minimal."

Today, at the age of 75 he has returned to his normal life. He's back into sailing and canoeing and tending to his beloved bees.

"I don't think about having prostate cancer now. It's in the past. I'm normal, and so many other blokes are too – they're curing a lot of people," Colin said.

Maureen's story

Maureen Chrul, was one of the patients who signed up to participate in the TROG 09.02 CHISEL trial. The 76 year old received the new Stereotactic Ablative Body Radiotherapy (SABR) technique to treat her lung cancer. Maureen has also experienced conventional radiation therapy for an earlier cancer treatment.

"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 felt much more tired with that treatment and had some burning to by chest and back," said Maureen.

Donate today

to help fund more life-saving cancer research

www.trog.com.au/donate

Ten year prostate cancer trial proves optimal treatment duration

Results of the TROG 03.04 RADAR trial have identified the best treatment regime for men suffering from newly-diagnosed aggressive but localised prostate cancer. The study compared the use of hormone treatment (longer versus short term use) coupled with radiation therapy.

This trial enrolled 1,071 men with locally advanced prostate cancer at 23 treatment centres across Australia and New Zealand, who were monitored over a 10-year period.

During the trial all men received six months of testosterone suppression therapy, using the drug leuprorelin, followed by radiotherapy. Participants were then randomly allocated to have either an additional 12 months of testosterone suppression therapy (18 months in total) or no further hormone treatment.

The trial found that 18 months testosterone suppression therapy option plus radiotherapy emerged as the most effective, compared to the six month time period.

Professor Jim Denham, who headed the landmark trial, said these findings showed a 30% reduction in deaths due to prostate cancer as well as a 40% reduction in cancer spreading (metastases) to other areas of the body.

"We also found that the men who received the 18 months of treatment did not experience more side effects or impaired quality of life factors than those who received the six months of hormone treatment."

"The confirmation that quality of life in men treated on the RADAR trial was not inferior to quality of life outcomes in Australian men of the same age, 10 years after treatment, came from the 421 men who participated in our 'Life ten years after prostate cancer treatment' sub-study," said Professor Denham.

"Around 17,000 Australian men each year are diagnosed with prostate cancer and we are constantly looking at ways to beat this disease which sees so many men go undiagnosed for a long period of time."

"Thanks to this trial men with newly-diagnosed aggressive but localised prostate cancer can be spared the many long-term side effects associated with longer durations of testosterone suppression (28 to 36 months), which have commonly been used in conjunction with radiotherapy around the world."

Our People

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 Management functions. Collaborative group service include fulfilling the role of sponsor as well as providing for insurance and indemnity, regulatory and monitoring requirements.

Trial Management

TROG Cancer Research fosters and promotes the design and execution of high quality cancer clinical trials involving radiation through multicentre participation and robust trial development procedures. TROG's Central Operations Office is equipped to provide full trial coordination centre activities from the time of trial concept through to conduct, completion and publication in medical journals. TROG works with radiation therapy treatment centres and researchers to ensure:

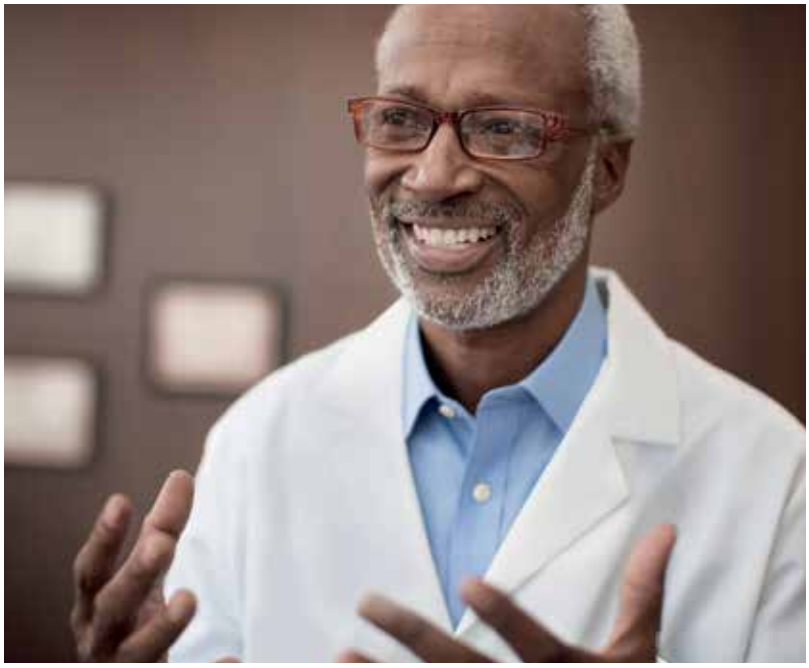
- patient recruitment and data collection targets are being met
- patient safety is monitored
- data is being collated and primary/final endpoints are reported
- reporting timelines to regulatory agencies are met.

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 clinical trial data quality. RTQA also ensures that safety issues for patients 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.

Communications, Marketing and Fundraising

TROG also provides communication and marketing services to help promote TROG's research to the community as well as recognise the research achievements of members. TROG also works to raise philanthropic and community donations and undertakes fundraising activities to help fund new clinical trials research.



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

elekta.com

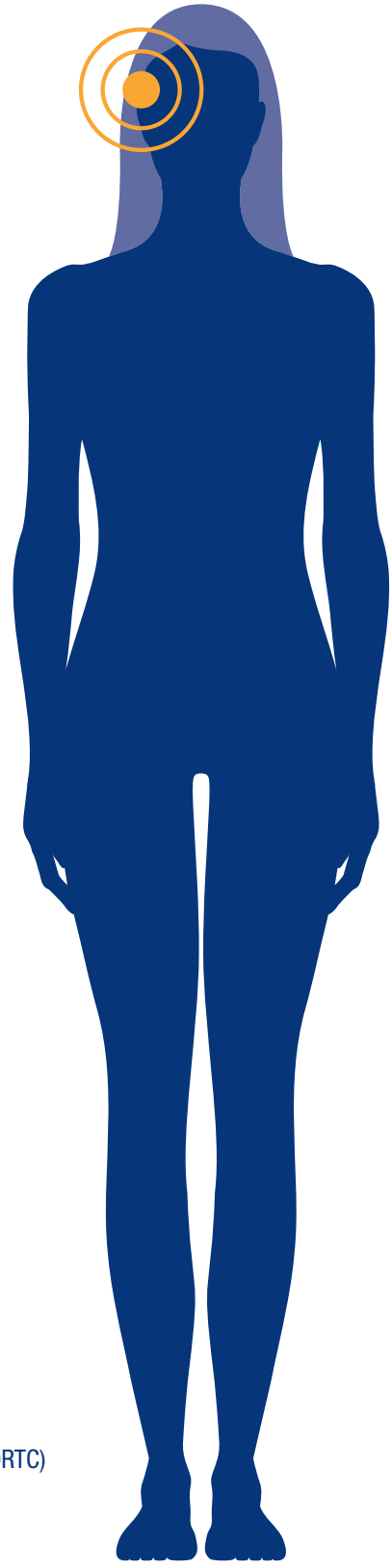
Elekta

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 80 cancer treatment centres and hospitals in Australia and New Zealand, as well as with contributing international centres, TROG has been involved with 105 trials with the help of 14,602 patients.



Brain and Central Nervous System

Trials in development

TD 18.06 FIG

This study aims to determine whether using FET-PET imaging in patients with GBM can provide prognostic information, improve radiotherapy treatment planning and identify progression.

TROG Trial Co-Chairs: Eng-Siew Koh and Andrew Scott
Primary Sponsor: TROG
Collaborating group: Cooperative Trials Group for Neuro-Oncology (COGNO)

TD 17.04 (NEURONE)

The aim of the study is to determine if the addition of memantine will reduce the cognitive decline in patients treated with SRS.

Trial Chair: Eric Hau
Primary Sponsor: TROG

Open trials

EORTC 1308/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
Collaborating groups: TROG; European Organisation for Research & Treatment of Cancer (EORTC)

Closed trials

ANZMTG 01/07/TROG 08.05 (WBRT)

The purpose of this study was 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)

NCIC CTG CE.6/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: National Cancer Institute of Canada Clinical Trials Group (NCIC CTG)
Collaborating groups: TROG; European Organisation for Research & Treatment of Cancer (EORT)

EORTC 22033-26033/TROG 06.01

This study aimed to determine whether radiation therapy or treatment with temozolomide was more effective in treating patients with gliomas.

TROG Trial Chair: Gail Ryan
Primary Sponsor: European Organisation for Research & Treatment of Cancer (EORTC)
Collaborating groups: TROG; NCIC; Medical Research Council (MRC) - National Cancer Research Institute (NCRI); Brain Tumour Group (BTG)

Completed trials

MRC LU24 / TROG 07.02 (QUARTZ)

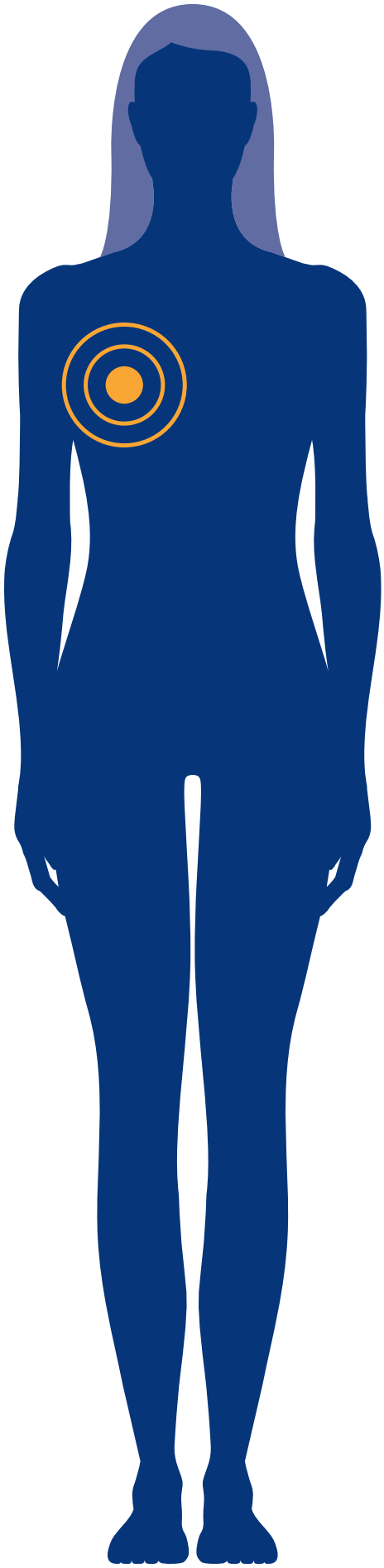
Dexamethasone and supportive care with or without whole-brain radiation therapy in treating patients with non-small cell lung cancer that has spread to the brain and cannot be removed by surgery.

EORTC/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.



Breast

Trials in development

CCTG MA.39/TD 17.08 (TAILOR RT)

The aim of this study is to reduce over treatment of low risk breast cancer by identifying markers (in the patients' blood test) to identify a group of patients that may not require radiotherapy.

TROG Trial Chair: Boon Chua
Primary Sponsor: Canada Clinical Trials Group (CCTG)
Collaborative group: TROG

DBCG HYPO II/ TD 17.07 (Skagen Trial 1)

This study aims to investigate the difference in late radiation morbidity between hypofractionated and normofractionated loco-regional breast irradiation irrespective of mastectomy or lumpectomy.

TROG Trial Chair: Kirsty Stuart
Primary Sponsor: Danish Breast Cancer Cooperative Group (DBCG)
Collaborative Group: TROG

Open trials

ANZ 1601/BIG 16-02/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: Breast Cancer Trials (BCT)
Collaborative groups: TROG, Big International Group (BIG), International Breast Cancer Study Group (IBCSG)

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

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

Closed trials

TROG 14.04 (HART)

The aim of the HART trial was 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.

TROG Trial Chair: Tomas Kron
Primary Sponsor: TROG
Collaborating group: Breast Cancer Trials (BCT)

MRC/BIG 2-04/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 (SCTG); European Organisation for Research & Treatment of Cancer (EORTC)

OCOG/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 commenced before and continued during adjuvant radiotherapy verses 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 / BIG 3-07 (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.

Trial Chair: Boon Chua
Primary Sponsor: TROG
Collaborating groups: Breast Cancer Trials (BCT); Canada Clinical Trials Group (CCTG), European Organisation for Research & Treatment of Cancer (EORTC); Scottish Cancer Trials Group (SCTG); Breast International Group (BIG), Cancer Trials Ireland (CTI), International Breast Cancer Study Group (IBCSG)

TROG 06.02 (APBI)

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

NCIC CTG/TROG 03.05 (MA20)

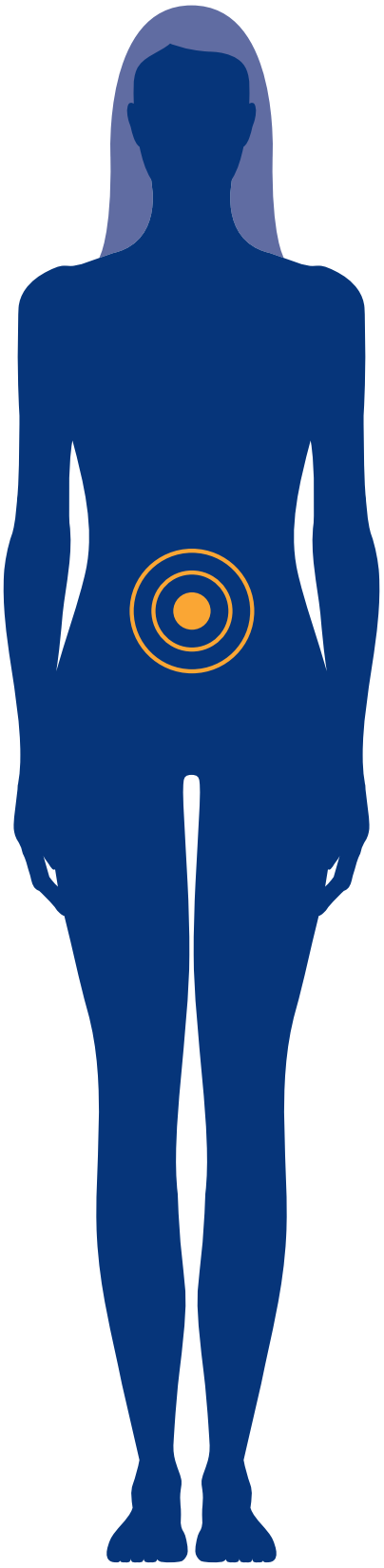
This trial studied radiation therapy to the breast alone, to see how well it worked, compared to radiation therapy to the breast plus surrounding tissue in treating women who had undergone surgery for early-stage invasive breast cancer.

TROG Trial Chair: Boon Chua
Primary Sponsor: Canada Clinical Trials Group CCTG
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.



Gastrointestinal

Trials in development

CTC 0245/AGITG AG0118PS/TD 18.04 (MASTERPLAN)

This study will determine if the addition of SBRT to chemotherapy improves locoregional control for patients with high risk and locally advanced Pancreatic cancer.

TROG Trial Chair: Andrew Oar
Primary Sponsor: Australasian Gastro-Intestinal Cancer Trials Group (AGITG)
Collaborating group: TROG

UoS/TD 17.03 LARK

This study aims to show that incorporating Kilovoltage Intrafraction Monitoring (KIM) in to liver SABR improves treatment accuracy, patient treatment outcomes, and treatment efficiency.

TROG Trial Chair: Tim Wang/Dominique Lee
Primary Sponsor: University of Sydney
Collaborating group: TROG

NCRI/TD 16.05 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: National Cancer Research Institute (NCRI)
Collaborating group: TROG

Open trials

AGITG AG0407GR/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.

TROG Trial Chair: Trevor Leong
Primary Sponsor: Australasian Gastro-Intestinal Trials Group (AGITG)
Collaborating groups: TROG; Canada Clinical Trials Group (CCTG); 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: Canada Clinical Trials Group (CCTG)

Completed trials

AGITG AG03070S / 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.

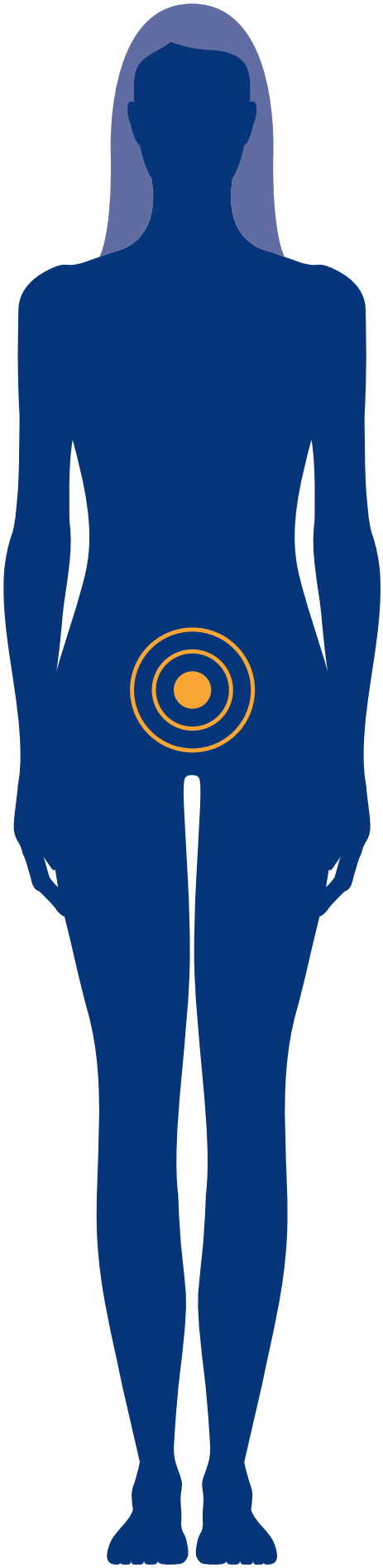
TROG 96.02
Standard Radio-Chemotherapy for Oesophageal Cancer Patients.

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/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 89.04
Synchronous Radiotherapy and Chemotherapy in Oesophageal Cancer.

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



Gynaecological

Closed trials

PORTEC3/TROG 08.04
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

Head and Neck

Trials in development

EORTC-1735/TD 18.05 (ADHERE)

The primary aim of this study is to see if the addition of durvalumab to post-operative chemoRT prolongs disease free survival.

TROG Trial Chair: Sandro Porceddu
Primary Sponsor: European Organisation for Research & Treatment of Cancer (EORTC)
Collaborating group: TROG

TD 18.03

This study aims to reduce over treatment of low risk HPV oropharyngeal squamous cell carcinoma (OPSCC) patients by treating them with a reduced dose of radiotherapy and with targeted therapy, atezolizumab, to show that it has the same results as standard treatment, but with fewer side effects.

TROG Trial Chair: Danny Rischin
Primary Sponsor: TROG

Closed trials

EORTC-1219 ROG-HNCG/TROG 14.03

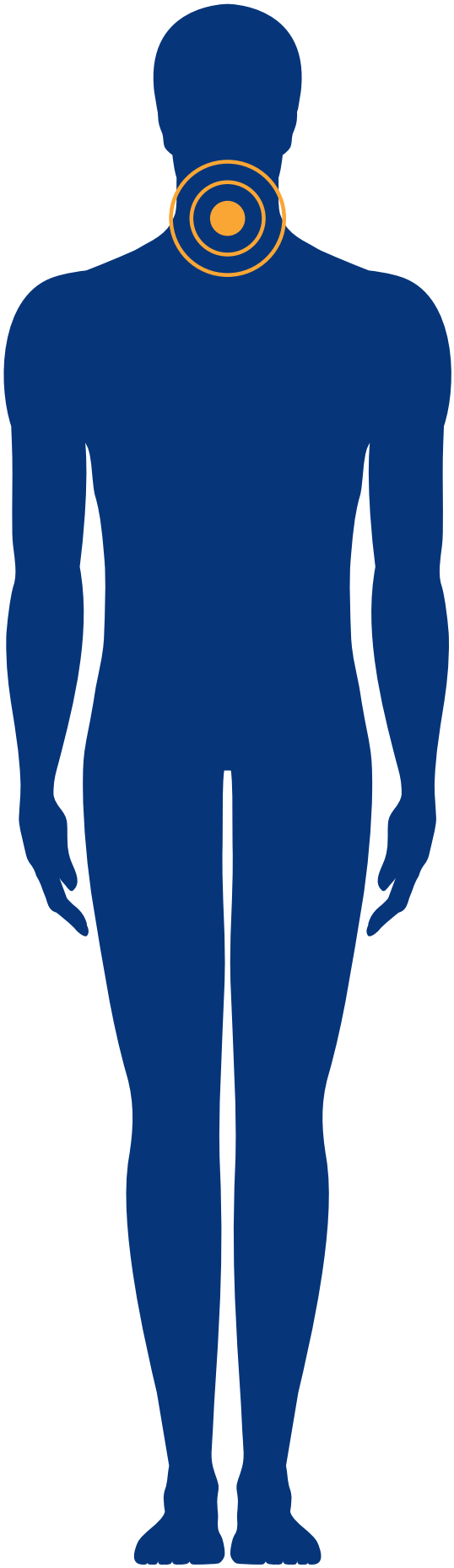
The aim of this study is to determine whether the addition of nimorazole to the standard treatment (radiotherapy in combination with chemotherapy using cisplatin) shows activity against HPV negative, locally advanced head and neck cancers and is safe.

TROG Trial Chair: Sandro Porceddu
Primary Sponsor: European Organisation for Research & Treatment of Cancer (EORTC)
Collaborating groups: TROG; Danish Head and Neck Cancer Group (DAHANCA)

UON/TROG 12.03 (EAT)

This study evaluated the effectiveness of a dietician-delivered health behaviour intervention to reduce malnutrition in head and neck cancer patients undergoing radiotherapy.

TROG Trial Co-Chairs: Chris Wratten and Ben Britton
Primary Sponsor: University of Newcastle (UON)
Collaborating group: TROG



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

TROG 07.04

The purpose of this study was to assess the safety and feasibility of combining radiotherapy and carboplatin (a chemotherapy drug) with 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

CPRR04-EFC4690/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.

EORTC 22996-24002/TROG 01.01

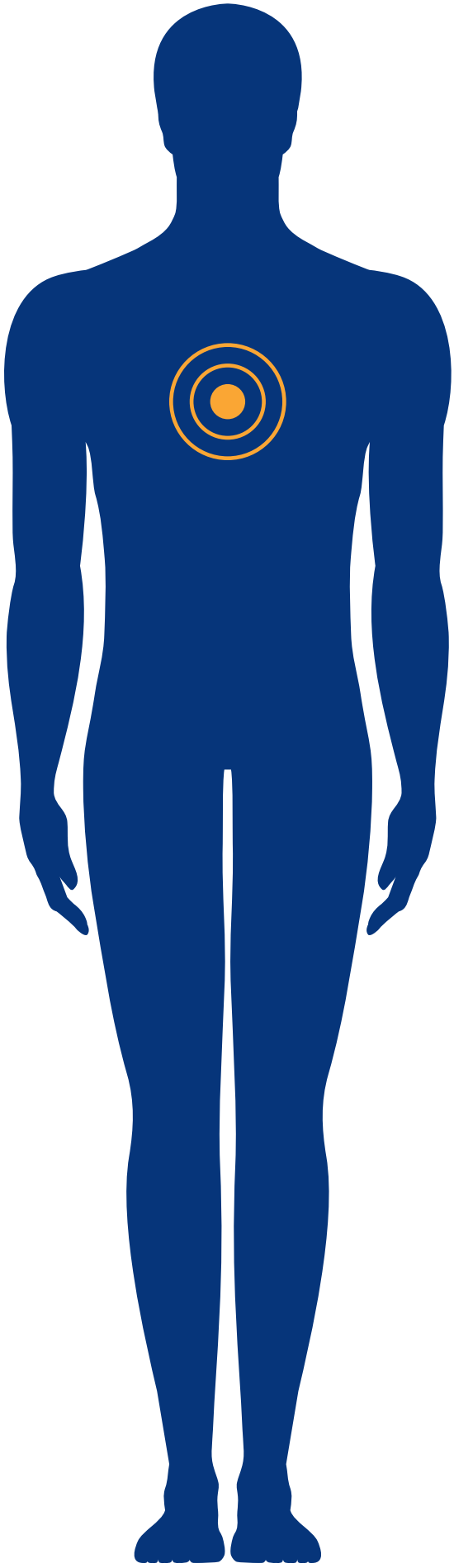
A phase III double-blind, randomised, placebo-controlled study of erythropoietin when used as an adjuvant to radiation therapy in patients with head & neck squamous cell carcinoma.

TROG 98.02/EFC3344

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.



Lung

Trials in development

ALTG/TD 17.09 STIMULI

The aim of this study is to investigate the efficacy and tolerability of the standard treatment (chemotherapy and radiotherapy) alone for limited stage SCLC, compared with the standard treatment followed by nivolumab and ipilimumab in patients with limited SCLC.

TROG Trial Chair: Fiona Hegi-Johnson
Primary Sponsor: Australasian Lung Cancer Trials Group (ALTG)
Collaborating group: TROG

TROG 17.02 (OUTRUN)

The aim of this study is to compare the effects of Osimertinib alone versus Osimertinib plus Stereotactic Radiosurgery (SRS) on intra-cranial disease control in EGFR mutated NSCLC with brain metastases diagnosed or developed while on first line EGFR tyrosine kinase inhibitors.

Trial Co-Chairs: Yu Yang Soon, Fiona Hegi-Johnson, Chee Lee, Ivan Tham, Ross Soo
Primary Sponsor: TROG

TD 17.01 (DESSERT)

This study aims to show that use of a Decision Support System (DSS) will increase the proportion of patients receiving radiotherapy tailored to their individual prognostic profile, improve patient satisfaction with the decision making process and reduce decisional regret after treatment.

Trial Chair: Shalini Vinod
Primary Sponsor: TROG

TD 13.03 (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

Open trials

ALTG 14/002/CTC0135/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.

TROG Trial Chair: Shankar Siva
Primary Sponsor: Australasian Lung Cancer Trials Group (ALTG)
Collaborating group: TROG

Closed trials

TROG 13.01/ALTG 13.001 (SAFRON II)

This study compares 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 examines 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: Australasian Lung Cancer Trials Group (ALTG)

TROG 11.03/ALTG (P_LUNG GP)

This study investigated whether adding chemotherapy to a short course of radiotherapy results in 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

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

ALLG HDNLHL04/ TROG 03.03

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.

TROG Trial Chair: Andrew Wirth
Primary Sponsor: Australasian Leukaemia & Lymphoma Group (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 and John Seymour
Primary Sponsor: TROG
Collaborating groups: Australasian Leukaemia & Lymphoma Group (ALLG)

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: Australasian Leukaemia & Lymphoma Group (ALLG)

Completed trials

TROG 99.04/ALLG LY02

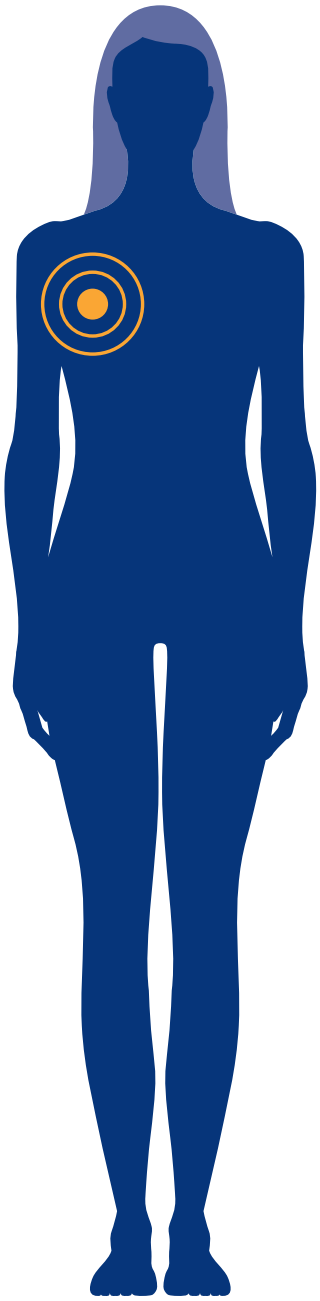
A prospective, non-randomised study of chemotherapy and radiotherapy for osteolymphoma (OL).

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 92.01

A phase II study of intravenous methotrexate and cranial irradiation in the treatment of primary central nervous system lymphoma (PCNSL).



Skin

Trials in development

R2810-ONC-1788/TD 17.11 (cPOST)

The aim of the trial is to determine the benefit of adding cemiplimab to standard postoperative radiotherapy in patients with high risk cutaneous squamous cell carcinoma.

TROG Trial Chair: Danny Rischin and Sandro Porceddu
Primary sponsor: Regeneron
Collaborating group: TROG

Open trials

ANZMTG 01.09/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.

TROG 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 aimed 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

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.

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.

Symptom Management

Open trials

CCTG/TROG 17.06 (SC.24)

This study aims to find out if SBRT is better than CRT at controlling pain in the spine 3 months after receiving radiation treatment.

TROG Trial Co-Chairs: Shankar Siva and Matthew Foote
Primary Sponsor: Canada Clinical Trials Group (CCTG)
Collaborative Group: TROG

Closed trials

UCL/TROG 11.02 (SCORAD III)

This randomised clinical trial compared 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.

NCIC CTG SC.20/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

Urogential
(Bladder, Kidney and Prostate)

Open trials

TROG 18.01 NINJA

This study aims to compare two novel schedules of radiotherapy in patients with prostate cancer to improve biochemical control, treatment planning and imaging methodologies.

Trial Co-Chairs: Jarad Martin and Mark Sidhom
Primary Sponsor: TROG
Collaborating group: Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP)

ICR-CTSU/2015/10052/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 prostate, lung and/or breast.

TROG Trial Co-Chairs: David Pryor and Farshad Foroudi
Primary Sponsor: Institute of Cancer Research (ICR)
Collaborating group: TROG

TROG 15.03/ANZUP 16.001 (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: Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP)

ICR-CTSU/2014/10049/TROG 14.02 (RAIDER)

This international clinical trial utilises daily imaging to determine the optimal radiation treatment for bladder cancer patients.

Trial Chair: Farshad Foroudi
Primary Sponsor: Institute of Cancer Research (ICR)
Collaborating group: TROG

Closed trials

USYD/TROG 15.01 (SPARK)

This trial tested the use of Kilvoltage Intrafraction Monitoring (KIM) in prostate cancer patients being treated with stereotactic prostate adaptive radiotherapy.

TROG Trial Co-Chairs: Paul Keall and Jarad Martin
Primary Sponsor: University of Sydney
Collaborating group: TROG

ANZUP 1303/TROG 14.01 (ENZARAD)

This study compared 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.

TROG Trial Co-Chairs: Scott Williams and Paul Nguyen
Primary Sponsor: Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP)
Collaborating groups: TROG; Cancer Trials Ireland (CTI); Canada Clinical Trials Group (CCTG)

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 08.03 (RAVES)

This study aimed 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); Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP); Psycho-Oncology Co-operative Research Group (PoCoG)

OCOG/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.

Trial Chair: Jarad Martin
Primary Sponsor: Ontario Clinical Oncology Group (OCOG)
Collaborating groups: TROG; Canadian Institutes of Health Research (CIHR)

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 than radiotherapy alone.

Trial Chair: Kumar Gogna
Primary Sponsor: TROG
Collaborating groups: Urological Society of Australia and New Zealand (USANZ)

Completed trials

TROG 03.06/VCOG PR 01-03 (TOAD)

A Collaborative Randomised Phase III Trial: The Timing of Intervention with Androgen Deprivation in Prostate Cancer Patients with a Rising PSA.

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 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.

Projects

Projects in development

Particle Therapy Registry

The Australian Particle Therapy Evidence Generating Network for Rare and Difficult-to-treat Cancers.

Project Chair: Verity Aherne
Primary Sponsor: TROG

Open projects

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.

Project Chair: Peter Greer
Collaborating group: TROG

Closed projects

ANROTAT

The Assessment of New Radiation Oncology Technologies and Treatments. The ANROTAT project was a non-interventional prospective evaluation of clinical activity involving clinical audit rather than a clinical trial. The primary purpose of the project was to provide a framework and evidence to inform the development of Medicare Benefit Schedule items for new radiation oncology technologies and treatments.

Project Chair: Bryan Burmeister

ARORP- ANROTAT Radiation Oncology Register Pilot

The ARORP project involved the development and pilot testing of a radiation oncology register for patients being treatment with new technologies/modalities. The register contained information about patient diagnosis, treatments and outcomes for a prospectively recruited cohort of patients.

Project Chair: Bryan Burmeister

Secondary analysis projects

ReHUM

The aim of this project is to determine the patterns of failure in head and neck cancer patients receiving IMRT relative to specified target volumes and doses using post-recurrence imaging co-registered to the delivered treatment plan, from the TROG 07.03 RadioHUM trial.

Project Chair: Noel Aherne
Primary Sponsor: TROG

*SDA – Secondary Data Analysis

TROG SDA 15.02

This study aims to review the data from the quality assurance work undertaken for the TROG 08.03 RAVES trial, to develop a novel approach to reviewing radiotherapy contours and to consider the impact of contouring variation on patient outcome results

Project Chair: Lois Holloway

TROG SDA 16.02

This study aims to review the data from the quality assurance work undertaken for the TOPGEAR trial, to develop a novel approach to reviewing radiotherapy contours and to consider the impact of contouring variation on patient outcome results.

Project Chair: Lois Holloway

TROG SDA 17.02

This study aims to demonstrate that knowledge based planning can successfully plan post prostatectomy patients from the TROG 08.03 RAVES study, with less variation and similar or improved OAR doses than radiotherapy treatment plans submitted as part of the trial.

Project Chair: Kirsten Van Gysen

TROG SDA 18.02

This study aims to demonstrate that radiomics (computer-extracted imaging features invisible to the human eye) of routinely performed CT scans can be used to predict patient clinico-pathological features including histological subtype, tumour behavior, and recurrence risk, using TROG 09.02 CHISEL data.

Project Chair: Harriet Gee

TROG SDA 18.03

This study aims to utilise the data from the quality assurance work undertaken for the PORTEC-3 trial, to develop a novel approach to reviewing radiotherapy contours and to consider the impact of contouring variation on modelled outcome results.

Project Chair: Lois Holloway

In development trials – Paediatrics

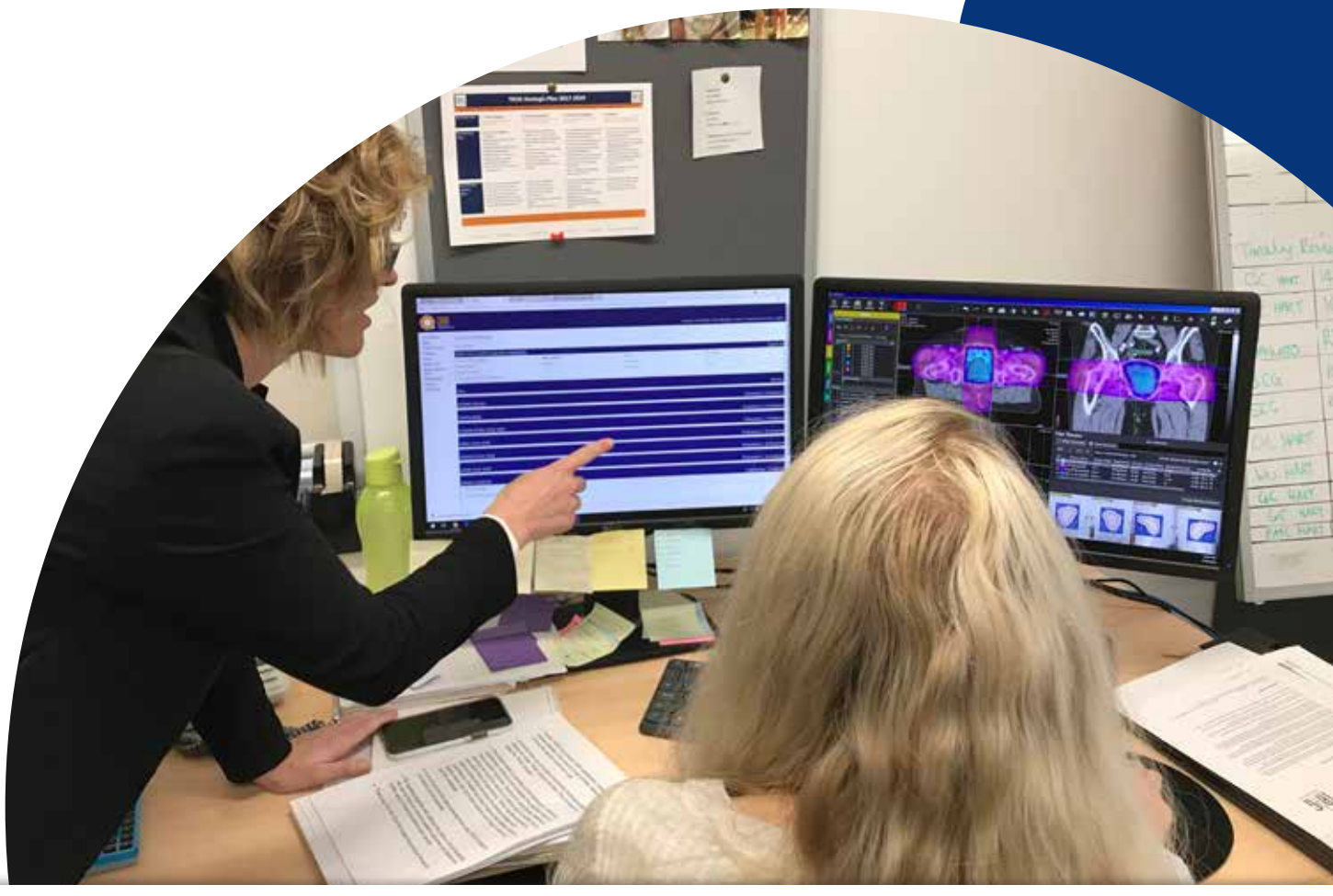
TD 18.02 (PPRISM)

This randomised clinical trial aims to compare two radiation therapy regimens to see how well they work in symptom control in in paediatric cancer patients.

Trial Chair: Greg Wheeler
Primary Sponsor: TROG

Clinical Trial and Project activity in 2018

New Proposals	12 new
In development/Start up	16 trials, 1 project
Current trials/projects	11 Open, 13 closed to accrual, 23 closed to follow up, 2 projects
Patient accrual	163 (14,602 in total)
Publications	11

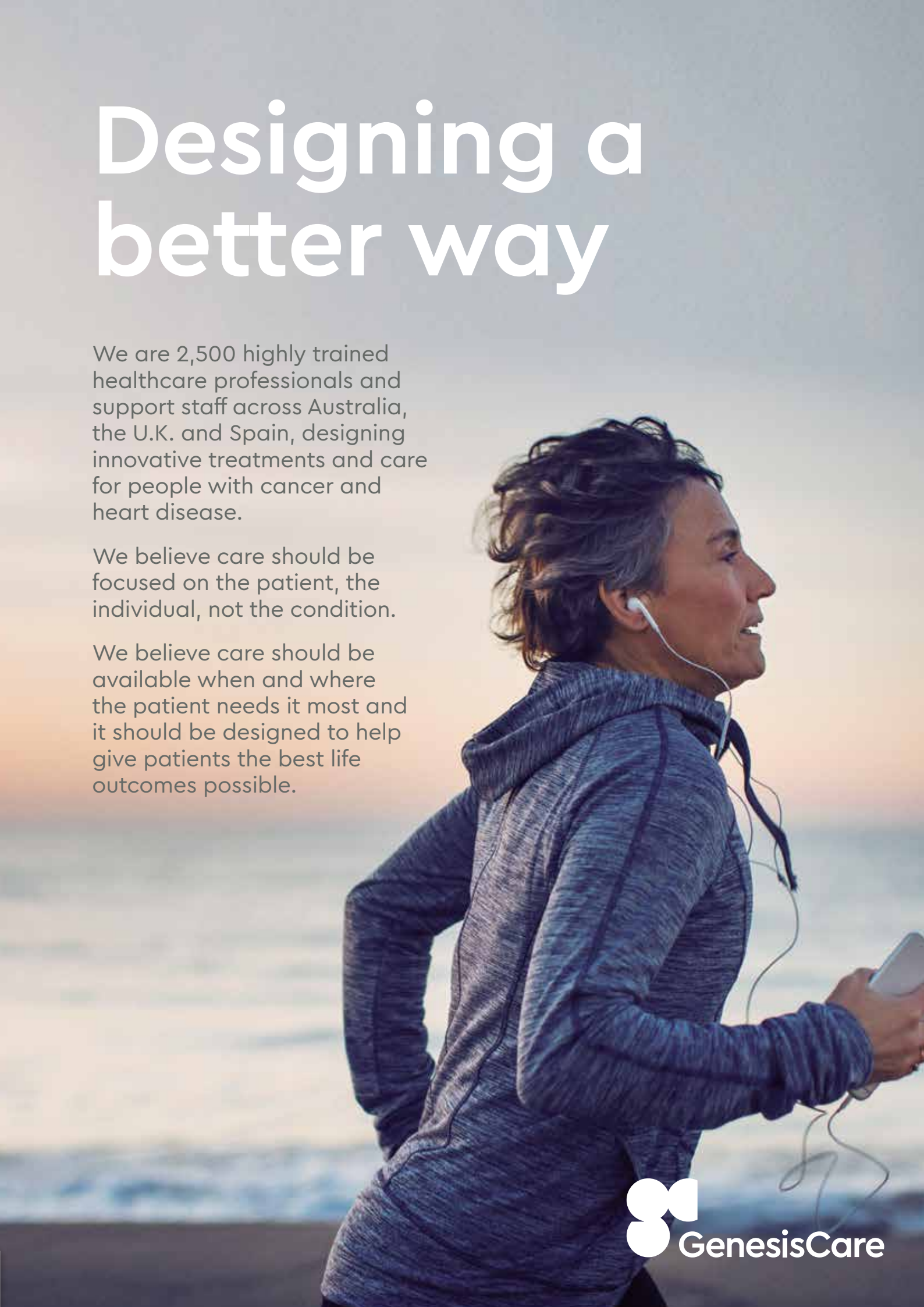


Designing a better way

We are 2,500 highly trained healthcare professionals and support staff across Australia, the U.K. and Spain, designing innovative treatments and care for people with cancer and heart disease.

We believe care should be focused on the patient, the individual, not the condition.

We believe care should be available when and where the patient needs it most and it should be designed to help give patients the best life outcomes possible.

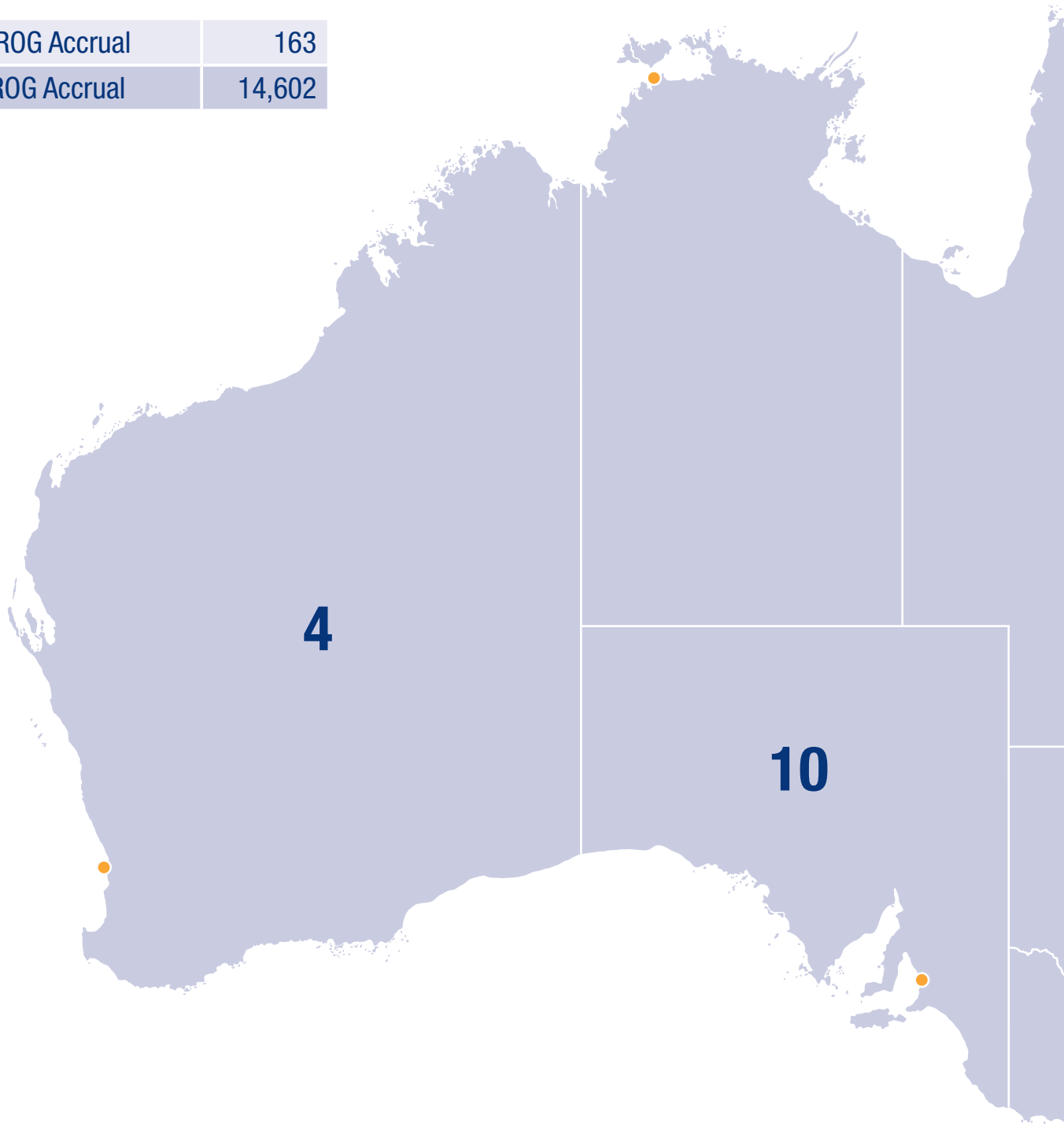


GenesisCare

Total Accrual Statistics

1 January 2018 - 31 December 2018

2018 TROG Accrual	163
Total TROG Accrual	14,602



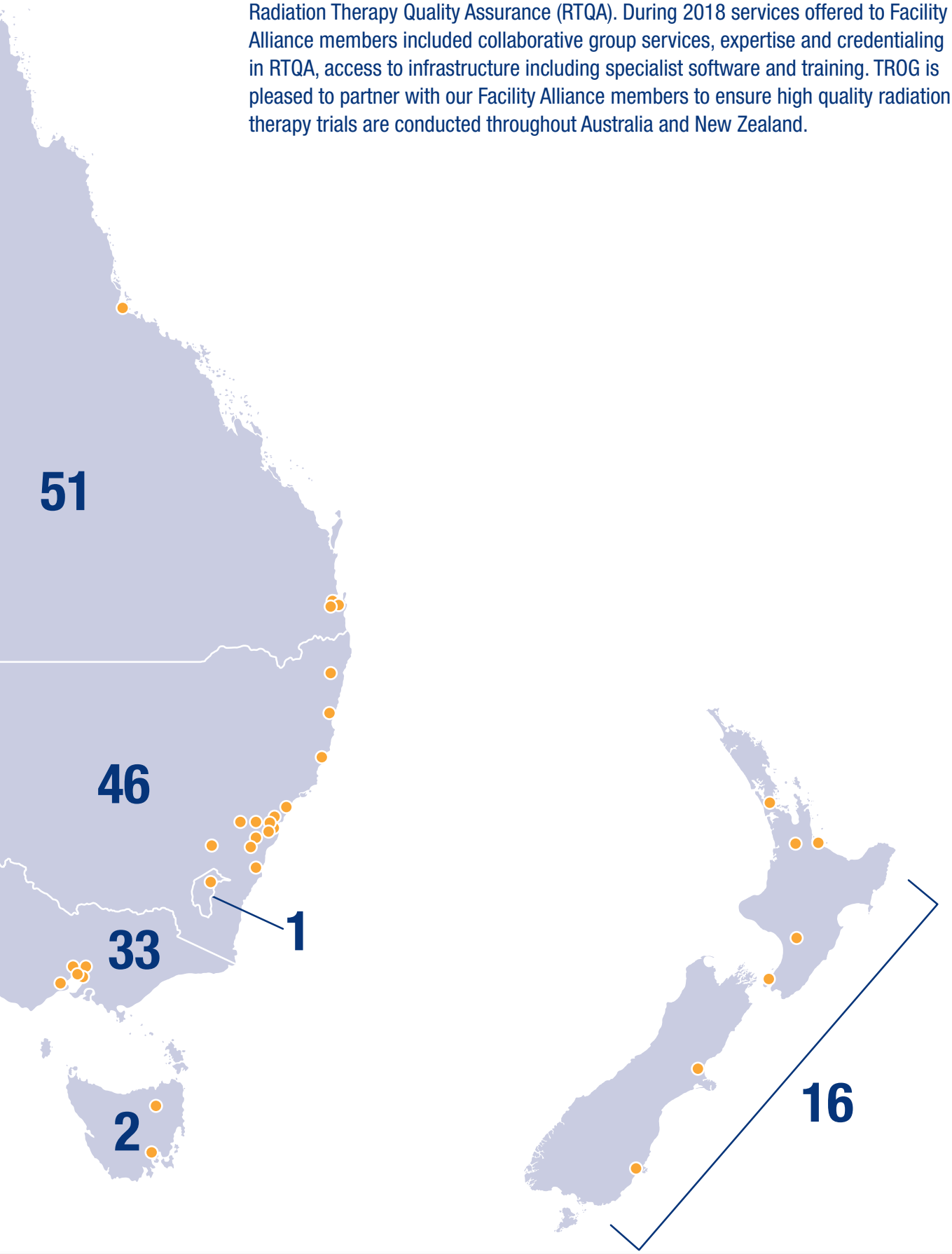
Key

26 = 2018 TROG Accrual Numbers

● = TROG Facility Alliance Members

TROG Facility Alliance Membership

The TROG Facility Alliance Membership (FAM) was initially introduced in 2012 to provide support to the membership and sites for the conduct of clinical trials and Radiation Therapy Quality Assurance (RTQA). During 2018 services offered to Facility Alliance members included collaborative group services, expertise and credentialing in RTQA, access to infrastructure including specialist software and training. TROG is pleased to partner with our Facility Alliance members to ensure high quality radiation therapy trials are conducted throughout Australia and New Zealand.



Our Grants

Funding Body	Trial Activity	Duration (years)	Total Grant
Cancer Australia	Support for Cancer Clinical Trials Program 2018-2021 Funding Round for the Multi-site Collaborative Cancer Clinical Trials Groups	3	$1,650,000
Tour de Cure- Local Cancer Grant	Establishing a Cancer Centre Imaging Databank to Facilitate Secondary Analysis of Radiation Therapy Clinical Trials Data	1	$10,000
UON/ROCIT grant	2018 Pilot Projects Funding Application: Sensitivity assessment system to improve quality in Radiation Oncology treatments	1	$50,000

TROG Cancer Research has been successful in being awarded a $10,000 grant under the Tour de Cure Local Cancer Project Funding Program. The funding will provide information technology solutions to improve access to TROG clinical trial data for the purpose of secondary analysis. Data types, processes and formats have changed significantly over time, in particular radiation therapy imaging data. TROG has a range of radiotherapy imaging data formats (including AAPM/RTOG and DICOM) that need to be converted into accepted standards so that it can be utilised via modern software. As part of this process, the imaging data must be correctly coded with trial identifiers and all patient identifiable data removed. The grant will be used to develop software tools which will convert this information into a usable format for our members and other researchers.

Secondary analysis offers unique and cost effective methods of gaining new knowledge. Through the development of computer software tools, we can ensure past trial data is used to its full capacity and will continue to facilitate secondary analysis of high quality and comprehensive radiation therapy imaging data held in TROG's data repository.

TROG's RT QA Manager (Acting) Alisha Moore accepting the $10,000 cheque from Tour de Cure

Our Publications

TROG publications as of 31 December 2018

TROG	Delineation of the primary tumour Clinical Target Volumes (CTV-P) in laryngeal, hypopharyngeal, oropharyngeal and oral cavity squamous cell carcinoma: AIRO, CACA, DAHANCA, EORTC, GEORCC, GORTEC, HKNPCSG, HNCIG, IAG-KHT, LPRHHT, NCIC CTG, NCRI, NRG Oncology, PHNS, SBRT, SOMERA, SRO, SSHNO, TROG consensus guidelines. Radiother Oncol. 2018 Jan; 126(1):3-24.
TROG 03.01	Penniment M, De Ieso P, Harvey J, Stephens S, Au H, O'Callaghan C, Kneebone A, Ngan S, Ward I, Roy R, Smith J, Nijjar T, Biagi J, Mulroy L, Wong R; TROG 03.01/CCTG ES.2 group. Palliative chemoradiotherapy versus radiotherapy alone for dysphagia in advanced oesophageal cancer: a multicentre randomised controlled trial (TROG 03.01). Lancet Gastroenterol Hepatol. 2018 Feb; 3(2):114-24.
TROG 03.04	Marcello M, Ebert M, Haworth A, Steigler A, Kennedy A, Joseph D, Denham J. Association between treatment planning and delivery factors and disease progression in prostate cancer radiotherapy: results from the TROG 03.04 RADAR trial. Radioth Oncol. 2018 Feb; 126(2):249-56.
TROG 09.03	Poulsen M, Macfarlane D, Veness M, Estall V, Hruby G, Kumar M, Pullar A, Tripcony L, Rischin D. Prospective analysis of the utility of 18-FDG PET in Merkel cell carcinoma of the skin: A Trans Tasman Radiation Oncology Group Study, TROG 09:03. J Med Imag Radiat Oncol. 2018 Feb; 62(3):412-9.
PORTEC-3/ TROG 08.04	de Boer S, Powell M, Mileshkin L, Katsaros D, Bessette P, Haie-Meder C, et al. Adjuvant chemoradiotherapy versus radiotherapy alone for women with high-risk endometrial cancer (PORTEC-3): final results of an international, open-label, multicentre, randomised, phase 3 trial. Lancet Oncol. 2018 Feb; 19(3):295–309.
TROG 09.02	Kron T, Chesson B, Hardcastle N, Crain M, Clements N, Burns M, Ball D. Credentialing of radiotherapy centres in Australasia for TROG 09.02 (Chisel) a Phase III clinical trial on stereotactic ablative body radiotherapy of early stage lung cancer. Br J Radiol. 2018 Mar; 91(1085):20170737
TROG 03.04	Marcello M, Ebert M, Haworth A, Steigler A, Kennedy A, Bulsara M, Kearvell R, Joseph D, Denham J. Association between measures of treatment quality and disease progression in prostate cancer radiotherapy: results from the TROG 03.04 RADAR trial. J Med Imag Radiat Oncol. 2018 Apr; 62(2):248-55.
TROG 15.01	Keall P, Nguyen D, O'Brien R, Caillet V, Hewson E, Poulsen P, Bromley R, Bell L, Eade T, Kneebone A, Martin J, Booth J. The first clinical implementation of real-time image-guided adaptive radiotherapy using a standard linear accelerator. Radiother Oncol. 2018 Apr; 127(1):6-11.
TROG 06.01	Gao Y, Weenink B, van den Bent M, Erdem-Eraslan L, Kros J, Sillevis Smitt P, Hoang-Xuan K, Brandes A, Vos M, Dhermain F, Enting R, Ryan GF, Chinot O, Ben Hassel M, van Linde M, Mason W, Gijtenbeek J, Balana C, von Deimling A, Gorlia T, Stupp R, Hegi M, Baumert B, French P. Expression-based intrinsic glioma subtypes are prognostic in low-grade gliomas of the EORTC 22033-26033 clinical trial. Eur J Cancer. 2018 May; 94:168-78.
TROG 05.01	Porceddu S, Bressel M, Poulsen M, Stoneley A, Veness M, Kenny L, Wratten C, Corry J, Cooper S, Fogarty G, Collins M, Collins M, Macann A, Milross C, Penniment M, Liu H, King M, Panizza B, Rischin D. Postoperative Concurrent Chemoradiotherapy Versus Postoperative Radiotherapy in High-Risk Cutaneous Squamous Cell Carcinoma of the Head and Neck: The Randomized Phase III TROG 05.01 Trial. J Clin Oncol. 2018 May; 36(13):1275-83.
TROG 99.03	MacManus M, Fisher R, Roos D, O'Brien P, Macann A, Davis S, Tsang R, Christie D, McClure B, Joseph D, Jayamohan J, Seymour J. A Randomized Trial of Systemic Therapy after involved-field Radiotherapy in patients with Early Stage Follicular Lymphoma: TROG 99.03. J Clin Oncol. 2018 Oct; 36(29):2918-25.

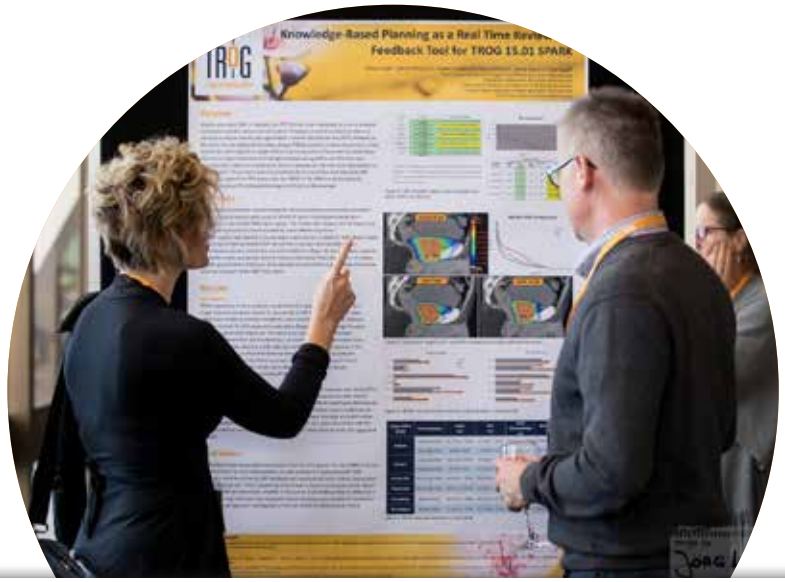
TROG ASM 2018

More than 270 people attended the TROG 2018 Annual Scientific Meeting (ASM) in Hobart, Tasmania in March 2018. Delegates heard from a host of engaging and knowledgeable speakers including Dr Walter Curran, Radiation Oncologist at Winship Cancer Institute of Emory University in the US and Professor Andreas Adam from the Interventional Radiology Department of Radiology from King's College in the UK.

For the first time a poster session was held as part of the meeting, which allowed delegates to share and promote their research achievements. Another highlight was the Clinical Research Education Workshop (CREW) and the Technical Research Workshop (TRW), which were both well attended. The CREW workshop provided a forum for professional development for clinical trial coordinators, data managers and other related disciplines, while the TRW focused on radiation oncology technologies, advancements and clinical trials.

Once again the social program was a highlight with the ASM Welcome Function held at the Franklin Wharf in Hobart and the Gala Dinner at Wrest Point was a step back in time with the theme '1920s Gatsby Era'.

The 2019 TROG ASM is set to be held at the Melbourne Cricket Ground, Melbourne from 12-15 March.



TROGIE Award Winners

Trial Excellence Award

2007 A/Prof Sam Ngan
2008 A/Prof Boon Chua
2009 Dr Trevor Leong
2010 Dr Maria Pearse & Dr Andrew Kneebone
2011 Prof Lester Peters & Prof Danny Rischin
2012 Prof Jim Denham
2013 Prof Bryan Burmeister
2014 Dr Michael Penniment
2015 A/Prof Sam Ngan
2016 Prof Michael MacManus
2017 Prof Sandro Porceddu
2018 Prof David Ball

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
2017 Prof Val Gebski
2018 A/Prof Farshad Foroudi

TROG Life Members

2001 Prof Jim Denham
2010 Prof Lester Peters & 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 & Prof Danny Roos
2017 Prof Annette Haworth

Prof David Ball was presented with the 2018 Trial Excellence Award for his TROG 09.02 CHISEL study. This award recognises outstanding performance in trial conduct and the significant contribution to the field of radiation oncology through the conduct of high quality clinical trials/ research. Prof Ball is the Director of Lung Cancer Service at the Peter MacCallum Cancer Centre and a long-time TROG member.

The 2018 Outstanding Contribution to TROG was awarded to A/Prof Farshad Foroudi for demonstrating significant and original clinical research contributions in the area of radiation oncology and displaying significant leadership in support of TROG's research endeavours. A/Prof Foroudi has served as the TROG President and is a consultant radiation oncologist at the Olivia Newton-John Cancer and Wellness Centre, Austin Health.

Our Community and Supporters

TROG High Tea fundraiser

The tea cups were over-flowing much like the generosity of those who attended the second annual Tea4TROG High Tea event.

More than 80 people showed their support for cancer research by attending the October fundraising event, which is held to coincide with breast cancer awareness month. We were very pleased to have Newcastle vbased Orica Kooragang Island as the event sponsor, enabling all proceeds raised to go directly to TROG Cancer Research.

TROG member Dr Jane Ludbrook, a Radiation Oncologist at the Calvary Mater Newcastle hospital, provided an inspiring guest presentation on the vital role clinical trials play in developing more effective radiation therapy treatments.

On top of a delicious high tea, guests also took part in a silent auction and raffle with lots of fantastic donated prizes. All funds raised from the event went directly to TROG's cancer clinical trials research.

TROG Trek Triumph

A dedicated group of supporters set off into the wilds of Tasmania in March 2018 to raise much-needed funds for TROG's cancer research program.

The group took part in the inaugural TROG Trek, which raised more than $10,000 in funds. The volunteers trekked the spectacular Bay of Fires region in north east Tasmania.

Each of the team members either held fundraising events, or were sponsored by friends, family or colleagues to raise the $2,000 required to able to take part in the trek. A big thank you to everyone who supported the TROG Trek Team!

The charity challenge was part of TROG's efforts to increase its fundraising activity and income.

ICON CANCER CENTRE

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:

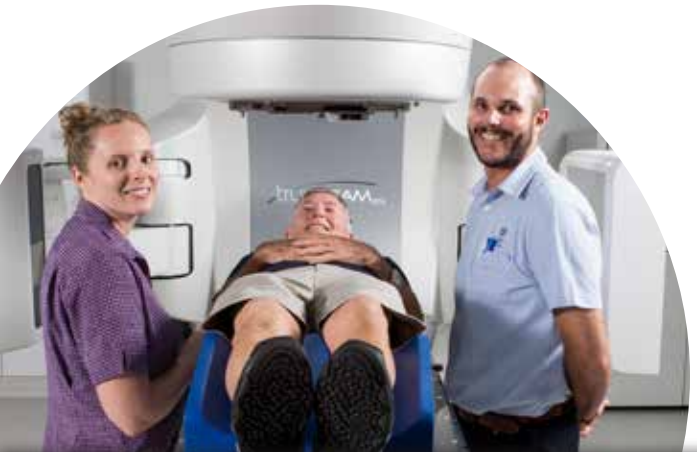
or iconcancercentre.com.au

Connect with TROG

Engage with us trog.com.au

Stay up-to-date

Subscribe to our regular TROG newsletters for all the latest research updates. Visit our website to sign up.



Contact Us

Postal

TROG Cancer Research
PO Box 88
Waratah NSW 2298

Street

Calvary Mater Newcastle
MHA Building, Level 5
Edith Street
Waratah NSW 2298

Email

General enquiries: trog@trog.com.au
Membership enquiries: membership@trog.com.au

TROG
CANCER RESEARCH

2018 Annual Research Report

trog.com.au