we can defeat cancer
**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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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.
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.

genescalancercare.com.au

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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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 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.

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Professor Farshad Foroudi
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 increase 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.
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.

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**message from the Scientific Committee Chair**

**Professor David Christie**

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Clinical Trial activity in 2016:

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Proposals</td>
<td>8 proposals submitted and accepted for presentation at the 2017 ASM</td>
</tr>
<tr>
<td>In development</td>
<td>8 trials</td>
</tr>
<tr>
<td></td>
<td>1 projects</td>
</tr>
<tr>
<td></td>
<td>12 open trials</td>
</tr>
<tr>
<td></td>
<td>1 open project</td>
</tr>
<tr>
<td>Current trials</td>
<td>14 trials closed to accrual</td>
</tr>
<tr>
<td></td>
<td>14 trials closed to follow-up</td>
</tr>
<tr>
<td>Patient Accrual</td>
<td>392 (14,287 in total)</td>
</tr>
<tr>
<td>Publications</td>
<td>13 full manuscripts</td>
</tr>
</tbody>
</table>
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 TROG’s 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.
Income Statement

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

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

Balance Sheet

Statement of Financial Position
For the Year Ended 31 December 2016

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

Melissa Crain

Quality Assurance and Grants Manager
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.

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

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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.”
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.
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 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 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 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
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
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 14,000 patients. Over time we have achieved significant improvements in patient care and outcomes.

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-O) - 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
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.
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.

*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.

*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.

*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.

*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

**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*

**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 Randomised Phase II Trial Of Preoperative Radiotherapy With Protracted Infusion of 5-Flourouracil 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)
**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 oligometastatic 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 Kilovoltage 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)*
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
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
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)
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 chemoradiotherapy 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 chemoradiotherapy, 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
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 Versus 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 (open and closed trials)**

Total by centre from inception to 31st December 2016:

<table>
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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.’
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.’
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.
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 make tough decisions

and drug costs and the obstacles to effective cancer therapies

Tito Fojo, MD, PhD
Columbia University
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 Physicist, 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.

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<th>Trial</th>
<th>Duration</th>
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<td><strong>NHMRC</strong></td>
<td>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.</td>
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<td>$376,612.80</td>
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<td><strong>NHMRC</strong></td>
<td>TROG 07.01- DCIS - A randomised phase III study of radiation doses and fractionation schedules in non-low risk DCIS of the breast</td>
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<td><strong>Cancer Australia</strong></td>
<td>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</td>
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<td>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.</td>
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**Published protocol**

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Do you have a professional interest in radiotherapy research?

Join our network of more than 1,300 professionals in this exciting field.

**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.

The Group’s commitment to personalised cancer care combined with the latest approach to treatment and cutting-edge technology, truly sets us apart.

- Highest standard of care
- Expert doctors
- Personalised approach to treatment
- Cutting-edge technology
- Responsive service
- Supportive and caring environment
- Access to clinical trials

Exceptional Cancer Care

Icon Group was formed with a vision to deliver comprehensive cancer care services; be it chemotherapy, chemotherapy compounding and radiation therapy services. As part of Icon Group, Radiation Oncology Centres (ROC) is the nation’s second largest radiation therapy provider, providing more people with access to world-class treatment.

The Group’s commitment to personalised cancer care combined with the latest approach to treatment and cutting-edge technology, truly sets us apart.

- Highest standard of care
- Expert doctors
- Personalised approach to treatment
- Cutting-edge technology
- Responsive service
- Supportive and caring environment
- Access to clinical trials
We are grateful to the following organisations for their sponsorship:

**Major Partner**

GenesisCare

**Corporate Partner**

Varian Medical Systems

**Major funding bodies**

Australian Government  
Cancer Australia

**Major supporter**

Calvary

**Software partners**

MIM Software

**2016 Annual Scientific Meeting Sponsors**

**Platinum Sponsors**

GenesisCare  
Varian Medical Systems

**Gold Sponsor**

alphaXRT

**Silver Sponsors**

Janssen Oncology  
Astellas

**Bronze Sponsors**

AbbVie  Brainlab  NL-TEC Pty Ltd  
Amgen  Ferring Pharmaceuticals  Quantum Health Group  
AstraZeneca  MIM Software Inc  Stratpharma

**Function Sponsors**

BRAINLAB  Elekta

**Session Sponsors**

MIM Software
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!
TOGETHER, WE CAN FIND THE ANSWER.

For the 1 in 3 Australians diagnosed with cancer, your donation counts.

All contributions are gratefully accepted and are vital in ensuring TROG Cancer Research continues to produce and support quality clinical cancer research. By donating, you’ll be directly improving outcomes and quality of life for people affected by cancer.

All donations of $2.00 and over are fully tax deductible and you will receive a receipt from TROG Cancer Research.

MAKE A DONATION TODAY!

**Online:**
Make a secure online donation today at trog.com.au/Donate

**By phone:**
Please call +61 2 4014 3911 to make a credit card donation.

**By mail:**
Download and complete our donation form and mail to
TROG Cancer Research
PO Box 88
Waratah NSW 2298
Australia

**By fax:**
Download our donation form and fax to +61 2 4014 3902.

If you would like to discuss other ways you can contribute please contact TROG directly on +61 2 4014 3909 or email trog@trog.com.au
Other ways to contribute.

**Celebrate your special event** - encourage friends and family to give a gift to TROG Cancer Research. It’s a gift that will last many lifetimes.

**Leave a gift in your Will** - leave a legacy and leave a gift in your Will.

**Remember a loved one** - a gift in memory of a friend or family member.

**Become a corporate partner** - visit our website for information on how your organisation can get involved.

**Buy an Entertainment Book** - support TROG and receive valuable offers from many of the best restaurants, arts, attractions, hotel accommodation and travel in your region.

**Buy Tamburlaine Organic Wines** - $50 from every dozen will go directly to TROG. Visit our website for an order form.

**Workplace giving** - give your staff a tax break and let them make a difference in the lives of others at the same time.

You can HELP our research CONTINUE
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.

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