Improving outcomes and quality of life for women with gynaecological cancer through research

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GOforGynae
SaveTheBox
GOforGynae
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SaveTheBox

ABN 69 138 649 028
ANZGOG was formed with the charitable purpose of improving outcomes and quality of life for women with gynaecological cancers through conducting and promoting cooperative clinical trials and undertaking multidisciplinary research into causes, prevention and treatments of gynaecological cancers.

The ANZGOG network includes more than 700 members working in over 50 hospitals across Australia and New Zealand. ANZGOG also promotes public education and awareness of gynaecological cancers and their treatment and generates funds for research through donations, philanthropic, and government grants.

OUR PURPOSE

REGISTRATION & LEGISLATION

The Australian Business Number (ABN) is 69 138 649 028.
The Australian Company Number (ACN) is 138 649 028.
The Australia New Zealand Gynaecological Oncology Group is an Australian public company limited by guarantee trading under the name Australia New Zealand Gynaecological Oncology Group or ANZGOG.

ANZGOG is registered for charitable fundraising in all States and Territories of Australia:

Western Australia – Licence No. 21334
Queensland – Reg No. CH2213
New South Wales – Charitable Fundraising No. CFN/21451
South Australia – Licence No. CCP1765
Tasmania – File No. F1A-331
Australian Capital Territory – Licence No. 19000383
Victoria – Registration No. 11419.13
Northern Territory – Reference No. 2010-4117
ANZGOG is a Health Promotion Charity.

ANZGOG is endorsed as a deductible gift recipient under Section 30-15 of the Income Tax Assessment Act 1997.

ANZGOG operates under a comprehensive legislative environment, including the following state and federal laws:

STATE

Annual Holidays Act 1944 (NSW)
Anti-discrimination Act 1977 (NSW)
Charitable Fundraising Act 1991 (NSW)
Charitable Trusts Act 1993 (NSW)
Crimes Act 1900 (NSW)
Fair Trading Act 1987 (NSW)
Health Records and Information Privacy Act 2002 (NSW)
Long Service Leave Act 1955 (NSW)
Public Holidays Act 2010 (NSW)
Work Health and Safety Act 2011 (NSW)
Workers Compensation Act 1987 (NSW)
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ANZGOG is endorsed as a deductible gift recipient under Section 30-15 of the Income Tax Assessment Act 1997.

When Anne was moved out of the cancer ward to the palliative care ward our friends gave me looks of shock. I’d never heard of palliative care but when I looked it up I was devastated. I told myself “No, this can’t be!” It was at that moment that I knew loss was coming. It’s hard to describe that feeling.

We chose to ask for donations instead of flowers at Anne’s funeral because we wanted to do something to help. Even if just one person benefitted from those donations it was worth it.

GLENN LEVITT
Husband to Anne who passed away from Ovarian Cancer in 2002
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Five year survival rates for gynaecological cancers have only improved by seven percent in the last 25 years, during which time the survival rate for all cancers generally have improved by 19 percent.

ALISON BRAND  
GYNAECOLOGICAL ONCOLOGIST AND DIRECTOR OF ANZGOG  

AUSTRALIA NEW ZEALAND GYNAECOLOGICAL ONCOLOGY GROUP
GYNAECOLOGICAL CANCER

Gynaecological cancers originate in the female reproductive system.

The main types of gynaecological cancers are ovarian, uterine, cervical and vulvar.

Rarer types are vaginal cancer, fallopian tube cancer and placental cancer (which is pregnancy-related).

While survival across all cancers has improved by 19% over the past 25 years, the relative survival for all gynaecological cancers improved by just 7%.

Every day in Australia 15 women are diagnosed with a gynaecological cancer.

4.7 women will die from a gynaecological cancer today.

57% of women with ovarian cancer will not survive 5 years after diagnosis.
Endometrial cancer incidence has risen 22% over the last 20 years, partly due to the rise in obesity.

1 in 23 women risk being diagnosed with a gynaecological cancer by the age of 85

Aboriginal and Torres Strait Islander women are more likely 1.7x to be diagnosed with gynaecological cancers – particularly uterine and cervical – than non-Indigenous women.

Women who carry a mutation in their BRCA1 or BRCA2 genes have an approximately 20% greater risk of developing ovarian cancer than women with normal BRCA genes.

Gynaecological cancer symptoms:
- abdominal bloating
- difficulty eating or feeling full quickly
- frequent or urgent urination
- back, abdominal or pelvic pain
- constipation
- menstrual irregularities
- fatigue
- indigestion
- itching, burning or soreness
- lumps, sores or wart like growths
- pain during sexual intercourse

The highest incidence of all gynaecological cancers is found in remote and very remote areas, second only to major cities.

Endometrial cancer incidence has risen 22%

“virtually every advance in cancer has been made on the back of clinical trials”

Associate Professor Alison Brand, Chair ANZGOG
2016 has been another very successful year for ANZGOG. We have seen three clinical trials reach the end of recruitment and a number of new trials either poised to commence recruitment in 2017 or under development. Our membership represents the premier clinical practitioners and researchers in gynaecological cancer across Australia and New Zealand, and is growing every month.

By bringing together the best minds in the region and progressing innovative ideas into important research with clinical relevance, we can improve outcomes and quality of life for women with gynaecological cancer.

Highlights of this year are:

- The OASIS Initiative was launched at the end of 2015. Since then, we have supported three concepts for Phase II signal-seeking studies.
- ANZGOG appointed its first Project Manager in Clinical Research. This role supports the OASIS initiative, encourages collaborative pharmaceutical industry relationships, and assists with early concept development.
- ANZGOG’s Quality Assurance Committee developed robust monitoring and audit standards, including the planned introduction of risk-based monitoring.
- ‘Save the Box’, an awareness and fundraising campaign designed to get people talking about gynaecological cancer, was launched. We received amazing pro bono support from creative agencies, public relations and the media in developing the campaign.
- Professor Michael Quinn and 17 friends cycled across France and raised over $100,000 for ANZGOG’s New Research Fund. Four studies from ANZGOG members across Australia and New Zealand were supported by the Fund in 2016.
- Women’s Cancer Foundation (WCF), a successful Melbourne-based not for profit which has fundraised for research nurses and local clinical projects in Melbourne, merged with ANZGOG on 31 December 2016. The merger will give both organisations an opportunity to have a national focus for both fundraising and research projects. ANZGOG is proud to be able to ensure the future of WCF’s fundraising activities as it continues to trade under the ANZGOG banner.

New studies

Ten new studies were funded or in development in 2016. Through the Ovarian Cancer Alliance for Signal-Seeking Research (OASIS) initiative three studies received funding in 2016. These early phase pilot studies will focus on new targeted drug treatments for ovarian cancer.

Two international collaborative studies which had received funding previously: the STATEC study examining the role of lymphadenectomy in endometrial cancer, and the ICON9 study examining the role of targeted therapies in ovarian cancer, commenced protocol development with a view to opening in 2017. The STICs and STONES study investigating the use of aspirin to reduce the risk of developing cancer among BRCA mutation carriers received NHMRC funding in 2016 and will be initiated in 2017.

The PHAEDEA study, an investigator initiated study for endometrial cancer has received funding support from Astra Zeneca. The Genomic Cancer Clinical Trials Initiative (GCCTI), funded by Cancer Australia and run collaboratively by NHMRC Clinical Trials Centre and Zest Health Strategy is collaborating with a number of clinical trials groups including ANZGOG. As part of this initiative, a Phase II PARP Inhibitor study for breast and ovarian cancer, and another on immune check-point inhibitors received Cancer Australia funding.

The Velia study, a pharma sponsored trial, opened in 2016 at 22 sites across Australia and New Zealand. ANZGOG supported this study with recruitment advice services and is conducting a sub-study testing a multi-media recruitment device for use with patients. Principal Investigator in Australia and ANZGOG member,
Michael Friedlander is also a participant on the international steering committee with senior GOG Partners investigators. It has been one of our most successful years for new concept development for the organisation and, importantly, significant funding support has also been achieved. Heading into 2017 we have a number of new projects in development. Our annual development day, which brings together ANZGOG researchers from all specialities, continues to be both popular and effective in developing new research ideas, including a consumer-led concept driven by members of ANZGOG’s consumer advisory panel.

Collaborations

Collaborations are the key to our success. ANZGOG members continue to participate in the Gynecologic Cancer InterGroup, with several members appointed as Chairs or Co-chairs of various GCIG committees. Dr Christian Marth (Chair of ENGOT) was guest speaker at the ASM 2016 and provided insights into the operation of collaborative European clinical trials group, ENGOT. Apart from the University of Sydney and GCCTI locally, we also collaborate with the Cancer Australia QOL office, CREST (health economics), as well as ANZUP, ANZBCTG and AGITG, in developing projects for grant applications. Internationally we are developing new studies with Singapore, the UK, the Netherlands and the USA.

The Annual Scientific Meeting 2016 was held in Sydney for the first time this year. More than 260 people attended the conference, a 48% increase over the previous year. ANZGOG’s membership as of 31 December 2016 was 729 and continues to increase steadily.

Planning ahead

At ANZGOG, we continue to be focused on our five year Strategic Plan which set clear goals for 2018:

1. A diverse portfolio of clinically important gynaecological cancer research. We certainly have achieved that.

2. Build capacity for translational research through the development of a national gynaecological cancer biobank. Professor Anna DeFazio is leading a working group in 2017 which will take the lead on project development

3. Build capacity for research through collaborations, locally and globally with a focus on Asia. Our numerous collaborations, nationally and internationally, have meant opportunities for research collaborations for our members.

4. Leading gynaecological cancer research in Australia and New Zealand. We are seen globally and nationally as THE Australian research group

5. Becoming a financially sustainable organisation. The profile we have developed nationally has resulted in a very healthy balance sheet which has allowed us to support our members’ research projects through the OASIS project and the New Research Fund.

ANZGOG is a dynamic organisation. We remain focused on developing new, clinically important gynaecological cancer research trials and fostering the education and interests of our members. 2017 promises to be another outstanding year for ANZGOG. Once again, many thanks for your ongoing support and commitment to ANZGOG in 2016.

Assoc Professor Alison Brand
ANZGOG | Chair
HIGHLIGHTS IN 2016

$1.1M FOR OASIS
Dollars achieved through philanthropic grants

PEOPLE FINDING OUT ABOUT GYNAE CANCER AND ANZGOG
12,500,000

TRIAL SITES RECRUITING IN AUSTRALIA AND NEW ZEALAND
50

ATTENDEES AT ASM
262

703 MEMBERS (84 NEW)

NEW RESEARCH FUND STUDIES ENABLED
3

5 CLINICAL TRIALS IN DEVELOPMENT

PUBLICATIONS
11

$150,000
Dollars committed to clinical research through ANZGOG’s new research fund

$570,000
Bequested to ovarian cancer research

ACTIVE CLINICAL TRIALS
7

4 x OVARIAN
1 x CERVICAL
1 x ENDOMETRIAL
1 x RARE TUMOURS

1 in 25
Women who have gynaecological cancer are participating in an ANZGOG clinical trial

$300,000
Dollars raised through community support

3 OVARIAN CANCER RESEARCH STUDIES ENABLED THROUGH OASIS FUNDING
### STRATEGIC GOALS

1. Undertake a diverse portfolio of clinically important research in gynaecological cancer that has the greatest potential to improve patient outcomes.

2. Build capacity for translational research in gynaecological cancer through the development of a national gynaecological cancer biobank.

3. Build capacity for gynaecological cancer research in Australia through collaboration with relevant national and international groups with a focus on Asia.

4. Be recognised as the leader in gynaecological cancer research in Australia and New Zealand by clinicians, consumers and cancer organisations.

5. Become a financially sustainable organisation, not reliant on grant funding for core business by 2018.
STRATEGIC GOALS

Goal 1: Undertake a diverse portfolio of clinically important research in gynaecological cancer that has the greatest potential to improve patient outcomes.

Along with large Phase III clinical trials, ANZGOG is interested in developing pilot and early phase trials with a translational focus. Translational research helps make scientific findings useful and practical when applied to everyday treatments of patients. The OASIS Initiative is a significant step towards conducting early phase trials with a translational focus. ANZGOG is also well placed to focus on Quality of Life studies and multi-disciplinary studies across all gynaecological cancers.

CLINICAL TRIALS RECRUITING IN 2016

OVARIAN

**ECHO**
Initiated in Australia | Recruiting
SANDI HAYES, Principal Investigator
ECHO@ctc.usyd.edu.au

A Phase III randomised, controlled trial evaluating the effect of an exercise intervention among women undergoing chemotherapy for ovarian cancer.

**FUNDING:** Cancer Australia and Cancer Council Australia start-up funding $600,000 (2014-2016), World Cancer Research Fund Grant.

**CURRENT STATUS:** Initial pilot project has 5 Sites in Australia.

**REZOLVE**
Initiated in Australia | Recruiting
KATRIN SJOQUIST, Principal Investigator
REZOLVE@ctc.usyd.edu.au

A Phase II study to evaluate the safety and potential palliative benefit of intraperitoneal bevacizumab in patients with symptomatic ascites due to advanced chemotherapy resistant ovarian cancer.

**FUNDING:** Seed funding from the University of Sydney and Ovarian Cancer Research Foundation. Cancer Australia funding $277,958 from 2013-2016.

**CURRENT STATUS:** 6 sites in Australia.

**MOST**
Initiated in Australia | Recruitment closed
MICHAEL FRIEDLANDER, Principal Investigator, cooperatively with OPAL Study Principal Investigator Penny Webb

A Quality of Life study to (i) investigate the acceptability of the MOST questionnaire and its ability to detect symptoms of recurrence and (ii) document the frequency and impact of late-effects of treatment in women with advanced ovarian cancer during follow up after completion of first line chemotherapy.

**FUNDING:** BUPA Health Foundation Grant, 2013 for $120,000

People need to realise that gynae cancer isn’t just cervical and ovarian, it affects all of the female reproductive system.

MEGAN HOPPE
Mother of Amelia, diagnosed with a vaginal cancer at 18 months of age
Velia (Abbvie M13-694)  
Initiated in USA | Recruiting  

MICHAEL FRIEDLANDER,  
Principal Investigator  
research@anzgog.org.au  
The Velia study is a Phase III placebo-controlled study of carboplatin/Paclitaxel with or without concurrent and continuation maintenance Veliparib (PARP inhibitor) in subjects with previously untreated stages III or IV high-grade serous epithelial ovarian fallopian tube, or primary peritoneal cancer. The study is sponsored by Abbvie and is a large international trial being led by GOG partners in collaboration with ANZGOG as well as many other sites in Europe.  

CURRENT STATUS: 22 participating sites in Australia and 2 in New Zealand.

Outback  
Initiated in Australia | Recruiting  

LINDA MILESHKIN,  
Principal Investigator  
OUTBACK@ctc.usyd.edu.au  
A prospective, multicentre randomised Phase III InterGroup trial led by ANZGOG. The trial aims to establish overall survival and failure-free survival of patients with high-risk and advanced stage cervical carcinoma, treated after surgery with concurrent radiotherapy and chemotherapy, followed by adjuvant chemotherapy, in comparison with patients treated with pelvic radiotherapy alone.  

FUNDING: NHMRC/Cancer Australia grant: $1,472,781.91 over a period of 5 years, commenced in 2013.  

CURRENT STATUS: 314 Sites worldwide with 15 in Australia and New Zealand.

ENDOMETRIAL  
feMMe  
Initiated in Australia | Recruiting  

ANDREAS OBERMAIR,  
Principal Investigator  
vanessa.taylor@health.qld.gov.au  
A Phase II randomised clinical trial of Mirena® ± Metformin ± weight loss intervention in patients with early stage cancer of the endometrium.  

FUNDING: Lord Mayors Community Trust; UQ Academic Title Holders Grant; Cherish Women’s Cancer Foundation; RBWH Foundation; Cancer Australia, ANZGOG.  

CURRENT STATUS: 16 sites open in Australia

RARE TUMOURS  
Paragon | Initiated in Australia | Recruitment closed  

MICHAEL FRIEDLANDER,  
Principal Investigator  
PARAGON@ctc.usyd.edu.au  
A Phase II study of anastrozole in women with potentially hormone sensitive recurrent gynaecological cancers. This study is being led by ANZGOG and also being carried out in the United Kingdom.  

FUNDING: Cancer Australia $546,676

Although the standard treatment for cervical cancer usually works very well to get rid of the tumour in the pelvis, not all women are cured. We need to continue to develop better treatments as well as access to preventive measures, so more women in Australia and around the world can live a long and happy life.  

LINDA MILESHKIN  
Medical Oncologist, Chair Research Advisory Committee
STRATEGIC GOALS

NEW TRIALS FUNDED AND IN DEVELOPMENT

STATEC
Initiated in UK
ALISON BRAND,
Principal Investigator
STATEC@ctc.usyd.edu.au
A randomised trial of non selective versus selective adjuvant therapy in high risk apparent Stage 1 Endometrial Cancer.
FUNDING: NHMRC $1,271,183

ICON 9
Initiated in UK
LINDA MILESHKIN, Principal Investigator
ICON9@ctc.usyd.edu.au
A Phase III randomised trial of cediranib and olaparib maintenance in patients with relapsed platinum sensitive ovarian cancer.
FUNDING: Cancer Australia $600,000

STICS AND STONES
Initiated in Australia
KELLY PHILLIPS,
Principal Investigator
STICS@ctc.usyd.edu.au
An international, double blind, placebo controlled, randomised Phase II trial of aspirin for chemoprevention of STONe and its putative precursor lesion, STIC in BRCA1 and BRCA2 mutation carriers. [STIC - Serous Tubal Intraepithelial Carcinoma and STONe -Serous Tubal Occult Neoplasia]
FUNDING: NHMRC $653,892

PHAEDRA
Initiated in Australia
YOLAND ANTILL,
Principal Investigator
PHAEDRA@ctc.usyd.edu.au
A Phase II trial of durvalumab in advanced endometrial cancer.
FUNDING: Astra Zeneca.

At the time of my diagnosis I was on a working holiday visa with my sister in London. I was 21 years old. I had been experiencing abdominal pain which at first I thought was period pain. It got worse and I went to the doctor and they sent me to emergency. They thought I had appendicitis.

I was given Avastin which was an approved therapy in the UK but not in Australia. It worked and I ended up going into remission. On a short trip back home to visit family it was discovered that the cancer had recurred.

I decided to go on the ANZGOG clinical trial Ovar 2.21 which involved the same drug that had worked so well for me in the UK. I was really excited to have access to it again through the trial. I had six months of chemotherapy and bevacizumab, then maintenance bevacizumab.

I only experienced a partial remission with chemotherapy this time. It was about April this year that the bevacizumab stopped working.

It was my lifeline, my wonder drug, my liquid gold.

I’m now on a different trial – Paragon – and so far I’ve got good results. This is the first time I’ve had cancer treatment in a tablet. We joked that it was a bit of an anticlimax to be given a pill that you just swallow! But it is nice not to be tethered to hospitals.
New genomic knowledge has radically changed the way we view ovarian cancer. The Ovarian cancer Alliance for Signal-Seeking Research (OASIS) initiative has been created to respond to the challenges and opportunities provided by a changed view of the disease. OASIS is a powerful alliance of ANZGOG, the Australian Ovarian Cancer Study, and Ovarian Cancer Australia, and represents a new model for cancer studies. It aims to be a catalyst for new treatments, stimulate research ideas, and improve treatment outcomes for women with ovarian cancer.

Across three years, up to $2.1 million will be awarded to a series of signal seeking trials. Three such trials commenced development in 2016: MOCCA, VIP and CYCLIN-E.

MOCCA
MICHAEL FRIEFLANDER, Principal Investigator
research@anzgog.org.au

A multicentre Phase II randomised trial of Durvalumab (MEDI4736) versus physician’s choice of chemotherapy in recurrent clear cell adenocarcinomas.

FUNDING: Singapore NUHS and Astra Zeneca.

VIP
LINDA MILESHKIN, Principal Investigator
research@anzgog.org.au

A Phase II trial of oral vinorelbine in patients with relapsed platinum resistant or platinum refractory high-grade serous ovarian cancer of the C5 molecular subtype.

FUNDING: OASIS Initiative Philanthropic Grant.

CYCLIN-E
DANNY RISCHIN, Principal Investigator
research@anzgog.org.au

A Phase II signal-seeking trial of Ixazomib targeting Cyclin E1 (CCNE1)-amplified recurrent high grade serous ovarian cancer (HGSC).

FUNDING: OASIS Initiative Philanthropic Grant.

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I had surgery to remove my cervix, my whole uterus, and lymph nodes, but I was able to keep my ovaries. If I’d had the diagnosis today they would be able to preserve my uterus but in those days they just didn’t have the means.

I thought I understood clinical research but I didn’t really appreciate the complexity. At the start of my involvement with ANZGOG I said I wouldn’t go on a clinical trial because you can’t be sure whether you’ll be randomly assigned to the group that receives the drug or placebo treatment. But in fact, most trials aren’t designed like that.

Most trials compare current best practice treatments with a new way of doing it that might be even better. And that’s how treatments progress.

PENNIE STOYLES
Cervical cancer survivor, member of the Cancer Consumer and Community Committee
STRATEGIC GOALS

NEW RESEARCH FUND GRANTS

The New Research Fund was established to foster new research ideas of ANZGOG members providing funding to support pilot studies, innovative sub-studies, pre-clinical studies leading to a clinical trial, and also to encourage early career researchers to develop new ideas.

Four projects have been supported with grants since 2015 with grants up to $50,000 each.

OVARIAN

Michelle Wilson
Principal Investigator – NEW ZEALAND

NEO Study – A Phase II, open label, randomized, multi-centre study of neoadjuvant olaparib in patients with platinum sensitive recurrent high grade serous ovarian, primary peritoneal or fallopian tube cancer.

The short-term impact of successful project completion will be the development of a molecular signature of early response which predicts outcome and potentially avoids exposure to ineffective therapy for patients with ovarian cancer. The long-term benefits include personalised and precision-targeted therapy, potential for targeted modulation to overcome resistance and avoidance of drug costs by early discontinuation of ineffective therapy. Importantly it may allow patients to avoid chemotherapy. This project has the potential to improve the quality of life for patients in both the short and long term. Ultimately, this may impact other BRCA-related malignancies such as triple negative breast cancer.

Paul Harnett
Principal Investigator – NEW SOUTH WALES

Production of Wilms tumour protein (WT1) T cells for adoptive cellular therapy of WT1 expressing ovarian cancer.

This project is a pre-clinical study. The benefit to women will arise from the planned clinical trials incorporating the production methods optimised in this study. These trials will provide a personalised immunotherapy option for women with Stage III/IV high grade serous ovarian cancer whose tumours express WT1. Cellular immunotherapy provides the potential for long-lasting responses (and cures) in a targeted manner that minimises potential immune-related adverse events.

Alison Brand
Principal Investigator (co-PI Kristina Lindeman) – NEW SOUTH WALES

Testing individual Interventions to optimize Perioperative care in ovarian cancer Surgery (TIPS-Study).

This pilot study is a proof-of-principle study of test individual interventions of an ERAS (Enhanced Recovery After Surgery) pathway in a standardised clinical protocol at multiple sites. This pilot will generate preliminary data on core clinical outcome measures for patients undergoing surgery for ovarian cancer. These benchmarks are important in order to inform the decision on clinically meaningful endpoints in a larger multicentre trial which we will develop, if this pilot is successful. This will ultimately lead to the development of high quality evidence to guide pre, peri and postoperative care of these patients.

CERVICAL

Paul Cohen
Principal Investigator – WESTERN AUSTRALIA

The EXCISE Study – EXcisional treatment Comparison for In Situ Endocervical adenocarcinoma.

This pilot study will determine the feasibility and safety of comparing loop electrosurgical excision procedure (LEEP) to cold knife cone biopsy (CKC) for the treatment of adenocarcinoma in situ (AIS) of the uterine cervix. AIS is a pre-malignant condition. Advantages of LEEP include avoidance of general anaesthesia, provision in an outpatient setting, lower morbidity, and reduced obstetric complications, which have significant cost benefits. This study may lead to the first prospective randomised trial to compare LEEP to CKC in conservatively treated AIS, and therefore enhance prevention of cervical adenocarcinoma whilst reducing morbidity and cost, and improving quality of life.
Goal 2: Building capacity for translational research: TR-ANZGOG

Standardised biospecimen collection provides significant improvements in research effectiveness and is essential for translational aspects of clinical trials. Some ANZGOG trials already make use of established biobanks, however we lack a co-ordinated approach for the long-term management and dissemination of specimens from ANZGOG trials once the trial is complete.

Translational ANZGOG or TR-ANZGOG is an initiative which will facilitate the establishment of a national network located at existing externally coordinated facilities.

The ANZGOG coordinated network will give our PIs cost-effective access to laboratory facilities for specimen management, long-term storage, and a mechanism to share and distribute specimens for translational research.

Key components of TR-ANZGOG

- Provide ANZGOG PIs access to laboratory facilities for management of biospecimens and facilitating translational aspects of the trial.
- TR-ANZGOG will co-ordinate participating biobank facilities who will provide collection, processing, quality control, storage and dissemination of specimens associated with ANZGOG trials.
- A dedicated TR-ANZGOG lab for long-term custodianship of clinical trial-related biospecimens for future translational research.
- Specimens will vary depending on the trial, but are likely to comprise at least a fixed tissue block and a blood sample for germ-line DNA from each patient.
- Accessed via an online portal with SOPs, documentation, and application information.
- Specimens managed by TR-ANZGOG should be made available for further and translational research subject to appropriate governance.
- PIs will be involved in approval of specimens from their trial being used in other research.
- Specimens will be subject to embargo until trial analyses are complete.
- TR-ANZGOG will provide guidance and recommendations to translational researchers within ANZGOG.

The ANZGOG coordinated network will give our PIs cost-effective access to laboratory facilities for specimen management, long-term storage, and a mechanism to share and distribute specimens for translational research. There is a strong need for this kind of platform in the study of rare tumours, and it will be immediately beneficial to a number of ANZGOG studies. The TR-ANZGOG Steering Group will guide the next steps of the project including a position paper followed by a project plan, timelines, funding requirements and funding opportunities.
STRATEGIC GOALS

Goal 3: build capacity for gynaecological cancer research in Australia through collaboration with relevant national and international groups with a focus on Asia.

Gynecologic Cancer InterGroup

The Gynecologic Cancer InterGroup is made up of 26 member countries which meet twice annually to discuss clinical trials in development and available for global involvement. ANZGOG is able to have six members attend each GCIG meeting. In 2016 ANZGOG members also had participants in special pathology and translational meetings and the Meta-Analysis Group.

ANZGOG members taking part in 2016 included Chair Alison Brand, Linda Mileshkin, Michael Friedlander, Clare Scott, Philip Beale, and Vivek Arora along with Anna deFazio, Pam Pollock and Clare Scott (Co-convenor) to the Translational Research Brainstorming meeting, Lyndal Anderson to the Pathology meeting and Chee Lee to the Meta-Analysis Group.

Each member took part in key special interest sessions to ensure ANZGOG was represented at each tumour group or special working group.

Collaborating with Asia

Australian investigators are significant contributors to the MOCCA and VIP studies, funded through OASIS. These studies are being led by the National University Cancer Institute in Singapore, under Principal Investigator Dr David Tan.

Genomic Cancer Clinical Trials Initiative

The NHMRC Clinical Trials Centre and Zest Health Strategies were awarded the contract to develop and operate the Genomic Cancer Clinical Trials Initiative (GCCTI) by Cancer Australia. The primary aim of GCCTI is to facilitate development of mutation-specific clinical trial concepts that involve cancers from more than one primary site and more than one clinical trials group (CTG). A key deliverable for the GCCTI is development of at least one mutation-specific clinical trial concept per year that can be submitted for a competitive grant.

ANZGOG is collaborating on two studies as part of the GCCTI and both received funding in 2016:

1. Phase II clinical trial of the PARP inhibitor, olaparib, in HR-deficient advanced breast and ovarian cancer in women without inherited BRCA1 or BRCA2 mutations. The goal of this investigator-initiated, cooperative group trial is to improve outcomes for patients with breast or ovarian cancer who are not carriers of germline BRCA1 or BRCA2 mutations but who, nevertheless, have tumours that are unable to repair DNA damage by homologous recombination (HR). The general aim is to demonstrate proof-of-concept by determining whether tumours that are deficient in DNA repair by HR, other than by germline BRCA1 or BRCA2 mutations, are sensitive to PARP inhibition.

   Also collaborating with this study is the Australia New Zealand Breast Cancer Trials Group (ANZBCTG). Chief Investigators are (bold indicates ANZGOG members): Katrin Sjoquist, Alexander Dubrović, Clare Scott, Linda Mileshkin, Nicholas Wilcken, Chee Lee; Dobrovic. AIs: John Simes, Martin Stockler, Michael Friedlander, Val Gebski, Sonia Yip, Paul Waring.

   FUNDING: Cancer Australia and National Breast Cancer Foundation $600,000

2. AUTO-CHECK: Molecular determinants of autoimmunity and immune related adverse events in advanced cancer patients treated with immune checkpoint inhibitors.

   The team of CIs and AIs includes several ANZGOG members who have contributed to the development of the protocol and grant through the GCCTI. Chief Investigators are (bold indicates ANZGOG members): Matthew Cook (CIA), Sonia Yip, Martin Stockler, Desmond Yip, David Thomas, Anna Nowak, Paul Mitchell, Yoland Antill, Thomas Andrews, Chee Lee. AIs: Carola Vinuesa, John Stubbs, Katrin Sjoquist, Matthew Links, Sayed Ali, Subotheni Thavaneswaran, Willem Lesterhuis. The collaboration also includes Australasian Lung Cancer Trials Group (ALTG) and Sydney Catalyst.

   This grant provides funds to do additional translational research work built into several clinical trials including ANZGOG PHAEDRA trial. It includes samples being shipped to Canberra in real-time, and DNA studies for predictors of severe immune-related adverse events in these trials.

   FUNDING: Cancer Australia $574,009.
ANNUAL SCIENTIFIC MEETING 2016

The Annual Scientific Meeting 2016 was held at the Intercontinental Double Bay in Sydney. 262 registrations were received which was a 48% increase over 2015 (175 registrations).

It was held over four days from Wednesday 13 April to Saturday 16 April and had a program packed full of interesting topics and speakers.

Four international speakers attended the conference:

DR MICHAEL BIRRER
Massachusetts General Hospital

DR CHRISTIAN MARTH
Gynaecological Oncologist, University Hospital Innsbruck, Austria

PROF ANUJA JHINGRAN
Radiation Oncologist, University of Texas

DR SUSANA BANERJEE
Medical Oncologist, Royal Marsden, UK

An outstanding array of local speakers also contributed to the success of the conference. A list of these speakers can be found on the ANZGOG website in the program from the event.

More than 100 members took part in workshops and working groups on the first day. The Tumour Type Working Groups continue to grow in capability and contribution. The Study Coordinators Workshop provided skills in stress management and resilience and this program was offered to gynae cancer nurses at their workshop on Friday afternoon.

Beyond the outstanding science program, focusing on new targets and better outcomes for women with gynaecological cancer, ANZGOG has continued with its successful program of special interest workshops culminating in an afternoon of Pure Science on the Saturday.

The social program was well received and a delightful dinner was held on the last night of the conference by the side of Sydney Harbour.
**WOMEN OF THE ROUND TABLE HUB (WORTH)**

Women of the Roundtable Hub (WORTH) brings together women of influence from around Australia to help ANZGOG raise awareness and funds for clinical research into women’s cancers. This activity is proudly supported by the Commonwealth Bank.

WORTH meetings provide a forum for developing ideas and activities that raise awareness of gynaecological cancers and the need for greater support. WORTH members help attract key ambassadors and supporters of ANZGOG and help raise significant funds.

In 2016, members of WORTH initiated activities and events that have raised awareness and funds for research. These include:

- Tamara Grischy: Langton’s Auctions fundraisers, $28,000
- Charlie Brown: ‘Save the Box’ Luncheon, $31,000
- Liz Murrihy: Women’s Forum Brisbane Luncheon, $3500
- Josephine Tobias: Women at Work International Luncheon Gold Coast, $1000
- Cheryl Edmonds: Individual Wigs, $1000
- Commonwealth Bank Partnership, $2000, meeting venue, catering and support
- Michelle Stamper: Nine Network Melbourne, providing meeting venue, publicity and personality support
- Leanne Whitehouse: Whitehouse Institute of Design Australia fundraisers for ‘Save the Box’, over $13,000
- Louie Skinner, Samantha Stuart and Craig Chester: Saatchi and Saatchi Health, pro bono campaign ‘Save the Box’ advertising
- Eileen Forbes: Brown Forman, pro bono ‘Save the Box’ campaign transport and storage

We are very grateful for the wonderful support of all of the members and look forward to working with them all again in 2017 where we will be introducing a new plan and strategy for the next three years of WORTH.

**CHARLIE BROWN - AMBASSADOR AT LARGE**

Charlie Brown has been with ANZGOG as Ambassador at Large for two years. In that time she has helped raise awareness and funds amongst the wider community.

Through community gatherings, corporate meetings and events, Charlie has been instrumental in getting the ‘Save the Box’ campaign...
off the ground by donating her expertise in business development and marketing. Supporters from her networks were extremely supportive and were more than happy to help where possible.

Charlie also represented ANZGOG at the New Zealand Gynaecological Cancer Foundation Dinner and spoke openly with the former Prime Minister of New Zealand John Keys about the need for further support for gynaecological cancer research.

ANZGOG is extremely grateful for her continued passion and commitment in supporting gynaecological cancer research.

WOMEN’S CANCER FOUNDATION

The Women’s Cancer Foundation and their sister organisation, Ovarian Cancer Institute and ANZGOG have been in discussion in 2016 about an amalgamation, to take effect on 1 January 2017.

This amalgamation will further grow the funds available for important research to help improve the lives of women with gynaecological cancers.

Over the last 20 years, Women’s Cancer Foundation (WCF) and the Ovarian Cancer Institute have made a significant contribution to research into ovarian cancer and other gynaecological cancers through their fundraising activities. This has included supporting gynaecological cancer research nurses at trial sites and other research projects. Outstanding fundraisers for WCF for many years have been prior ANZGOG Chair, Professor Michael Quinn, AM and Duncan McPherson, OAM, along with many generous donors and bequestors.

We are confident that this amalgamation will help maximise the efforts of both organisations, reduce overheads and expand fundraising nationally, with the result that greater funds will be available for research and other related projects.

Our thanks to retiring Women’s Cancer Foundation Chair, Kerri Coghlan and Directors Orla McNally and Deborah Neesham.

VALE BRIDGET WHELAN
FEARLESS ADVOCATE FOR ANZGOG RESEARCH

“It’s so odd and so awful being 40 and knowing what will kill me. But what makes it even worse is knowing that I’m just one in a long and continuing line of women. Young women, old women, all of us. We’re all walking down the same well-trodden path.”

Special people like Bridget don’t come along very often, and we at ANZGOG, are so very grateful that she made our organisation her passion. Her involvement in OASIS (Ovarian cancer Alliance for Signal Seeking studies) was instrumental in getting the project off the ground, a project that now has $11M in philanthropic funding. Bridget made it clear how tremendously powerful the voice of a consumer could be.

“If we can secure the funding, new trials for these individual diseases can establish specific and better treatment paths for us. In the meantime, we’re waiting. Waiting for an answer; waiting for something new, something better than one size fits all. And hoping, finally, that well-trodden path we’re taking will make a U-turn” said Bridget.

In 2015 Bridget received the Jeannie Ferris Cancer Australia Recognition Award for outstanding contribution to improving outcomes for women with gynaecological cancers.

“Personally, I don’t think we could have got as far as we have, and as quickly as we have, with OASIS, if it were not for Bridget’s passion and drive. Her eloquence in getting to the heart of why research is so important and what it is all about was amazing…hours of lecturing from clinicians could not achieve what she was able to achieve in minutes by just speaking from her heart” said Associate Professor Alison Brand.
A new campaign ‘Save the Box’ was launched on 12 July 2016 to raise awareness and funds for ANZGOG’s gynaecological cancer research. The campaign ran throughout September – International Gynaecological Cancer Awareness Month.

Breaking the silence on gynaecological health

The campaign was launched with 1740 boxes laid across Martin Place in Sydney, and the premiere of the ‘Save the Box’ video on social media and TV.

ANZGOG supporters turned out to star in the video and help out at Martin Place and we couldn’t have done it without them.

‘Save the Box’ reached more than 12 million people here and overseas, the most influential news media publications and broadcasts were:

- Daily Telegraph “Women’s cancers: Culture of silence and obesity the enemies of medical battle” featuring commentary from Dr Diana Adams [http://bit.ly/2nymPuV]
- Herald Sun “Save the Box campaign aims to raise funds for gynaecological cancer” showcasing celebrity support for ‘Save the Box’ [http://bit.ly/2nnE0jI]
- Daily Telegraph “Alison Brand: How Aussies can help Save the Box” Opinion piece written by Associate Professor Alison Brand [http://bit.ly/2mUluBH]
- Woman’s Day “Celebrities back Save the Box campaign” showcasing celebrity support for ‘Save the Box’ [http://bit.ly/2IV0k75]
- Australian Women’s Weekly “We need to talk about women’s gynaecological health” launching ‘Save the Box’ in July [http://bit.ly/2mlDemf]
- Sydney Morning Herald “Let’s banish prudishness and start talking about our boxes” [http://bit.ly/2mDUkMe]
- Woman’s Day two page spread “Gynaecological cancer survivor: ‘I might be little but I’m a fighter’” about toddler Amelia Hoppe who has vaginal cancer [http://bit.ly/2mlPhQi]

Our thanks to Phil Koch who helped promote ‘Save the Box’ through printed, online and social media and celebrity support.

More than 30 Australian celebrities joined the cause by donning the t-shirt and sharing messages of support on social media.
Raising funds for research

In our local communities we are tremendously grateful to all of you who took on the Money Box Challenge, asked your friends and family to sponsor you via your Everyday Hero fundraising page, bought the shirt, made donations, and shared your stories online. Together we are challenging the taboos, empowering women to take control of their gynaecological health, and raising vital funds for research that will improve the lives of women.

Major Events

Ambassador at Large Charlie Brown hosted a Lunchbox ‘Save the Box’ Luncheon at Phoebe Baker’s beautiful home. The event was kindly supported by Karraniya Experience, Rosemary Hopkins, Pinnacle Drinks and Artisan Spirit Merchants. Over $31,000 was raised on the day.

Other major events in the campaign calendar were ‘More precious than gold’, coordinated and hosted by students from Whitehouse Institute of Design Sydney and Melbourne campuses. The events incorporated art, design, fashion, music and entertainment.

Very Important Partners

ANZGOG would like to thank the major partners of the campaign which included Saatchi and Saatchi Wellbeing, VISY, Atlassian, Concept Partners, GROW, Mainfreight, Stellar Entertainment, Coca Cola, The Entertainment Quarter, Impact Communications, Bauer Media Group, Tonic Health Media, Medical Channel, Whitehouse Institute of Design Australia, Inside Out, In Focus Design and Cherry Media Group.

GO RIDE FOR GYNAE

Professor Michael Quinn, AM and his wonderful team of cyclists completed their challenging ‘GO ride for Gynae’ journey from Normandy to Nice on 5 October 2016.

After two weeks including bad weather and mountain climbs, everyone made it over the finish line. From the summit of Mt Ventoux through Lyons to Castellane and then onto the shores of the Mediterranean at Nice their wheels just kept on turning. Finally, after riding 1,480kms they were greeted by the tour organisers Peak Tours who popped the champagne in celebration!

“So it is over. Thank you everyone—riders and supporters—for so many contributions to an amazing two weeks in aid of women’s cancer research. ANZGOG and all our present patients and all the future women who will benefit … thank you!” said Prof Quinn.

Thank you to all the riders in 2016: Robert Browne, Hanne Strumme, Dick Coldham, Anton Harding, Anne Hede, Stephen Hede, Price Warren, David Levin, Peter Macdonald, Peter Molloy, Brian O’Keefe, Michael Quinn, Anne Scollon, Duncan McPherson, Glynn Elias, Peter Tolliday, David Clutterbuck, Caroline Clutterbuck.

Together they raised over $90,000 for ANZGOG’s New Research Fund. An amazing achievement!

Our thanks to Leith Richards, diagnosed with ovarian cancer and top fundraiser for ‘Go Ride for Gynae’.
COMMUNITY AND CORPORATE SUPPORTERS

Women At Work

Gold Coast’s Women at Work International (WAWI), founded by business woman and WORTH member Josephine Tobias, chose ANZGOG as charity partner for their International Women’s Day Leadership Awards presentation luncheon.

Brown Forman – Night of Inspiration with Penny Kemp and Gretel Killeen

Brown-Forman’s GROW group (Growing Remarkable and Outstanding Women) teamed up with PRIDE (supporting Brown-Forman’s LBTG employees) to create another amazing ‘Night of Inspiration’ to raise money for ANZGOG’s research.

Over the years GROW has held an array of fundraisers - from gold coin collections to auctions and cocktail events - cumulatively raising over $34,000 to fund new and exciting research.

Our warmest thanks to Shelly Silberman, GROW and Brown-Forman for their ongoing support.

Langton Wines

Langton’s ‘Chateaux of Bordeaux’, their inaugural Bordeaux-Road-Show extravaganza brought to Australia a dozen Bordeaux Chateau proprietors and winemakers. Across two dinners and three online auctions in March, all funds raised were donated to ANZGOG.

DONATIONS AND BEQUESTS

We are incredibly grateful for the significant support received from individuals and organisations, and the people who have remembered ANZGOG in their will.
It's quite frequent that a woman will be aware of the signs for some time before she speaks about it.

Women are taught not to talk about their “bits”, we are all taught that words like vagina and vulva are rude, naughty words. In fact, many women use these words interchangeably and aren’t aware that they are actually two different “bits”.

Once diagnosed with gynaecological cancer there can be an enormous amount of guilt. Often women feel they’re causing the people they love to suffer because they were too embarrassed to talk about their gynaecological health.

CATHERINE ADAMS
PSYCHO-ONCOLOGIST
ASSOCIATE PROFESSOR ALISON BRAND

Alison Brand is a gynaecological oncology surgeon, Director of Gynaecological Oncology at Westmead Hospital, Sydney, NSW and Clinical Associate Professor at the University of Sydney. She has been involved in ANZGOG since it was established in 2000 and has since held key positions within the group. She is a member of the Cancer Australia Gynaecological Cancer Advisory Group and has chaired or been a member of several working parties for the development of national gynaecological cancer guidelines. She is Senior Editor for the International Journal of Gynaecological Cancer. She is passionate about participation in clinical trials as a way to improve the lives of women with gynaecological cancers, now and in the future.

ASSOCIATE PROFESSOR PHILIP BEALE

Associate Professor Beale is Director of Cancer Services and Director of Palliative Care, Sydney Local Health District, Head of Medical Oncology Department at Concord Hospital, Senior Staff Specialist at RPA, and at Chris O’Brien Lifehouse and Associate Professor at the University of Sydney. He has a special interest in ovarian, breast, colorectal and upper gastrointestinal cancers and is involved in Phase I, II and III clinical trials for all of these cancers and is the PI in several breast and ovarian cancer trials. He has published more than 100 peer reviewed papers. He is on the ANZGOG RAC and Quality Assurance committee and is a member of the AGITG and ANZBCTG trials groups.

DR DAVID BERNSHAW

David Bernshaw is a clinician at the Peter MacCallum Cancer Centre. He works principally in clinical research and clinical trial activities. He has been involved in the introduction and development of concurrent chemo-radiation schedules and of imaged gynaecology brachytherapy in particular. He has a specific interest in the recovery and rehabilitation of women post treatment and supportive care throughout their cancer journey. David was educated in Melbourne, Australia and graduated from Monash University in 1973. He is dually qualified in Medical Oncology and Radiation Oncology.

MS SUE BREW

Sue Brew has been a member of the ANZGOG Study Coordinators’ committee since its inception in 2005 and accepted the position as committee chair in 2011. She has been a Study Coordinator in the Department of Medical Oncology, Calvary Mater Newcastle since 1996 and also recently served as member of Hunter New England Human Research Ethics Committee for a period of 8 years 2006 - 2014.

DR JEFFREY GOH

Jeff Goh is a Senior Staff Medical Oncologist (part-time) at Royal Brisbane & Women’s Hospital (RBWH), a Visiting Medical Oncologist at Greenslopes Private Hospital and ICON Chermside. He is also involved with the University of Queensland, as a Senior Lecturer with the Faculty of Medicine. Jeff has also been actively involved in clinical trials including his role as Principal Investigator in a number of Phase I, II and III Gynaecological and Urological malignancy trials at Royal Brisbane & Women's Hospital and Greenslopes Private Hospital. He is also a currently a co-investigator several colorectal cancer and pulmonary malignancy trials. Jeff is also currently a board member of ANZGOG and chairs the QA committee. His particular interests are in Gynaecological, Urological and colorectal malignancies.

MS KAREN LIVINGSTONE

Karen Livingstone has been a member of the Board of ANZGOG since 2007 and is the Chair of ANZGOG’s Consumer and Community Committee. As a co-founder and former CEO of Ovarian Cancer Australia, Karen brings considerable experience as a consumer representative across many forums. In recognition of her valuable work Karen was awarded Research Australia’s Advocacy Award in 2014. Being a high risk woman with BRCA 2 familial marker, Karen is passionate about creating awareness for all women about gynaecological cancer. Karen believes that her involvement in ANZGOG contributes to women having better outcomes and quality of life throughout their journey with cancer.
ASSOCIATE PROFESSOR LINDA MILESHKIN

Linda Mileshkin is a clinical researcher who has achieved productive research output whilst maintaining a significant and busy clinical role as a consultant medical oncologist, with a particular interest in the treatment of gynaecological and lung cancers, as well as the supportive care of people affected by cancer. She runs the only specialist Carcinoma of Unknown Primary clinic at the Peter MacCallum Cancer Centre. She is currently involved in multiple clinical research projects involving people gynaecological and lung cancers, carcinoma of unknown primary (CUP), as well as Phase I trials in multiple tumour types. Linda is currently the international study chair for Outback, an international Australia-led NHMRC funded Phase III trial in cervical cancer.

PROFESSOR DANNY RISCHIN

Danny Rischin is the Director of the Division of Cancer Medicine and Head of the Department of Medical Oncology at Peter MacCallum and a consultant Medical Oncologist at the Mercy Hospital for Women.and holds an academic appointment as Professor of Medicine in the Sir Peter MacCallum Department of Oncology and the Department of Medicine at the University of Melbourne. His major clinical and research interests are in gynaecologic and head and neck cancers. In 2012 Danny was presented with the ANZGOG Award for Outstanding Contribution. In addition, he was a member of the Trans-Tasman Radiation Oncology Group (TROG) scientific committee for 14 years, and received the TROG Cancer Research Trial Excellence Award in 2011. Danny has published over 190 peer reviewed publications, with a major focus on clinical trials, chemoradiation, and hypoxia targeting therapy. In 2011 he was appointed as an Associate Editor of the leading oncolgy journal, the Journal of Clinical Oncology

ASSOCIATE PROFESSOR CLARE SCOTT

Clare Scott is a Medical Oncologist at the Royal Melbourne Hospital and Royal Women’s Hospital and Laboratory Head at the Walter and Eliza Hall Institute of Medical Research, studying drug resistance in ovarian cancer. She has 15 years’ experience in clinical cancer genetics, including working in Familial Cancer Clinics and in treating breast and ovarian cancer. In the lab, she focuses on ovarian biology, including the role of apoptosis in infertility and on developing targeted therapies for ovarian cancer in novel ovarian cancer models. She has been awarded a Clinical Fellowship from the Victorian Cancer Agency (2011) and the Sir Edward Dunlop Cancer Research Fellow from the Cancer Council Victoria (2012).

ASSOCIATE PROFESSOR PETER SYKES

Peter Sykes is a gynaecological oncologist and Head of Department, Obstetrics and Gynaecology, Christchurch School of Medicine, University of Otago, Christchurch, New Zealand. He completed his initial training in Bristol, UK and has worked on both Australia and New Zealand. His interest area of clinical research in the epidemiology and management of gynaecological cancer has involved a steady record of publication in clinical gynaecological oncology. He has actively recruited and treated patients in international multicentre and single centre research. He is on the ANZGOG Research Advisory Committee and was Program Chair of the 2014 ANZGOG ASGO Combined Scientific Meeting and is Program Chair of the 2015 ANZGOG Annual Scientific Meeting.

MR DAVID ROGERS

David Rogers was with professional services firm KPMG for 37 years, including 27 years as a partner in the Australian firm. His career has included audit partner and lead partner for many significant companies in a wide range of sectors. In addition, David was a member of the firm’s National Board of directors for 6 years from 2005 to 2011 including 2 years as Chairman of the firm’s Audit Committee and was prior to his retirement leader of the firm’s global audit transformation project. David is currently a director and honorary treasurer of the Royal Motor Yacht Club Broken Bay.

MS RACHAEL SUTTON

Rachael is a Partner in the Holman Webb Workplace Relations group and has 19 years’ experience in employment and workplace law. Rachael is experienced in all aspects of workplace laws and has a strong background in advising public and private sector employers. Rachael was admitted to practice law in October 1997 and has been a partner at Holman Webb since January 2012. She also specialises in food safety and labelling laws and has acted as a prosecutor for the NSW Food Authority for some 14 years. She now advises food businesses including start-ups in this area. Rachael has presented to many Boards of Directors and senior management teams on employment and work health and safety laws, what due diligence means and how best to comply. Rachael is a member of the NSW Law Society and Industrial Relations Society of NSW.
OUR STRUCTURE

ANZGOG Members

Women with gynaecological cancer & their families

50 Hospitals across Australia & New Zealand

Board of Directors

Executive Management Team

Operations Executive

 Collaborative Coordinating Centre
NHMRC CLINICAL TRIALS CENTRE
University of Sydney

Other Operating Centres

Scientific Meetings

Nominations

Audit, Risk & Compliance

Study Coordination

Consumer Advisory Managers

Quality Assurance

Research Advisory

Data Managers

Specialist Researchers

Surgeons

Physicians

Nurses

Consumers

Allied Therapies Managers

Research

Fundraising

Information

Administration

Executive Management Team

Fundraising

Information

Administration

Research
PEOPLE ON OUR COMMITTEES

ANZGOG had 703 members as at 30 June 2016.

RESEARCH ADVISORY COMMITTEE

Linda Mileshkin - Chair
Alison Davis - Deputy Chair
Diana Adams
Lyndal Anderson
Rhonda Beach
Philip Beale
David Bowtell
Alison Brand
Candace Carter
Jim Coward
Peter Fong
Michael Friedlander
Val Gebski
Peter Grant
Anne Hamilton
Sandi Hayes
Pearly Khaw
Ganessan Kichenadasse
Peey-Sei Kok
Wanda Lawson
Kristina Lindemann
Donna Long
Tarek Meniawy
Pamela Pollock
Felicia Roncolato
Sam Saidi
Katrin Sjoquist
Martin Stockler
Peter Sykes
Michelle Vaughan
Penelope Webb
Sonia Yip

QUALITY ASSURANCE COMMITTEE

Jeffrey Goh - Chair
Philip Beale
Alison Brand
Philip Chan
Alison Davis
Belinda Egan
Alison Hadley
Michelle Harrison
Pearly Khaw
Raj Ganendra

TUMOUR TYPE WORKING GROUPS

Ovarian
Philip Beale - Chair
Sumitra Ananda
Rhonda Beach
David Bowtell
Kathryn Chrystal
Jermaine Coward
Anna deFazio
Michael Friedlander
Alison Hadley
Peey-Sei Kok
Janine Lombard
Tarek Meniawy
Rachel O'Connell
Anthony Richards
Clare Scott
Catherine Shannon
Bryony Simcock
Michelle Wilson

Endometrial
Diana Adams - Chair
Yoland Antill
Elizabeth Barnes
Eva Baxter
Rhonda Farrell
Andrea Garrett
Mahesh Iddawela
Pearly Khaw
Ganessan Kichenadasse
Srinivas Kondalsamy-Chennakesavan
Kristina Lindemann
Pamela Pollock
Amanda Spudale
Michelle Vaughan
Cheryl Waller

Cervical
Anne Hamilton - Chair
Vivek Arora - Co-Chair
Peter Fong
Alessandra Francesconi
Jeffrey Goh
Michelle Harrison
Ken Jaaback
Wanda Lawson
Karen Lim
Ming-Yin Lin
Kailash Narayan
Kristy Robledo
Felicia Roncolato
Sam Saidi
Sonia Yip

STUDY COORDINATORS COMMITTEE

Sue Brew - Chair
Jenny Campbell
Steven Duffey
Belinda Egan
Kim Gillies
Donna Long
Margot Osinski
Joanne Youd

AUDIT, RISK & COMPLIANCE

David Rogers - Chair
Philip Beale
Rachael Sutton
Alison Evans

STUDY COORDINATORS COMMITTEE

Sue Brew - Chair
Jenny Campbell
Steven Duffey
Belinda Egan
Kim Gillies
Donna Long
Margot Osinski
Joanne Youd

CONSUMER & COMMUNITY COMMITTEE

Helene O'Neill - Chair
Rhonda Beach
Penny Kemp
Wanda Lawson
Pennie Stoyles
Cheryl Waller

ANNUAL SCIENTIFIC MEETING STEERING COMMITTEE

Peter Sykes - Chair
Diana Adams
Sumitra Ananda
Nicola Bowden
Alison Brand
Sue Brew
Paul Cohen
Alison Davis
Viet Do
Rhonda Farrell
Raj Ganendra
Jeffery Goh
Peter Grant
Pearly Khaw
Ganessan Kichenadasse
Deborah Neesham
Pamela Pollock
Elaine Sanij
Clare Scott
Kate Webber

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### MEASURING OUR PERFORMANCE

**SG1 – A diverse portfolio of clinically important research in gynaecological cancers**

<table>
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<tbody>
<tr>
<td>Grow diversity of research portfolio to include earlier phase clinical trials</td>
<td>Number of ovarian cancer trials underway</td>
<td>1</td>
<td>3</td>
<td>5</td>
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<td></td>
<td>Number of endometrial cancer trials underway</td>
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<td>2</td>
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<td>Number of cervical cancer trials underway</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td></td>
<td>Number of Quality of Life studies underway</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Number of other trials including rare tumour studies underway</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>In partnership with government and collaborators we continue to increase the opportunities for women to participate in gynaecological cancer clinical trials</td>
<td>Increase the number of gynaecological cancer clinical trials conducted annually</td>
<td>7</td>
<td>9</td>
<td>14</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Increase the number of clinical sites actively participating in gynaecological cancer clinical trials (including international sites conducting ANZGOG collaborative trials)</td>
<td>216</td>
<td>330</td>
<td>427</td>
<td>474</td>
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<tr>
<td></td>
<td>Increase participation in clinical trials by women affected with gynaecological cancer</td>
<td>516</td>
<td>864</td>
<td>696</td>
<td>534</td>
<td>761</td>
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<tr>
<td>Translating research into practice</td>
<td>Publications of research results</td>
<td>9</td>
<td>15</td>
<td>29</td>
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<td>11</td>
</tr>
<tr>
<td></td>
<td>Trials changing clinical practice</td>
<td>ICON7</td>
<td>SCOTROC 4</td>
<td>-</td>
<td>-</td>
<td>ICON7</td>
</tr>
<tr>
<td>Develop independent cancer clinical trials to the stage of applying for grant and other funding, in collaboration with the NHMRC Clinical Trials Centre</td>
<td>Government grants received for research and research support</td>
<td>$871,103</td>
<td>$1,495,458</td>
<td>$2,139,104</td>
<td>$1,253,266</td>
<td>$1,335,701</td>
</tr>
<tr>
<td></td>
<td>Other funding provided for infrastructure</td>
<td>$826,499</td>
<td>$733,842</td>
<td>$517,998</td>
<td>$535,000</td>
<td>$489,121</td>
</tr>
<tr>
<td>Clinical trials design and protocol development</td>
<td>Number of new concepts presented to ANZGOG</td>
<td>12</td>
<td>17</td>
<td>15</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Number of concepts in development with ANZGOG</td>
<td>7</td>
<td>9</td>
<td>4</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Increase the professional capacity to conduct clinical trials in Australia through member growth, education and training in clinical trials design</td>
<td>Number of people attending Annual Scientific Meetings</td>
<td>172</td>
<td>142</td>
<td>227</td>
<td>174</td>
<td>262</td>
</tr>
<tr>
<td></td>
<td>Increase in clinical professionals joining as members</td>
<td>435</td>
<td>493</td>
<td>591</td>
<td>701</td>
<td>703</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>SG2 - Establish a national gynaecological cancer biobank</td>
<td>Establish a working group to explore the options and identify steps to achieve</td>
<td>-</td>
<td>Identified for 2014/15</td>
<td>Action in 2014/2015 Fin Year</td>
<td>On hold pending updated strategy</td>
<td>Draft strategy in consultation</td>
</tr>
<tr>
<td>SG3 – Build gynaecological cancer research capacity</td>
<td>Build collaboration with national organisations</td>
<td>Number of collaborations with other cancer clinical trials groups</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Increase in international sites conducting ANZGOG trials</td>
<td>127</td>
<td>164</td>
<td>369</td>
<td>378</td>
<td>428</td>
</tr>
<tr>
<td></td>
<td>International keynote speakers at Annual Scientific Meetings</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

Cancer doesn’t wait till you have a senior’s birthday so through ANZGOG outreach I am provided with opportunities to share my story in such a way that promotes the wellbeing I enjoy, not the darker side that can scare people. I love my community involvement and believe the more we get the ANZGOG message out using a human resource (ie me the consumer) we can provide hope for the future.

HELENE O’NEILL
endometrial cancer survivor,
Chair, Consumer and Community Committee
### SG4 – Recognised as the leader in gynaecological cancer research

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>MEASURABLES/OUTPUT</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate the breadth of ANZGOG’s research focus</td>
<td>Twice annual ResearchHER for consumers and the general public</td>
<td>-</td>
<td>Introduced</td>
<td>Achieved</td>
<td>Achieved</td>
</tr>
<tr>
<td></td>
<td>Twice annual TRIALS – in-depth news on gynaecological cancer trials for members and cancer professionals</td>
<td>-</td>
<td>Introduced</td>
<td>Achieved</td>
<td>Achieved</td>
</tr>
<tr>
<td>We support new research ideas with funding to get started</td>
<td>New research grants awarded</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Raising awareness of clinical trials amongst consumers</td>
<td>Number of participants in consumer information sessions in person and through webinars</td>
<td>108</td>
<td>117</td>
<td>-</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td>Number of likes on Facebook (established 21 July 2014)</td>
<td>-</td>
<td>-</td>
<td>1,755 likes</td>
<td>3,733 likes</td>
</tr>
<tr>
<td></td>
<td>Number of community cancer networks communicated with</td>
<td>-</td>
<td>74</td>
<td>78</td>
<td>74</td>
</tr>
<tr>
<td>Raising awareness of clinical trials amongst the public</td>
<td>Number of general public reached via information events</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>600</td>
</tr>
<tr>
<td>Growing capacity of consumer supporters</td>
<td>Conduct two education and training programs for our consumer advisory panel annually</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
</tr>
<tr>
<td></td>
<td>Number of Volunteer Ambassadors supporting ANZGOG</td>
<td>5</td>
<td>8</td>
<td>13</td>
<td>12</td>
</tr>
</tbody>
</table>

### SG5 – Financial sustainability

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>MEASURABLES/OUTPUT</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Growing support from non-government sectors for gynaecological cancer research</td>
<td>Increase in donations, bequests, community support</td>
<td>$84,919</td>
<td>$227,537</td>
<td>$135,031</td>
<td>$365,932</td>
</tr>
<tr>
<td></td>
<td>Increase in corporate sponsorship</td>
<td>$149,136</td>
<td>$130,818</td>
<td>$131,665</td>
<td>$120,145</td>
</tr>
<tr>
<td></td>
<td>Number of bequests per annum</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Percentage of infrastructure costs supported by grants and cost recovery (Note: Two year time delay on some cost recovery)</td>
<td>90.6%</td>
<td>119.7%</td>
<td>97.5%</td>
<td>73.1%</td>
</tr>
<tr>
<td>Supporting infrastructure costs with grants (excludes direct ASM, Trials and Fundraising costs)</td>
<td>Months of operational expenditure covered by cash reserves</td>
<td>17.1</td>
<td>17.4</td>
<td>15.3</td>
<td>19.2</td>
</tr>
<tr>
<td></td>
<td>Investment return per annum</td>
<td>3.2%</td>
<td>2.8%</td>
<td>3.9%</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

### Our People

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>MEASURABLES/OUTPUT</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>In collaboration with the NHMRC Clinical Trials Centre we have an engaged and skilled paid workforce</td>
<td>ANZGOG staff, headcount excluding casuals</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>CTC staff working on ANZGOG trials</td>
<td>9</td>
<td>11</td>
<td>10</td>
<td>8</td>
</tr>
</tbody>
</table>
FUNDING RESEARCH

GOVERNMENT GRANT SUPPORT

ANZGOG has a collaborative agreement with the University of Sydney, NHMRC Clinical Trials Centre (CTC) which supports the development and operation of many of its clinical trials.

Government grant funding has been achieved to support these activities and is administered by the University of Sydney for the benefit of ANZGOG.

In 2016, $1,824,822 in government grants and other funding via the University of Sydney was achieved for ANZGOG’s research, bringing the total since 2002 to $17,995,229.

These funds are not reported in the ANZGOG Annual Financial Statements but are achieved in addition to its other fundraising achievements. [The exception is the Cancer Australia ‘Support for Cancer Clinical Trials Program’ which is shared 50:50 with the NHMRC Clinical Trials Centre with $230,000 included in ANZGOG income annually.]

RESEARCH PROJECT FUNDING

In 2016 ANZGOG trial funds administered by the University of Sydney were:

<table>
<thead>
<tr>
<th>Project</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTBACK</td>
<td>$188,495</td>
</tr>
<tr>
<td>ECHO</td>
<td>$98,000</td>
</tr>
<tr>
<td>ICON 9</td>
<td>$600,000</td>
</tr>
<tr>
<td>OVAR 2.21</td>
<td>$180,153</td>
</tr>
<tr>
<td>PHAEDRA</td>
<td>$309,001</td>
</tr>
</tbody>
</table>

SUPPORT FOR CLINICAL TRIALS

Funds are provided by Cancer Australia and the Cancer Institute NSW to support gynaecological cancer research infrastructure and study development. These funds are also administered by the University of Sydney for the benefit of ANZGOG. Grants in the 2015 year were:

- Cancer Australia Support for Clinical Trials Program $460,000
- Cancer Institute, New South Wales $ 29,121

GOVERNMENT GRANT RECEIVED (by year)

Grants – Infrastructure
Grants – Research Projects
### BALANCE SHEET - YEAR ENDING 30 JUNE

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>1,631,126</td>
<td>1,157,765</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>371,903</td>
<td>227,165</td>
</tr>
<tr>
<td>Total current assets</td>
<td>2,003,029</td>
<td>1,384,930</td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant and equipment</td>
<td>9,217</td>
<td>5,806</td>
</tr>
<tr>
<td>Available-for-sale financial assets</td>
<td>161,688</td>
<td>184,663</td>
</tr>
<tr>
<td>Investment properties</td>
<td>570,000</td>
<td>-</td>
</tr>
<tr>
<td>Total non-current assets</td>
<td>740,905</td>
<td>190,469</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>2,743,934</td>
<td>1,575,399</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>754,888</td>
<td>166,432</td>
</tr>
<tr>
<td>Employee benefits</td>
<td>26,868</td>
<td>22,289</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td>781,756</td>
<td>188,721</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>781,756</td>
<td>188,721</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td>1,962,178</td>
<td>1,386,678</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available-for-sale financial assets reserve</td>
<td>(12,427)</td>
<td>10,304</td>
</tr>
<tr>
<td>New Research Fund reserve</td>
<td>466,718</td>
<td>447,157</td>
</tr>
<tr>
<td>Beneficiary Fund reserve</td>
<td>84,053</td>
<td>74,393</td>
</tr>
<tr>
<td>Retained Surplus</td>
<td>1,423,834</td>
<td>854,824</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td>1,962,178</td>
<td>1,386,678</td>
</tr>
</tbody>
</table>
## Income Statement - Year Ending 30 June

### Revenue

<table>
<thead>
<tr>
<th>Source</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant income</td>
<td>563,731</td>
<td>474,219</td>
</tr>
<tr>
<td>Donations</td>
<td>812,269</td>
<td>295,855</td>
</tr>
<tr>
<td>Sponsorship income</td>
<td>123,886</td>
<td>120,145</td>
</tr>
<tr>
<td>Annual Scientific Meeting conference</td>
<td>229,298</td>
<td>164,314</td>
</tr>
<tr>
<td>Interest income</td>
<td>13,299</td>
<td>15,644</td>
</tr>
<tr>
<td>Dividend income</td>
<td>11,229</td>
<td>13,749</td>
</tr>
<tr>
<td>Rental income</td>
<td>5,370</td>
<td></td>
</tr>
<tr>
<td>Other revenue</td>
<td>51,905</td>
<td>70,077</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>1,810,987</td>
<td>1,154,003</td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th>Expense</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trial expenses</td>
<td>(114,596)</td>
<td>(56,154)</td>
</tr>
<tr>
<td>Administration expenses</td>
<td>(138,087)</td>
<td>(151,668)</td>
</tr>
<tr>
<td>ASM Conference</td>
<td>(279,518)</td>
<td>(170,746)</td>
</tr>
<tr>
<td>Fundraising expenses</td>
<td>(77,307)</td>
<td>(68,409)</td>
</tr>
<tr>
<td>Employee benefits expenses</td>
<td>(476,649)</td>
<td>(354,229)</td>
</tr>
<tr>
<td>Occupancy expenses</td>
<td>(17,496)</td>
<td>(17,496)</td>
</tr>
<tr>
<td>Travel expenses</td>
<td>(59,908)</td>
<td>(45,917)</td>
</tr>
<tr>
<td>Finance expenses</td>
<td>(209)</td>
<td>(1,556)</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(2,125)</td>
<td>(705)</td>
</tr>
<tr>
<td><strong>Surplus for the year before income tax expense</strong></td>
<td>645,092</td>
<td>287,123</td>
</tr>
</tbody>
</table>

## Annual Income and Surplus to Year Ending 30 June

![Graph showing annual income and surplus from 2010 to 2016]
# Financial Statements

## Statement of Cash Flows - Year Ending 30 June

<table>
<thead>
<tr>
<th>Cash Flows from Operating Activities</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts from grants</td>
<td>1,014,712</td>
<td>535,528</td>
</tr>
<tr>
<td>Receipts from donations</td>
<td>242,269</td>
<td>295,855</td>
</tr>
<tr>
<td>Receipts from sponsorships, Annual Scientific Meeting conference, insurance recoveries and other revenue</td>
<td>418,138</td>
<td>297,232</td>
</tr>
<tr>
<td>Interest received</td>
<td>13,299</td>
<td>15,644</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(1,209,521)</td>
<td>(861,462)</td>
</tr>
<tr>
<td>Net cash inflow from operating activities</td>
<td>478,897</td>
<td>282,797</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cashflow from investing activities</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment for purchase of plant and equipment</td>
<td>(5,536)</td>
<td>(2,100)</td>
</tr>
<tr>
<td>Net cash outflow from investing activities</td>
<td>(5,536)</td>
<td>(2,100)</td>
</tr>
</tbody>
</table>

Net increase in cash and cash equivalents  473,361  280,697
Cash and cash equivalents at the beginning of the year  1,157,765  877,068

CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR  1,631,126  1,157,765

## Growth in Equity Since Incorporation

![Growth in Equity Since Incorporation](chart.png)

- 2010: 0
- 2011: 500,000
- 2012: 1,000,000
- 2013: 1,500,000
- 2014: 2,000,000
- 2015: 2,500,000
- 2016: 5,000,000
INDEPENDENT AUDITOR’S REPORT

To the members of Australia New Zealand Gynaecological Oncology Group


We have audited the accompanying financial report of Australia New Zealand Gynaecological Oncology Group, which comprises the statement of financial position as at 30 June 2016, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors’ declaration.

Directors’ Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act) and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error.

In making those risk assessments, the auditor considers internal control relevant to the company’s preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.
Basis for Qualified Opinion

Cash donations are a significant source of fundraising revenue for Australia New Zealand Gynaecological Oncology Group. Australia New Zealand Gynaecological Oncology Group has determined that it is impracticable to establish control over the collection of cash donations prior to entry into its financial records. Accordingly, as the evidence available to us regarding fundraising revenue from this source was limited, our audit procedures with respect to cash donations had to be restricted to the amounts recorded in the financial records amounting to $242,269. We therefore are unable to express an opinion whether cash donations for Australia New Zealand Gynaecological Oncology Group recorded are complete.

Qualified Opinion

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial report of Australia New Zealand Gynaecological Oncology Group has been prepared in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

(a) giving a true and fair view of the company’s financial position as at 30 June 2016 and of its financial performance and cash flows for the year ended on that date; and

(b) complying with Australian Accounting Standards and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

BDO East Coast Partnership

Paul Cheeseman
Partner

Sydney, 22 September 2016
## CENTRES PARTICIPATING IN ANZGOG TRIALS

<table>
<thead>
<tr>
<th>CENTRE/INTEREST</th>
<th>MOST</th>
<th>PARAGON</th>
<th>OUTBACK</th>
<th>REZOLVE</th>
<th>ECHO</th>
<th>feMMe</th>
<th>Via</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QUEENSLAND</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gold Coast University Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greenslopes Private Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICON cancer Centre</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mater Adult Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mater Private Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nambour General Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qld Centre for Gynaecological Cancer Research</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Brisbane and Women's Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Townsville Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Wesley Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NEW SOUTH WALES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bankstown-Lidcombe Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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OUR PURPOSE

Improving life for women with gynaecological cancer through research.

ANZGOG was formed with the charitable purpose of improving outcomes and quality of life for women with gynaecological cancers through conducting and promoting cooperative clinical trials and undertaking multidisciplinary research into causes, prevention and treatments of gynaecological cancers.

The ANZGOG network includes more than 700 members working in over 50 hospitals across Australia and New Zealand. ANZGOG also promotes public education and awareness of gynaecological cancers and their treatment and generates funds for research through donations, philanthropic, and government grants.

REGISTRATION & LEGISLATION

The Australian Business Number (ABN) is 69 138 649 028.

The Australian Company Number (ACN) is 138 649 028.

The Australia New Zealand Gynaecological Oncology Group is an Australian public company limited by guarantee trading under the name Australia New Zealand Gynaecological Oncology Group or ANZGOG.

ANZGOG is registered for charitable fundraising in all States and Territories of Australia:

- Western Australia – Licence No. 21334
- Queensland – Reg No. CH2213
- New South Wales – Charitable Fundraising No. CFN/21451
- South Australia – Licence No. CCP1765
- Tasmania – File No. F1A-331
- Australian Capital Territory – Licence No. 19000383
- Victoria – Registration No. 11419.13
- Northern Territory – Reference No. 2010-4117

ANZGOG is a Health Promotion Charity.

ANZGOG is endorsed as a deductible gift recipient under Section 30-15 of the Income Tax Assessment Act 1997.

ANZGOG operates under a comprehensive legislative environment, including the following state and federal laws:

STATE

- Annual Holidays Act 1944 (NSW)
- Anti-discrimination Act 1977 (NSW)
- Charitable Fundraising Act 1991 (NSW)
- Charitable Trusts Act 1993 (NSW)
- Crimes Act 1900 (NSW)
- Fair Trading Act 1987 (NSW)
- Health Records and Information Privacy Act 2002 (NSW)
- Long Service Leave Act 1955 (NSW)
- Public Holidays Act 2010 (NSW)
- Work Health and Safety Act 2011 (NSW)
- Workers Compensation Act 1987 (NSW)

FEDERAL

- A New Tax System (Goods and Services) Act 1999
- Age Discrimination Act 2004
- Australian Charities and Not-for-Profit Commission Act 2012
- Charities Act 2013
- Competition and Consumer Act 2010
- Corporations Act 2001
- Defamation Act 2005
- Disability Discrimination Act 1992
- Fair Work Act 2009
- Fringe Benefits Tax Assessment Act 1986
- Income Tax Assessment Act 1997
- Privacy Act 1988
- Racial Discrimination Act 1975
- Sex Discrimination Act 1984
- Workplace Gender Equality Act 2012

When Anne was moved out of the cancer ward to the palliative care ward our friends gave me looks of shock. I’d never heard of palliative care but when I looked it up I was devastated. I told myself “No, this can’t be!” It was at that moment that I knew loss was coming, it’s hard to describe that feeling.

We chose to ask for donations instead of flowers at Anne’s funeral because we wanted to do something to help. Even if just one person benefitted from those donations it was worth it.

GLENN LEVITT
Husband to Anne who passed away from Ovarian Cancer in 2002

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Improving outcomes and quality of life for women with gynaecological cancer through research

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@GOforGynae
@SaveTheBoxNow

goforgynae
savetheboxnow

ABN 69 138 649 028