

ANNUAL REPORT 2019



Improving life for
women through
cancer research

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The Australian 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.

ACKNOWLEDGEMENT

We acknowledge the traditional owners of country
throughout Australia, and their continuing connection
to land, sea and community. We pay our respects to
them and their cultures, and to elders both past and
present and all Aboriginal and Torres Strait Islander
people, from whatever nation they may come.

In particular, we acknowledge the Gadigal people of
the Eora nation, and the people of the Kulin nation as
the traditional owners of the lands and waters where
our offices are located.

For Māori, the indigenous people of Aotearoa New
Zealand we acknowledge Papatuanuku as our Earth
Mother, and it is from her bond with Ranginui, the
sky father, that we, and all the plants and creatures
on earth, descend.

From this whakapapa or lineage, we are connected
by a common bond and for us as Māori this translates
into an obligation as kaitiaki or guardians to care for
and protect our land and resources and to maintain
their life sustaining properties for the benefit of
present and future generations.

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ANZGOG & OUR STAKEHOLDERS

Our overarching principle is to demonstrate leadership in investigator-led gynaecological cancer research in Australia and New Zealand by actively sharing our learnings to improve clinical and research practice and working to drive excellence in clinical research. ANZGOG's research has changed clinical practice both locally and globally.

For more information please go to anzgog.org.au

WHO ARE WE?

The Australia New Zealand Gynaecological Oncology Group (ANZGOG) is the peak national gynaecological cancer research organisation for Australia and New Zealand.

ANZGOG has more than 950 members representing clinical, allied health and pure research specialities. ANZGOG clinical trials are conducted at over 50 hospital

sites and include both local and global collaborations to ensure the best research is available for women.

Our purpose is to improve the 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 cancer.

OUR STAKEHOLDERS



Women and families affected by a gynaecological cancer



Collaborative research groups/centres/entities



Members working in clinical research



Hospitals/universities/sites



Philanthropic organisations



Pharma companies



Policy makers



Donors

“OUR CORE BUSINESS IS CLINICAL TRIALS. ANZGOG HAS MORE TRIALS IN OPERATION, IN DEVELOPMENT AND IN ITS PIPELINE THAN EVER BEFORE.

– ASSOC PROF PHILIP BEALE
CHAIR, ANZGOG

GYNAECOLOGICAL CANCER



Gynaecological cancers originate in female reproductive organs. The main types of gynaecological cancers are ovarian, uterine, and cervical. Other types are vulvar, vaginal, fallopian tube, and rarer pregnancy-related cancers.

While **SURVIVAL ACROSS ALL CANCERS** has **IMPROVED** by **19%** over the past 25 years, **SURVIVAL FOR GYNAECOLOGICAL CANCERS IMPROVED BY JUST 7%.**



of AUSTRALIAN WOMEN



of NEW ZEALAND WOMEN

with **OVARIAN CANCER** will **SURVIVE 5 YEARS** after diagnosis



Estimated number of **DEATHS** from **GYNAECOLOGICAL CANCER** in 2019 **2,040 FEMALES**



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.

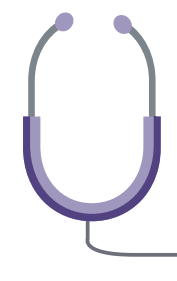


ENDOMETRIAL CANCER incidence has risen in the last **10 YEARS**, **55%** mainly due to the rise in obesity.

1 IN 20 women risk being diagnosed with a gynaecological cancer by the **AGE OF 85**

ABORIGINAL AND TORRES STRAIT ISLANDER WOMEN are **1.7x MORE LIKELY** to be **DIAGNOSED** with **GYNAECOLOGICAL CANCERS** – particularly uterine and cervical – **THAN NON-INDIGENOUS WOMEN.**

Every day in **Australia 17** **WOMEN** are diagnosed with a **GYNAECOLOGICAL CANCER**



APPROX **340 NZ WOMEN** are **DIAGNOSED** with **OVARIAN CANCER EVERY YEAR**

Material sourced from Australian Institute of Health and Welfare and the New Zealand Ministry of Health.

A MESSAGE FROM THE CHAIR

ANZGOG's strength is its collegial and multidisciplinary approach viewed as a core foundation that must be maintained.

Our agreement on core values sets an expectation for current and future leaders about how strategic directions will be pursued and enacted.

We have a shared five year **Strategic Plan** and strong collaborations both locally with other research and consumer organisations and globally with the Gynecologic Cancer InterGroup, the newly formed Asia Pacific Gynaecological Oncology Trials Group and pharma. We continue to foster new clinical trials with 14 open or in development and many more in the pipeline. Membership grew to almost 1000 by 30 June 2019. Highlights during the year supporting our strategic goals are:

GOAL 1

Innovative and equitable clinical trials in gynaecological cancers.

Our core business is clinical trials. ANZGOG has more trials in operation, in development and in its pipeline than ever before. I recommend you follow the links through this document to **our website** to see the details of trials underway. My personal goal is to keep building ANZGOG's:

- ✦ capacity to conduct clinical trials that are truly cutting-edge via contacts around the globe for research collaborations,
- ✦ the way we can interact with key people in pharma to bring new drug and support for our investigators,
- ✦ our relationships with donors,
- ✦ our capability in achieving government grant support.

We will stay at the forefront by being proactive and collaborative. It is very important we don't rest on our laurels.

2019 has been a year of significant publication for ANZGOG clinical trials. These publications and abstracts are available on **our website**.

GOAL 2

World-class translational research in gynaecological cancers.

Translational ANZGOG is developing well, with the TR-ANZGOG initiative on track for implementation in 2020. It is outstanding to see the support for this project throughout the organisation.

GOAL 3

Capacity building for gynaecological cancer research in Australia and New Zealand.

The 2019 Annual Scientific Meeting (ASM) was held in Sydney in March 2019. The topic, Radical Treatments for Gynaecological Cancers: HOPE OR HYPE?, stimulated excellent presentations, animated conversations and challenged new paradigms. We were fortunate to again have an outstanding array of international speakers with Prof Christina Fotopoulou from the U.K. and Dr Umesh Mahantshetty from India. Dr Elise Kohn had to withdraw at the last minute but we look forward to her speaking at a future conference. One of the main outcomes from the meeting was the unquestionable spirit of collaboration.

Through exceptional presentations, specialised workshops and networking events, this year's ASM fostered exciting discussion resulting in an unprecedented number of new research concepts. With almost 300 people attending the ASM it was an excellent representation of ANZGOG's 959 members.

Growth in our membership is a key indicator that we are respected as the peak national organisation in gynaecological cancer research in Australia and New Zealand.

GOAL 4

Strategic partnerships, collaboration and engagement.

ANZGOG is currently developing deeper and more connected relationships with researchers in Asia, aiming to formalise these through the development of APGOT – Asia Pacific Gynaecological Oncology Trials Group – collaboratively with Japan, Korea and Singapore. ANZGOG leaders will travel to Singapore in November 2019 to discuss an Asia-Pacific collaboration for clinical trials with clinical leaders of other countries from the group. APGOT will focus on Phase II clinical trials and studies that can be co-developed with industry funders. Strong links are to be forged with ENGOT in Europe. ANZGOG members can expect early access to new treatments for some of the more difficult to treat cancer subtypes through these clinical trials.

Survivors Teaching Students®

ANZGOG's Survivors Teaching Students® program is powering on, now reaching more than 1000 medical, nursing and allied health students in Sydney, Newcastle, Armidale, Brisbane and Melbourne. Our volunteers, women and caregivers are sharing their stories to help our doctors, nurses and allied health professionals of the future understand the experience of ovarian cancer, be alert to the signs and symptoms of ovarian cancer and practice important communication and listening skills, necessary when talking with people about a cancer diagnosis, prognosis and treatments.

We thank all of our volunteers for generously sharing their stories to make a difference for the future in ovarian cancer.

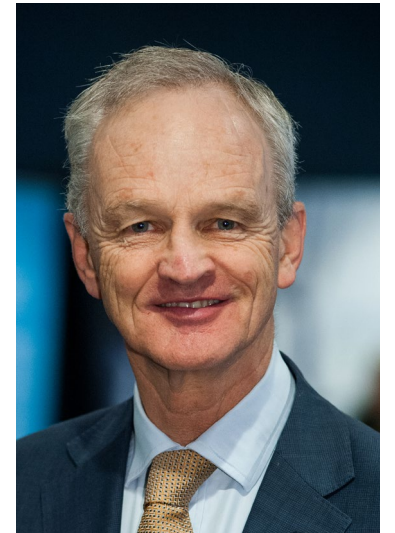
The Survivors Teaching Students® program is supported by our Team Teal fundraising partnership, a major national fundraising campaign started 10 years ago by Duncan McPherson OAM. Our sincere thanks to Duncan for his energy and passion for the cause of ovarian cancer.

GOAL 5

Organisational capacity aligned with our research agenda.

ANZGOG continues to grow funding for clinical trials through grants and pharma support, engage with our many and valued supporters to raise funds through donations and philanthropy, and grow the organisation in a balanced and thoughtful way to support our research agenda. Ultimately it is women and their families that take part in our research and are treated in the clinic who need to know that the work we do is improving the quality of life and furthering our knowledge of treatments and patient care, believing that our work in clinical trials will ultimately lead to cancer survival. This is why there are so many passionate researchers doing what they can, including myself.

Also in 2020, ANZGOG celebrates 20 years of bringing gynaecological cancer clinical trials to women in Australia and New Zealand. ANZGOG is proud to have enabled 60 clinical trials and studies across a range of gynaecological cancers and including chemotherapy, surgery and quality of life. Close to 4,000 patients have been recruited to ANZGOG trials in this time.



Philip Beale

Assoc Prof Philip Beale

Chair
ANZGOG

SUMMARY OF ACHIEVEMENTS – 2019

Membership grew **12%** to

959
MEMBERS



2019 PUBLIC FORUM

1057 views on Facebook live | 40 attendees

60 volunteers
marched in
Mardi Gras



FOR SAVE THE BOX



FUNDRAISING

\$590,427 raised from fundraising activities
\$151,305 raised from Team Teal
\$84,896 raised from bequests
\$61,039 raised from Night at the Trots
\$40,919 raised from Save the Box



TRIALS

\$401,197 from government grants
54 participating sites
10 ovarian cancer trials underway
3 endometrial cancer trials underway
2 cervical cancer trials underway



SURVIVORS TEACHING STUDENTS



1143 students engaged through STS sessions
86 STS volunteers
Secured a \$40K sponsorship from AstraZeneca



270 attendees at the
ANNUAL SCIENTIFIC MEETING

“THE COLLEGIAL ATMOSPHERE AND
BROAD INCLUSIVENESS OF THIS
MEETING IS ALWAYS ITS GREATEST
STRENGTH AND SHOWS ONLY SIGNS OF
STRENGTHENING AS THE YEARS GO BY
– 2019 ASM DELEGATE”

RESEARCH PUBLICATIONS

2019 MANUSCRIPTS

Embleton-Thirsk A, Deane E, Townsend S, Farrelly L, Popoola B, Parker J, Rustin G, Sydes M, Parmar M, Ledermann J, Kaplan R. **Impact of retrospective data verification to prepare the ICON6 trial for use in a marketing authorization application.** SAGE Journals 2019 July: <https://doi.org/10.1177%2F1740774519862528>

de Boer SM, Powell ME, Mileskin L, Katsaros D, Bessette P, Haie-Meder Christine, Ottevanger PB, Ledermann J, Khaw P, D'Amico R, Fyles A, Baron MH, Jurgeliemk-Schuz I, Kitchener H, Nijman H, Wilson G, Brooks S, Gribaudo S, Provencher D, Hanzen C, Kruitwagen R, Smit V, Singh N, Do V, Lissoni A, Nout R, Feeney A, Verhoeven- Adema K, Putter H, Creutzberg C. **Adjuvant chemoradiotherapy versus radiotherapy alone in women with high-risk endometrial cancer (PORTEC-3): patterns of recurrence and post-hoc survival analysis of a randomised Phase III trial.** Lancet Oncology, 2019 July: [https://dx.doi.org/10.1016/S1470-2045\(19\)30395-X](https://dx.doi.org/10.1016/S1470-2045(19)30395-X)

Mileskin L, Edmondson R, O'Connell R, Sjoquist K, Andrews J, Jyothirmayi R, Beale P, Bonaventura T, Goh J, Hall M, Clamp A, Green J, Lord R, Amant F, Alexander L, Carty K, Scurry J, Millan D, Nottley S, Friedlander M. **Phase II study of anastrozole in recurrent estrogen (ER) / progesterone (PR) positive endometrial cancer: The PARAGON (ANZGOG 0903) trial.** Gynecologic Oncology, Vol 154, July 2019: <https://doi.org/10.1016/j.ygyno.2019.05.007>

Tang M, L. O'Connell R, Amant F, Beale P, McNally O, M. Sjoquist K, Grant P, Davis A, Sykes P, Mileskin L, Moujaber T, J. Kennedy C, deFazio A, Tan K, Antill Y, Goh J, Bonaventura T, Scurry J, Friedlander M. **PARAGON (ANZGOG0903): A Phase II study of anastrozole in patients with estrogen receptor-positive recurrent/metastatic low-grade ovarian cancers and serous borderline ovarian tumors.** Gynecologic Oncology, Volume 154, Issue 3, September 2019, Pages 531-538, ISSN 0090-8258. <https://doi.org/10.1016/j.ygyno.2019.06.011>

Narayan, K. **Patient selection for clinical trials in endometrial cancer patients.** Gynaecologic Oncology. 2019

June; Vol 154 [pg 276-277]. <https://doi.org/10.1016/j.ygyno.2019.04.644>

Kok P, Beale P, O'Connell RL., Grant P, Bonaventura T, Scurry J, Antill Y, Goh J, Sjoquist K, DeFazio A, Mapagu C, Amant F, Friedlander M. **PARAGON (ANZGOG-0903): a Phase II study of anastrozole in asymptomatic patients with estrogen and progesterone receptor-positive recurrent ovarian cancer and CA125 progression.** J Gynecol Oncol. 2019 May(5):e86. <https://doi.org/10.3802/jgo.2019.30.e86>

Lindemann K, Beale P, Rossi E, Goh J, Vaughan M, Tenney M, Martyn J, Sommeijer D, Inglesias J, Kremmidiotis G, Simpson J, Doolin E, Lavranos T, Leske A, Veillard A, Espinoza D, Stockler M, Rischin D. **(ANZGOG-1103) Phase I study of BNC105P, carboplatin and gemcitabine in partially platinum-sensitive ovarian cancer patients in first or second relapse.** Cancer Chemotherapy and Pharmacology, Vol 83. 2019 January: <https://doi.org/10.1007/s00280-018-3706-5>

2019 ABSTRACTS

Antill Y, Kok PS, Barnes L, Robledo K, Friedlander M, Baron-Hay S, Shannon C, Coward J, Beale P, Goss G, Meniawy T, Yip S, Smith D, Spurdle A, Parry M, Andrews J, Kelly M, Stockler M and Mileskin L on behalf of Australia New Zealand Gynaecological Oncology Group (ANZGOG). **Activity of durvalumab in advanced endometrial cancer (AEC) according to mismatch repair (MMR) status: the Phase II PHAEDRA trial (ANZGOG1601).** Presented at ASGO 2019.

Pfisterer J, Dean AP, Baumann K, Rau J, Harter P, Joly F, Sehouli J, Canzler U, Schmalfeldt B, Shannon C, Hein A, Reimer DU, Hanker LC, Petit T, Marme F, El-Balat A, Glasspool R, de Gregorio N, Mahner S, Kurtz JE. **Carboplatin/pegylated liposomal doxorubicin/bevacizumab (CD-BEV) vs. carboplatin/gemcitabine/bevacizumab (CG-BEV) in patients with recurrent ovarian cancer: A prospective randomized Phase III ENGOT/ GCIG-Intergroup study (AGO study group, AGO-Austria, ANZGOG, GINECO, SGCTG).** Presented at 2019 Society of Gynecologic Oncology Meeting and at ESMO 2018.

2018 MANUSCRIPTS

Wilson, M.K., Mercieca-Bebber, R. and Friedlander, M. **A practical guide to understanding, using and including patient reported outcomes in clinical trials in ovarian cancer.** J Gynecol Oncol, September 2018. 29(5): <https://www.ncbi.nlm.nih.gov/pubmed/30022641>

Sjoquist, K.M., Mileskin L.R. , S. Ananda, C.M. Shannon, D. Bowtell, S. Yip, D. Espinoza, J.C. Goh, M.L. Harrison, M. Plebanski, V. Gebiski, M.R. Stockler, K. Livingstone, M. Tang, and M. Friedlander. **REZOLVE (ANZGOG-1101): A Phase II trial of intraperitoneal (IP) bevacizumab (bev) for recurrent ascites in advanced, chemotherapy-resistant, epithelial ovarian cancer (CR-EOC).** Journal of Clinical Oncology, June 2018. 36(15_suppl): p. 10097-10097DOI: https://ascopubs.org/doi/abs/10.1200/JCO.2018.36.15_suppl.10097

Beesley, V.L., Smith D.D, C.M. Nagle, M. Friedlander, P. Grant, A. DeFazio, P.M. Webb, and O.S. Group. **Coping strategies, trajectories, and their associations with patient-reported outcomes among women with ovarian cancer.** Support Care Cancer, June 2018. DOI: <https://link.springer.com/article/10.1007/s00520-018-4284-0>

2018 ABSTRACTS

Clamp AR, James EC, McNeish IA, Dean A, Kim JW, O'Donnell DM, Hook J, Coyle C, Blagden S, Brenton JD, Naik R, Perren T, Sundar S, Cook AD, Gopalakrishnan GS, Gabra H, Lord R, Dark G, Earl HM, Hall M, Banerjee S, Glasspool RM, Jones R, Williams S, Swart AM, Stenning S, Parmar M, Kaplan R, Ledermann JA. **Response to neoadjuvant chemotherapy in ICON8: A GCIG Phase III randomised trial evaluating weekly dose-dense chemotherapy integration in first-line epithelial ovarian/fallopian tube/primary peritoneal carcinoma (EOC) treatment.** Presented at ESMO 2018.

2019 ANNUAL SCIENTIFIC MEETING



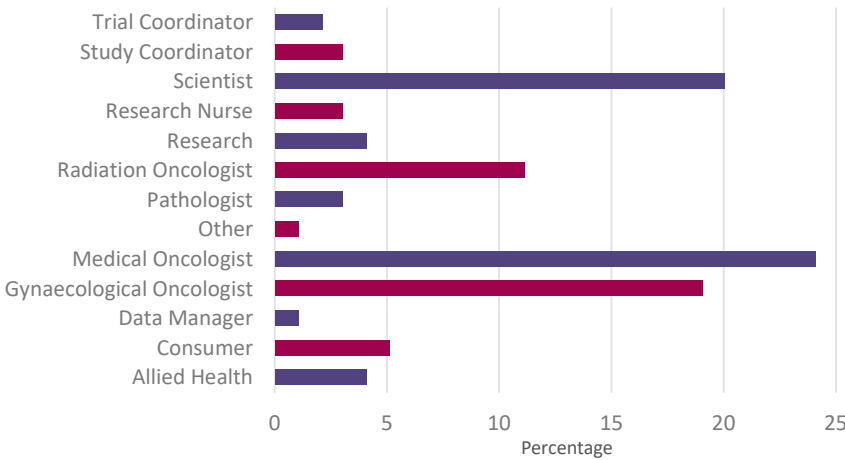
The 2019 Annual Scientific Meeting (ASM) took place at the Sofitel Sydney Wentworth from 20th to 23rd March, inspired by the theme ‘Radical Treatments for Gynaecological Cancers: Hope or Hype.’ With 270 delegates, this was the largest ANZGOG ASM to date.

The ANZGOG ASM provides the ultimate opportunity for researchers, clinicians, nurses and clinical research officers with an interest in gynaecological cancer to hear about the extraordinary research being generated by ANZGOG and local and international collaborators, to build collaborations with other members of diverse expertise, and to present new research concepts for review by relevant leaders.

DELEGATE PROFILE - 2019 ASM

We had 270 delegates attend the ASM in 2019, the largest attendance to date.

Delegates by speciality



SPEAKERS

Delegates were fortunate to hear from three world leading specialists.



Prof Christina Fotopoulou

Consultant Gynaecological Oncologist from Imperial College London Healthcare Trust, UK, gave the first plenary presentation on the evolution of surgery in gynaecological cancer over the last decades. This was a fascinating overview of the endeavour towards optimal surgical treatment without compromising patient safety and explained a paradigm shift towards increased radicality in ovarian cancer despite an overall trend of decreased radicality in other settings.



Dr Umesh Mahantshetty

Radiation Oncologist from TATA Memorial Centre, Mumbai, India, presented an update of the challenges in the treatment of gynaecological cancer from a Radiation Oncologist’s perspective. Recently published clinical trial results involving neo-adjuvant chemotherapy and chemoradiation, image guided brachytherapy and reirradiation were presented, together with ongoing studies addressing challenges related to cervical, endometrial and vaginal cancers.



Prof Anna deFazio

A special thanks to Prof Anna deFazio - Chair, Translational Cancer Research at the Centre for Cancer Research, Westmead Institute Medical Research, Sydney, who graciously accepted the invitation to speak at short notice following the inability of Dr Elise Kohn to attend due to family health reasons.

Prof deFazio gave an insightful presentation from her experience in precision treatment in ovarian cancer including the challenges, current related trials and proposals for future directions.

Other presentation highlights included sessions on HIPEC for ovarian cancer, controversies in gynaecological cancer and quality and survivorship. One of the main outcomes from the meeting was the unquestionable spirit of collaboration. Through exceptional presentations, specialised workshops and networking events, this year’s ASM fostered exciting discussion resulting in an unprecedented degree of new research concepts.

The conference dinner was a highlight where clinicians, consumers, researchers and operational staff alike enjoyed a wonderful dinner, a trip down memory lane through a history of ANZGOG presentation, a sneak preview to ANZGOG’s exciting new branding, followed by a well-deserved break on the dance floor! Congratulations to the following

award recipients:

- ✦ **General Oral Abstract:** Assoc Prof Kylie Gorringe
- ✦ **Poster Award:** Dr Navin Palayoor
- ✦ **Pure Science Oral Abstract Award:** Ms Nicki Meagher & Ms Yazmin Brown
- ✦ **Pure Science Poster Award:** Ms Nicole Yuwono

ANZGOG would like to thank Prof Paul Cohen and his ASM Steering Committee for the enormous effort in preparing the extraordinary scientific program, and to YRD for their overall management of the event. Thank you to all the speakers, session chairs and poster presenters for their outstanding presentations. Lastly, thank you to every delegate for their contribution to make this year’s ASM such a successful event.

THANK YOU TO OUR 2019 SPONSORS

PLATINUM SPONSOR & ENDOMETRIAL PRECEPTORSHIP SUPPORTER



SILVER SPONSOR & PURE SCIENCE SYMPOSIUM SESSION SPONSOR



SESSION SPONSOR



WORKSHOP SPONSOR & EXHIBITOR



EXHIBITORS



GOAL 1

Innovative & equitable clinical trials in gynaecological cancers



GOAL ONE
CLINICAL TRIALS



TRIALS RECRUITING (AS AT JUNE 2019)

STUDY	ECHO
TITLE	A Phase III randomised, controlled trial of exercise during chemotherapy for patients commencing first line treatment for ovarian cancer
PRINCIPAL INVESTIGATOR	Prof Sandi Hayes
COLLABORATIONS	Initiated in Australia by ANZGOG
FUNDING	Cancer Australia/Cancer Council Australia Recruitment support from World Cancer Research Fund (WCRF) Cancer Australia Project Grant
STUDY MILESTONES	Planned Sample Size: 500 (up to 304 patients funded) Planned Number of Sites: 9 Accrual: 214 patients 8 sites
CONTACT	echo@ctc.usyd.edu.au



SUMMARY PROF SANDI HAYES

Benefits from exercise may be accrued through improved physical well-being, reduced treatment-related side effects, better treatment adherence, better overall QoL, lower associated health care costs, and perhaps even longer survival.

However, there is a lack of evidence and no randomised trials of exercise interventions in ovarian cancer. Observational studies are insufficient to determine cause and effect; randomised trials are needed to provide level one evidence and change clinical practice.

This trial will identify whether incorporation of an exercise program into the current standard of care for women undergoing chemotherapy for primary ovarian cancer is a clinically effective and cost-effective way to improve health outcomes in this patient group.

Importantly, should it prove cost-effective, translating findings into practice is feasible, since we already have a work-force trained in exercise prescription for special populations (AEPs) and a national funding system that supports the delivery of exercise as a form of treatment (through the Medicare-funded Chronic Disease Care Plan). Findings from this work will address gaps in the literature currently preventing the translation of exercise into standard cancer care.

TRIALS RECRUITING (AS AT JUNE 2019)

STUDY	ICON9
TITLE	An international Phase III randomised study to evaluate the efficacy of maintenance therapy with olaparib and cediranib or olaparib alone in patients with relapsed platinum-sensitive ovarian cancer following a response to platinum-based chemotherapy
PRINCIPAL INVESTIGATOR	Prof Linda Mileshtkin
COLLABORATIONS	University College London (UCL)-led international trial; ANZGOG lead group for Australia and New Zealand
FUNDING	Cancer Australia UCL, U.K.
STUDY MILESTONES	Planned Sample Size: 110 (ANZ) 618 (Globally) Planned Number of Sites: 20 ANZ Accrual: 13 patients 12 sites
CONTACT	icon9@ctc.usyd.edu.au



SUMMARY PROF LINDA MILESHKIN

The goal of this international, investigator-initiated, randomised, placebo-controlled, double blind Phase III trial is to improve outcomes for patients with recurrent ovarian cancer by investigating the addition of cediranib to olaparib maintenance therapy following completion of platinum-based chemotherapy for platinum-sensitive relapsed ovarian, fallopian tube or primary peritoneal cancer.

STUDY	SOLACE2
TITLE	A Phase II randomised trial comparing immune priming by low dose oral cyclophosphamide plus olaparib versus priming by olaparib alone, prior to combination therapy with olaparib plus durvalumab, versus single agent olaparib alone, in asymptomatic platinum-sensitive recurrent ovarian, fallopian tube or primary peritoneal cancers with homologous recombination repair defects
PRINCIPAL INVESTIGATORS	Prof Clare Scott Assoc Prof Chee Lee (Co-Chair), Prof Michael Friedlander AM (Co-Chair)
TRANSLATIONAL CHAIR	Prof Magdalena Plebanski
COLLABORATIONS	Initiated in Australia by ANZGOG
FUNDING	AstraZeneca
STUDY MILESTONES	Planned Sample Size: 114 Planned Number of Sites: 15 Accrual: 4 patients 8 sites
CONTACT	solace2@ctc.usyd.edu.au



SUMMARY PROF CLARE SCOTT

SOLACE2 trial is a multi-centre randomised Phase II investigator-initiated trial with the aim of investigating different strategies to prime the immune system to enhance response to durvalumab and olaparib in women with asymptomatic platinum-sensitive recurrent ovarian, fallopian tube or primary peritoneal high-grade serous cancers. Women are randomised to receive either olaparib or olaparib plus oral cyclophosphamide for three months before being treated with durvalumab and olaparib. A control arm of olaparib only treatment will be used to examine for comparative differences. The study will recruit women with and without BRCA mutation. The primary endpoint of this trial is progression-free survival, with other secondary and translational endpoints.

TRIALS RECRUITING (AS AT JUNE 2019)

STUDY	EMBRACE
TITLE	A Phase II clinical trial of the PARP inhibitor, olaparib, in HR-deficient metastatic breast and relapsed ovarian cancer in patients without germline mutations in <i>BRCA1</i> and <i>BRCA2</i>
PRINCIPAL INVESTIGATOR	Dr Katrin Sjoquist
COLLABORATIONS	Initiated in Australia in collaboration between Breast Cancer Trials (BCT), ANZGOG, and the Genomic Cancer Clinical Trials Initiative (GCCTI)
FUNDING	Cancer Australia
STUDY MILESTONES	Planned Sample Size: 60 Planned Number of Sites: 10 Accrual: 7 patients 9 sites
CONTACT	EMBRACE@ctc.usyd.edu.au



SUMMARY DR KATRIN SJOQUIST

This study is testing olaparib, in homologous recombination (HR) deficient metastatic breast and relapsed ovarian cancer in patients who do not have hereditary mutations in breast cancer susceptibility gene 1 and gene 2 (*BRCA1* and *BRCA2*).

All study participants will take olaparib 300 mg orally twice daily until disease progression or unacceptable toxicity. Assessments for safety and efficacy will be followed up for a minimum of six months. Olaparib is a type of drug called a PARP inhibitor. It has been approved overseas and in Australia to treat ovarian and breast cancer in women with inherited changes in their *BRCA1* or *BRCA2* genes.

There is strong evidence to suggest that olaparib will also work in people who do not have any inherited changes in *BRCA* genes, but whose cancers have homologous recombination (HR) deficiency. Cancer cells with HR deficiency have defects in their ability to repair themselves and are not able to keep their DNA healthy.

The purpose of this study is to assess whether olaparib is effective in treating advanced ovarian and breast cancer in people who do not have inherited changes in their *BRCA* genes, but whose cancers have HR deficiency.

STUDY	feMMe
TITLE	A Phase II randomised clinical trial of Mirena® ± metformin ± weight loss intervention in patients with early stage cancer of the endometrium
PRINCIPAL INVESTIGATOR	Prof Andreas Obermair
COLLABORATIONS	Initiated in Australia in collaboration with the Queensland Centre for Gynaecological Cancer and ANZGOG
FUNDING	Lord Mayors Community Trust UQ Academic Title Holders Grant Cherish Women’s Cancer Foundation RBWH Foundation Cancer Australia
STUDY MILESTONES	Planned Sample Size: 165 Planned Number of Sites: 17 Accrual: 151 patients 15 sites
CONTACT	vanessa.taylor3@health.qld.gov.au



SUMMARY PROF ANDREAS OBERMAIR

The primary aim of this trial is to determine the efficacy of Mirena® with or without metformin, and with or without weight loss intervention to achieve a pathological complete response (pCR) in endometrial cancer at six calendar months from study treatment initiation.

The secondary outcome is that we will aim to predict the response to Mirena® ± metformin ± weight loss intervention through blood and tissue molecular biomarkers and to increase our molecular understanding of the biological pathogenesis of early endometrioid adenocarcinoma (EAC).

TRIALS RECRUITING (AS AT JUNE 2019)



STUDY	iPRIME
TITLE	A Phase II study of durvalumab (MEDI14736) and tremelimumab in combination with neoadjuvant carboplatin and paclitaxel in newly diagnosed women with advanced stage high grade serous ovarian, fallopian tube and peritoneal cancers
PRINCIPAL INVESTIGATOR	Assoc Prof Tarek Meniawy
COLLABORATIONS	Initiated in Australia by ANZGOG
FUNDING	AstraZeneca OASIS Initiative
STUDY MILESTONES	Planned Sample Size: 75 Planned Number of Sites: 10 Accrual: 37 patients 10 sites
CONTACT	trials@anzgog.org.au



SUMMARY

ASSOC PROF TAREK MENIAWY

This study will evaluate the safety and efficacy of durvalumab and tremilimumab in combination with first line chemotherapy in advanced ovarian cancer. Importantly, the study will have a strong translational backbone referred to as TRiPRIME, aiming to evaluate the immune, histopathological and molecular correlates of response to the chemotherapy-immunotherapy combination.

It includes mandatory pre-treatment biopsies to allow comprehensive molecular classification, network analysis from gene expression data, immune infiltrate assessment, peripheral blood +/- ascites for analysis of immune markers by flow or mass cytometry, and circulating tumour DNA. The ultimate aim is to optimise the selection of patients who are more likely to benefit from immunotherapy in combination with standard platinum-based chemotherapy and this study will lay the foundations for this.



STUDY	VIP
TITLE	A Phase II study of intravenous vinorelbine in patients with relapsed platinum resistant or refractory C5 high grade serous, endometrioid, or undifferentiated primary peritoneum, fallopian tube or ovarian cancer
PRINCIPAL INVESTIGATOR	Prof Linda Mileshtkin
COLLABORATIONS	National University Hospital, Singapore (NUHS)-led international trial; ANZGOG-lead group for Australia and New Zealand
FUNDING	OASIS Initiative, Baker Foundation Grant
STUDY MILESTONES	Planned Sample Size: 15 (ANZ) 36 (Globally) Planned Number of Sites: 7 ANZ Accrual: 0 patients 3 sites
CONTACT	trials@anzgog.org.au



SUMMARY

PROF LINDA MILESHKIN

Vinorelbine is a chemotherapeutic agent that is currently used for treatment of lung and breast cancer. Recent research has identified four molecular sub-types of high grade serous ovarian cancer: C1, C2, C4 and C5. The C5 subgroup has been found to be relatively resistant to the platinum chemotherapy drugs typically used to treat ovarian cancer, with a poor prognosis compared with the other subgroups. In laboratory studies, vinorelbine has been shown to slow the growth of tumour cells belonging to the C5 subgroup more than tumour cells from other subgroups.

In view of this promising data, this clinical study is being carried out to find out if treatment with vinorelbine will have beneficial effect in patients with relapsed ovarian, fallopian tube or peritoneal cancer belonging to the C5 subgroup. In addition, we will also study how specific changes and molecular markers in blood and tumour specimens from women enrolled on the trial may be used to predict the chance of benefiting from study treatment.

TRIALS IN DEPTH – SOLACE2 STUDY

SOLACE2 trial was designed to investigate different treatment strategies to enhance response to immunotherapy (durvalumab) when combined with PARP inhibitor (olaparib) in women with asymptomatic, platinum-sensitive, recurrent ovarian, fallopian tube or primary peritoneal high-grade serous cancers (PS-ROC).

The immune system is important in cancer control and this trial specifically examines whether low dose oral cyclophosphamide in combination with olaparib, could prime the immune system, leading to better response to olaparib+durvalumab.

The ultimate goal is to identify a treatment strategy for a subset of women who could have long-term control of their cancer with these treatments. The aspect of SOLACE2 which is pivotal, is close collaboration of oncologists and laboratory scientists in its trial design and execution. It is one of very few trials to specifically examine asymptomatic women who have relapsed, during the early phase of their cancer trajectory, where there is no clear treatment option available.

Findings of this study could potentially provide an exciting treatment alternative in the future, as well as safely delay time to second-line platinum chemotherapy.

In addition to women with BRCA mutation, this trial will also generate data on the role of PARP inhibitor and immunotherapy in women without BRCA mutation. Important novel biomarker work will also be undertaken to identify the subset of women with long-term cancer control, also known as “super-responders”.



Prof Clare Scott
Principal Investigator
SOLACE2

This trial was conceived by Prof Clare Scott (Principal Investigator), Assoc Prof Chee Lee (Co-Chair), Prof Michael Friedlander AM (Co-Chair), and Prof Magda Plebanski (translational study chair). The work involves academia and industry collaboration. AstraZeneca has provided research funding and drug provision (olaparib and durvalumab) for the conduct of this trial. Support of translational work also comes from OASIS to study immune blood cell changes during the priming of immune system with olaparib and cyclophosphamide.

TRIALS IN START UP (AS AT JUNE 2019)

STUDY	AtTEnd
TITLE	A Phase III double-blind randomized placebo controlled trial of atezolizumab in combination with paclitaxel and carboplatin in women with advanced/recurrent endometrial cancer
PRINCIPAL INVESTIGATOR	Dr Yoland Antill
COLLABORATIONS	MaNGO-led international trial; ANZGOG lead group for Australia and New Zealand
FUNDING	MaNGO
STUDY MILESTONES	Planned Sample Size: 80 (ANZ) 550 (Globally) Planned Number of Sites: 18 ANZ
CONTACT	attend@ctc.usyd.edu.au



SUMMARY DR YOLAND ANTILL

The AtTEnd clinical trial is for women with advanced endometrial cancer (Stage IV or Stage III if surgery is not possible) and will assess whether the use of the immune therapy atezolizumab is of additional benefit to our current first line chemotherapy combination (carboplatin and paclitaxel).

The trial is a Phase III study with two separate arms: two thirds of women will receive the additional immune therapy and one third will receive a placebo infusion. Neither the patient nor their treating doctor will know which arm of the study she has been randomised to, which is known as a blinded randomisation.

For most women with endometrial cancer, immune therapy alone is not an effective way of treating endometrial cancer. However by adding chemotherapy this may improve the chance of immune therapy stimulating the body’s own immune system to fight and destroy the cancer cells.

TRIALS IN START UP (AS AT JUNE 2019)

STUDY	STICs and STONEs
TITLE	A randomised-Phase II double-blind placebo-controlled trial of acetylsalicylic acid (Aspirin) for prevention of ovarian cancer in women with BRCA1 and BRCA2 mutations
PRINCIPAL INVESTIGATOR	Prof Kelly-Anne Phillips
COLLABORATIONS	Canadian Cancer Trials Group (CCTG)-led international trial; ANZGOG lead group for Australia
FUNDING	NHMRC Clinical Trial Centre project grant Support from Canadian Cancer Trials Group (CCTG), Canada
STUDY MILESTONES	Planned Sample Size: 70 ANZ 414 (Globally) Planned Number of Sites: 7 ANZ
CONTACT	stics@ctc.usyd.edu.au



SUMMARY

PROF KELLY-ANNE PHILLIPS

Women with a BRCA1 or BRCA2 gene abnormality are at increased risk of ovarian and fallopian tube cancers and often have their ovaries and tubes removed to prevent cancer. Microscopic cancers are sometimes seen at the time of this surgery. Some studies have suggested aspirin might reduce the risk of developing ovarian and fallopian tube cancers, but this is uncertain because the design of the previous studies was not optimal.

The STICs and STONEs study will assign women with a BRCA1 or BRCA2 gene abnormality to daily aspirin or placebo for at least 6 months and no more than 24 months before their preventive surgery. We expect to see fewer cancers at the time of preventive surgery in the group of women that is assigned to aspirin compared with those assigned placebo.

The study will provide a better understanding of how ovarian and fallopian tube cancers start and whether aspirin might be a useful prevention agent.

STUDY	TIPS
TITLE	Testing Individual Interventions to Optimize Perioperative Care in Ovarian Cancer Surgery
PRINCIPAL INVESTIGATOR	Assoc Prof Alison Brand
COLLABORATIONS	Initiated in Australia by ANZGOG
FUNDING	ASGO grant and ANZGOG Fund for New Research grant
STUDY MILESTONES	Planned Sample Size: 60 Planned Number of Sites: 6
CONTACT	tips@ctc.usyd.edu.au



SUMMARY

ASSOC PROF ALISON BRAND

Enhanced recovery after surgery (ERAS) is a multimodal perioperative pathway designed to achieve early recovery after major surgery by reducing physiological perioperative stress and organ dysfunction. By targeting factors that may delay recovery after surgery such as prolonged perioperative fasting, delayed mobilisation and use of bowel prep and utilising interventions such as avoidance of opioids, early mobilisation and early feeding, we enable patients to regain normal function quicker, spend less time in hospital and minimize the likelihood of complications. ERAS interventions have been widely studied in colorectal surgery and guidelines for gynaecologic oncology procedures have also been published. However, most of the interventions suggested have not been studied extensively in ovarian cancer patients and those that have, have weaknesses in their study design. Surgery for advanced ovarian cancer is complex and often involves multiple procedures including bowel resection and upper abdominal surgery. Consequently, it may be associated with high risk of peri- and postoperative complications and prolonged hospital stay. Of all gynaecological cancer patients, patients with advanced ovarian cancer are likely to benefit most from ERAS interventions. The aim of this proof of concept study is to assess whether two specific ERAS interventions - the preoperative administration of a carbohydrate-rich drink and the pain medication pregabalin given prior to start of anaesthesia - are safe, improve wellbeing and hasten recovery after surgery in ovarian cancer patients. If successful, this study will generate preliminary data to support the development of an international, multicentre, randomised trial to reliably determine the feasibility, activity and effectiveness of ERAS interventions in advanced ovarian cancer.

TRIALS IN START UP (AS AT JUNE 2019)



STUDY	IGNITE
TITLE	A Phase II signal-seeking trial of adavosertib (AZD1775) targeting recurrent high grade serous ovarian cancer (HGSC) with cyclin E1 (CCNE1) over-expression with and without gene amplification
PRINCIPAL INVESTIGATOR	Dr George Au-Yeung
COLLABORATIONS	Initiated in Australia by ANZGOG
FUNDING	AstraZeneca
STUDY MILESTONES	Planned Sample Size: 64 (350 Screened) Planned Number of Sites: 10
CONTACT	trials@anzgog.org.au



SUMMARY

DR GEORGE AU-YEUNG

IGNITE is a Phase II signal-seeking trial of adavosertib (AZD1775), an oral WEE1 kinase inhibitor, targeting recurrent platinum resistant high grade serous ovarian cancer with cyclin E1 over-expression with and without gene amplification. The trial will be opening to recruitment at Peter MacCallum Cancer Centre in Melbourne in January 2020, and is due to open at another seven ANZGOG sites around Australia.



STUDY	MOCCA
TITLE	A multicentre Phase II randomised trial of durvalumab (MEDI4736) versus physician's choice chemotherapy in recurrent ovarian clear cell adenocarcinomas
PRINCIPAL INVESTIGATOR	Prof Michael Friedlander AM
COLLABORATIONS	National University Hospital, Singapore (NUHS)-led international trial; ANZGOG lead group for Australia
FUNDING	National University Hospital, Singapore (NUHS) and AstraZeneca
STUDY MILESTONES	Planned Sample Size: 8 ANZ 46 (Globally) Planned Number of Sites: 4 ANZ
CONTACT	trials@anzgog.org.au



SUMMARY

PROF MICHAEL FRIEDLANDER AM

Ovarian clear cell carcinoma (OCCC) is an uncommon type of ovarian cancer that makes up 5-8% of ovarian cancers in Australia. However, in Asian women, nearly 25% of ovarian cancers are OCCC. Women diagnosed with OCCC tend to be younger and more likely to be diagnosed with earlier stage disease (Stage I) and have a good prognosis. However, patients with OCCC with advanced stage disease typically have much lower response to platinum based chemotherapy compared to other types of ovarian cancer and a worse prognosis. There is preliminary data to suggest that OCCC may respond to immunological therapies with drugs such as durvalumab and this needs to be confirmed in a larger trial.

The purpose of this trial is to determine if a drug called durvalumab will improve progression free survival, when compared to physician's choice chemotherapy, in patients with OCCC. Overall survival, quality of life and adverse events will also be studied. Patients will be randomised in a 2:1 ratio to either receive durvalumab or physician's choice chemotherapy. The chemotherapy selected for treatment will be standard treatment. Patients who get chemotherapy will have be able to have durvulumab if they progress.

TRIALS IN START UP (AS AT JUNE 2019)



STUDY	PRECISE
TITLE	A Phase II, signal-seeking trial of the clinical benefit rate associated with pamiparib in subjects with germline or somatic BRCA1/2 high grade serous ovarian cancer or carcinosarcoma who have progressed on P-gp substrate chemotherapy or PARP inhibitors with the presence of an ABCB1 fusion and the absence of a BRCA1/2 reversion
PRINCIPAL INVESTIGATOR	Dr Ali Freimund
COLLABORATIONS	Initiated in Australia by ANZGOG
FUNDING	BeiGene OASIS Initiative, Baker Foundation Grant Perpetual Philanthropic Grant
STUDY MILESTONES	Planned Sample Size: 40 (200 Screened) Planned Number of Sites: 7
CONTACT	trials@anzgog.org.au

SUMMARY

DR ALI FREIMUND

High-grade serous ovarian cancer (HGSOC) is the most common type of ovarian cancer and is associated with poor survival. Research has identified a subgroup of HGSOC that has developed resistance to treatment because of abnormalities in genes that develop after exposure to chemotherapy.

These gene abnormalities can now be detected in patients that are likely to be resistant to certain chemotherapies or oral PARP inhibitors (PARPi) through blood tests and tumour biopsies. The PRECISE study is the first study to select a personalised treatment using a new PARPi called pamiparib based on gene tests for patients with the hope to improve patient outcomes.

TRIALS IN DEPTH – PRECISE STUDY

Despite good initial responses to chemotherapy, the majority of HGSOC patients, including BRCA1/2 carriers, will relapse and develop resistance to chemotherapy. Work done in the Bowtell lab, including whole genome sequencing of samples from over 90 HGSOC patients, identified four main mechanisms of acquired resistance to both chemotherapy and PARPi that were not present at diagnosis.

The two most common mechanisms of resistance were secondary reversion mutations in BRCA1/2 that restore homologous recombination and a transcriptional fusion of the drug efflux pump ABCB1 to an upstream gene, SLC25A40, leading to high levels of ABCB1 expression and chemoresistance (Patch, Nature 2015).

Additional work in the Bowtell lab has identified a mechanism to test for the ABCB1 fusion which encodes the drug efflux pump P-glycoprotein (P-gp), which transports a broad range of substrates, including a number of therapies used in the treatment of HGSOC, out of cells rendering the cells resistant to those compounds (Christie, Nature Communications 2019).

The novel PARPi pamiparib is not a P-gp substrate and is the treatment in the PRECISE study for selected patients with an ABCB1 fusion and without a BRCA1/2 reversion with the hope that this treatment will improve clinical outcomes.

Given little is known about the frequency of both fusions and reversions in BRCA1/2 HGSOC patients, the subsequent response to chemotherapy after progression on PARPi, and if biomarkers can be detected to predict response to chemotherapy after PARPi, this study should also answer other important unknown clinical questions that are very relevant to improving overall survival through its translational aims.



Dr Ali Freimund
Principal Investigator
PRECISE

TRIALS CLOSED TO RECRUITMENT (AS AT JUNE 2019)

STUDY	PHAEDRA
TITLE	A Phase II trial of durvalumab in advanced endometrial cancer
PRINCIPAL INVESTIGATOR	Dr Yoland Antill
COLLABORATIONS	Initiated in Australia by ANZGOG
FUNDING	AstraZeneca
STUDY MILESTONES	Accrual: 12 sites 71 patients
CONTACT	phaedra@ctc.usyd.edu.au

STUDY	STATEC
TITLE	A randomised trial of non-selective versus selective adjuvant therapy in high risk apparent stage 1 endometrial cancer
PRINCIPAL INVESTIGATOR	Assoc Prof Alison Brand
COLLABORATIONS	University College London (UCL)-led international trial; ANZGOG lead group in Australia and New Zealand
FUNDING	NHMRC Clinical Trial Centre project grant
STUDY MILESTONES	Accrual: 6 sites 8 patients ANZ (48 Globally)
CONTACT	statec@ctc.usyd.edu.au

TRIALS IN DEPTH – PHAEDRA STUDY

Women with advanced endometrial cancer can be divided into two types of cancers - those with a mismatch repair deficient profile (around 20-30% of women with advanced endometrial cancers) and those with a mismatch repair proficient profile (around 70-80% of all advanced endometrial cancers).

Early research suggests that immune therapy may be effective in the treatment of endometrial cancers.

The PHAEDRA study, one of the first studies internationally to look at this important research and clinical question, was a clinical trial conducted in Australia and included women with both types of advanced endometrial cancer. Women received an immune therapy known as durvalumab.

The study has shown that women with cancers associated with a mismatch repair deficient profile were more likely to respond to this immune therapy without the need of other therapies such as chemotherapy.

In just under half the women (43%) with this type of endometrial cancer, the study found that tumours responded (either completely disappeared on CT imaging or demonstrated a reduction in size on imaging) to the immune therapy.

An additional 23% of women had tumours that stabilised (no tumour growth but no decrease in size on imaging) giving an overall control rate of 66%.

For women who had endometrial cancers that did not have this profile (mismatch repair proficient), the tumours did not appear to respond in the same way with only one patient having a cancer that demonstrated partial



Dr Yoland Antill
Principal Investigator
PHAEDRA

shrinkage and a further nine women whose cancers appeared to stabilise.

The results of this study suggest that immune therapy alone is not an effective treatment for cancers of this “proficient” profile, but suggest that for women who do have mismatch repair deficient cancers, that immune therapy may work as well or even more effectively than chemotherapy.

FUND FOR NEW RESEARCH GRANTS

The Fund for New Research supports the development of investigator-led studies from initial concept to full study.

Grant applications were requested for both pre-clinical and pilot or small clinical trials that may lead to a larger and more significant clinical trial.

Individual grants are awarded to researchers for amounts of \$50,000, \$30,000 and \$20,000.

The Fund for New Research is made possible by public donations, bequests and philanthropic grants from charities with shared interests in ANZGOG's research work. With this support we have been able to support 14 studies from 2015 to 2019 inclusive.

The following studies were awarded grants for the 2018/2019 round:



GRANT 1

Repurpose FDA-approved drug to selectively target mutant-p53 high-grade serous ovarian cancer

Principal Investigator

Dr Prahlad Raninga
QIMR Berghofer Medical
Research Institute

High-grade serous type ovarian cancer (HGSOC) accounts for most (>80%) cancer death from ovarian cancers and overall survival has not changed over several decades. TP53 mutations, linked with tumour aggression, are found in over 95% of HGSOCs. Over several decades considerable effort has been applied to develop drugs to target mutant-p53 (mut-p53), with none in routine clinical use. We have compelling data that auranofin, an FDA-approved drug clinically used for rheumatoid arthritis, can be repurposed for therapeutic targeting of mut-p53 cancers. Our data convincingly demonstrates that auranofin treatment can reactivate the wild-type tumour suppressive activity of mut-p53. We will test the effectiveness of auranofin in treating patient-derived ovarian tumours with p53 mutation. We will test this drug in combination with chemotherapy to effectively treat mut-p53 expressing ovarian tumours. The positive outcomes of this work will therefore not only benefit mut-p53 HGSOC patients, but will have a large impact on any type of cancer patients carrying p53 mutation.



GRANT 2

Circulating tumour DNA as a biomarker of treatment response for patients with advanced high-grade serous ovarian cancer receiving neoadjuvant chemotherapy with and without durvalumab and tremilimumab as part of the iPRIME study

Principal Investigator

Assoc Prof Tarek Meniawy
Edith Cowan University

Circulating tumour DNAs (ctDNA) are tiny fragments of DNA in the blood that break away from tumours. After treatment, the ctDNA levels decrease because the tumour is smaller, and if it subsequently increases this may indicate recurrence of cancer, potentially several months before it is visible. As ctDNA can be measured in a blood sample, it can be regularly monitored throughout treatment. In this study we will evaluate the changes of ctDNA levels in patients with ovarian cancer scheduled to receive chemotherapy to decrease tumour size prior to surgical removal of disease or "neo-adjuvant chemotherapy". Changes in ctDNA will be correlated with recurrence and survival outcomes. These results will evaluate whether ctDNA can be used as an indicator of treatment response. These results may inform how best to include this biomarker in clinical trials and in routine clinical management of ovarian cancer patients.



GRANT 3

Preclinical studies to evaluate biomarkers of response to PARP inhibition in endometrial cancer PDX models

Principal Investigator

Assoc Prof Pamela Pollock
Queensland University of Technology

PARP inhibitors have been approved for use in ovarian cancer patients however there is still some controversy regarding what is the best predictive biomarker. Endometrial cancer (EC) is made up of several different cancer subtypes and includes some subtypes with similarities to high-grade serous ovarian cancer (HGSOC).

It is likely that a subset of endometrial cancer patients will have significantly improved survival in response to PARPi but no work has been done in this cancer type to identify genetic biomarkers.

The fact that many endometrial cancer patients do not respond to cisplatin (in contrast to ovarian cancer patients) suggests biomarkers of response may be different in this cancer type.

This project involves performing detailed whole genome (n=3) or whole exome sequencing (n=5) on 8 patient-derived xenograft (PDX) models developed in the Pollock laboratory as well as testing the sensitivity of these models to PARPi.

This involves implanting a small

fragment of tissue under the skin of a mouse, waiting for this tumour to grow to a certain size (e.g. three-four months) and then treating the mice for four weeks and measuring how much the tumours shrink compared to those on untreated mice.

This data will be combined with data from Prof Clare Scott's lab (who are also doing similar studies in several carcinosarcoma and high grade serous endometrial cancer PDXs) in order to increase our power to identify a genomic signature that could be used to identify EC patients more likely to respond. This data would guide the entry criteria for a subsequent ANZGOG clinical trial.



GOAL 2

Translational research



GOAL TWO TR-ANZGOG



TR-ANZGOG will maximise ANZGOG's investment in clinical trials, enabling use of trial information and biospecimens for future research after trial completion. TR-ANZGOG will also support investigators ensuring the scientific, ethical and legal requirements of that future research is met.

TR-ANZGOG is a translational research initiative of ANZGOG.

It is designed to enable and actively facilitate the translational aspects of ANZGOG-approved clinical trials by:

- ✦ Providing guidance and recommendations to ANZGOG members regarding collection of specimens for contemporary and innovative translational studies
- ✦ Coordinating a network of laboratory-based facilities for collection of specimens from patients on behalf of ANZGOG trials
- ✦ Providing centralised processing and storage of specimens from ANZGOG trials
- ✦ Providing mechanisms for dissemination of specimens from ANZGOG trials for translational research

Widely consulted amongst members, TR-ANZGOG's preliminary work focussed on planning, connecting with key people and securing further funding. A Project Manager was appointed in the 2019 financial year and additional funding achieved

from a philanthropic grant to assist development of the program.

In February 2019 ANZGOG was awarded a Biospecimen Collection Grant by the Office of Health and Medical Research for \$100,000 for biobanking services to be used over four years. The NSW Health Statewide Biobank grant provides for:

- ✦ transport of biospecimens from NSW sites,
- ✦ processing bloods and other biospecimens,
- ✦ robotic freezer storage and DNA extraction.

TR-ANZGOG is now registered for the NSW Biobank Certification program, based on the certification program designed and delivered in Canada by the Office of Biobank Education and Research (OBER) at the University of British Columbia (UBC) in Vancouver and the Canadian Tissue Repository Network (CTRNet), with certification currently underway.

TR-ANZGOG has been instrumental in developing the translational collection of samples for the ANZGOG trial, SOLACE2. This has enabled the testing of TR-ANZGOG support documentation and samples

management processes. The TR-ANZGOG initiative has moved from development into testing mode in 2019. Final consultation with sector experts is planned to provide the input required to finalise key governance prior to implementation in 2020.

Prior to its launch the researcher support documents will be loaded onto the TR-ANZGOG Portal on the ANZGOG website, a suitable Laboratory Information Management System will be in place and agreements finalised with identified TR-ANZGOG Network laboratories.

TR-ANZGOG STEERING COMMITTEE

Prof Anna deFazio (Chair)
Assoc Prof Philip Beale
Assoc Prof Lyndal Anderson
Prof Clare Scott
Assoc Prof Pamela Pollock
Prof David Bowtell
Assoc Prof Alison Brand
Dr Alison Davis
Dr Michelle Vaughan
Prof Linda Mileshekin

“TR-ANZGOG WILL HELP US TO INVESTIGATE WHY THE DRUG TESTED IN THE TRIAL WORKS, OR DOESN'T WORK, AT AN INDIVIDUAL PATIENT LEVEL.

– PROF ANNA deFAZIO
CHAIR, TR-ANZGOG STEERING COMMITTEE

GOAL 3

Capacity building for research



GOAL THREE
CAPACITY BUILDING FOR RESEARCH



ANZGOG has taken a multi-faceted approach in increasing our capacity to conduct research at our collaborating sites across Australia and New Zealand.

We are actively engaged in the development of new regional sites to help us reach women in geographically remote locations, and we will be opening the first of these sites in Pindara in Q1, 2020.

It is important that our patients are provided with clinical trial opportunities closer to home. Through this strategy our goal is to

incorporate the 'Tele-Trials' model into our research portfolio.

ANZGOG is focusing on ways to support sites facing capacity issues. The ANZGOG Research Nurse project will offer sites the financial support to employ a Research Nurse in their trials unit to facilitate gynaecological cancer research.

It is hoped that the addition of a research nurse will help improve trial unit processes and allow the unit an opportunity to participate in more clinical trials. Upon completion of this two year program the unit is expected to demonstrate self-sustainability and allow continued participation in the ANZGOG trial portfolio.

ANZGOG continues to collaborate both nationally and globally with other research organisations as demonstrated in the table below:

TRIAL	INTERNATIONAL GROUP	ANZGOG PRINCIPAL INVESTIGATOR
ICON9	University College London, United Kingdom	Prof Linda Mileschkin
STICs and STONeS	Canadian Cancer Trials Group, Canada	Prof Kelly-Anne Phillips
AtTEnd	MaNGO, Italy	Dr Yoland Antill
MOCCA	National University Hospital, Singapore	Prof Michael Friedlander AM
VIP	National University Hospital, Singapore	Prof Linda Mileschkin

“WE’VE SEEN SO MANY CHANGES OVER THE PAST 20 YEARS IN ANZGOG. WE NOW HAVE MORE CAPACITY TO OPERATE CLINICAL TRIALS AND DO RESEARCH, WHICH ENCOURAGES PEOPLE TO PRESENT RESEARCH IDEAS TO ANZGOG FOR FUNDING AND DEVELOPMENT. IT’S GREAT TO KNOW AN IDEA IS NOT JUST A PIPE DREAM.

– ASSOC PROF PHILIP BEALE
CHAIR OF ANZGOG

”

STUDY COORDINATORS COMMITTEE



Sue Brew
Chair
Study Coordinators Committee

In conjunction with John Andrews, Program Manager – Clinical Trials at ANZGOG, the Study Coordinators Committee (SCC) has been considering strategies for building site capacity in the management of clinical trials.

The Study Coordinators Workshop at 2019’s Annual Scientific Meeting (ASM) examined the role of IT utilisation and innovation to improve efficiency in trial management. This included electronic records both medical and regulatory, “telehealth” and eConsent, the use of apps, and electronic data collection.

The workshop discussions identified considerable variation between sites in the current use and capacity for IT innovation,

much of which is beyond the control of individual research units.

The Study Coordinators Committee identified several areas with immediate potential for testing new efficiencies which are being acted upon.

The committee supports the work of ANZGOG by identifying and facilitating training and development needs, and liaison with the NHMRC Clinical Trials Centre (CTC) and other ANZGOG operating centres.

Study coordinators, data managers and research nurses are encouraged to engage with ANZGOG by emailing Heshani Nesfield, Membership Officer, (hnesfield@anzgog.org.au).



CENTRES PARTICIPATING IN ANZGOG TRIALS

		PRECISE	ECHO	feMMe	SOLACE2	ICON9	iPRIME	MOCCA	VIP	EMBRACE
QLD	Gold Coast University Hospital			●						
	Greenslopes Private Hospital		●	●						
	ICON Cancer Care					○				●
	Mater Adult Hospital	○	●	●	○	○	●		○	
	Mater Private Hospital		●							
	Nambour General Hospital									
	Pindara Private Hospital									○
	QLD Centre for Gynaecological Cancer Research		●							
	Royal Brisbane and Women’s Hospital		●	●		●		○		●
	Townsville Hospital			●		●			●	
NSW	The Wesley Hospital		●	●						
	Tweed Hospital				○					
	Calvary Mater Newcastle					●				
	Campbelltown Hospital		●			●				
	Coffs Harbour Health Campus				●					●
	Gosford Hospital				○	●				
	Lismore Base Hospital									
	Liverpool Hospital									
	Lake Macquarie Private Hospital									
	Newcastle Private Hospital				●		●			
	Macarthur Cancer Care Centre	○								
	Northern Cancer Institute						●			
	Port Macquarie Base Hospital									
	Prince of Wales Hospital Royal Hospital for Women	○			●	●	●	○	●	
	Riverina Cancer Centre				●					
	Royal Prince Alfred Hospital Chris O’Brien Lifehouse		○	●	○					
	Royal North Shore Hospital			●						●
ACT	St George Hospital				●		●			●
	Westmead Hospital		●			●	●			
VIC	Canberra Hospital		●			●				
	Border Medical Oncology								●	
	Box Hill Hospital							○		
	Monash Medical Centre - Clayton	○		●			●			
	Frankston Hospital				●					
	Mercy Hospital for Women									
	Peter MacCallum Cancer Centre	○			●	●	●		●	●
TAS	The Royal Women’s Hospital		●	●						
	Cabrini Hospital									
	Hobart Private Hospital				○					
	Launceston Base Hospital									
SA	Royal Hobart Hospital					●				
	Flinders Medical Centre				○	●				
	The Queen Elizabeth Hospital									
WA	Royal Adelaide Hospital			●						●
	King Edward Memorial Hospital			●						
	Sir Charles Gairdner Hospital	○								
	St John of God Hospital, Subiaco			●			●			
	St John of God Hospital, Murdoch									
	Hollywood Private Hospital									
	Linear Clinical Research						●			
NZ	Fiona Stanley Hospital									●
	Auckland Hospital			●		○				
	Christchurch Hospital			●		○				
	Wellington Hospital			●						

● Site currently open to recruitment
○ Site selected but not yet open

GOAL 4

Strategic partnerships, collaboration & engagement



GOAL FOUR

STRATEGIC PARTNERSHIPS, COLLABORATION & ENGAGEMENT



We actively engage with our members in the Australian and New Zealand clinical research community and our international partners to ensure the relevance, vibrancy and impact of our research agenda. This includes active participation from the next generation of gynaecological cancer researchers and continuing to foster effective two-way communication with cancer consumers.

OVARIAN CANCER NATIONAL ACTION PLAN

ANZGOG joined with Ovarian Cancer Australia and the Australian Society of Gynaecological Oncologists to develop an updated Ovarian Cancer National Action Plan informed by the original National Action Plan development in 2015.

This continues ANZGOG's focus on collaborations which will raise awareness for ovarian cancer research, increase collaborations and impact on improving life for women. Programs initiated with a range of collaborators include the Survivors Teaching Students education program for medical officers and allied health students; the OASIS Initiative of a series of signal-seeking studies and the Ovarian Cancer National Action Plan.

RESEARCH COLLABORATIONS

ANZGOG continues to foster research collaborations with a range of organisations to identify and enable new, challenging and important research questions. These collaborations have been with organisations such as Ovarian Cancer Research Foundation, the Queensland Centre for Gynaecological Cancer, the Genomic Cancer Clinical Trial Initiative, Canadian Clinical Trials Group, UCL London, MaNGO in Italy and NUHS in Singapore. These studies have range from precision medicine, pre-clinical, quality of life and clinical trials in ovarian, endometrial and other gynaecological cancers.

GCIG

Each year the Gynecologic Cancer InterGroup (GCIG) meets mid-year prior to the American Society of Clinical Oncology meeting in Chicago in November to discuss current research and possible international clinical trials collaborations. GCIG now has 33 member countries. Each group is allowed six members to attend each of the meetings and more if some group members are Chairs of sub-committees.

ANZGOG is a significant contributor to the group meetings and endeavours to provide constancy in participation by senior members to maintain networks and introduction of other members via their participation and roles in our tumour working groups. Three trials were in development with ANZGOG in 2019 that were a result of ANZGOG's GCIG membership and collaborations – ICON9, AtTend and STICs and STONES. ANZGOG members took part in a number of satellite meetings including meta-analysis working groups, young investigators meeting and other specialty meetings.

APGOT

APGOT – Asia Pacific Gynecological Clinical Trials group is being formed with inaugural member countries of Singapore, Japan, Korea and Australia/New Zealand. David Tan of Singapore is the inaugural Scientific Chair and Noriko Fujiwara of Japan is the inaugural Operational Chair. APGOT's purpose is to foster collaboration in the Asia Pacific region to bring new clinical trials

and treatments to patients in the region. A number of studies have been identified for collaboration and the initial structure of the group is being developed.

PUBLIC ENGAGEMENT IN OUR RESEARCH

A public forum, **Clinical Trials – future pathways to better treatments**, was held in Sydney, videoed and watched by over 1,000 viewers following the 2019 Annual Scientific Meeting.

The forum included the following presentations:

Ms Wanda Lawson – Consumer involvement in ANZGOG research

Dr Helen Gooden – Survivors Teaching Students - Aims, Impact and Learnings, giving women a voice to help educate medical students about ovarian and other gynaecological cancers.

Dr Viet Do – What is the role of radiotherapy in a clinical trial both in isolation and with chemotherapy?

Dr Michelle Harrison – With the advent of immunisations why is it necessary for cervical cancer clinical trials to continue?

Dr Diana Adams – Exercise as a resource in gynaecological cancer treatment and survival.

Dr Ali Freimund – The future of ovarian cancer is targeted therapies. The importance of OASIS and introducing the PRECISE trial.

The presentations are available on ANZGOG's YouTube channel (@ANZGynaeOncGroup).



GOAL FOUR

STRATEGIC PARTNERSHIPS, COLLABORATION & ENGAGEMENT



SURVIVORS TEACHING STUDENTS®



Survivors Teaching Students® (STS) is a volunteer program that brings the faces and voices of ovarian cancer survivors and caregivers into the classrooms of health professional students to teach them about women's experiences with the disease.

Originally initiated by the Ovarian Cancer Research Alliance (OCRA) in the United States in 2002, STS is now also reaching medical and health professional students in Canada and the UK. ANZGOG is licenced to operate the program in Australia and New Zealand.

We have completed our second year of STS, with support from a Cancer Australia Supporting People with cancer Grant, (funded by the Australian Government) and Team Teal. STS is now well-established in

four states, NSW, VIC, QLD and WA (in both metropolitan and regional medical schools) with growing demand from medical and nursing schools in other states.

2018-2019 achievements demonstrate the high demand from schools and interest from women and caregivers affected by ovarian cancer. We continue to out-perform our specified goals and at the end of our second year have achieved:

ACHIEVEMENTS TO DATE (2017-2019):

- ✦ Established in four states: New South Wales, Victoria, Queensland, and Western Australia and including regional cities (Dubbo, Newcastle and Armidale, NSW).
- ✦ Recruited and trained 100 volunteers from across Australia, including in regional areas and our target cities, Sydney, Newcastle, Brisbane, Melbourne and Perth.
- ✦ Delivered 48 STS sessions.
- ✦ Now reached 1800+ medical, nursing and allied health students.
- ✦ Student evaluations showed effectiveness percentages for medical schools of 23% and 32% for nursing (undergraduate and postgraduate) compare favourably with the US Program effectiveness ratings: medical 22% and nursing 40% (undergraduate students).



"Everyone's experience of dealing with cancers is different. While there are SOPs to deal with cancers, personal touches and taking the time off to go the extra mile for patients can significantly impact patient's prognosis and outlook for recovery."

[Year 2 medical student, 2019]

Qualitative surveys of survivors, women and caregivers experience in the program demonstrate high level of satisfaction with significant benefits reported such as: regaining control of one's life, sense of purpose, feelings of hope and healing.

Due to the nature of the disease, we're always recruiting. Our volunteers appreciate being referred to the STS program by their medical treatment teams.

Contact details: Dr Helen Gooden – sts@anzgog.org.au

"I was very keen to become involved with STS in the hope that my story might make a difference to other women in the future. If one thing I say remains with one of the medical students so that they diagnose even one woman earlier then I will be extremely happy. Having presented at three different universities now I also realise how important it is for us to put a human face to this disease and to help the students understand the many aspects of our experiences."

[STS Presenter, 2019]

ENGAGING WOMEN IN RESEARCH



Wanda Lawson
Chair, Consumer Research Panel

A core principle at ANZGOG is the belief that those who are affected by research, have a say in what is researched and how that research is conducted.

In 2018, our Consumer and Community Committee (CCC), evolved into the Consumer Research Panel (CRP) changing focus from a multi-streamed group, to one with a crystallized focus on research. Through its representation of the needs and expectations of gynaecological cancer consumers and its input

into research direction and priorities, the CRP consistently reflects how the active involvement of consumers has become increasingly important to ANZGOG's research policy agenda.

As well as Research Advisory Committee membership and Tumour Type Working Group participation, we have been acting as Associate Investigators on the development of studies, concepts and trial protocols, and have assisted with grant submissions.

Our representation of ANZGOG in collaborative working groups has been wide and varied, from subject matter expertise through to user testing of an online learning system. As Chair, I have represented ANZGOG both nationally at the Australian Clinical Trials Alliance Symposium and internationally at the Gynecologic Cancer Intergroup meeting as its first invited consumer representative.

Whilst there, I spoke at the industry meeting for pharmaceutical representatives about ANZGOG consumer activities.

To support our CRP activities, we've undertaken the development of our people, systems and processes.

We've updated our Terms of Reference and Recruitment Policy, established improved communication channels and upskilled our members through the provision of training on a variety of topics for example Health Economics, Patient Reported Outcomes, and Informed Consent. Throughout the year we believe that our activities have helped ANZGOG to effectively support our belief that:

"What women affected with gynaecological cancers want from ANZGOG is for ANZGOG to innovate, drive support for and conduct research trials, to improve outcomes for women affected by gynaecological cancers"

FOSTERING NEW LEADERS



Prof Madeleine King
Chair, QoL Office, University of Sydney

Prof Madeleine King, Chair of the Quality of Life Office at Sydney University has re-joined the ANZGOG Research Advisory

Committee for two years with the purpose of fostering and training three early career researchers in Quality of Life research practice.

These members serve on the three tumour working groups - ovarian, cervical and uterine and are a resource for each of the groups. Clinicians identified for the first two year education program are:

Felicia Roncalato | Medical Oncologist, Campbelltown Hospital

Peey-Sei Kok | Medical Oncologist, Campbelltown Hospital

Yeh Chen Lee | Fellow NHMRC Clinical Trials Centre, Prince of Wales Hospital

Members are encouraged to become an ANZGOG quality of life specialist and take part in one of the Quality of Life Office Patient Report Outcomes workshops.

For more information email Heshani Nesfield, ANZGOG Membership Officer, hnesfield@anzgog.org.au

GOAL 5

Organisational capacity aligned with research agenda



GOAL FIVE ORGANISATIONAL CAPACITY ALIGNED



As we mature as an organisation and look towards our 20th Year Anniversary in 2020 and onwards, we are focusing on not only our financial sustainability but also our organisational capacity to support our gynaecological cancer research goals in an efficient and streamlined manner.

Our approach to funding is broad with a range of sources in regular maintenance and development. We support our clinical trials and awareness and education activities with funding support from government through grants, via philanthropic trusts and foundation grants; pharmaceutical company support and sponsorships, and with growing support from women and their families affected by cancer and the general public.

We ensure we have clear programs that people and organisations can support.

Our key area is supporting ANZGOG's new research development which has made it possible for ANZGOG to develop quality initiatives such as the:

✦ OASIS Initiative (Ovarian Cancer Alliance for Signal-seeking studies)

✦ TR-ANZGOG [enabling Translational Research]

✦ Trial Site Research Nurse capacity building program

✦ Annual Fund for New Research Grants (9 studies supported since 2015)

ANZGOG also engages with the community, providing ways for women affected by a gynaecological cancer and their families, to not only contribute to our research, but also be spokespeople within the community. Donations, grants and bequests are critical to maintaining these important communication and education activities:

✦ Survivors Teaching Students® – Saving Women's Lives

✦ Save the Box – starting a conversation about gynaecological cancer

In 2019 ANZGOG launched WomenCan, its new fundraising brand, following consultation with the public and members.

WomenCan followed the merger of the Women's Cancer Foundation with ANZGOG in 2017, and enabled a fresh approach to both the WomenCan and ANZGOG logos.

Both brands are linked strongly together with the new venus symbol icon, making a strong statement to supporting our objective to *improve life for women affected by a gynaecological cancer through research.*



“WE WILL CONTINUE TO DEVELOP FURTHER MATURITY IN OUR ORGANISATIONAL CAPABILITY AND FINANCIAL SUSTAINABILITY TO SUPPORT OUR GYNAECOLOGICAL CANCER RESEARCH GOALS IN AN EFFICIENT AND STREAMLINED MANNER. THIS IS ACHIEVED THROUGH A RANGE OF ACTIVITIES NOT LEAST OF WHICH IS ANZGOG'S COMMITMENT TO PUBLIC FUNDRAISING AND PHILANTHROPY.

WE HAVE AN OUTSTANDING ARRAY OF SUPPORTERS HELPING US FUNDRAISE FOR RESEARCH AND THE CONDUCT OF CLINICAL TRIALS AT HOSPITALS. THESE INCLUDE INDIVIDUAL FUNDRAISERS, WOMEN SHARING THEIR STORIES IN THE MEDIA, ON FACEBOOK AND OUR WEBSITES, COMPANIES AND ORGANISATIONS THAT RUN EVENTS AND FUNDRAISERS, THANK YOU ALL.

OUR PEOPLE ARE OUR STRENGTH AND I WANT TO THANK ALL ANZGOG MEMBERS, STAFF AND OUR SUPPORTERS WHO HAVE CONTRIBUTED TO ANOTHER SUCCESSFUL YEAR FOR CLINICAL RESEARCH IN AUSTRALIA AND NEW ZEALAND.

– ASSOC PROF PHILIP BEALE
CHAIR OF ANZGOG

FUNDRAISING FOR ANZGOG

This year has been a rewarding one for ANZGOG fundraising with the continued success of the annual Team Teal campaign and involvement from our dedicated community fundraisers.

The Team Teal campaign was again led by Team Teal Patron and campaign founder, Duncan McPherson OAM, who was well supported by harness racing state organisations and ambassadors from the 291 reinswomen across Australia and New Zealand. 2019 was the most successful year to date for Team Teal, with the 291 reinswomen winning 328 races with up to \$400 in sponsorship for each race won while wearing teal pants.

Once again, the campaign was led by Harness Racing Australia and Harness Racing New Zealand, all of the state organisations, community fundraisers and women in the industry. In total, \$295,000 was raised during this six-week campaign.

Team Teal supports ANZGOG's research sites to support women in treatment for ovarian cancer and ANZGOG's Survivors Teaching Students® education program.

The Team Teal campaign ended with an evening of celebration – Night at the Trots. The gala dinner held at Tabcorp Park, Melton was an amazing night with over 350 people in attendance.

Comedian and presenter, Dave O'Neil, kept the guests engaged while on the track reinswomen in teal pants were racing to raise money for Team Teal. The evening included door prizes, silent and live auctions and a raffle.



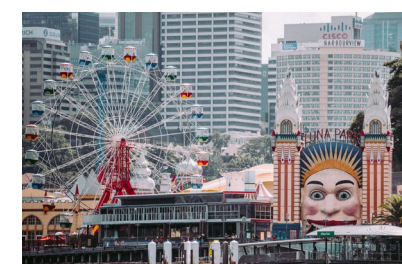
In March 2019 ANZGOG was awarded a Google grant to enable a Save the Box float at Sydney's Gay and Lesbian Mardi Gras promoting the need for greater gynaecological cancer awareness and discussion. 60 volunteers marched to the Save the Box anthem including men and women affected by gynaecological cancer, some of whom who had lost loved ones, and those who marched in solidarity.

The crowd applauded as the Save the Box marchers were hugged, clapped and cheered after reading the messages on the boxes.



ANZGOG's continued its partnership with Women in Drinks to raise awareness for gynaecological cancer symptoms and need for research amongst the many women employed in this sector.

Women in Drinks raised over \$13,000 at their International Women's Day event at Luna Park in Sydney. We are extremely grateful for their ongoing support of ANZGOG's work.



Rochelle Fisher wanted to take direct action to assist other women diagnosed with a rare endometrial cancer by raising funds to support a Fund for New Research Grant into a pre-clinical or pilot study that could break new ground in finding solutions. Rochelle conducted fundraisers and sent out a link from her Go Fund Me page to supportive family and friends as well as hosting an information night with ANZGOG Founder, Prof Michael Friedlander AM, speaking about research.

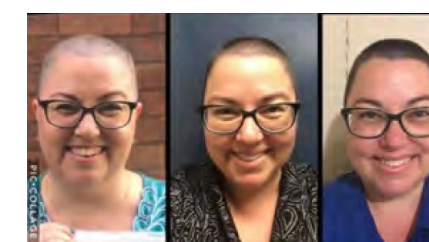
She raised \$33,500 towards a leiomyosarcoma project and continues to develop new fundraising activities to raise funds for further studies. Thank you Rochelle for an outstanding contribution.



Leisa Bye shaved her long hair during assembly at Holbrook Anglican School where she works to raise money for the Women's Cancer Foundation (now known as WomenCan). She did this on her birthday in April in honour of past

student and STS volunteer Kristin Larsen and other women affected by ovarian cancer.

Leisa raised over \$7,300 and also donated her hair to make a wig for someone going through cancer treatment.



Caroline Quinert organised a charity golf day to raise funds for Women's Cancer Foundation. 75 women played on the day, raising an incredible \$2,275.



Growing Responsible and Outstanding Women (GROW) is a key part of Brown Forman's strategy for women working in their organisation.

In February 2019 the GROW group of women at Brown Forman organised a golf day in Sydney which raised \$34,154.





BOARD OF DIRECTORS (AS OF 30 JUNE 2019)



ASSOC PROF PHILIP BEALE (ANZGOG Chair)

Philip 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 Assoc Prof 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 the Chair of ANZGOG and is a member of the AGITG and ANZBCTG trials groups.



ASSOC PROF ALISON BRAND

Alison Brand is a gynaecological oncology surgeon, Director of Gynaecological Oncology at Westmead Hospital, Sydney and Clinical Assoc Prof at the University of Sydney. Alison has been involved in ANZGOG since it was established in 2000 and has since held key positions within the group. She was Chair of the group from 2012 to 2018. She is the Australian PI for the STATEC endometrial cancer surgical trial. She has chaired or been a member of several working parties for the development of national gynaecological cancer guidelines. She was Senior Editor for the International Journal of Gynecological 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.



PROF 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 Fellowship from the Cancer Council Victoria (2012).



PROF PAUL COHEN

(Appointed from November 2018)

Paul Cohen is a clinician researcher at the Western Australian Gynaecological Cancer Service, King Edward Memorial Hospital, and St John of God Subiaco Hospital, WA. He is a Clinical Assoc Prof at the University of WA and Adjunct Prof at the Institute for Health Research, University of Notre Dame Australia. He is a co-investigator in a number of clinical trials. Paul is the current program chair of the ANZGOG Annual Scientific Meeting. He is a member of the Australian eviQ National Guidelines Cancer Genetics Reference Committee, ANZGOG Cervix Tumour Type Working Group, Australian Clinical Trial Alliance Impact and Implementation Committee, IGCS Education Committee and is a member of the Editorial Board of the International Journal of Gynecological Cancer.



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 ALISON DAVIS

Alison Davis is a Senior Staff Specialist in Medical Oncology at The Canberra Hospital and Conjoint Senior Lecturer at the Australian National University. Her subspecialty areas include gynaecological and breast cancer and she is actively involved in clinical research in both areas. Her other interest areas include Cancer Genetics and end of life care. Alison has been involved with ANZGOG for many years and was Deputy Chair of the ANZGOG RAC for two years before becoming Chair in late 2017. She has also been a member of the ANZGOG Audit and ASM Committees, as well as a member of other regional and national organisations including Advisory Committee Pharmaceutical Medicines 2008-2015, ACT SE NSW Breast Cancer Treatment Group, Australian Breast Cancer Tissue Bank and is Chair of the Capital Region Cancer Services Morbidity and Mortality Committee.



ASSOC PROF PETER SYKES

Peter Sykes is a Gynaecological Oncologist and Head of Department in Obstetrics and Gynaecology, Christchurch School of Medicine, University of Otago, Christchurch, New Zealand. He completed his initial training in Bristol, UK and has worked in 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 was 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 two 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 Vice Commodore of the Royal Motor Yacht Club Broken Bay and is also a member of the Western Sydney Local Health District Finance, Performance and Assets Committee.



DR PEARLY KHAW

Pearly Khaw is a Radiation Oncologist at the Peter MacCallum Cancer Centre. She is also a clinical researcher and is leading the Radiation Oncology Quality Assurance Program of the PORTEC-3 trial in Australia through the Trans-Tasman Radiation Oncology Group (TROG). Dr Khaw has been a reviewer for the International Journal of Gynecological Cancer, Journal of Medical Imaging and Radiation Oncology, and Practical Radiation Oncology. She was involved in the formation of the Special Interest Group for Radiation Oncologists practising in the area of Gynae-Oncology through the Royal Australian and New Zealand College of Radiologists.



PROF LINDA MILESHKIN

Linda Mileschkin 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 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 ICON9 and VIP.



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.



DR JEFFREY GOH

(Resigned as a Director November 2018)

Jeff Goh is a Senior Staff Medical Oncologist (part-time) at Royal Brisbane & Women's Hospital (RBWH) and 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 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 currently a co-investigator for several colorectal cancer and pulmonary malignancy trials. Jeff is also currently a board member of ANZGOG and chairs the Cervical Tumour Type Working Group. His particular interests are in gynaecological, urological and colorectal malignancies.

OUR COMMITTEES & STAFF (AS AT 30 JUNE 2019)

ANZGOG relies on the voluntary commitment of its clinical and research members to drive forward its agenda. Our committees and working groups identify and develop new research ideas, review these ideas from the broader membership, monitor the operation of studies, engage in best practice and compliance oversight, and steer direction for the organisation. Our staff support the operation of the committees and deliver on the ANZGOG strategic plan including development and operation of trials, sourcing funding for trials, awareness and education about gynaecological cancer and the need for research, as well as ensuring good governance and financial sustainability for the organisation.

STAFF

Alison Evans
Chief Executive Officer

Research

John Andrews (part-year)
Claire Davies
Tracey Meares

Fundraising & Development

Karen Livingstone AM
Julijana Trifunovic
Suzette Sutton (part-year)
Louise Ward
Alice Henman
Linda Craig (part-year)

Finance & Administration

Ursula Walters (part-year)
Gina Hunt
Kylie Tattersall
Preeti Highmoor

Communication & Education

Dr Helen Gooden
Ruth Gordon (part-year)
George Gill (part-year)
Heshani Nesfield

14.2 FTE staff (18 in total including part-time and part-year).

QUALITY ASSURANCE COMMITTEE

Dr Pearly Khaw (Chair)
Assoc Prof Alison Brand
Mrs Belinda Egan
Dr Ruth Angell
Dr Alison Hadley
Dr Catherine Shannon
Dr Philip Chan

Dr Mahesh Iddawela
Dr Ganendra Raj Kader Ali Mohan

STUDY COORDINATORS COMMITTEE

Ms Sue Brew (Chair)
Mr Nathan Bradshaw
Ms Kathryn Jenkins
Mrs Belinda Egan
Ms Meghan Leigh
Ms Vanessa Taylor
Dr Joanne Youd

NOMINATIONS COMMITTEE

Assoc Prof Philip Beale (Chair)
Assoc Prof Alison Brand
Prof Michael Friedlander AM
Dr Carol Johnson

RESEARCH MANAGEMENT GROUP

Assoc Prof Philip Beale (Chair)
Dr Alison Davis
Ms Alison Evans
Assoc Prof Alison Brand
Dr Michelle Vaughan
Mr John Andrews
Ms Claire Davies

ANZGOG CTC OPERATIONS EXECUTIVE COMMITTEE

Assoc Prof Philip Beale (Chair)
Dr Alison Davis
Ms Sarah York
Dr Wendy Hague
Ms Kate Sawkins
Assoc Prof Alison Brand
Mrs Burcu Vachan
Dr Peey Sei Kok
Prof Linda Mileshekin

AUDIT RISK COMMITTEE

Mr David Rogers (Chair)
Assoc Prof Philip Beale
Ms Rachael Sutton

STS STEERING COMMITTEE

Assoc Prof Phil Beale (Chair)
Ms Alison Evans
Dr Helen Gooden
Dr Bronwyn Grout
Ms Jane Hill
Dr Toni Lindsay

TR-ANZGOG STEERING COMMITTEE

Prof Anna deFazio (Chair)
Assoc Prof Philip Beale
Assoc Prof Lyndal Anderson
Prof Clare Scott
Assoc Prof Pamela Pollock
Prof David Bowtell
Assoc Prof Alison Brand
Dr Alison Davis
Dr Michelle Vaughan
Prof Linda Mileshekin

ASM STEERING COMMITTEE

Prof Paul Cohen (Convenor)
Assoc Prof Philip Beale
Assoc Prof Alison Brand
Dr Sumitra Ananda
Dr Adam Pendlebury
Dr Bryony Simcock
Ms Catherine Adams
Dr Catherine Shannon
Dr Mahesh Iddawela
Ms Vanessa Taylor
Dr Elaine Sanij
Assoc Prof Pamela Pollock
Dr Stephen Thompson

RESEARCH ADVISORY COMMITTEE

Dr Alison Davis (Chair)
Dr Michelle Vaughan (Deputy Chair)
Assoc Prof Lyndal Anderson
Prof Madeleine King
Ms Cheryl Waller
Ms Rhonda Beach
Ms Sarah York
Assoc Prof Martin Stockler
Prof Val Gebbski
Dr Sonia Yip
Assoc Prof Alison Brand
Assoc Prof Sam Saidi
Assoc Prof Rhonda Farrell
Assoc Prof Philip Beale
Prof Michael Friedlander AM
Dr Yeh Chen Lee
Prof Anna deFazio
Assoc Prof Peter Sykes
Dr Michelle Wilson
Ms Wanda Lawson
Dr Jeffery Goh
Assoc Prof Pamela Pollock
Dr Ganessan Kichenadasse
Prof David Bowtell
Assoc Prof Anne Hamilton
Prof Linda Mileshekin
Dr Yoland Antill
Prof Clare Scott
Dr Pearly Khaw
Assoc Prof Tarek Meniawy
Dr Joanne Youd

UTERINE TUMOUR GROUP

Dr Yoland Antill (Chair)
Assoc Prof Rhonda Farrell (Co-Chair)
Ms Elizabeth Barnes
Ms Cheryl Waller
Ms Lesley Mcquire
Assoc Prof Alison Brand
Dr Diana Adams

Dr Viet Do
Dr Peey Sei Kok
Dr Kirsty Pringle
Dr Srinivas Kodasamy-Chennakesavan
Dr Andrea Garrett
Dr Eva Baxter
Dr Dylan Glubb
Dr Tracy O'Mara
Assoc Prof Pamela Pollock
Dr Ganessan Kichenadasse
Assoc Prof Orla McNally
Dr Mahesh Iddawela
Dr Rachel Delahunty
Prof Linda Mileshekin
Dr Pearly Khaw

OVARIAN TUMOUR GROUP

Assoc Prof Philip Beale (Chair)
Assoc Prof Tarek Meniawy (Deputy Chair)
Ms Rhonda Beach
Dr Anthony Richards
Dr Janine Lombard
Prof Michael Friedlander AM
Assoc Prof Chee Lee
Dr Yeh Chen Lee
Dr Raghwa Sharma
Ms Rachel O'Connell
Prof Anna deFazio
Ms Lisa Finucane
Dr Bryony Simcock
Dr Michelle Wilson
Dr Alison Hadley
Dr Catherine Shannon
Dr Martin Oehler
Prof David Bowtell
Prof Clare Scott
Dr Sumitra Ananda
Dr Kylie Gorringer

CERVIX TUMOUR GROUP

Dr Jeffrey Goh (Chair)
Dr Michelle Harrison (Deputy Chair, 2018)
Dr Ming Yin Lin (Deputy Chair, 2019)
Dr Felicia Roncolato
Assoc Prof Sam Saidi
Prof Val Gebbski
Dr Sonia Yip
Ms Wanda Lawson
Dr Helen Green
Ms Kathryn Cornthwaite
Ms Fiona Price
Dr Raef Awad
Assoc Prof Anne Hamilton
Prof Paul Cohen
Dr Kristy Robledo

CONSUMER RESEARCH PANEL

Ms Wanda Lawson (Chair)
Ms Rhonda Beach
Ms Lesley Mcquire
Ms Cheryl Waller
Ms Lisa Finucane
Ms Kathryn Cornthwaite
Ms Fiona Price

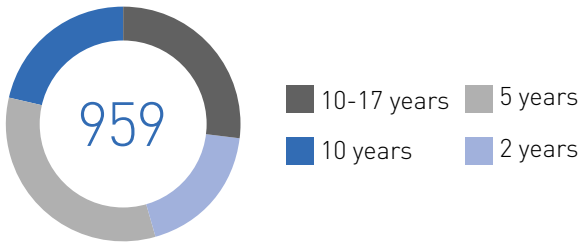
OASIS STEERING COMMITTEE

Prof Michael Friedlander AM (Chair)
Dr Alison Davis
Ms Sue Brew
Assoc Prof Alison Brand
Dr Bo Gao
Dr Chee Khoo Lee
Assoc Prof Philip Beale
Prof Anna deFazio
Dr Michelle Wilson
Ms Jane Hill
Prof David Bowtell
Prof Clare Scott
Prof Linda Mileshekin
Dr George Au-Yeung
Assoc Prof Tarek Meniawy
Ms Karen Livingstone AM

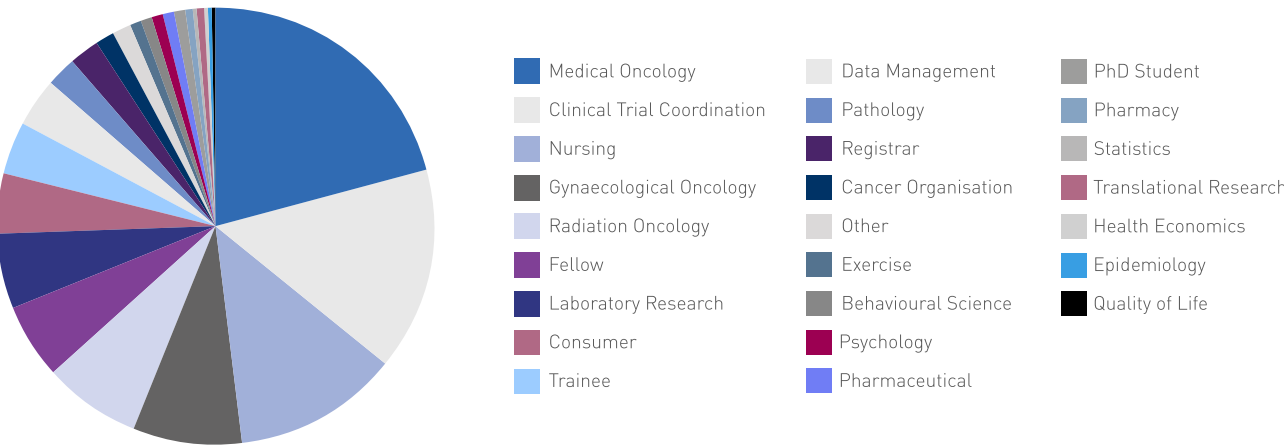
MEMBERSHIP DEMOGRAPHICS (AS OF 30 JUNE 2019)

OUR MEMBERS

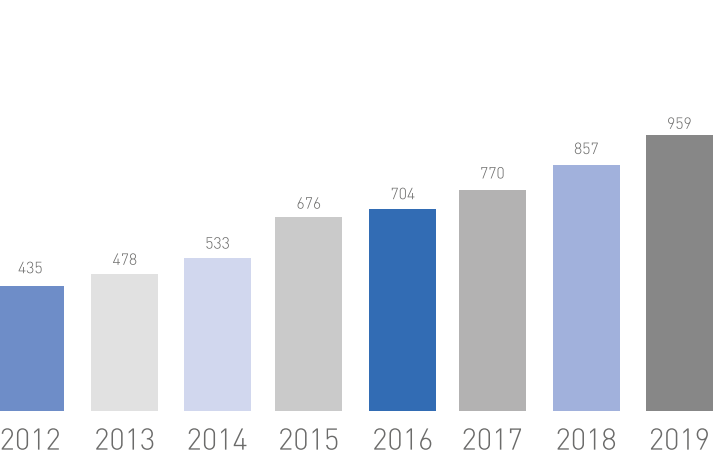
Our membership has grown significantly since our organisation was founded in 2000, doubling in the last seven years to just short of 1,000. ANZGOG now have members in every Australian state and in New Zealand, in a wide range of working disciplines. Together with our staff, donors and partners, we work to improve life for women through cancer research.



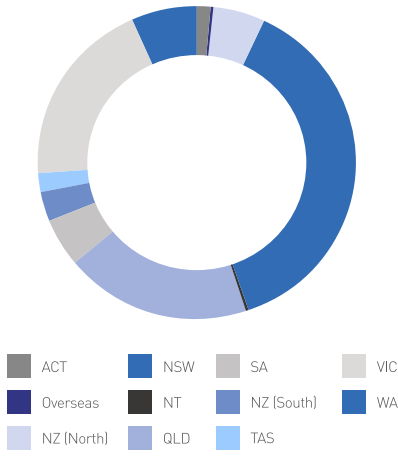
GROUPED BY PROFESSIONAL FIELD



MEMBER GROWTH CHART



GROUPED BY GEO-LOCATION



MEASURING OUR PERFORMANCE

ACTIONS	MEASURABLES/OUTPUT – 1 JULY TO 30 JUNE	2015	2016	2017	2018	2019
SG1 – INNOVATIVE AND EQUITABLE CLINICAL TRIALS IN ALL GYNAECOLOGICAL CANCERS						
Actively support a diverse portfolio of clinical trials	Number of ovarian cancer trials underway	4	3	2	8	10
	Number of endometrial cancer trials underway	2	2	3	3	3
	Number of cervical cancer trials underway	1	1	1	2	2
	Number of Quality of Life studies underway	4	3	1	0	0
	Other types of trials including rare tumour studies underway	1	1	1	0	0
Expand innovative research initiatives	Fund for New Research Grants awarded	-	3	3	2	3
	OASIS Initiative Projects funded	-	1	3	0	2
	Collaborative studies supported by ANZGOG	1	2	8	13	15
In partnership with government and collaborators we continue to increase the opportunities for women to participate in gynaecological cancer clinical trials	Increase the number of gynaecological cancer clinical trials conducted annually*	12	9	8	13	15
	Increase participation in clinical trials by women affected with gynaecological cancer *	474	761	1,004	105	99
Translating research into practice	Number of publications of research results*	15	11	21	7	6
	Trials changing clinical practice	-	Icon 7	-	Portec-3	Portec-3
Develop independent cancer clinical trials to the stage of applying for grant and other funding [in collaboration with the NHMRC Clinical Trials Centre]	Government grants awarded for research and research support	\$1,253,266	\$1,335,701	\$964,954	\$1,945,926	\$1,301,965
	Other funding provided for research and research support	\$535,000	\$489,121	\$583,035	\$612,424	\$45,999
Clinical trials design and protocol development	Number of new concepts or studies presented to ANZGOG	25	25	26	22	23
	Number of new concepts in development with ANZGOG	4	6	6	14	10

*Three major international studies (OUTBACK, PARAGON, SYMPTOM BENEFIT) closed to recruitment in 2017.



ACTIONS	MEASURABLES/OUTPUT – 1 JULY TO 30 JUNE	2015	2016	2017	2018	2019
SG2 - WORLD-CLASS TRANSLATIONAL RESEARCH IN GYNAECOLOGICAL CANCERS						
Implement and embed TR-ANZGOG, driving translational research	Milestones achieved in developing TR-ANZGOG	On hold pending updated strategy	Draft strategy in consultation	TR-ANZGOG Strategy Approved	TR-ANZGOG Project Manager appointed	NSW Biobank Services \$100,000 grant
	Projects utilising TR-ANZGOG facilities	–	–	–	–	3

SG3 – CAPACITY BUILDING FOR GYNAECOLOGICAL CANCER RESEARCH IN AUSTRALIA AND NEW ZEALAND						
Build collaboration with national organisations	Number of collaborations with other organisations	3	3	5	4	5
Build collaboration with international groups working in gynaecological cancer research	International sites conducting ANZGOG trials*	378	428	336	0	0
	Number of collaborations with international gynaecological cancer groups	13	15	5	6	5
	DGOG – Holland, AGO – Germany, GINECO – France, EORTC – Belgium, ICORG – Ireland, RTOG – USA, CCTG – Canada, NSGO – Denmark, MaNGO – Italy, NSGO – Sweden, JGOG – Japan, GOG – USA, COGI – USA, HOG – USA, SGCTG – Scotland, UCL – United Kingdom, CRUK – United Kingdom, MRC – United Kingdom, GOTIC – Japan					
	International keynote speakers at Annual Scientific Meetings	2	4	3	3	3
Increase the professional capacity to conduct clinical trials in Australia through member growth, education and training in clinical trials design	Number of people attending Annual Scientific Meetings	174	262	231	235	270
	Increase in ANZGOG membership	676	704	770	857	959
	Participation by clinicians, researchers, consumers and policy makers, in new research development	–	–	–	–	71
	Increase the number of clinical sites actively participating in gynaecological cancer clinical trials (including international sites conducting ANZGOG collaborative studies)*	474	529	433	49	54

*Three major international studies (OUTBACK, PARAGON, SYMPTOM BENEFIT) closed to recruitment in 2017.

ACTIONS	MEASURABLES/OUTPUT – 1 JULY TO 30 JUNE	2015	2016	2017	2018	2019
SG4 – STRATEGIC PARTNERSHIPS, COLLABORATION & ENGAGEMENT						
Communicate the breadth of ANZGOG’s research focus	Twice annual ResearchHER for newsletter consumers and the general public	Achieved	Achieved	Achieved	Achieved	Once
	Twice annual TRIALSNEWS: in-depth news on gynaecological cancer trials for members and cancer professionals	Achieved	Achieved	Achieved	Once	Once
Raising awareness of clinical trials amongst consumers and public forum	Number of participants in consumer information sessions in person and through webinars	658	2000+	2,708	1,905	2,781
	Number of likes on Facebook (established 21 July 2014)	3,733	4,593	7,532	14,504	14,669
Growing capacity of consumers supporters	Education and training programs for consumers involved in ANZGOG research	Two	Two	Two	Two	Two
	Number of volunteer ambassadors supporting ANZGOG	12	9	17	147	172

SG5 - ORGANISATION CAPACITY ALIGNED WITH OUR RESEARCH AGENDA						
Financial sustainability including grant and fundraising activity	Donations, bequests, community support	\$365,932	\$812,269	\$806,179	\$2,430,048	\$590,427
	Corporate sponsorship	\$120,145	\$123,866	\$208,927	\$193,191	\$145,091
	Number of bequests per annum	0	1	1	1	2
	Percentage of infrastructure costs supported by grants	73.10%	81.2%	89.3%	71.1%	39.1%
Growing and maintaining our investments to cover 12 months of operational expenditure, to secure us against future funding shortfalls.	Months of operational expenditure covered by cash reserves	19.2	20.2	26.6	27.3	20.1
	Investment return per annum	2.50%	1.4%	1.3%	1.6%	2.8%
An engaged and skilled, paid workforce.	ANZGOG staff, headcount excluding casuals [and as FTE]	5 (3.2 FTE)	8 (5.6 FTE)	9 (6.4FTE)	13 (8.6 FTE)	18 (14.2 FTE)
	CTC Operating Centre staff working on ANZGOG trials	8	8	8	8	10 (6.5FTE)
	BaCT Operating Centre staff working on ANZGOG trials	–	–	–	–	10



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 2019, \$1,347,964 in government grants and other funding via the University of Sydney was achieved for ANZGOG’s research, bringing the total since 2002 to \$22,837,107.

These funds are not reported in the ANZGOG Annual Financial Statements but are received 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 and included in ANZGOG income annually.]

RESEARCH PROJECT FUNDING

In 2019 the significant trial funds received and administered by the University of Sydney for ANZGOG trials were:

ECHO	\$694,943
STATEC	\$253,795
STICs and STONEs	\$67,576
TIPS	\$62,500

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 2019 financial year were:

Cancer Australia, Support for Clinical Trials Program	\$562,000
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PHILANTHROPIC AND OTHER GRANTS RECEIVED BY ANZGOG

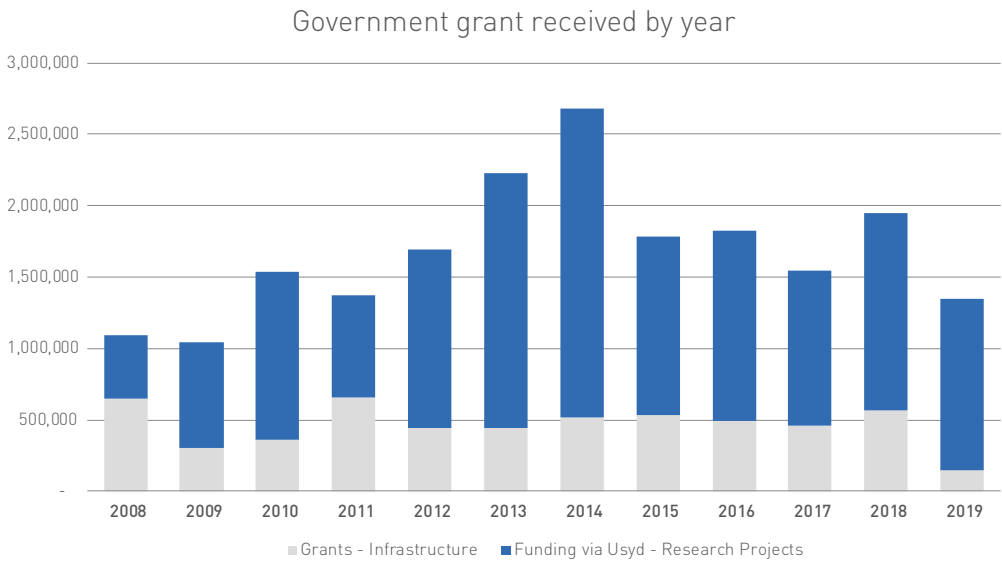
Since 2016 ANZGOG has acted as trial sponsor and operator of the OASIS Initiative Phase II signal-seeking studies. Funds received for these studies in 2019 were:

OASIS Initiative Studies and Funding	\$ total of pharma and philanthropy received
iPRIME	\$646,136
PRECISE	\$650,000
MOCCA	\$88,000

Funds were received for a number of new research and education initiatives direct by ANZGOG in 2019.

They are held in non-current liabilities until expensed. At 30 June 2019 these were:

Survivors Teaching Students®	\$66,555
TR-ANZGOG	\$150,000
Fund for New Research Grants	\$83,849



BALANCE SHEET

Australia New Zealand Gynaecological Oncology Group
Statement of financial position
For the year ended 30 June 2019

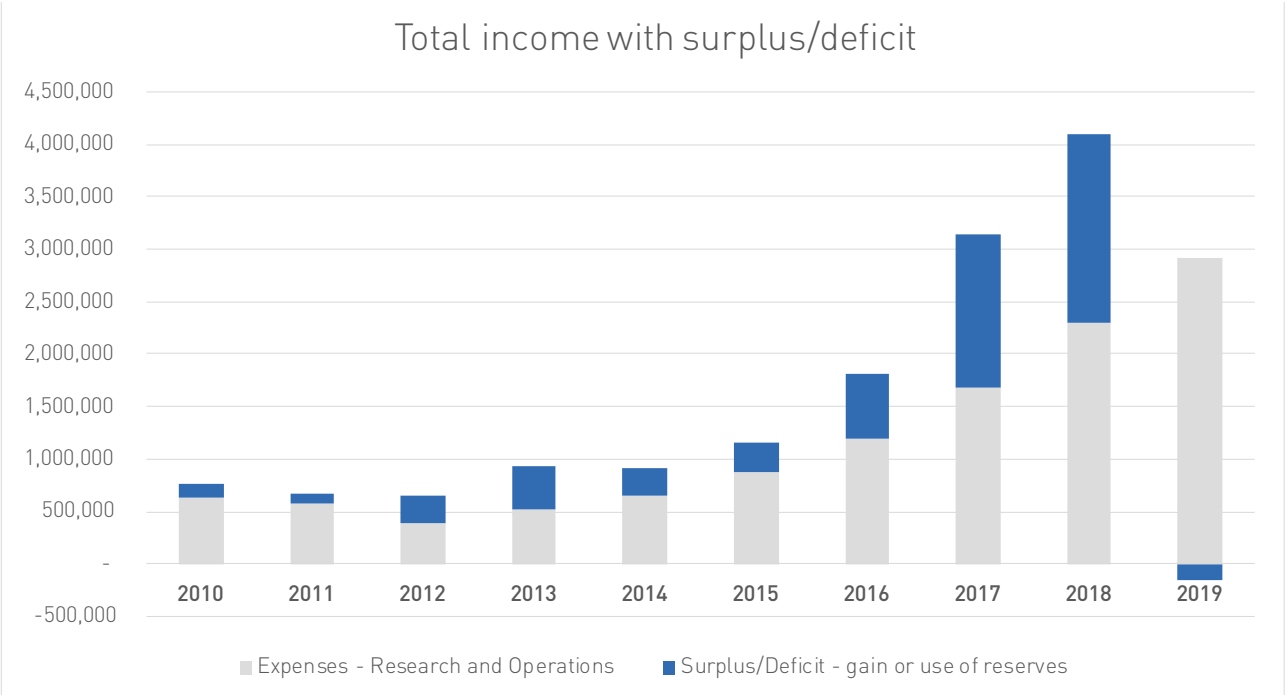
	2019 \$	2018 \$
INCOME		
Current assets		
Cash and cash equivalents	1,892,140	2,684,895
Trade and other receivables	683,234	573,552
Total current assets	2,575,374	3,258,447
Non-current assets		
Fixed Assets	13,943	13,606
Intangible assets	89,946	10,816
Available-for-sale financial assets	4,310,440	3,158,760
Investment properties	230,000	230,000
Total non-current assets	4,644,329	3,413,182
Total assets	7,219,704	6,671,629
Current liabilities		
Trade and other payables	2,080,027	1,377,340
Employee benefits	68,857	64,604
Total current liabilities	2,148,884	1,441,944
Total liabilities	2,148,884	1,441,944
Net assets	5,070,820	5,229,685
Equity		
Available for sale financial assets reserve	0	9,701
New Research Fund reserve	397,150	499,350
Beneficiary Fund reserve	209,267	224,053
OASIS Initiative reserve	1,864,407	2,085,933
Retained surplus	2,599,996	2,410,648
Total equity	5,070,820	5,229,685

The Annual Financial Report for the year ending 30 June 2019, audited by BDO, ([click here](#) to view)

Australia New Zealand Gynaecological Oncology Group
Notes to the financial statements
For the year ended 30 June 2019

INCOME & EXPENDITURE

INCOME	2019 \$	2018 \$
REVENUE		
Government grant	401,197	546,731
Trial projects	1,220,156	458,660
Philanthropic grant	66,458	107,808
Fundraising activities	590,427	2,533,997
Corporate sponsorship	145,091	193,191
Annual Scientific Meeting conference	156,898	124,692
Interest income	8,386	26,533
Dividend income	118,187	54,219
Rental income	14,135	53,034
Gain on sale of property	38,740	35,000
	2,759,674	4,098,863



The Annual Financial Report for the year ending 30 June 2019, audited by BDO, ([click here](#) to view)

Australia New Zealand Gynaecological Oncology Group
Statement of profit and loss and other comprehensive income
For the year ended 30 June 2019

INCOME & EXPENDITURE

EXPENDITURE	2019 \$	2018 \$
Revenue	2,759,674	4,098,863
Trial expenses	(536,319)	(292,662)
Administration expenses	(147,249)	(140,127)
ASM Conference	(259,657)	(209,654)
Communications & education	(57,463)	(75,605)
Depreciation expense	(9,076)	(6,351)
Employee benefits expenses	(1,198,181)	(967,273)
Finance expenses	(33,800)	(48,923)
Fundraising expenses	(239,046)	(271,420)
Occupancy expenses	(56,546)	(24,694)
Property expense	(5,081)	(29,831)
Travel expenses	(96,272)	(94,036)
Surplus for the year from Operations	120,983	1,938,287
Project and Grant expenses utilising ANZGOG Reserves	(389,109)	(138,792)
Net change in fair value of available-for-sale financial assets	109,271	6,036
(Deficit)/Surplus for the year before Income Tax expense	(158,855)	1,805,530
Income tax expense	-	-
(Deficit)/Surplus for the year after tax expense attributable to the members of Australia New Zealand Gynaecological Oncology Group	(158,855)	1,805,530

The Annual Financial Report for the year ending 30 June 2019, audited by BDO, ([click here](#) to view)

“ANZGOG UTILISED \$389,109 OF ITS CASH RESERVES ON STRATEGIC RESEARCH PROJECTS IN 2019. THIS INCLUDED DEVELOPING THE NEW TR-ANZGOG – TRANSLATIONAL RESEARCH INITIATIVE AND GRANTS FOR THE FUND FOR NEW RESEARCH PROGRAM.”

– DAVID ROGERS
NON-EXECUTIVE FINANCE DIRECTOR & ANZGOG DIRECTOR

CASHFLOWS

Australia New Zealand Gynaecological Oncology Group Statement of cash flows For the year ended 30 June 2019

	2019 \$	2018 \$
Cash flows from operating activities	1,932,299	792,919
Receipts from grants	394,758	2,430,048
Receipts from donations	558,685	442,593
Receipts from sponsorships, ASM, insurance and other revenue	(2,674,103)	(2,209,666)
Payments to suppliers and employees	211,640	1,455,894
Cash flows from investing activities		
Payment for property, plant and equipment	(337)	(11,578)
Payment for intangible assets	(79,130)	(10,816)
Payment for investments	(1,051,501)	(2,974,944)
Dividend income from investments	118,187	54,219
Interest received	8,386	26,533
Cash received on sale of investment property	-	362,202
	(1,004,396)	(2,554,385)
Net change in cash and cash equivalents	(792,755)	(1,098,491)
Cash and cash equivalents at the beginning of the financial year	2,684,895	3,783,386
Cash and cash equivalents at the end of the financial year	1,892,140	2,684,895

The Annual Financial Report for the year ending 30 June 2019, audited by BDO, ([click here](#) to view)

Australia New Zealand Gynaecological Oncology Group Statement of changes in equity For the year ended 30 June 2019

	Available- for-sale financial assets reserve	Fund for New Research reserve	Beneficiary Fund reserve	OASIS Initiative reserve	Retained surplus	Total Equity
	\$	\$	\$	\$	\$	\$
Balance at 1 July 2017	3,665	547,983	227,989	-	2,644,517	3,424,154
Transfer to reserves	-	-	140,000	2,085,933	138,787	2,364,720
Transfer from reserves	-	(48,633)	(143,936)		(2,172,151)	(2,364,720)
Surplus after income tax expense for the year	-	-	-	-	1,799,495	1,799,495
Total comprehensive income for the year	6,036	-	-	-	-	6,036
Balance at 30 June 2018	9,701	499,350	224,053	2,085,933	2,410,648	5,229,685
Balance at 1 July 2018	9,701	499,350	224,053	2,085,933	2,410,648	5,229,685
Transfer to reserves	-	-	-	-	348,203	348,203
Transfers from reserves	(9,701)	(102,200)	(14,786)	(221,526)	-	(348,213)
(Deficit)/Surplus after income tax expense for the year	-	-	-	-	(158,855)	(158,855)
Net change in fair value of available-for-sale financial assets	-	-	-	-	-	-
Balance at 30 June 2019	0	397,150	209,267	1,864,407	2,599,996	5,070,820

The Fund for New Research Reserves, OASIS Reserve and Beneficiary Fund Reserves relate to funds received and designated for use for a specific purpose. This may include grant monies, bequest and donations received but not yet spent. These funds are held in reserve until spent appropriately, or in line with funding agreements.

The Annual Financial Report for the year ending 30 June 2019, audited by BDO, ([click here](#) to view)



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Australia

INDEPENDENT AUDITOR'S REPORT

To the members of Australia New Zealand Gynaecological Oncology Group

Report on the Audit of the Financial Report

Qualified opinion

We have audited the financial report of Australia New Zealand Gynaecological Oncology Group (ANZGOG), which comprises the statement of financial position as at 30 June 2019, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial report, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, except for the effects of the matter described in the *Basis for qualified opinion* section of our report, the accompanying financial report of ANZGOG, is in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

- (i) Giving a true and fair view of the company's financial position as at 30 June 2019 and of its financial performance for the year then ended; and
- (ii) Complying with Australian Accounting Standards - Reduced Disclosure Requirements and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

Basis for qualified opinion

Cash donations are a significant source of fundraising revenue for ANZGOG. ANZGOG 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 record. We therefore are unable to express an opinion whether cash donations for ANZGOG recorded are complete.

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the Financial Report* section of our report. We are independent of the registered entity in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's *APES 110 Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Other information

Those charged with governance are responsible for the other information. The other information obtained at the date of this auditor's report is information included in the ANZGOG's annual report, but does not include the financial report and our auditor's report thereon.

BDO East Coast Partnership ABN 83 236 985 726 is a member of a national association of independent entities which are all members of BDO Australia Ltd ABN 77 050 110 275, an Australian company limited by guarantee. BDO East Coast Partnership and BDO Australia Ltd are members of BDO International Ltd, a UK company limited by guarantee, and form part of the international BDO network of independent member firms. Liability limited by a scheme approved under Professional Standards Legislation.



Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the ACNC Act, and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the responsible entities either intends to liquidate the registered entity or to cease operations, or has no realistic alternative but to do so.

The directors are responsible for overseeing the company's financial reporting process.

Auditor's responsibilities for the audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website (<http://www.auasb.gov.au/Home.aspx>) at:

http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf

This description forms part of our auditor's report.

BDO East Coast Partnership

Paul Cheeseman
Partner

Sydney, 20 September 2019

REGISTRATION & LEGISLATION

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

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

The Australian 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

License No. 21334

QUEENSLAND

Registration No. CH2213

NEW SOUTH WALES

Charitable Fundraising No. CFN/21451

SOUTH AUSTRALIA

License No. CCP2831

TASMANIA

File No. FI1A-331

AUSTRALIAN CAPITAL TERRITORY

License No. L19000383

VICTORIA

Registration LL0011419, no. 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)

✈ Workplace Injury Management and Workers Compensation Act 1998 (NSW)

✈ Workplace Surveillance Act 2005 (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 Criminal Code Act 1995

✈ 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

CONTACT DETAILS

ANZGOG HEAD OFFICE

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ANZGOG

🐦 @anzgog

in [linkedin.com/company/australia-new-zealand-gynaecological-oncology-group](https://www.linkedin.com/company/australia-new-zealand-gynaecological-oncology-group)

WomenCan

🐦 @WomenCanFund

📷 @WomenCanFund

f @WomenCanFundraising

Team Teal

🐦 @WCTeamTeal



f @womencanteamteal



Improving life for
women through
cancer research

The Australia New Zealand Gynaecological Oncology Group (ANZGOG)
is the peak national gynaecological cancer research organisation.
We are recognised as a world leader in clinical trials research.

ANZGOG.ORG.AU

 @WomenCanFund  @anzgog  @WomenCanFundraising