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.
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 specialties. 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%.

Women who carry a mutation in their BRCA1 or BRCA2 genes have an approximately 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 1.7× MORE LIKELY to be DIAGNOSED with GYNAECOLOGICAL CANCERS – particularly uterine and cervical – THAN NON-INDIGENOUS WOMEN.

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 TRY-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® 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.
SUMMARY OF ACHIEVEMENTS – 2019

TRIALS
- $401,197 from government grants
- 54 participating sites
- 10 ovarian cancer trials underway
- 3 endometrial cancer trials underway
- 2 cervix cancer trials underway

FUNDRAISING
- $590,427 raised from fundraising activities
- $151,305 raised from Team Teal
- $84,896 raised from Save the Box
- $61,039 raised from Facebook live
- 394 attendees raised from Save the Box

STRENGTH AND SHOWS ONLY SIGNS OF STRENGTHENING AS THE YEARS GO BY
- Membership grew 12% to 959 members
- Secured a $40K grant from government grants
- 1143 students engaged through STS sessions
- 86 STS volunteers
- Raised $84,896 from Save the Box

SURVIVORS TEACHING STUDENTS
- 2019 PUBLIC FORUM
- 60 volunteers marched in Mardi Gras
- 270 attendees at the ANNUAL SCIENTIFIC MEETING

1443 students engaged through STS sessions
86 STS volunteers
Secured a $40K sponsorship from AstraZeneca

2019 MANUSCRIPTS

2019 ABSTRACTS

2018 MANUSCRIPTS

2018 ABSTRACTS

THE COLLEGIATE ASSEMBLY 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
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.

The 2019 Annual Report 2019

**DELEGATE PROFILE - 2019 ASM**

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

### Delegates by Speciality

- **Gynaecological Oncologist**: 33
- **Radiation Oncologist**: 11
- **Medical Oncologist**: 24
- **Pathologist**: 3
- **Consumer**: 5
- **Scientist**: 20
- **Data Manager**: 1
- **Trial Coordinator**: 2
- **Study Coordinator**: 3
- **Research Nurse**: 3
- **Radiation Research**: 1
- **Pathologist**: 1
- **Other**: 1
- **Allied Health**: 4
- **Speciality %

![Bar graph showing delegate profile]

### 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 radically 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.
Innovative & equitable clinical trials in gynaecological cancers

**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)

**GOAL ONE**

## CLINICAL TRIALS

### GOAL ONE

#### CLINICAL TRIALS

**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.

<table>
<thead>
<tr>
<th>STUDY</th>
<th>ICON?</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE</td>
<td>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</td>
</tr>
<tr>
<td>PRINCIPAL INVESTIGATOR</td>
<td>Prof Linda Mileshkin</td>
</tr>
<tr>
<td>COLLABORATIONS</td>
<td>University College London (UCL)-led international trial; ANZGOG lead group for Australia and New Zealand</td>
</tr>
<tr>
<td>FUNDING</td>
<td>Cancer Australia UCL, U.K.</td>
</tr>
<tr>
<td>STUDY MILESTONES</td>
<td>Planned Sample Size: 110 (ANZ)</td>
</tr>
<tr>
<td></td>
<td>Planned Number of Sites: 20 ANZ</td>
</tr>
<tr>
<td></td>
<td>Accrual: 13 patients</td>
</tr>
<tr>
<td>CONTACT</td>
<td><a href="mailto:icon9@ctc.usyd.edu.au">icon9@ctc.usyd.edu.au</a></td>
</tr>
</tbody>
</table>

### STUDY SOLACE2

**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.

<table>
<thead>
<tr>
<th>STUDY</th>
<th>SOLACE2</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE</td>
<td>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</td>
</tr>
<tr>
<td>PRINCIPAL INVESTIGATORS</td>
<td>Prof Clare Scott Assoc Prof Chee Lee (Co-Chair), Prof Michael Friedlander AM (Co-Chair)</td>
</tr>
<tr>
<td>TRANSLATIONAL CHAIR</td>
<td>Prof Magdalena Plebanski</td>
</tr>
<tr>
<td>COLLABORATIONS</td>
<td>Initiated in Australia by ANZGOG</td>
</tr>
<tr>
<td>FUNDING</td>
<td>AstraZeneca</td>
</tr>
<tr>
<td>STUDY MILESTONES</td>
<td>Planned Sample Size: 114</td>
</tr>
<tr>
<td></td>
<td>Planned Number of Sites: 15</td>
</tr>
<tr>
<td></td>
<td>Accrual: 4 patients</td>
</tr>
<tr>
<td>CONTACT</td>
<td><a href="mailto:solace2@ctc.usyd.edu.au">solace2@ctc.usyd.edu.au</a></td>
</tr>
</tbody>
</table>
**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 BRCA1 and BRCA2

**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

**Planned Sample Size:** 60
**Planned Number of Sites:** 10
**Accrual:** 7 patients | 9 sites

**CONTACT**
EMBRACE@ctl.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 HR deficiency.

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

**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 endometrial adenocarcinoma (EAC).
### GOAL ONE
#### CLINICAL TRIALS

**TRIALS RECRUITING (AS AT JUNE 2019)**

<table>
<thead>
<tr>
<th>STUDY</th>
<th>TITLE</th>
<th>PRINCIPAL INVESTIGATOR</th>
<th>COLLABORATIONS</th>
<th>FUNDING</th>
<th>STUDY MILESTONES</th>
<th>CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>iPRIME</strong></td>
<td>A Phase II study of durvalumab (MEDI14736) and tremilimumab in combination with neoadjuvant carboplatin and paclitaxel in newly diagnosed women with advanced stage high grade serous ovarian, fallopian tube and peritoneal cancers</td>
<td>Assoc Prof Tarek Meniawy</td>
<td>Initiated in Australia by ANZGOG</td>
<td>AstraZeneca OASIS Initiative</td>
<td>Planned Sample Size: 75 Planned Number of Sites: 10 Accrual: 37 patients</td>
<td><a href="mailto:trials@anzgog.org.au">trials@anzgog.org.au</a></td>
</tr>
</tbody>
</table>

**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 TRI/PRIME, 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.

<table>
<thead>
<tr>
<th>STUDY</th>
<th>TITLE</th>
<th>PRINCIPAL INVESTIGATOR</th>
<th>COLLABORATIONS</th>
<th>FUNDING</th>
<th>STUDY MILESTONES</th>
<th>CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VIP</strong></td>
<td>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</td>
<td>Prof Linda Mileshkin</td>
<td>National University Hospital, Singapore (NUHS)-led international trial; ANZGOG-lead group for Australia and New Zealand</td>
<td>OASIS Initiative, Baker Foundation Grant</td>
<td>Planned Sample Size: 15 (ANZ)</td>
<td>Planned Number of Sites: 7 ANZ Accrual: 0 patients</td>
</tr>
</tbody>
</table>

**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.”

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)

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

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.
GOAL ONE
CLINICAL TRIALS

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.
**GOAL ONE**

**CLINICAL TRIALS**

**TRIALS IN START UP (AS AT JUNE 2019)**

### 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.

### 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 durvalumab if they progress.
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.

**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.
GOAL ONE
CLINICAL TRIALS

TRIALS CLOSED TO RECRUITMENT (AS AT JUNE 2019)

**PHAEDRA STUDY**

**STUDY**

**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

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 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.
GOAL ONE  
CLINICAL TRIALS

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 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**
Re-purpose FDA-approved drug to selectively target mutant-p53 high-grade serous ovarian cancer

**Principal Investigator**
Dr Prahlad Raniaga

**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 tremelimumab as part of the iPRIME study

**Principal Investigator**
Assoc Prof Tarak 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
Queenland 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=1) 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 in untreated mice. This data will be combined with data from Prof Clare Scott’s lab (who are also doing similar studies in several carcinomas 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.
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 Mileshkin

“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
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:

<table>
<thead>
<tr>
<th>TRIAL</th>
<th>INTERNATIONAL GROUP</th>
<th>ANZGOG PRINCIPAL INVESTIGATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICON9</td>
<td>University College London, United Kingdom</td>
<td>Prof Linda Mileshkin</td>
</tr>
<tr>
<td>STICs and STONEs</td>
<td>Canadian Cancer Trials Group, Canada</td>
<td>Prof Kelly-Anne Philips</td>
</tr>
<tr>
<td>ATEnd</td>
<td>MaNGO, Italy</td>
<td>Dr Yoland Antill</td>
</tr>
<tr>
<td>MOCCA</td>
<td>National University Hospital, Singapore</td>
<td>Prof Michael Friedlander AM</td>
</tr>
<tr>
<td>VIP</td>
<td>National University Hospital, Singapore</td>
<td>Prof Linda Mileshkin</td>
</tr>
</tbody>
</table>

**GOAL 3**

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’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
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**

<table>
<thead>
<tr>
<th>CENTRE</th>
<th>PRECISE</th>
<th>ECHI</th>
<th>NhHM</th>
<th>SOLACE2</th>
<th>ICON7</th>
<th>IPDINE</th>
<th>MOCGA</th>
<th>OBPAGE</th>
<th>ANZGOG</th>
</tr>
</thead>
<tbody>
<tr>
<td>QLD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NZ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Site currently open to recruitment
Site selected but not yet open
GOAL 4

Strategic partnerships, collaboration & engagement

OVARIAN CANCER NATIONAL ACTION PLAN


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).
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:

- 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).

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

“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)

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.

WANDA LAWSON - ANZGOG Consumer Research Panel Chair

“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

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

"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." -

(Year 2 medical student, 2019)
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 capability 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:
- 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
- OASIS Initiative (Ovarian Cancer Alliance for Signal-seeking studies)
- TR-ANZGOG 

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.

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 capability to support our gynaecological cancer research goals in an efficient and streamlined manner.

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

Australia New Zealand Gynaecological Oncology Group | 43
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.

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.

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 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.

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.

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.

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.

ANZGOG’s continued fundraising for our work in the gynaecological oncology field.
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 ANZBCG 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 served in 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.

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 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 Pharmacological 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.

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).

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 studies and single centre research. He is on the ANZGOG Research Advisory Committee and was Program Chair of the 2014 ANZGOG ASCO Combined Scientific Meeting and was Program Chair of the 2015 ANZGOG Annual Scientific Meeting.

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.

MR DAVID RIVERS

David Rivers was with professional services firm KPMG for 37 years, including 27 years as a partner in the Australian firm. His career 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 Motor Yacht Club Broken Bay and is also a member of the Western Sydney Local Health District Finance, Performance and Assets Committee.

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 (RQH/WB) and Professor of Medical Oncology at Greenslopes Private Hospital and ICON Cremorne. 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.
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.

OUR COMMITTEES & STAFF (AS AT 30 JUNE 2019)

STAFF
Alison Evans
Chief Executive Officer
Research
John Andrews (part-year)
Claire Davies
Tracey Meares
Fundraising & Development
Karen Livingstone AM
Juliana 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

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 Milesklin

RESEARCH ADVISORY COMMITTEE
Dr Alison Davis (Chair)
Dr Michelle Vaughan (Deputy Chair)
Assoc Prof Lyndal Anderson
Prof Madelaine King
Ms Cheryl Waller
Ms Rhonda Beach
Ms Sarah York
Assoc Prof Martin Stockler
Prof Vai Deboski
Dr Sonya Yip
Assoc Prof Alison Brand
Assoc Prof Sam Saidi
Assoc Prof Rhonda Farrell
Prof Michelle 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 Pellock
Dr Ganessian Kichanadassie
Prof David Bowtell
Assoc Prof Anne Hamilton
Prof Linda Milesklin
Dr Pearly Khaw

CERVIX 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 Gehler
Prof David Bowtell
Prof Clare Scott
Prof Sumitra Ananda
Dr Kylie Goringe

OASIS STEERING COMMITTEE
Prof Michael Friedlander AM (Chair)
Dr Alison Davis
Ms Sue Brew
Assoc Prof Alison Brand
Dr Bo Gao
Dr Chee Khoon Lee
Assoc Prof Philip Beale
Prof Anna deFazio
Dr Michelle Wilson
Ms Jane Hill
Prof David Bowtell
Prof Clare Scott
Prof Sumitra Ananda
Dr Kylie Goringe

Australia New Zealand Gynaecological Oncology Group | 69
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

GROUPED BY GEO-LOCATION

MEMBER GROWTH CHART

MEASURING OUR PERFORMANCE

GOAL FIVE: INNOVATIVE AND EQUITABLE CLINICAL TRIALS IN ALL GYNAECOLOGICAL CANCERS

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>MEASURABLES/OUTPUT – 1 JULY TO 30 JUNE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015</td>
</tr>
<tr>
<td>SG1</td>
<td></td>
</tr>
<tr>
<td>Actively support a diverse portfolio of clinical trials</td>
<td>Number of ovarian cancer trials underway</td>
</tr>
<tr>
<td></td>
<td>Number of endometrial cancer trials underway</td>
</tr>
<tr>
<td></td>
<td>Number of cervical cancer trials underway</td>
</tr>
<tr>
<td></td>
<td>Number of Quality of Life studies underway</td>
</tr>
<tr>
<td></td>
<td>Other types of trials including rare tumour studies underway</td>
</tr>
<tr>
<td>Expand innovative research initiatives</td>
<td>Fund for New Research Grants awarded</td>
</tr>
<tr>
<td></td>
<td>OASIS Initiative Projects funded</td>
</tr>
<tr>
<td></td>
<td>Collaborative studies supported by ANZGOG</td>
</tr>
<tr>
<td>In partnership with government and collaborators we continue to increase the opportunities for women to participate in gynaecological cancer clinical trials</td>
<td>Increase the number of gynaecological cancer clinical trials conducted annually*</td>
</tr>
<tr>
<td></td>
<td>Increase participation in clinical trials by women affected with gynaecological cancer *</td>
</tr>
<tr>
<td>Translating research into practice</td>
<td>Number of publications of research results*</td>
</tr>
<tr>
<td></td>
<td>Trials changing clinical practice</td>
</tr>
<tr>
<td>Develop independent cancer clinical trials to the stage of applying for grant and other funding (in collaboration with the NHMRC Clinical Trials Centre)</td>
<td>Government grants awarded for research and research support</td>
</tr>
<tr>
<td></td>
<td>Other funding provided for research and research support</td>
</tr>
<tr>
<td>Clinical trials design and protocol development</td>
<td>Number of new concepts or studies presented to ANZGOG</td>
</tr>
<tr>
<td></td>
<td>Number of new concepts in development with ANZGOG</td>
</tr>
</tbody>
</table>

* Three major international studies (OUTBACK, PARAGON, SYMPTOM BENEFIT) closed to recruitment in 2017.
### S02 - World-Class Translational Research in Gynaecological Cancers

- **Implement and embed TR-ANZGOG, driving translational research**
  - Missions 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

### S03 - 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

*Domino - Holland, AOG - Germany, GINECO - France, EORTC - Belgium, ICORG - Ireland, RTOG - USA, CECTG - Canada, NSGO - Denmark, MUNDO - Italy, NSGO - Sweden, ANZGOG - Japan, IOG - USA, COG - USA, Hodgkin - USA, SOGCT - Scotland, UCL - United Kingdom, CRUK - United Kingdom, MRC - United Kingdom, DOTIC - Japan*

### S04 - Strategic Partnerships, Collaboration & Engagement

- **Communicate the breadth of ANZGOG’s research focus**
  - Twice annual ResearchHER for newsletter consumers and the general public
    - Achieved

- **Raising awareness of clinical trials amongst consumers and public forum**
  - Number of participants in consumer information sessions in person and through webinar
    - 458 2000+ 2,708 1,905 2,781

- **Growing capacity of consumers supporters**
  - Number of volunteer ambassadors supporting ANZGOG
    - 12 9 17 147 172

### S05 - Organisation Capacity Aligned with our Research Agenda

- **Financial sustainability including grant and fundraising activity**
  - Donations, bequests, community support
    - $365,932
  - Corporate sponsorship
    - $120,145

- **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

- **An engaged and skilled, paid workforce**
  - ANZGOG staff, headcount excluding casuals (and as FTE)
    - 9 (3.2 FTE)
  - CTC Operating Centre staff working on ANZGOG trials
    - 8
  - BaCT Operating Centre staff working on ANZGOG trials
    - 8 (6.5 FTE)
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:

<table>
<thead>
<tr>
<th>Trial</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECHO</td>
<td>$694,943</td>
</tr>
<tr>
<td>STATEC</td>
<td>$253,795</td>
</tr>
<tr>
<td>STICs and STONEs</td>
<td>$47,576</td>
</tr>
<tr>
<td>TIPS</td>
<td>$62,500</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Funding received</th>
</tr>
</thead>
<tbody>
<tr>
<td>OASIS</td>
<td>$666,136</td>
</tr>
<tr>
<td>iPRIME</td>
<td>$650,000</td>
</tr>
<tr>
<td>PRECISE</td>
<td>$88,000</td>
</tr>
</tbody>
</table>

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 expended. At 30 June 2019 these were:

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Funding received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survivors Teaching Students®</td>
<td>$66,555</td>
</tr>
<tr>
<td>TR-ANZGOG</td>
<td>$150,000</td>
</tr>
<tr>
<td>Fund for New Research Grants</td>
<td>$83,849</td>
</tr>
</tbody>
</table>

SUPPORT FOR CLINICAL TRIALS
Funds are provided by Cancer Australia and the Cancer Institute NSW to support gynaecological cancer research infrastructure and study development. These funds are also administered by the University of Sydney for the benefit of ANZGOG. Grants in the 2019 financial year were:

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Australia, Support for Clinical Trials Program</td>
<td>$562,000</td>
</tr>
</tbody>
</table>

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

**INCOME**

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government grant</td>
<td>$401,197</td>
<td>$546,731</td>
</tr>
<tr>
<td>Trial projects</td>
<td>$1,220,156</td>
<td>$458,640</td>
</tr>
<tr>
<td>Philanthropic grant</td>
<td>$66,458</td>
<td>$107,808</td>
</tr>
<tr>
<td>Fundraising activities</td>
<td>$590,427</td>
<td>$2,533,997</td>
</tr>
<tr>
<td>Corporate sponsorship</td>
<td>$145,091</td>
<td>$193,191</td>
</tr>
<tr>
<td>Annual Scientific Meeting conference</td>
<td>$156,898</td>
<td>$124,692</td>
</tr>
<tr>
<td>Interest income</td>
<td>$8,386</td>
<td>$26,533</td>
</tr>
<tr>
<td>Dividend income</td>
<td>$118,187</td>
<td>$54,219</td>
</tr>
<tr>
<td>Rental income</td>
<td>$14,135</td>
<td>$53,034</td>
</tr>
<tr>
<td>Gain on sale of property</td>
<td>$38,740</td>
<td>$35,000</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>$2,759,674</td>
<td>$4,098,863</td>
</tr>
</tbody>
</table>

### EXPENDITURE

**EXPENDITURE**

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$2,759,674</td>
<td>$4,098,863</td>
</tr>
<tr>
<td>Trial expenses</td>
<td>$(536,319)</td>
<td>$(292,662)</td>
</tr>
<tr>
<td>Administration expenses</td>
<td>$(147,249)</td>
<td>$(140,127)</td>
</tr>
<tr>
<td>ASM Conference</td>
<td>$(259,657)</td>
<td>$(209,654)</td>
</tr>
<tr>
<td>Communications &amp; education</td>
<td>$(57,443)</td>
<td>$(75,605)</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>$(9,076)</td>
<td>$(4,351)</td>
</tr>
<tr>
<td>Employee benefits expenses</td>
<td>$(1,198,181)</td>
<td>$(967,273)</td>
</tr>
<tr>
<td>Finance expenses</td>
<td>$(33,800)</td>
<td>$(48,923)</td>
</tr>
<tr>
<td>Fundraising expenses</td>
<td>$(239,046)</td>
<td>$(271,420)</td>
</tr>
<tr>
<td>Occupancy expenses</td>
<td>$(56,546)</td>
<td>$(24,694)</td>
</tr>
<tr>
<td>Property expense</td>
<td>$(5,081)</td>
<td>$(29,831)</td>
</tr>
<tr>
<td>Travel expenses</td>
<td>$(96,272)</td>
<td>$(94,304)</td>
</tr>
<tr>
<td><strong>Surplus for the year from Operations</strong></td>
<td>$120,983</td>
<td>$1,938,287</td>
</tr>
<tr>
<td>Project and Grant expenses utilising ANZGOG Reserves</td>
<td>$(389,109)</td>
<td>$(138,792)</td>
</tr>
<tr>
<td><strong>Net change in fair value of available-for-sale financial assets</strong></td>
<td>$109,271</td>
<td>$6,036</td>
</tr>
<tr>
<td><strong>(Deficit)/Surplus for the year before Income Tax expense</strong></td>
<td>$(158,855)</td>
<td>$1,805,530</td>
</tr>
<tr>
<td>Income tax expense</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>(Deficit)/Surplus for the year after tax expense attributable to the members of Australia New Zealand Gynaecological Oncology Group</strong></td>
<td>$(158,855)</td>
<td>$1,805,530</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cash flows from operating activities</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts from grants</td>
<td>1,932,299</td>
<td>792,919</td>
</tr>
<tr>
<td>Receipts from donations</td>
<td>374,758</td>
<td>2,430,048</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>558,685</td>
<td>442,593</td>
</tr>
<tr>
<td>Receipts from sponsorships, ASM, insurance and other revenue</td>
<td>(2,674,103)</td>
<td>(2,209,666)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>211,640</td>
<td>1,455,894</td>
</tr>
</tbody>
</table>

**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 |
| **Total**                                | (1,004,396) | (2,554,385) |

**Net change in cash and cash equivalents**

| Balance at 30 June 2019 | (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](#)
INDEPENDENT AUDITOR’S REPORT

To the members of Australia New Zealand Gynaecological Oncology Group


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 to 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.

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 intend 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:


This description forms part of our auditor’s report.

BDO East Coast Partnership

Paul Cheeseman
Partner

Sydney, 20 September 2019
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/21651

**SOUTH AUSTRALIA**
License No. CCP2831

**TASMANIA**
File No. F11A-331

**AUSTRALIAN CAPITAL TERRITORY**
License No. L19900383

**VICTORIA**
Registration LL0011419, no. 13

**NORTHERN TERRITORY**
Reference No. 2016-4117

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 1997 (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
- Competition and Consumer Act 2010
- Corporations Act 2001 Delamation 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
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