

Newsletter | Issue 2 | February 2009

Welcome to the ANZMTG newsletter. We are pleased to update you with the latest news from ANZMTG and the melanoma research field.

ANZMTG research activities continue to advance in scope in 2009. With our commitment to collaboration with researchers, industry and consumers we are developing new initiatives and expanding our online membership services. Details of ANZMTG activities and new initiatives are outlined in this newsletter; stay tuned to our website for further developments.

Research sector news

Clinical Oncological Society of Australia (COSA) Annual Scientific Meeting

The COSA ASM was a large multidisciplinary event of international significance, running from 18-20 November 2008. This year the congress focused particularly on cancers of concern in Australia, including Melanoma and non-melanocytic skin cancers. A whole day of the program was devoted to this important area with input from leading international researchers, industry and consumer representatives.

Prof John Thompson, ANZMTG Chair and Sydney Melanoma Unit Director, chaired the session *Plenary 3 - Melanoma in the modern era*, with leading surgical oncologist Bruce Mann. Prof Thompson also introduced the new Melanoma Guidelines for Australia and New Zealand (see below), and presented "Chemoablation of cutaneous and subcutaneous metastatic melanoma using PV-10" for the session *Best of proffered papers - Melanoma and non-melanoma skin cancer*. Rachael Morton, ANZMTG Executive Member, presented an update on ANZMTG activities in the session *Melanoma – where are we now?* Further key sessions relevant to melanoma included the International Association of Cancer Registries (IACR) sessions, *Skin cancer epidemiology* and *Skin cancer 2*, and the IACR/COSA joint seminar, *Sun protection programs*.

"COSA provided a wealth of information to our organisation, which we, in turn, can pass on to our members who have melanoma"

Lisa MacFadyen, CEO, Melanoma Patients Australia



COSA ASM 2008 images: Prof John Thompson, Director of the Sydney Melanoma Unit and ANZMTG Chair, with Charles Balch, Professor of Surgery and Oncology and Dermatology, Johns Hopkins Medical Institutions, USA (left); Marianne Berwick, University of New Mexico Cancer Center, presents *Gene-Environment interaction in melanoma: examples from GEM* presentation by, USA (right). Images courtesy of COSA.

ANZMTG supported a number of members to attend the COSA ASM through the Travel Grant program. Posters presentations included:

Melanoma Patients Australia a focus of patient support and advocacy, L. McFadyen, H. Herlaar, M. Smithers, Melanoma Patient Australia, Red Hill, Queensland, Australia

Results of repeat isolated limb infusion for recurrent melanoma, H.M. Kroon, D. Lin, P.C.A. Kam, J.F. Thompson, *Regional Limb Toxicity following isolated limb infusion for melanoma*, H.M. Kroon, M. Moncrieff, P.C. Kam, J.F. Thompson

Isolated Limb Infusion in elderly patients with advance locoregional recurrence H.M. Kroon, D. Lin, P.C.A. Kam, J.F. Thompson

Summarising presentations on Isolated Limb Infusion (ILI), Hidde Kroon reports:

ILI is a minimally invasive technique administering regionally high dose chemotherapy to treat local spread of melanoma in an arm or a leg when surgical treatment is no longer an option and the only other realistic treatment would be amputation. 2-3% of patients with melanoma on a limb will eventually develop locally spread metastases and may be helped by this limb saving procedure. The technique has been designed by Professor Thompson at the Sydney Melanoma Unit as a simpler and safer alternative to conventional isolated limb perfusion (ILP). The major difference between the two procedures is that ILP requires an invasive surgical procedure whereas ILI is performed without surgery and therefore results in less complications and a shorter hospital stay. Results of ILI are comparable to those achieved following ILP, however with less morbidity and complications.

For further information visit www.cosa-iacr.org

New Melanoma Guidelines

The new *Clinical Practice Guidelines for the Management of Melanoma in Australia and New Zealand* have been launched online. Developed by the National Health and Medical Research Council in conjunction with the Australian Cancer Network, these evidence-based best practice guidelines assist general practitioners, dermatologists, surgeons and others in clinical decision making when managing patients with melanoma.

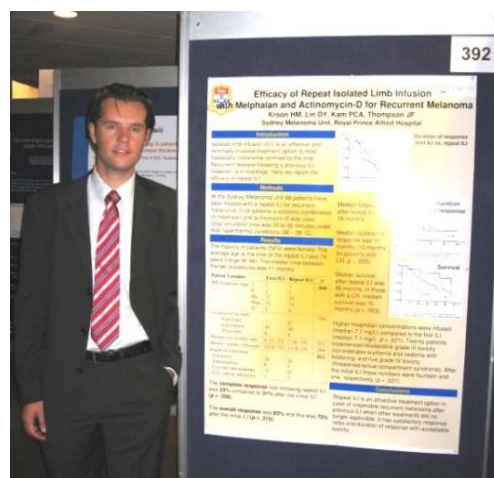
For further information visit

www.cancer.org.au/Healthprofessionals/clinicalguidelines/skincancer.htm and www.nhmrc.gov.au/PUBLICATIONS/synopses/cp111syn.htm

New Cancer Australia consumer resources

On World Cancer Day, 4 February 2009, Cancer Australia launched four new publications for people living with cancer and cancer support groups. These resources aim to support consumers contribute meaningfully to national policy and programs, and to help organisations establish and maintain quality cancer support groups.

For further information visit www.canceraustralia.gov.au



COSA ASM 2008 images: Hidde Kroon and ILI presentation (top, image courtesy of H. Kroon); Prof John Thompson introducing New Melanoma Guidelines for Australia and New Zealand (below, image courtesy of COSA).



Melanoma Summit New Zealand 2008

The Summit took place in Auckland on 14 November 2008, co-chaired by Assoc Prof Graham Stevens, National Radiation Oncology Work Group and Chair of New Zealand Reference Group for the Melanoma Guidelines, and Mr Garry Duncan, Australasian College of Surgeons and New Zealand Association of Plastic Surgeons. The event brought together leaders in melanoma treatment and researchers to discuss key issues in melanoma worldwide and to decide on how to take things forward in New Zealand. Invited speakers included Prof John Thompson, Assoc. Prof Scott Menzies and Dr Mark Elwood.



2008 Melanoma Summit NZ: Patient Perspective Panel (left); Prof John Thompson (right). Images courtesy of COSA.

Dr Nick Marsh, Managing Director, NEXT Corporation; Anne Ackerman, Executive Director, Melanoma Foundation of NZ; and Lyn Pearless, specialist nurse, Waitemata Surgeons, provided this update of the key event:

The New Zealand Challenge:

The control of melanoma in New Zealand requires an integrated consumer centred approach involving health promoters, health professionals, researchers and policy makers.

The Summit achieved three things:

1. Launch of the Australian and NZ Melanoma guidelines
2. International review of the latest research and experience about melanoma
3. Agreement to set up the Melanoma Network of New Zealand (MELNET) to bring together all practitioners to work together to address the challenge shown above

The goal for practice is to ensure that the patient journey is optimal:

1. Provision of prompt service
2. Information
3. Procedural information
4. Reliable source: A practice that utilises '*Clinical Practice Guidelines for the Management of Melanoma in Australia & New Zealand*'
5. Nurse Practitioner or Clinical Nurse Specialist involvement
6. Goal for equitable care across New Zealand
7. Access for patients to clinics/trials in or outside of New Zealand
8. Network across New Zealand. All units to contribute to a national audit across all District Health Boards (DHB)

Research Corner

Quality of life and Melanoma

Dr Julie Winstanley, ANZMTG Associate Professor in Biostatistics / Provectus Research Fellow

Melanoma can affect patients and their close family members in many ways. While some patients only need to have melanoma surgically removed once and require no further treatment, others will have a recurrence that may complicate treatment pathways and is generally associated with a poor prognosis. Some medical treatments can seriously impair patient quality of life (QoL) without providing appreciable benefit, while others are of great benefit. More effective judgements about the treatment pathway can be made, from the patient's perspective, if QoL measures are incorporated.

QoL for melanoma patients' changes over time and late detection of these QoL outcomes may constrain early psychosocial interventions by treating institutes. In the case of melanoma patients, aspects of QoL are likely to include psychological and social issues (e.g. body image perception due to surgical scarring, acceptance in society/community, coping style, adjustment and feelings related to control.) The rate of referral to cancer support services for melanoma patients who develop levels of psychological distress is high, and additional data regarding the prospect of early detection of signs and symptoms may add value to the prognosis of the patient.

Gap in the evidence base

There is a paucity of data on the QoL of patients in NSW, Australia and indeed worldwide. This may, in part, be because the most commonly used cancer QoL scales have received little critical attention in terms of their performance within melanoma populations. Moreover, despite the international movement towards developing disease-specific QoL questionnaires, little work has been done to develop reliable, valid and sensitive measures for use specifically in melanoma. Such specific measures are needed on QoL issues of particular concern in each cancer type.

"If you cannot measure it, you cannot improve it"

Lord Kelvin, 1889

To date, there are no substantive data available in NSW, or in Australia, that capture and measure issues related to QoL from a large group of melanoma patients, despite the apparently strong relationship between melanoma and Australia.

ANZMTG's role in QoL research in Melanoma

For melanoma, there has been little research conducted into the QoL of both cancer survivors and the family caregivers, and the interrelationship between the two. New research investigating the influence of both cancer survivor and primary caregiver QoL is important.

An expanding area of research work for the ANZMTG will involve looking at how the QoL of patients and families is affected by melanoma. Our activities will include validating existing generic cancer health-related QoL tools in a melanoma population, and developing new melanoma-specific items to measure QoL in this unique population.

Proposals in development

Two studies are planned to develop and test new QoL questionnaire items for both patients and family members, together with the existing health related cancer QoL instruments. These will measure a range of domains, including personal and family adaptation, dependency, emotional functioning, mobility and relationships which are all relevant for cancer family members. A large sample of patients and family members will be contacted through the ANZMTG membership and professional networks, and through the Melanoma Institute Australia, incorporating the Sydney Melanoma Unit.

It is expected that by validating the currently existing QoL tools on a large Australian melanoma population, existing tools will be further developed to better measure and assess the impact of melanoma on patients and their carers, and thereby enable a better approach to therapy, treatment and prognosis, and aid in the screening and detection of a range of psychosocial issues during treatment. The data generated from the study will assist health service providers in the provision of support for cancer families and aid the early detection of increased emotional distress in family caregivers.

ANZMTG news

Online Research Proposals

In order to better facilitate new research development, ANZMTG has launched an online process for the submission and review of clinical trials and research proposals. The new Synopsis Form provides an effective template and guidelines for proposing research projects, defining protocols and requesting support. We welcome and encourage our membership and any interested parties to submit proposals to the Executive and Scientific committees.

For further information visit www.anzmtg.org/content.aspx?page=trials

ANZMTG Annual General Meeting 2008

The ANZMTG Executive Committee, members and staff met for the 2008 AGM on Wednesday 19 November, as part of the COSA ASM program. Agenda items addressed organisational progress and membership overview; future directions; and current activities. The external Financial Audit and Quarterly Progress Reports confirmed ANZMTG's financially sound performance. Strategic plans were approved for online clinical trial and research proposals (see above) and a new Scientific Review Committee. ANZMTG Clinical Trial portfolio and QoL research were outlined.

For further information please email ANZMTG at anzmtg@usyd.edu.au

Consumer Participation

A new Consumer Information page has been launched on the ANZMTG website, which will draw together resources to assist consumers become active and informed representatives in the development of clinical trials.

In line with the Australian Charter of Healthcare Rights, ANZMTG advocates consumer engagement in developing and conducting research activities. Consumer participation better enables ANZMTG to develop research into the improvement of quality care, treatment and management of patients with melanoma. ANZMTG will develop consumer participation resources and initiatives throughout 2009.

For further information visit www.anzmtg.org/content.aspx?page=consumerinfo

ANZMTG Membership

The new online membership system has been launched, as part of the ongoing development of the ANZMTG website.

Membership is free and benefits include access to a professional network for melanoma research; support for the development of investigator-initiated studies; access to grant opportunities; news updates and subscription to the ANZMTG newsletter. Stay tuned for further membership services and resources.

For further information and to apply for membership visit www.anzmtg.org/memberapply.aspx

ANZMTG Clinical Trials update

Current Trials

- | | Study status |
|--|----------------------|
| 1. ANZMTG 1-07 - Whole Brain Radiotherapy (WBRT) following local treatment of intracranial metastases of melanoma – a randomised phase III trial (see below for further details). | Approved and open |
| 2. MSLT-II - A phase III multicenter randomized trial of sentinel lymphadenectomy and complete lymph node dissection versus sentinel lymphadenectomy alone, in cutaneous melanoma patients with molecular or histopathological evidence of metastases in the sentinel node. | Open – recruiting |
| 3. ANZMTG 1-02 - A randomised clinical trial of surgery versus surgery plus adjuvant radiotherapy for regional control in patients with completely resected macroscopic nodal metastatic melanoma. | Closed, in follow up |
| 4. MSLT-I - A clinical study of wide excision alone versus wide excision with intraoperative lymphatic mapping and Sentinel Lymph Node Dissection in the treatment of patients with cutaneous invasive melanoma. | Closed, in follow up |

Proposed Trials

1. A phase II randomised controlled trial comparing oral vitamin D with placebo in patients with cutaneous melanoma at high risk of recurrence.
2. **ANZMTG 01-09** - A randomised trial of post-operative radiation therapy following wide excision of neurotropic melanoma of the head and neck.
3. Randomised controlled trial of 1cm vs 2 cm excision margins for primary invasive cutaneous melanoma 1-4 mm in thickness.
4. Improving Quality of Life measurement for melanoma patients (see page 4 for further details).
5. Surgery versus surgery with systemic immunotherapy with BCG (Bacille Calmette-Guerin) versus best medical therapy for patients with resectable stage IV melanoma.

Summary of 2008 patient recruitment in ANZMTG Clinical Trials:

ANZMTG aims to increase access and participation rates in melanoma clinical trials in Australia and New Zealand. In order to achieve this we are continuing to build our membership network and to actively promote our trials. A total of 1215 patients were involved in ANZMTG clinical trials during 2008.

State	Total no. of patients	State	Total no. of patients
Australian Capital Territory	0	South Australia	62
New South Wales	1009	Tasmania	0
Northern Territory	0	Victoria	113
Queensland	30	Western Australia	1

ANZMTG 1-07 - Whole Brain Radiotherapy update

This important study will investigate the effect of whole brain radiotherapy (WBRT) on patients who have melanoma metastases in the brain. Comprehensive neurocognitive testing occurs throughout the duration of the study which will better measure the role of WBRT on the cognitive function of patients. This is an interesting project as WBRT remains controversial as there is no agreed consensus regarding what constitutes best treatment for patients.

Currently there are 9 Australian sites involved in the study (6 in NSW, 1 in QLD, 1 in WA and 1 in VIC). We have now initiated 3 sites and recruitment is now open at those sites. The other sites will be initiated as soon as

the respective ethics approval is granted. The pilot study will involve 60 patients recruited over a 2 year period. We are very excited about this and look forward to randomising the first (of 60) patients.

ANZMTG held a face-to-face neurocognitive function (NCF) training session at their North Sydney office in August 2008. 6 sites (16 staff members) participated in the training session which was lead by Haryana Dhillon (School of Psychology, University of Sydney), Rachael Morton (School of Public Health, University of Sydney and ANZMTG Executive Member) and Elizabeth Paton (ANZMTG Senior Project Officer).



NCF Training 2008: featuring Alan Lucas, NHMRC CTC Trial Co-ordinator and Sandie Grierson, Sydney Melanoma Unit, Senior Clinical Trials Research Officer.

2009 Calendar

Date	Event	Location
March 13-14	6 th International Symposium on Melanoma and Other Cutaneous Malignancies - www.cancerlearning.com	New York, USA
May 12-16	Joint Meeting: 7 th World Congress on Melanoma and 5 th Congress of the European Association of Dermato-Oncology (EADO) - www.worldmelanoma2009.com	Vienna, Austria
June 22-25	BIT Life Sciences: 2 nd World Cancer Congress 24 June Track 1-7: Non-Hogkin's Lymphoma and Perspectives in Melanoma, Track 1-9: Skin Cancer - www.bitlifesciences.com/cancer2009	Beijing, China
August 7-8	Melanoma Symposium presented by Sydney Melanoma Unit and NSW Melanoma Network	Sydney, Australia
November 17-19	COSA 36th Annual Scientific Meeting	Gold Coast, Australia
November 19-21	3 rd Meeting of Multidisciplinary Melanoma/Skin Cancer Centres	Berlin, Germany

ANZMTG is an independent non-profit organisation funded by Cancer Australia and the Melanoma Foundation (University of Sydney), and part of the COSA Cooperative Clinical Trials Groups. ANZMTG gratefully acknowledges these organisations and the members of the ANZMTG Executive Committee for their continued support.