

NEWSLETTER | ISSUE 9 | Autumn/Winter 2011

Welcome to the 2nd edition of the ANZMTG newsletter for 2011. We are pleased to welcome Professor Bryan Burmeister as a new ANZMTG Executive Committee member. Bryan Burmeister provides radiation oncologist expertise to the board and is currently the director of the radiation oncology department at Princess Alexandra Hospital, QLD and president of the Trans-Tasman Radiation Oncology Group (TROG). This newsletter contains information about recent ANZMTG activities including membership and consumer surveys and our current research activities.

What is a BRAF Mutation? What are BRAF Inhibitors?

BRAF (*pronounced B-Raf*) is a protein which is a member of the Raf kinase family. This protein plays a role in regulating the MAP kinase / ERKs signalling pathway, which affects how Melanoma cells divide and grow. Recently, new drugs have been developed which will interrupt and inhibit the BRAF gene thereby stopping the Melanoma cells growing. The drugs bind to the BRAF protein and stop it from activating the pathway. Because not all Melanomas have the BRAF genetic mutation, however, this means that some people will respond to the BRAF inhibitor drugs and some people will not depending on whether or not they have the specific gene mutation. BRAF status is tested by analysing the pathology slides from a patient's previous excision. Your BRAF mutation status can determine your treatment pathways.

Roche and Glaxo Smith Kline, have developed new BRAF Inhibitor products are currently testing them in clinical trials. More information can be found on the Roche Clinical Trials Registry (www.roche-trials.com), Plexikon's website (www.plexikon.com), and Glaxo Smith Kline Clinical Trials Registry (www.gsk-clinicalstudyregister.com) as well as www.clinicaltrials.gov. To access Australia Clinical Trial information please search for 'malignant melanoma' on the following registries:

Cancer Trials Australia (www.australiancancertrials.gov.au);

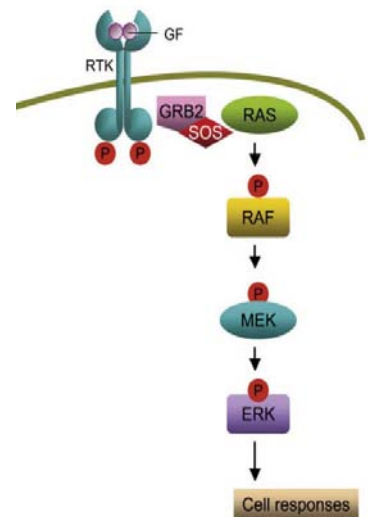
Australian New Zealand Clinical Trials Registry (www.anzctr.org.au);

NSW Cancer Trials Network (www.cancerinstitute.org.au/cancer_inst);

Victorian Cancer Trials Link (www.cancervic.org.au/trials).

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Cellular Proliferation, Survival, Migration

American Society of Clinical Oncology (ASCO) Annual Meeting 2011 Highlights



Dr Alex Menzies, a trainee in Medical Oncology, presenting research performed at MIA and Westmead Hospital

The annual meeting of the American Society of Clinical Oncology was held in June. Clinical trial results for two major new drugs designed to prolong the lives of advanced melanoma were reported; vemurafenib and ipilimumab. Vemurafenib works by attacking a specific gene mutation, BRAFV600E, which accelerates tumour growth. Clinical trials are underway in Australia investigating the efficacy and side effects of these B-RAF Inhibitor drugs. Ipilimumab activates the immune system to help it better fight melanoma. The drug is now approved by the Food and Drug Administration in the United States and is sold under the name Yervoy. Clinical trials are now closed in Australia and the pharmaceutical company is collating information for consideration by the Australian Regulatory Authority, the Therapeutic Goods Administration (TGA). The results of the most recent vemurafenib and ipilimumab clinical trials can be found the New England Journal of Medicine.

There have also been exciting results of the first in human study of combining targeted drugs i.e. GSK BRAF inhibitor and MEK inhibitor. Mature data is awaited, but the early results are very encouraging with less skin toxicity in the combination than either drug alone, and high response rates observed.

Vitamin D and Melanoma

Vitamin D deficiency and public health messages remain controversial and there are many questions still to be answered. There is conflict between sun protection messages and the need for sun exposure, and controversy regarding whether vast numbers of Australians are genuinely vitamin D deficient and need supplementation, or whether this is just another fad fuelled by commercial interests. A growing body of scientific evidence links vitamin D deficiency with numerous illnesses including skeletal and non-skeletal disease (cardiovascular, autoimmune and cancer). The current Australian recommendation is to maintain vitamin D levels above 75nmol/L for optimal health benefits, but more evidence-based studies are required. Sunlight exposure poses a risk of photo skin damage and therefore oral supplementation is recommended when treating vitamin D deficiency (*Janu M, Vitamin D, Common Sense Pathology, April 2011*).

A potential role for vitamin D in the prevention of melanoma recurrence has been suggested due to its action in cancer cells. This proposed protective effect of vitamin D (produced in the skin on exposure to sunlight) is in line with better survival rates for cases diagnosed in summer compared with winter. In December 2010, the single centre ANZMTG Mel-D study opened at Melanoma Institute Australia in Sydney. [ANZMTG 02.09 Vitamin D following primary treatment of melanoma at high risk of recurrence - a pilot placebo controlled randomised trial]. This phase II trial aims to assess the feasibility and safety of high dose oral vitamin D in patients at high risk of melanoma recurrence. It is proposed that the Mel-D study will form the basis of a phase III multicentre trial assessing the efficacy of vitamin D supplementation on prolonging time to recurrence and survival.

New Zealand Melanoma Summit - A Success!

Nearly 200 GPs, surgeons, dermatologists, nurses, pathologists, health promoters, oncologists and researchers gathered in Wellington on 11 March for a stimulating and lively Melanoma Summit New Zealand 2011. A number of people affected by melanoma also attended as Melanoma Foundation participants.

The one-day Summit hosted by MelNet featured four leading Australian speakers, speakers on New Zealand innovations and workshops on prevention, clinical management and research. MelNet was delighted that staff from the Australia and New Zealand Melanoma Trials Group were able to attend, meet with clinicians and encourage New Zealand participation and membership.

Among the issues highlighted at the Summit were that New Zealand's melanoma incidence rates are increasing, and the death rate is 40% higher than in Australia. Other concerns raised were that voluntary standards in the sunbed industry in New Zealand are not working, that GPs need clarity around advice to give on sun protection (whilst balancing this against the need for adequate levels of vitamin D), and that those affected by melanoma (patients and their families) need access to information and the knowledge that support exists. A need also was identified for New Zealand to have a national co-ordinated melanoma research strategy and better communication between researchers, clinicians and the public.



Te Papa, Wellington, New Zealand

At the conclusion of the Summit participants unanimously called for the banning of access to sunbeds for those under the age of 18 years and of unsupervised sunbed operations. For further Summit highlights, see www.melanoma.org.nz/melnet.



Associate Professor Graham Stevens, MelNet Co-Chair, and Professor Bruce Armstrong, plenary speaker on melanoma causes and prevention



Lisa McFadyen, CEO Melanoma Patients Australia & Libby Paton, EO ANZMTG



Wellington Harbour, New Zealand

Trans Tasman Radiation Oncology Group Annual Scientific Meeting, Adelaide TROG ASM 2011

The annual scientific meeting of the Trans-Tasman Radiation Oncology Group was held in Adelaide from 12 to 14 April. Updates of 2 open ANZMTG collaborative trials were presented during the meeting, the Whole Brain Radiotherapy in Metastatic Melanoma trial (the WBRTMel trial; ANZMTG01/07, TROG08/05) and the adjuvant radiotherapy in neurotropic melanoma of the head and neck trial (the RTN2 trial; ANZMTG01/09, TROG08/09). A trial meeting and morning tea was also held for the RTN2 trial which provided an opportunity for the trial operations and management team to provide an update on the trial's progress and meet the site investigators and site staff. The trial is currently open at 2 sites with plans to open up to 8 sites in 2011.



RTN2 chair Dr Matt Foote with ANZMTG coordinator Paul Wagland and PAH coordinator Janelle Meakin

Melanoma Patients Promoting Melanoma Awareness

Earlier this year melanoma survivors Jay Allen of Sydney and Clinton Heal of Perth took their melanoma awareness campaign to the United States for an 18 day road-trip. Jay and Clint promoted melanoma awareness on the streets of New York City, were interviewed on radio and were even featured on NBC Sunrise Morning show.



Clinton & Jay in Times Square, NYC, USA

In addition to promoting melanoma awareness to the general public, Jay

and Clint, both of whom run melanoma support groups here in Australia, met with melanoma survivors, shared experiences with them and learnt about how people live and cope with melanoma in the US. Jay and Clint were also able to meet with some of the leading US researchers in melanoma and were fortunate enough to tour the research facilities of several institutions such as Yale and the Melanoma Research Foundation. To read more about Jay and Clint's adventure please visit their website www.melanomaroadtripusa.com. To find out more about Jay's melanoma message please visit his website www.sunbedban.jigsy.com and for melanoma awareness, information and support in Western Australia please visit Clint's website www.melanomawa.org.au.



Yale Cancer Center, Connecticut, USA

2011 ANZMTG Consumer and Membership Surveys to be distributed soon

ANZMTG are currently preparing questionnaires for distribution to the ANZMTG Full Membership and Consumers. The questionnaires will be distributed soon and we look forward to your feedback. For more information, please contact Paul Wagland, ANZMTG Project Officer (phone: 02 9911 7352, Email: paul.wagland@melanoma.org.au).

COSA Annual Scientific Meeting - November 2011, Perth

The 2011 Annual Scientific Meeting of the Clinical Oncological Society will be held at the Perth Convention and Exhibition Centre from Tuesday 15 to Thursday 17 November. The theme is "Partnerships against cancer -



bridging gaps, breaking barriers" and the program will focus on urological, prostate and colorectal cancers. The deadline for abstracts is 1 August and early bird registration closes Monday 5 September. Please visit www.cosa2011.org.au for further details, to register or to submit an abstract.

Cancer Research Economics Support Team

As part of the Cancer Australia Support for Clinical Trials program and the Boost Cancer Research Measure, the Centre for Health Economics Research and Evaluation (CHERE) at the University of Technology, Sydney, has been contracted to establish a dedicated Cancer Research Economic Support Team (CREST) to provide high quality, expert advice and support to the existing and new Multi-site Collaborative National Cancer Clinical Trials Groups.

The main focus of CREST will be to assist the Groups to incorporate health and pharmaco-economic analyses into trial protocols and to build capacity within the groups. In turn, CREST's work will play an important part in delivering high quality economic evidence able to be incorporated into future decision making, and ultimately contribute to providing patients with improved access to cost-effective treatments.

The first steps will be for the CREST team to engage and consult with each Group about their health economics needs and capacities. These initial meetings will focus on developing an understanding of the Groups, the trials being undertaken or planned by each Group, and identifying additional opportunities for health economics questions to be incorporated into trials. CHERE regards this project as vitally important to the development of health economics, and ultimately to improved access for patients to cost effective cancer treatments in Australia. We look forward to working with all the Groups to develop and conduct world's best health economic analysis alongside clinical trials in the field of cancer care.

The Cancer Research Economic Support Team (CREST) will provide services to individual groups, as well as producing products and services that will be of benefit across all groups. Development of capacity and capability within the groups to develop and undertaken economic analysis is an important part of the strategy.

The services available to groups through CREST include:

1. Advice and support for planning and analysis of health economics in cancer trials
2. Advice on the development of health economic studies within existing trials
3. Developing appropriate trial protocols for health economic analysis
4. Expert advice on health economic data collection and analysis
5. Checking and monitoring economic modelling conducted by groups
6. Advice on appraising health and health economics results
7. Capacity building through workshops, seminars, briefing papers and secondments at CHERE
8. Collaborative relations with the Cancer Australia Chair of Cancer Quality of Life.

CREST Health Economics Workshop - Adelaide Convention Centre, 10 August 2011 "Understanding health economics in medical oncology trials"

The Cancer Research Economics Support Team (CREST) has announced their second health economics workshop "*Understanding health economics in medical oncology research*". This will be held in conjunction with **the MOGA ASM in Adelaide on the 10th of August 2011**. This is a half day workshop, covering topics such as:

- Study design for economic evaluation in medical oncology research
- Identifying, measuring and valuing costs and benefits, and
- Interpretation of results of economic evaluations

For more information regarding attendance at the Workshop please contact the ANZMTG office.



*The Cancer Research Economics Support
(CREST) team*

Skin Health Study: Infectious and lifestyle determinants of non-melanoma skin cancer (NMSC)

Investigators: A/Prof Freddy Sitas¹, Prof Bruce Armstrong², Prof Emily Banks³, Dr Anne Krickler², Dr Marianne Weber¹, Dr Michael Pawlita⁴ and Dr Tim Waterboer⁴

The Skin Health Study (SHS) is a case control study, funded by NHMRC, which aims to improve our understanding of how viruses and lifestyle choices combine to cause basal cell carcinoma (BCC) and squamous cell carcinoma (SCC). Australia has the world's highest reported incidence of the keratinocyte skin cancers BCC and SCC. An estimated 2% of the NSW population will develop one of these cancers each year. NMSCs are also Australia's most expensive cancer, with 9% of the total health budget expenditure in 2000-2001 spent on diagnosis and treatment. We know that most skin cancers are caused by exposure to the sun. What we don't know is why some people get them and others don't, even with the same sun exposure. Alcohol, tobacco and viruses such as HPV may play a role in development of NMSC.

The SHS is a sub-study of Australia's largest long term study of health and ageing, the 45 and Up Study (www.45andUp.org.au) and will recruit ~3,500 participants to determine if, and how, these factors link together to cause NMSC. Participants will be asked to provide blood samples, a skin swab and answer a questionnaire. Participants with a history of NMSC will be asked to provide contact details of their treating doctor to enable confirmation of the diagnosis and eligibility for participation. The study will provide the first substantial evidence relating to skin cancer and the potential roles of smoking, alcohol, and HPV infection on SCC and BCC in a high sun environment. The large health and economic burden resulting from keratinocyte cancer means that any observed associations are likely to have important public health and economic implications.

This study is a collaboration between Cancer Council NSW¹, The University of Sydney², the Australian National University³, and the German Cancer Research Centre⁴. Researchers at Cancer Council NSW are coordinating the SHS. For further information on the SHS please contact Verity Hodgkinson on 02 9334 1992 or email verityh@nswcc.org.au.



2011 ANZMTG Information Stalls and Events

So far this year, ANZMTG has been involved in several forums & meetings:



1. Melanoma Community Forum (April); 2. Skin Cancer Awareness Booth Balmoral Beach NSW (March) & 3. SMR 2010

Cancer Australia

ANZMTG would like to acknowledge funding received from the Australian Government through Cancer Australia.



Current Clinical Trials Update

ANZMTG 02.09 Vitamin D following primary treatment of melanoma at high risk of recurrence - a pilot placebo controlled randomised trial (*Acronym: Mel-D*)

Chief Investigator: Dr Robyn Saw; Trial Co-ordinator: Maria Gonzalez

Status: Open to recruitment (*Melanoma Institute Australia, The Poche Centre and RPAH*)
 Current accrual: 12 patients
 Target accrual: 75 patients over 2 years

For further information on the trial, contact Maria Gonzalez on +61 2 9911 7300 or email maria.gonzalez@melanoma.org.au.

ANZMTG RP1.09 Improving Quality of Life (QoL) measurement for melanoma patients: Validity and reliability study of QoL instruments in a NSW population (*Acronym: MEL-QOL Research Study*) and feasibility study for an international collaboration

Chief Investigator: Associate Professor Julie Winstanley; Trial Co-ordinator: Bridget Myles

Status: Completion of NSW validity and reliability study (Dec 2010). Feasibility study in progress for Phase 1 and 2: QoL issues list generation, assessment of relevance/ importance and development of new items for international module
 Current accrual: 39 Health Care Professionals (including Australia(11), England(2), NZ(9), Germany(7), Serbia(6), The Netherlands(4))
 Target accrual: Phase 1 and 2, a minimum of 32 Health Care Professionals and 80 Patients (across 7 countries as listed above)

For further information on the project, contact Julie Winstanley on +61 2 9911 7271 or email julie.winstanley@melanoma.org.au and bridget.myles@melanoma.org.au.

ANZMTG 01.09 A randomised trial of post-operative radiation therapy following wide excision of neurotropic melanoma of the head and neck (*Acronym: RTN2*)

Chief Investigator: Dr. Matthew Foote; Trial Co-ordinator: Janelle Meakin

Status: Open to recruitment (*Princess Alexandra Hospital, QLD only*)
 Current accrual: 5 patients
 Target accrual: 100 patients over 5 years

For further information on the trial, contact Janelle Meakin on +61 7 3240 2498 or email janelle.meakin@health.qld.gov.au or Paul Wagland on +61 2 9911 7352 or paul.wagland@melanoma.org.au.

ANZMTG 01.07 Whole Brain Radiotherapy (WBRT) following local treatment of intracranial metastases of melanoma - A randomised phase III trial (*Acronym: WBRT-MEL*)

Chief Investigator: Dr Gerald Fogarty; Trial Co-ordinator: Marianne Byrne

Status: Open to recruitment
 Current accrual: 54 patients
 Target accrual: 60 patients by June 2011 (pilot); 200 patients over 5 years (full study)

For further information on the trial, contact Marianne Byrne on +61 2 9911 7351 or email marianne.byrne@melanoma.org.au.

New Ideas for Melanoma Research?

To submit a new proposal please log on to the ANZMTG website, download and complete the **ANZMTG Clinical Trial Protocol Synopsis/Research Proposal Synopsis**. Alternatively please contact the ANZMTG office.

Current Clinical Trials Update Continued

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 (Acronym: MSLT II)

Chief Investigator: Dr Don Morton; Trial Co-ordinator: Lisa van Kreuningen

Status: Open to recruitment
 Current accrual: 1259 patients (worldwide)
 Australian accrual: 253 patients
 Accrual target: 1925 patients over 7 years
 MSLT I follow-up continues.

For further information on both trials, contact Lisa van Kreuningen on +1 310 5827053 or email lvk@jwci.org.
 For Melanoma Institute Australia co-ordinators, email Jo Dalton and Maria Synott on jo.dalton@melanoma.org.au and maria.synott@melanoma.org.au respectively.

ANZMTG 01.02 A randomised clinical trial of surgery versus surgery plus adjuvant radiotherapy for regional control in patients with completely resected macroscopic nodal metastatic melanoma

Chief Investigator: Associate Professor Bryan Burmeister; Trial Co-ordinator: Juliana Di Iulio

Status: Closed; publication of 3rd analysis pending.

For further information on the trial, contact Juliana Di Iulio on +61 3 9656 3786 or email juliana.diulio@petermac.org.

ANZMTG 01.10 Phase I Study of Safety and Immune Effects of an Escalating Dose of Autologous GD2 Chimeric Antigen Receptor-Expressing Peripheral Blood T Cells in Patients with Metastatic Melanoma (Acronym: CARPETS)

Chief Investigator: Professor Michael Brown; Trial Coordinator: Nancy Olszewski

Status: In development (*Royal Adelaide Hospital, SA, only*)
 Target Accrual: Up to 12 evaluable patients

For further information on the trial, please email Nancy.Olszewski@health.sa.gov.au or contact Marianne Byrne on +61 2 9911 7351 or email marianne.byrne@melanoma.org.au

Proposed Clinical Trials Update

A Phase III, Randomized Trial of Surgical Resection With or Without BCG Versus Best Medical Therapy as Initial Treatment in Stage IV Melanoma

Chief Investigator: Professor Don Morton; Trial Co-ordinator: Lisa van Kreuningen

Status: 3-arm protocol pending ethics approval in NSW

Target Accrual: 399 patients over 5 years

For further information on the trial, contact Marianne Byrne on +61 2 9911 7351 or email marianne.byrne@melanoma.org.au.

Randomised Controlled Trial of 1cm vs. 2cm Excision Margins for pT2 – pT4 Primary Cutaneous Melanoma (Acronym: MelMart)

Chief Investigator: Professor Marc Moncrieff

Status: Protocol in development stage

For further information on the trial, please contact Paul Wagland on +61 2 9911 7352 or paul.wagland@melanoma.org.au

2011 Calendar

Date	Name of meeting	Place	Secretariat contact details
<i>July</i>			
7-8	European Post-ASCO Meeting	Munich Germany	E: info@medconcept.org W: melanomaglobal2011.org
22-23	Eurasian Melanoma and Skin Cancers Forum	Moscow Russia	E: reg@eafo.info
<i>August</i>			
10-12	Medical Oncology Group of Australia (MOGA)	Adelaide Australia	E: moga@moga.org.au W: www.moga.org.au
<i>September</i>			
1 – 3	Tri-Society Head and Neck Oncology Meeting	Singapore	E: headneckmeeting@ams.edu.sg W: www.asohns.org.au
15 – 17	15th Congress of the European Society of Surgical Oncology (ESSO)	Bordeaux France	European CanCer Organisation (ECCO) E: ESSO2010@ecco-org.eu W: www.ecco-org.eu
23-27	Joint European CanCer Organisation (ECCO) 16 th -36 th European Society for Medical Oncology (ESMO) Multidisciplinary Congress	Stockholm Sweden	W: www.essoweb.org
<i>November</i>			
9-12	Society of Melanoma Research and the 5th International Melanoma Centers Meetings	Tampa Florida USA	E: info@societymelanomaresearch.org W: www.societymelanomaresearch.org
15-17	Clinical Oncological Society Australia (COSA) Annual Scientific Meeting	Perth Australia	E: cosa@cancer.org.au W: www.cosa.org.au

2012 Calendar

Date	Name of meeting	Place	Secretariat contact details
<i>March</i>			
21-24	Society of Surgical Oncology (SSO) Annual Cancer Symposium	Orlando, Florida USA	W: http://www.surgonc.org/meetings--events/annual-cancer-symposium/for-attendees.aspx
<i>May</i>			
1-4	TROG 2012 Annual Scientific Meeting	Darwin Australia	E: trog@trog.com.au W: www.trog.com.au
<i>September</i>			
9-15	Australia and Asia Pacific Clinical Oncology Research Development (ACORD) Workshop	QLD Australia	E: projects@moga.org.au W: www.acordworkshop.org.au

Please contact the ANZMTG office if you know of any upcoming events you would like included in this calendar.

