ANZMTG Australia and New Zealand Melanoma Trials Group

NEWSLETTER|ISSUE 17|Winter 2015

We extend a warm welcome to our members to the winter edition of the ANZMTG newsletter. Also a new ANZMTG staff member, Mr Hendra Wijaya, who has joined the team. Hendra is responsible for the data management of a number of ANZMTG trials. We are very excited to have him on board - please do not hesitate to contact him if you have any questions. Also, Ms Vikki Steel has also welcomed a baby boy, Oliver, in March of this year. We wish Vikki and Oliver all the very best!

Inside this issue

Save the Date! An Invitation: Our Melanoma Research Symposium will be held on Thursday 5th November 2015

ANZMTG has partnered with the Melanoma Research Institute of New Zealand (MRINZ) and will host a Research Symposium on Thursday 5th November 2015 in Auckland, New Zealand. This is our first ever research meting to be held in New Zealand and we welcome all members to join us!

ANZMTG is keen to involve NZ melanoma clinicians to take in an interest in the ANZMTG portfolio trials; and will also host our Annual General Meeting at the conclusion of the program. Attendance is free; however spaces are limited; to register please contact us. The event will coincide with the New Zealand Melanoma Summit taking place on the 6th and 7th November (for more information on the Summit see the article on page 4). **The 2015 Research Symposium program is available online @ www.anzmtg.org**

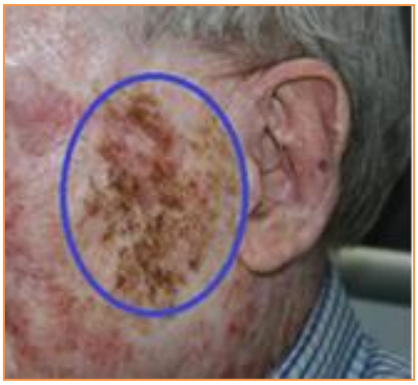
The importance of completing the ANZMTG 01.07 WBRTMel trial; more data in single histology trials is needed!

Whole brain radiotherapy (WBRT) given after local treatment for brain metastases has become controversial. The recent presentation by Paul D. Brown MD of The University of Texas MD Anderson Cancer Center from his randomised trial gave more data. Dr Brown concluded that the addition of whole brain radiation therapy (WBRT) to stereotactic radiosurgery (SRS) improved local control but did not improve overall survival, and decline in cognitive function occurred more frequently with the addition of WBRT to SRS than SRS alone. However, there were several caveats that came up in the ensuing discussion that shows that the argument is not yet over and in fact has only just begun. More data is needed especially in single histology trials of which WBRTMel is the world's first. Data that this trial will give is about the efficacy of that new radiotherapy techniques (including hippocampal avoidance WBRT) in decreasing neurocognitive deficit. In WBRTMel there is also a comprehensive health economic evaluation of the cost to the health system. There will also be data on and patients who have repeat SRS.

The sense of the discussion was that more trials in single histology trials were needed to get better data without confounding issues such as different rates of extracranial disease growth and other factors that can impact neurocognitive function including lifestyle factors (e.g. smoking) and previous therapies.

What is needed is more rather than less data and the ANZMTG 01.07 WBRTMel trial, the world's first single histology WBRT trial, will help answer these questions in melanoma. The ANZMTG 01.07 trial, led by Professor Gerald Fogarty, is open and continues to recruit patients for WBRT following local treatment of intracranial metastases of melanoma. The target recruitment accrual is 200 participants, with 172 participants enrolled to date. We would like to acknowledge Cancer Australia and all of our sites, patients and their families for their participation and ongoing support, without which this trial would not be possible.

Introducing a new trial for patients diagnosed with complex Lentigo Maligna – the ANZMTG 02.12 RADICAL Trial



An example of LM on the side of the face

The ANZMTG 02.12 RADICAL trial is a randomised, phase III trial comparing the efficacy of topical imiquimod 5% cream with radiotherapy to treat and prevent recurrences of lentigo maligna (LM) in patients who are unable, refused or failed surgery.

What is Lentigo Maligna (LM)? Lentigo maligna is a form of melanoma in situ that occurs on exposed sun-damaged skin of elderly people. Australia has the highest incidence of LM in the world and with an aging population, LM rates are likely to increase. For patients with LM, there is up to a 50% life time risk of progression from LM to invasive melanoma. Diagnosis of LM is often difficult due to the overlap of clinical features with other benign lesions and determination of the peripheral margins is not often clear. The location of LM on the head and neck, size and propensity to locally recur also represent a therapeutic challenge.

Treatment Options: There are currently no prospective studies or randomised controlled trials available to form the basis of any recommendations for the management of LM in the Australian guidelines. Surgery is the preferred management as it provides a definitive pathology report that rules out the risk of invasive melanoma, however not all patients with LM are suitable for staged surgery. Radiotherapy represents the 'standard' non-surgical alternative, however evidence to support its use is limited. Imiquimod, an immune response modifier licensed for the treatment of solar keratosis, superficial basal cell carcinoma, external genital and perianal warts, may provide an alternative approach for the management of LM.

The RADICAL trial aims to provide randomised data on the relative role of radiotherapy and topical imiquimod as the non-surgical treatment option for LM. The RADICAL trial has received ethics approval and will be open at sites within Australia and internationally. Further details regarding the RADICAL trial can be found on the ANZMTG website: https://www.anzmtg.org/trialdetails.aspx?trialno=16

ANZMTG wish to acknowledge and thank **Cancer Australia**, **Melanoma Institute Australia** and **The Royal Australian and New Zealand College of Radiologists (RANZCR)** for their funding support of the RADICAL study. Their contributions are crucial to the implementation of the trial.

ANZMTG Case Report Templates Available to all Members! Ready to Go!

ANZMTG has produced a series of generic templates and case report forms (CRFs) to support our members when preparing new studies. The templates are now available online via the website **www.anzmtg.org**

Most clinical trials require patient randomisation. Its main purpose is to avoid bias by distributing the characteristics of patients that may influence outcome randomly between treatment arms so that any difference in outcome can only be explained by treatment. These characteristics can be patients' age, gender, location etc. The most basic form of randomisation is allocating one of the treatments. Both **Registration Form** and **Randomisation Form** list Inclusion and Exclusion Criteria which patients have to fulfil in order to join the trials.

Baseline information is very important because it is the first complete data obtained of the patients; including patients' demographics, clinical assessments, investigations, laboratory tests, tumour details, mutation testing etc. The data collected on **Baseline Form** is the base that the data on the following visits will refer to.

Follow-ups involve regular medical check-ups that include clinical assessments, various investigations, laboratory tests etc. One of the main aims of having follow-up visits is to check for recurrence: whether the cancer returns in

the primary site or cancer spreads to other parts of the body, and the general status and well-being of the patient. **Follow Up Form** is individualised based on the clinical trial and the questions being asked.

There are many types of questionnaires that different clinical trials require depending on their needs. They include Health Economics Questionnaires: **Baseline Cost Questionnaire Form** & **Follow Up Cost Questionnaire Form**; Quality of Life Questionnaires: **C30 Form**, **EQ-5D-5L Form**, **FACT-M Form** and **H&N35 Form**. In order to ensure all questions of all questionnaires are completed, a **Questionnaire Coversheet Form** is needed. This form also provides the space to enter the reasons of non-completion and other relevant details such as assistance required (if required) and where the questionnaires are completed.

For radiotherapy (RT) trials, **Radiotherapy Form** is required to record all RT details, including the dates (of visit, RT started & stopped), indication, region(s) treated, RT technique, total dose (Gy) and number of fractions (planned & actual), reasons (if total dose and number of fractions are not given as planned; if there were interruptions to the planned treatment; and if patients do not complete the course of RT).

A number of log forms that are used to keep tracks of patients' adverse events (AE): **Adverse Event Form** – to be completed with details of all pre-existing conditions at baseline which may impact upon patients' trial treatment and updated with any events related to patients' melanoma diagnosis and/or trial treatment during treatment and follow up; medications/systemic therapies: **Concomitant Medication Form** – to be completed/updated with details of all known concomitant medications administered & **Melanoma Medication Form** – to be completed/updated with details of all known systemic therapies for melanoma administered; and drugs: **Study Drug Administration Form** – to be completed/updated with details of study drugs administered.

In the case that AEs are considered serious, depending on the trials, **Serious Adverse Event Form** will need to be completed and submitted within 24 hours of becoming aware of the serious adverse event (SAE). The form requires detailed information of the SAE, including dates (of report, onset of SAE, admission & discharge [if the patient is hospitalised]), system organ class, SAE term & description, grade, seriousness, expectedness, causality, action taken and outcome.

When patients complete the trials, either because they have actually completed the study or had a recurrence; or other reasons such as death, withdrawal, lost to follow up and SAE that stops them from continuing to participate; **Study Discontinuation Form** is to be completed. The presence of this form indicates the endpoint of those patients with the trials. For more information and to review the templates, please visit the website.

Translating Clinical Trial Data for use in an Economic Evaluation

The Cancer Research Economics Support Team (CREST) is a dedicated group based at the University of Technology Sydney, providing high quality, expert advice and support to multi-site collaborative cancer clinical trials groups. CREST provides a range of resources in relation to health economics, pharmaco-economics, and the inclusion of these in clinical trials.

ANZMTG works closely with CREST on a number of trials to ensure well designed health economic evaluations are included as part of the study protocols including but not limited to the following trials which are actively recruiting ANZMTG 01.07, ANZMTG 01.12, ANZMTG 02.12 and ANZMTG 03.12.

CREST has recently released a FactSheet dealing with issues associated with how data from a clinical trial might be adapted for use in an economic evaluation to address differences in the populations of interest, treatment protocols, time periods or the relevance of the data for decision making. The FactSheet can be accessed here: http://www.crest.uts.edu.au/pdfs/Translation_FactSheet_Formatted.pdf

Please visit the CREST website for more resources on health economics and various other interesting Fact Sheets: http://www.crest.uts.edu.au/resources/documents.html

New Zealand National Melanoma Summit

Health professionals with an interest in melanoma will gather in Auckland for the fourth national Melanoma Summit on 6-7 November 2015. With the theme 'Connecting melanoma expertise in New Zealand' the Summit will provide a unique and important opportunity for those working in all areas of melanoma control to hear about recent developments, identify priorities for action and work more closely to reduce melanoma's incidence and impact.

The Summit programme features experts recognized internationally for their contribution to melanoma control, as well as workshops on prevention, diagnosis, clinical management and research. Overseas speakers include:

- Professor Charles Balch - surgical oncologist and one of the leading melanoma experts in the world
- Professor Antoni Ribas – medical oncologist and leading melanoma physician-scientist
- Associate Professor Cliff Rosenthal – primary care practitioner with expertise in skin cancer and dermatoscopy
- Professor David Whiteman – medical epidemiologist and pioneer of molecular approaches to melanoma.

For further information and to register visit http://melnet.org.nz/news/melanoma-summit-2015http://melnet.org.nz/news/melanoma-summit-2015.

Data Needs Stories & Stories Need Data

Data is collected for the purpose of medical research. Medical records allow researchers to have a wealth of information that can provide them better insight about patients. Before data starts being collected, researchers must always ask themselves 'What do I want to know?' This is essential and will help analytics run smoothly. Questions such as 'Who is the audience?', 'Why would the audience be interested in the story?' and 'How does that audience connect or interact with the data?' also need to be answered.

Storytelling data is one of the most important elements of great medical research. Data never speaks for itself. However, it is a great foundation to build on. Therefore, data needs to be turned into stories in order for research to be heard, understood and used. Data turned into stories is data with its meaning extracted and made tangible. It is moving beyond the numeric data and facts to gain a deep understanding of the patients' worlds and experiences.

The process of storytelling with data includes:

- Find the right data suitable to answer research questions
- Bring the data into a format that is usable
- Merge different datasets together
- Filter and sort the data for its interesting side
- Analyse the data to obtain its meaning
- Visualise the data to showcase to audience

Interactive visualisation is an effective way to present patients' stories. Making the data relevant and close to issues that audience cares about is difficult to achieve. The point is to know the audience and be in their position in order to be able to tell the story that is useful for them. This is possible by focussing narrowly on the story being told. Data can tell any story, but giving the audience too much to digest is counterproductive.

There are benefits from storytelling data properly:

- It tells what to do

  Data is basically meaningless until it is turned into a story that outlines the issue, the options and the solution. Researchers will act based on the implications of a story, not based upon a set of numeric data or facts alone.

- It helps integrate seemingly contradictory data

Researchers have successfully captured the reality of what they are studying when their research effort generates variation and data that seems to be conflicting. It is because the goal is to interpret and understand the reality, not replicate it. Telling the story right will help to explain contradictions, make sense of variation and highlight priorities so that researchers do not get lost in details.

- It helps avoid mistakes

  A good story helps reconcile contradictory data that may not fit and require revising the story. Contradictions may actually be mistakes in the data, and the researchers may wonder if their questions were asked in the wrong way or charts were reversed by accident during analysis. Reconciling contradictory data means crosschecking to ensure that every contradiction fits. Therefore, there is no one with the comment, 'This number doesn't make sense!' later.

- It gets research heard, understood and used

  Anyone can be easily be confused by statistical charts, particularly when there are many of them and they are not well-presented. However, a compelling story is something that most people can easily understand and relate to, even if that story is supported with numeric data and facts.

- It helps communicate research to multiple audiences

  Facts that are generated by medical research can and should communicate different messages to different audiences. The physicians may need stories about the symptoms of patients' disease and the best medication options to treat the patients, but the psychologist may be only interested in how the patients are feeling throughout the study and how they're coping with their mental conditions.

References

Lateef, F.A. 2014, 'From Data to Stories: Humanizing Medicine in the Age of Technology', *Education in Medicine Journal*, vol. 6, no. 1, pp. 50-55.

Segel, E. and Heer, J. 2010, *Narrative Visualization: Telling Stories with Data*, posted online, 24 October, Stanford University, Stanford.

A big thank you to our funders and trial participants…….!

ANZMTG wishes to acknowledge and thank a range of funders who make the running of our current melanoma trials and the development of new studies possible.

Australian Government
Cancer Australia

Cancer Council NSW

Australian Government
National Health and Medical Research Council

Melanoma Institute Australia

The University of Sydney

Friends of the Mater

The Royal Australian and New Zealand College of Radiologists

Bristol-Myers Squibb

gsk GlaxoSmithKline

Cancer Research UK

We also wish to thank the many patients and their families who take part in our melanoma clinical research, without whom the progression of new treatments and regimens would not be possible.

ANZMTG Current Trials - Update

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

Chief Investigator: Prof Gerald Fogarty
Status: Open to recruitment
Current accrual: 172 patients
Target accrual: 200 patients over 5 years

For further information on the trial, contact ANZMTG on +61 2 9911 7354 or email anzmtg0107@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: Alan Lucas (ANZMTG)
Status: Open to recruitment
Current accrual: 31 patients
Target accrual: 100 patients over 5 years

For further information on the trial, contact Alan Lucas on +61 2 9911 7352 or email anzmtg0109@melanoma.org.au

ANZMTG 01.11 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: Prof Michael Brown; Trial Coordinator: Anne Milton
Status: Open to recruitment (Royal Adelaide Hospital only)
Current accrual: 2 patients

For further information on the trial, email anne.milton@health.sa.gov.au or contact ANZMTG on +61 2 9911 7354 or email anzmtg@melanoma.org.au

ANZMTG 01.12 - Evaluation of Groin Lymphadenectomy Extent for Metastatic Melanoma (Acronym: *EAGLE FM)*

Chief Investigator: A/Prof Andrew Spillane; Trial Co-ordinator: Alan Lucas (ANZMTG)
Status: Open to recruitment
Current accrual: 5 patients
Target accrual: 75 patients over 3 years (pilot phase of the project)

For further information on the trial, contact Alan Lucas on +61 2 9911 7352 or email anzmtg0112@melanoma.org.au

ANZMTG 02.12 – RADiotherapy or Imiquimod in Complex lentigo mALigna (Acronym: *RADICAL)*

Chief Investigator: Dr Pascale Guitera; Trial Co-ordinator: Patricia Li (ANZMTG)
Status: Open to recruitment
Target accrual: 266 patients over 3 years

For further information on the trial, contact Patricia Li on +61 2 9911 7322 or email anzmtg0212@melanoma.org.au

ANZMTG 03.12 - Randomised controlled trial of 1cm versus 2 cm excision margins for 1-4 mm thickness primary invasive cutaneous melanoma (Acronym: *MelMarT)*

Chief Investigator: Prof Michael Henderson / Dr Marc Moncrieff; Trial Co-ordinator: Patricia Li (ANZMTG)
Status: Open to recruitment
Current accrual: 38 patients
Target accrual: 400 patients over 1 year (pilot phase of the project)

For further information on the trial, contact Patricia Li on +61 2 9911 7322 or email anzmtg0312@melanoma.org.au

ANZMTG Current Trials - Update - Continued

ANZMTG 01.14 – A phase II study of nivolumab and nivolumab in combination with ipilimumab in patients with melanoma brain metastases *(Acronym: ABC)*
Chief Investigator: Associate Professor Georgina Long; Trial Co-ordinator: Alan Lucas (ANZMTG)
Status: Open to recruitment
Current accrual: 30 patients
Target accrual: 75 patients

For further information on the trial, contact Alan Lucas on +61 2 9911 7352 or email anzmtg0114@melanoma.org.au

ANZMTG 02.14 – CombiRT in Metastatic Melanoma
Chief Investigator: Dr Tim Wang; Trial Co-ordinator: Patricia Li (ANZMTG)
Status: Not yet open to recruitment
Target accrual: 30 patients

For further information on the trial, contact Patricia Li on +61 2 9911 7322 or email anzmtg0214@melanoma.org.au

ANZMTG Trials - Approved for Development – Update

ANZMTG 03.14 – PET and Role of Imaging/Sentinel lymph node biopsy in merkel cell carcinoma (Acronym: *PRISM*)
Chief Investigator: A/Prof. Louise Emmett
Status: In development
For further information on the trial, please contact anzmtg@melanoma.org.au

ANZMTG 04.14 – Stereotactic Radiosurgery versus Observation for patients with Melanoma brain metastases (MBMs) being started on a BRAF inhibitor (Acronym: *ROMA*)
Chief Investigator: Prof. Gerald Fogarty
Status: In development
For further information on the trial, please contact anzmtg@melanoma.org.au

ANZMTG Trials - In Follow Up – Update

ANZMTG 02.09 Vitamin D following primary treatment of melanoma at high risk of recurrence - a pilot placebo controlled randomised phase II trial *(Acronym: Mel-D)*
Chief Investigator: Dr Robyn Saw; Trial Co-ordinator: Alan Lucas (ANZMTG)
Status: Closed to recruitment
Accrual Target met: 75 patients over 2 years

For further information on the trial, contact Alan Lucas on +61 2 9911 7352 or email anzmtg0209@melanoma.org.au

ANZMTG 01.13 – A randomised controlled trial of a psycho-educational intervention for melanoma survivors at high risk of developing new primary disease
Chief Investigator: Dr Anne Cust
Status: Closed to recruitment
Accrual Target met: 188 patients

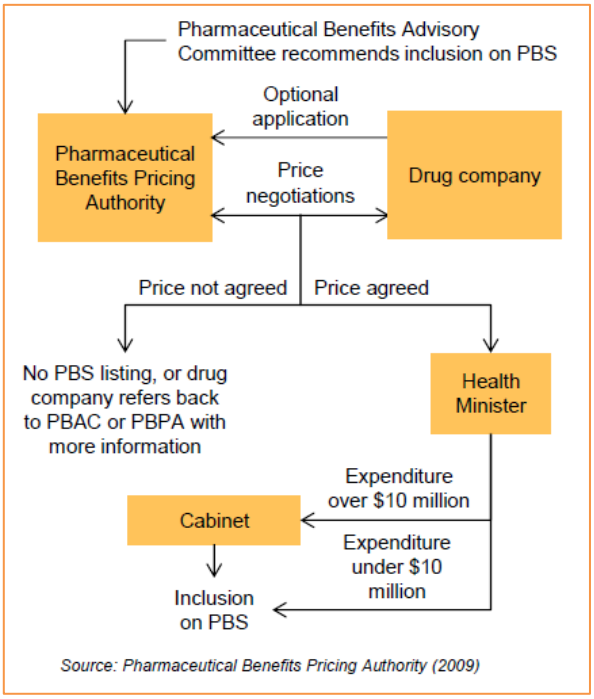
For further information on the trial, contact Anne Cust on +61 2 8627 1565 or email anne.cust@sydney.edu.au

A phase III multicenter randomised 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 Mark Faries; Trial Co-ordinator: Lisa van Kreuningen
Status: Closed to Recruitment
Accrual met: *1932 patients (worldwide) /* Target accrual: 1925 patients over 7 years

Consumer Corner

The Cost of Cancer Care – the PBAC Review Process

In Australia, the cost of most prescription medicines is subsidised by the government through the pharmaceutical benefits scheme (PBS). Drugs are assessed for quality, safety and efficacy by the Therapeutic Goods Administration (TGA). Drugs are then reviewed for cost-effectiveness and clinical relevance by the Pharmaceutical Benefits Advisory Committee (PBAC). Once the drug is over these hurdles, the Pharmaceutical and Benefits Pricing Authority (PBPA) determines the maximum price that can be charged and how much the government will pay manufacturers/importers through the PBS.



The process for setting drug prices in Australia

Decisions on PBS listings are generally made from a health economics perspective, using cost-effectiveness analysis and taking into account prices of similar drugs and alternative brands, and prices in comparable countries. However this review process can result in long delays from the time of TGA approval of a drug to its listing on the PBS.

This process has resulted in significant impacts for the cost of cancer care. For example, several new chemotherapy and biological agents for treating cancer that have been studied in phase III clinical trials have shown to be more effective than existing treatments. However, as the new drugs are not available on the PBS, patients must pay the full cost unless they are provided by a public hospital. Costs can be considerable (e.g. a few thousand $AU per month) and for many people, this would represent a major financial burden.

Definitions:

TGA: Part of the Australian Government Department of Health and is responsible for regulating therapeutic goods including prescription medicines, vaccines, sunscreens, vitamins, medical devices, blood and blood products.

PBAC: An independent body appointed by the Australian Government consisting of medical practitioners and pharmacists, whose primary role is to recommend new medicines for listing on the PBS.

PBPA: An independent non-statutory body established by the Minister for Health, whose primary role is to make recommendations to the Minister on prices of new drugs that have been recommended for listing on the PBS.

Some changes have been made in previous years to improve prices:

- In 2005, mandatory price reductions were introduced for new generic drugs. After a patent expires, the first new, bio-equivalent drug added to the PBS had to be at least 12.5% cheaper than the existing drug. This reduction was increased to 16% in 2010.
- Since 2007, pharmacies had to disclose the prices they pay for drugs. Previously, discounts that manufacturers and wholesalers gave to pharmacies were not taken into account when PBS prices were set.

This process can be further improved and the Grattan Institute (an independent group dedicated to developing rigorous and practical solutions to some of Australia's pressing problems) has put forward a number of proposals. Suggestions include independent expert pricing within a defined budget, reducing the price of generic drugs and encouraging people to use the most cost effective medicine.

References

Sullivan R. et al. Delivering affordable cancer care in high-income countries. *The Lancet Oncology Commission* 2011; 12:933-80

Jefford M. et al. Medical paternalism and expensive unsubsidised drugs. *BMJ* 2005; 331:1075-7

Duckett S. Australia's bad drug deal. Grattan Institute Report No. 2013-2, March 2013

Calendar of Events – 2015

Date	Name of Event	Location	Website
June			
25 - 26	5th European Post-Chicago Melanoma/Skin Cancer Meeting	Munich, Germany	http://eventegg.com/melanoma-global-2015/
July			
13 - 15	5th International Conference on Clinical & Experimental Dermatology	New Orleans, USA	http://dermatology2015.conferenceseries.net/
16	Melanoma & Skin Cancer SIG Mini-Symposium	Sydney, Australia	http://sydney.edu.au/cancer-research/intranet/interest_groups/melsig.php
August			
7 - 8	Best of ASCO 2015 Annual Meeting	San Francisco, USA	http://west-boa.asco.org/
26 - 29	New Zealand Dermatological Society Annual Meeting	Auckland, New Zealand	http://www.nzdsi.org/Events/index.aspx
September			
2 - 4	11th Nordic Melanoma Meeting 2015	Gothenburg, Sweden	http://www.nordicmelanomameeting.com/
11 – 12	Perspectives in Melanoma XIX	Cleveland, USA	http://imedex.com/perspectives-melanoma-conference/index.asp
25 – 29	European Cancer Congress	Vienna, Austria	http://www.esmo.org/Conferences/European-Cancer-Congress-2015
October			
7 - 10	ACTA 2015 International Clinical Trials Symposium	Sydney, Australia	http://www.acta2015.com.au/
18 – 21	American Society for Radiation Oncology 57th Annual Meeting	San Antonio, USA	https://www.astro.org/Meetings-and-Events/2015-Annual-Meeting/Index.aspx
18 – 20	Intergruppo Melanoma Italiano (IMI) Congress	Genova, Italy	http://www.melanomaimi.it/
28 – 31	11th EADO Congress & 8th World Meeting of Interdisciplinary Melanoma/Skin Centres	Marseille, France	http://www.eado-melanomacenters-marseille2015.com/
29 – 31	2nd Global Advances and Controversies in Skin Cancer 2015	Brisbane, Australia	http://gac-sc.org/
November			
5	MRINZ and ANZMTG Research Symposium	Auckland, New Zealand	www.anzmtg.org
6 – 7	Melanoma Summit 2015	Auckland, New Zealand	http://www.melanomaresearch.org.nz/resources/current-recent-news/2014/melanoma-summit-2015/
17 - 19	COSA 42nd Annual Scientific Meeting	Hobart, Australia	http://cosa2015.org/
18 - 21	Society for Melanoma Research 2015 International Congress	San Francisco, USA	http://www.societymelanomaresearch.org/main/meetings.php
December			
18 - 21	European Society for Medical Oncology (ESMO) Asia 2015 Congress	Singapore	http://www.esmo.org/Conferences/ESMO-Asia-2015-Congress
January 2016			
29 - 31	3rd EADO - Updates on Cutaneous Oncology	Berlin	http://www.eado.org/activities/european-school-/7

For more information on other upcoming oncology meetings and events please visit the ANZMTG website under the 'Events' tab. We are always interested in any new meetings which may be scheduled, so please contact the ANZMTG office if you would like to include any other upcoming meetings in this listing.