Genomic Cancer
Clinical Trials Initiative

Genomic Cancer Clinical Trials Initiative

October 2023 Research Development Workshop Report

The Genomic Cancer Clinical Trials Initiative (GCCTI) is a technical service delivered as a partnership between NHMRC Clinical Trials Centre and Zest, and funded by Cancer Australia.

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Introduction

The Genomic Cancer Clinical Trials Initiative (GCCTI) was established and funded by Cancer Australia in 2013. The GCCTI is a technical service that supports the national cancer cooperative trials groups (CCTGs) funded under Cancer Australia's *Support for Cancer Clinical Trials* program. The GCCTI aims to develop **mutation-specific/molecularly-targeted clinical trials concepts** and **grant applications involving cancers from more than one primary site and more than one CCTG**.

GCCTI is led by the National Health and Medical Research Council Clinical Trials Centre (NHMRC CTC) in partnership with Zest. Scientific technical expertise is provided by the NHMRC CTC, and project management, stakeholder engagement and communications expertise are provided by Zest.

The GCCTI project team held a one-day hybrid **Research Development Workshop** on **Friday 27 October 2023** at the Chris O'Brien Lifehouse and via Microsoft Teams.

Purpose of the workshop

The GCCTI annual workshops aim to provide a forum for Australia's leading cancer researchers, CCTGs, and the GCCTI Scientific Steering Group (SSG) to discuss and generate ideas and opportunities for studies and grants involving cancers from multiple primary sites and multiple CCTGs.

The October 2023 workshop provided a forum for key stakeholders to:

- Learn about the latest changes in grant opportunities for clinical cancer research
- Explore new topics and generate ideas with applicability to multiple cancer types and CCTGs
- Discuss ideas and proposals for studies that could involve multiple cancer types and CCTGs
- Identify opportunities for collaboration across cancer types and CCTGs

The workshop program is included in the Appendix

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Overview of the GCCTI

The main aim of GCCTI is to help support the national cancer CCTGs by developing mutation-specific/molecularly-targeted clinical trials concepts and grant applications involving cancers from multiple primary sites and/or multiple CCTGs.

The scope and key deliverables of the GCCTI are to:

- Develop mutation-specific/molecularly-targeted clinical trial concepts and protocols that involve more than one cancer and more than one CCTG
- Submit grant applications for funding of these trials, including budget preparation
- Include quality of life and pharmaco-economic measures with input as appropriate from the Cancer Australia Technical Services for Quality of Life (CQUEST) and Health Economics (CREST)
- To host annual workshops welcoming all CCTGs and key stakeholders to identify potential targets for the development of mutation-specific cancer clinical trial protocols

The intended outcomes and benefits include:

- **Molecularly-focused networks** of researchers, clinicians and scientists
- **Increased capacity** to conduct genomic cancer clinical research
- **Strategies for managing challenges** associated with trials of targeted treatments
- **Structures to support the conduct** of trials that include multiple primary sites and multiple CCTGs

Continued engagement with Technical Services, including:

- Cancer Quality of Life Expert Service Team (CQUEST)
- Cancer Research Economics Support Team (CREST)
- Asia-Pacific Clinical Oncology Research Development Initiative (ACORD)

There are several ways that individuals can engage with GCCTI:

- Developing and submitting concepts/ideas to GCCTI
- Working with GCCTI and CCTGs to develop and design trial concepts
- Contributing to idea generation and prioritisation by attending GCCTI workshops and communicating with other CCTGs, researchers and the GCCTI project team
- Inputting into grant applications by joining GCCTI supported grant development teams

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Session 1: Proposal updates from previous workshop

Denosumab And Immunotherapy in advanced Solid cancers (DAIS)

Dr Angelina Tjokrowidjaja (Medical Oncologist and GCCTI Research Fellow) presented an update on the open-label, randomised phase 2 basket trial to evaluate the combination of denosumab with immunotherapy in advanced solid malignancies. This proposal was presented at previous Grant Development Workshops (May 2022 and March 2023) and was submitted as an NHMRC Clinical Trials and Cohort Studies (CTCS) application in 2022. DAIS did not qualify for funding but has since been resubmitted as NHMRC CTCS and Cancer Australia applications in 2023.

View the presentation here.

Ventilation Imaging to reduce Toxicity for Lung cancer radiation therapy patients (VITaL)

Professor Paul Keall (NHMRC Leadership Fellow) presented a proposal that uses ventilation imaging to help maintain the quality of life of patients with stage 3 lung cancer. VITaL was submitted as an NHMRC CTCS application in 2022 and presented at the previous Grant Development Workshop in March 2023. VITaL did not qualify for funding but has been resubmitted as an NHMRC CTCS application in 2023 with improved statistics, the addition of two chief investigators and changed consumers.

View the presentation here.

Stereotactic Ablative radiotherapy for Oligometastatic disease following initial systemic therapy (OCTAVO)

A/Prof Eric Hau (Radiation Oncologist) presented a seamless phase 2/3 study of radiation for induced/repeat oligo-persistent disease following initial systemic immunotherapy; a proposal submitted with A/Prof Chee Lee and A/Prof Mark Pinkham. This proposal has been presented and endorsed by various CCTGs including, Thoracic Oncology Group Australasia (TOGA), Melanoma and Skin Cancer Trials (MASC), and Tran-Tasman Radiation Oncology

Group (TROG), and presented to Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP) and at previous Grant Development Workshops (May 2022 and March 2023). OCTAVO was submitted as NHMRC CTCS and Cancer Australia applications in 2023 and has been collecting responses from potential sites should the grant be successful.

View the presentation here.

DPYD genotype-guided dose personalisation for fluoropyrimidine prescribing in cancer (GENESCREEN)

Professor Steve Ackland (Medical Oncologist) presented an update on a proposal for GENESCREEN. This proposal has been updated from the previous Workshops in 2022 and 2023. Since then, a successful grant application has been made, to demonstrate the cost effectiveness of DPYD genotyping in patients who may be prescribed fluoropyrimidine (FP) with a range of other objectives. The study is on track to recruit 5000 participants between Q4 2023 and Q4 2026, across three states of Australia.

Intraperitoneal bevacizumab for recurrent, malignant ascites (REZOLV3R)

Dr Katherine Francis (Medical Oncologist) presented an update on REZOLV3R (which follows the completed REZOLVE trial). This proposal involves input from various CCTGs including, Cancer Symptom Trials (CST), Australasian Gastro-Intestinal Trials Group (AGITG), and Australia New Zealand Gynaecological Oncology Group (ANZGOG). REZOLV3R was presented at previous Grant Development Workshops (May 2022 and March 2023) and was submitted as an NHMRC CTCS application in 2022.

REZOLV3R has received funding from Cancer Australia and the protocol is being prepared for review. The study aims to begin recruiting participants in Q1 2024 with Concord Hospital being the lead site.

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Session 2: Grants update

Update on Medical Research Future Fund (MRFF) grants programs

A/Prof Ruth Griffiths (Acting CEO, Health and Medical Research Office)

The MRFF have two grant opportunities currently open under the Clinical Trials Activity Initiative that may be of interest.

The MRFF's Clinical Trials Activity Initiative

- Includes $750 million of funding over 10 years from 2022–23
- The initiative aims to increase clinical trial activity in Australia; funding areas such as rare cancers, rare diseases and unmet need priority areas

2023 MRFF Clinical Trials Activity Grant Opportunity

- Round recently opened and will close 29 May 2024; full guidelines found here
- Includes up to $65 million for areas such as:
  - Conduct a pilot study to assess the feasibility of a new clinical trial for one or more treatments and/or management strategies for a rare cancer, rare disease and/or unmet need (new)
  - Conduct a clinical trial of one or more treatments and/or management-based interventions for rare cancers, rare diseases and/or unmet need
  - Conduct a clinical trial that assess the comparative effectiveness of two or more health interventions (not placebo-controlled) to treat a specific clinical condition
  - Conduct an implementation science trial to identify scalable strategies for reducing the provision of low value care

2023 International Clinical Trial Collaborations

- Round 2 open and will close 7 February 2024; full guidelines found here
- Funding for Australian sites and/or international coordinating centre for an international clinical trial, generally focusing on phase 3 studies

Updates to the MRFF

- Aim to extend grant application opening periods of approx. 4 to 6 months and align grant periods with common opening and/or closing periods, where possible
- Extra lead time by being able to forecast grant opportunities up to 6 months ahead
- There is emphasis on inclusion of early- to mid-career researchers, clinician researchers and consumers
- Information about how the MRFF work and what they do are communicated through MRFF CEO webinars, MRFF RAO webinars, topic-specific webinars and fortnightly newsletters
- The Department engaged the Institute for Evidence-Based Healthcare (IEBH) to evaluate the MRFF Clinical Trial Activity initiative and other MRFF-funded clinical trials; please refer to the presentation here for key findings

Update on Clinical Trials and Cohort Studies (CTCS) grants programs

Dr David Phillips (Assistant Director, Translation Programs)

The Clinical Trials and Cohort Studies receives an annual allocation of approximately $70 million and supports approximately 30 grants per round. From 2019 until 2022:

- The funded rates were 5.4%, 6.9%, 11.3% and 11.6%, respectively
- The mean budget granted ranges between $2.3 million and $2.6 million
- The number of Chief Investigators (CIs) are increasing annually
- Aboriginal and Torres Strait Islanders health applications do very well

The peer review process is a 2-step process; initially, each application is assessed by up to three independent experts; the top 30% of applications will then be discussed and reassessed by a grant review panel for ranking. Applicants will receive up to four sets of qualitative feedback (if the application reached the panel discussion stage). Those that do not will still receive up to three sets of qualitative feedback from their assessors.

For tips on preparing a CTCS application and some new aspects, please refer to the presentation here.

Update on the Priority-driven Collaborative Cancer Research Scheme (PdCCRS)

Ms Jacqui Real (Director, Research and Investment, Cancer Australia)

The PdCCRS is Cancer Australia's annual national research grants funding scheme, in which the agency partners with other non-government organisations to collaboratively fund national cancer research projects that align with research priorities identified by Cancer Australia and each funding partner.

There are three different PdCCRS grant categories:

- Category A – Standard grants: projects are funded for up to three years. Applications can be made through the NHMRC Ideas Grant scheme or the Clinical Trials and Cohorts Studies grants scheme
- Category B – Early career researchers with less than 3 years of post-doc/post-MBBS experience. Projects are funded for 1 year. Applications can only be made through the NHMRC Ideas Grant scheme
- Category C – Early career researchers with 3-7 years of post-doc/post-MBBS experience. Projects are funded for up to 2 years. Applications can only be made through the NHMRC Ideas Grant scheme

Standard project grants undergo a 2-step review process:

1. NHMRC review (40%), Ideas grants OR Clinical Trials and Cohort Studies grants
2. Cancer Australia and Funding Partner review: PdCCRS questions review (60%)
    - Alignment with research priorities is assessed but does not contribute to the overall score. Applicants should ensure all possible research priorities that directly align with the proposal are selected in the application portal
    - Outcomes/impact (25%): applicants demonstrate the magnitude of the issue timeframe of anticipated outcomes, and the impact of the proposed research on cancer control. Applicants should also consider impacts on sociodemographic populations that may typically experience poorer outcomes

- Translation (20%): how specific methodology or approaches or approaches will used to ensure the results of the research translates into or is used to support clinical practice, policy or further research
- Consumer involvement (15%): demonstrating that consumers will be continuously engaged across the life of the project in a bi-directional and meaningful way. bi-directionally.. Cancer Australia encourage involvement of a minimum of two consumers, where possible to represent different consumer perspectives and ensure that they have support for each other

Early career researcher grants follow a similar 2-step process:

1. NHMRC review (50%), Ideas grants
2. Cancer Australia and Funding Partner review; PdCCRS questions review (50%)
   - Track record of applicant (30%)
   - Career development (10%)
   - Relevance to cancer (5%)
   - Consumer involvement (5%)

Some general advice for applicants:

- Demonstrate alignment with research priorities
- Use lay language
- Be specific and provide detail
- Consumer involvement is essential

Grant Management System – Can-Grant

- Cancer Australia has moved to an online grant management system, Can-Grant, that was used for the first time for the 2023 PdCCRS grant round. Can-Grant uses the same platform as the NHMRC's Sapphire, allowing common information across institutions to integrate across systems. The entire grant lifecycle (applications, reviews, post-award processes) will be managed in Can-Grant.

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Development of a National Framework for Genomics in Cancer Control

Ms Sarah McNeill (Acting Director, Clinical Policy Advice Branch)

As part of the Australian Cancer Plan, Cancer Australia are crafting national frameworks for Optimal Care Pathways and Genomics in Cancer Control.

More information about the framework can be found here.

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Session 3: Masterclass for cancer clinical triallists

Overcoming the hazards time-to-event analysis in oncology

Prof Martin Stockler (NHMRC Clinical Trials Centre)

This presentation provided a connoisseur's guide to survival curves and analysis, particularly focusing on the correct specification, interpretation and reporting of results.

Find out more about these terms in the presentation found here.

Design and analysis issues evaluating biomarkers in cancer clinical trials

Prof John Simes (NHMRC Clinical Trials Centre)

This presentation was given as part of the Accelerating Anticancer Agent Development and Validation Workshop held in September 2023 in a session on *Clinical trial design/analysis for global drug development*.

Watch the presentation here.

Improving access to cancer clinical trials for Aboriginal and Torres Strait Islander people

Ms Louise Lyons (Senior Manager, Strategy & Policy, Telethon Kids Institute)

Genomics has the potential to widen inequalities or significantly contribute to addressing disparities to close the health gap with communities. Australian and New Zealand Clinical Trial Registry (ANZCTR) data showed that between 2006 and 2020, <0.8% of the clinical trials (n=145/18,453) focused on Aboriginal and Torres Strait Islander people. These covered health areas of ear conditions, public health and infections, and while important, according to the Australian Institute of Health and Welfare (2011), the four major health conditions contributing to the health burden of Aboriginal and Torres Strait Islander people

were mental health, injuries, cardiovascular disease and cancer. It was also observed that nationally, data for the number of Aboriginal and Torres Strait Islander people screened, enrolled, withdrawn or completed in research are not collected. Clinical trials and reporting requirements of such data in trials should be made mandatory.

Developing an Indigenous Genomics Governance Framework may contribute to improving access to clinical trials for Aboriginal and Torres Strait Islander people. ALIGN, the Australian Alliance for Indigenous Genomics, funded through an MRFF research grant, encompasses a broad network of research, government, industry, Indigenous community and peak body organisations that are developing and implementing pathways and best practice models that will deliver equity and benefit to Indigenous Australians through genomics. More information is on their website here.

The following are suggested ways to start increasing access to clinical trials for Aboriginal and Torres Strait Islander people:

- **Build strong and trusting relationships –** early and ongoing consultations; partnering with communities, Indigenous peak bodies and/or specialist groups; identifying and delivering on specific benefits to Aboriginal and Torres Strait Islander people; acknowledging Indigenous data and being clear to whom it belongs; presenting the outcomes of the research back to communities and participants; explore culturally appropriate service delivery models that encourage engagement and reduce, for example, the impact of non-attendance to appointments or study visits
- **Research protocol co-development –** broaden inclusion criteria; consider protocols that can support geographical/population diversity; allow enough time for consultation; review and embed Aboriginal and Torres Strait Islander research principles and values; explore the feasibility of establishing an Indigenous governance group

More information is in the presentation found here.

Session 4: Trials and concepts for discussion

Creating a pathway for advanced thyroid cancer management

A/Prof Anthony Glover (Endocrine Surgeon, Sydney Medical School, Royal North Shore Hospital and St Vincent's Clinic)

In 2022, thyroid cancer was the ninth most commonly diagnosed cancer in Australia and accounts for approximately 250 deaths per year. There are a number of mutations in thyroid cancer where treatment may be tailored, however, access to genetic testing is required to inform treatment; e.g, patients with anaplastic thyroid cancer that have a BRAF mutation may benefit from MEK and BRAF inhibition in combination. A standard of care is yet to be established and care, knowledge and access to medication vary considerably.

The Australian and New Zealand Thyroid Cancer Registry is a clinical quality registry and collects information about diagnosis, treatment and outcomes of individuals diagnosed with thyroid cancer across 40 hospitals. This project explores and creates pathways for patients to access sequencing and advice from a multidisciplinary team for access to medications.

More information, including collaboration details in the presentation are found here.

Pre-operative hypo-fractionated radiosurgery for brain metastases – feasibility and efficacy

Dr Neda Haghighi (Radiation Oncologist, Peter MacCallum Cancer Centre)

Post-operative stereotactic radiosurgery (SRS) for patients with resected brain metastasis forms a part of the standard of care. Post-operative SRS also comes with complications such as defining the target to treat within the cavity and the risk of leptomeningeal disease due to the intraoperative dissemination of viable tumour cells. Some cancer centres have moved to pre-operative SRS to improve tumour bed control and target delineation. Results show both high local control (93.9% probability at 12 months) and low risk of leptomeningeal disease (7.8% probability at 12 months). Further, fractionation (3 to 5 fractions) reduced

toxicity and improved outcomes for local control when compared with single-fraction pre-operative SRS.

There are five phase III clinical trials comparing pre-operative SRS with post-operative SRS with data available from 2026/27. Australia has well-structured healthcare systems. However, only one or two cancer centres have adopted the approach. To align Australia's treatment with other international standards, a study is required. The following concept is a phase II, 2-arm randomised pilot study involving 8 to 10 participants. It hypothesises that multi-fraction pre-operative SRS is both feasible and superior for local control (vs single-fraction pre-operative SRS). For further information on this concept, please email Neda Haghighi at Neda.Haghighi@petermac.org.

Session 5: Updates from selected CCTGs and groups

Updates from Australian and New Zealand Urogenital and Prostate group (ANZUP)

Dr Andrisha Inderjeeth (ANZUP Fellow and Medical Oncologist)

For updates, information and collaboration opportunities with ANZUP, please email Andrisha Inderjeeth at Andrisha.Inderjeeth@petermac.org.

Updates from Cooperative Trials Groups for Neuro-Oncology (COGNO)

A/Prof Eng Siew Koh (COGNO Chair, Radiation Oncologist, Liverpool Hospital)

COGNO was established in 2007 and since 2010 have recruited 879 participants across 141 Australian study sites. The four main trials in follow-up stage are:

- **NUTMEG (COGNO-led; elderly glioblastoma multiforme – standard of care vs nivolumab)** – follow-up; study published and sub studies (TR, MRI, PROM) in motion
- **CATNON (EORTC-COGNO, international trial; non-1p/19q deleted anaplastic glioma)** – follow-up; initial results published
- **LUMOS 1 (COGNO; recurrent grade 2/3 glioma)** – pilot study closed out and T/R studies pending
- **VERTU (COGNO; glioblastoma multiforme, unmethylated MGMT, standard of care vs PARP inhibitor)** – study closed out and sub studies (TR, MRI, PROM) in progress
- **MAGMA (COGNO; adult glioblastoma) platform trial, inital two questions – neoadjuvant Temozolomide (TMZ) and extended TMZ)** – follow-up; sub studies (TR and PROM) in motion

Following on from the LUMOS 1 pilot study, LUMOS 2 umbrella study in recurrent grade 2/3 glioma currently with 4 interventional arms, is now open with its first participant recruited in September 2023 and first molecular tumour assessment panel in October 2023.

- **PERSOMED-I (EORTC-COGNO, international trial in AYA medulloblastoma) also recruiting in Europe and Australia**

More information in the presentation found here. For updates, information and collaboration opportunities with COGNO, please email A/Prof Eng Siew Koh, COGNO Chair at EngSiew.Koh@health.nsw.gov.au.

Updates from Melanoma and Skin Cancer Trials (MASC)

Dr Malaka Ameratunga (MASC Fellow and Medical Oncologist)

For updates, information and collaboration opportunities with MASC, please email Mal Ameratunga at malaka.ameratunga@monash.edu.

Updates from Australasian Radiopharmaceutical Trials Network (ARTnet)

Dr Ivan Ho Shon (ARTnet Scientific Committee Member and Senior Staff Specialist, Prince of Wales Hospital)

ARTnet is a collaborative network with a shared interest in multicentre clinical trials that utilise radiopharmaceuticals for imaging or therapy. Although ARTnet is not a CCTG, the group shares synergisms with GCCTI as a network seeking collaborative clinical research utilising radiopharmaceuticals for imaging or therapy. Like trials groups, ARTnet can:

- Provide advice on appropriate facilities with access to appropriate equipment for use in clinical trials
- Assist external organisations in protocol design for clinical trials
- Perform camera validation and oversee maintenance of appropriate quality standards
- Verify quantification capabilities and limitations at trial sites
- Support “own account” activities to develop new imaging and therapeutic protocols
- Facilitate large-scale data collection / central image repository
- Provide an ARTnet radiopharmaceutical accreditation program

More information is in the presentation found here. For information and collaboration opportunities with ARTnet, please email Ivan Ho Shon at i.hoshon@unsw.edu.au.

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Session 6: Androgen signalling modulation across the cancer spectrum

Prof Andrew Redfern (Clinical Academic Oncologist and Haematology-Oncology Discipline Lead, University of Western Australia; Medical Oncologist, South Metropolitan Health Service; Medical Director, Linear Clinical Research; Associate Director, Harry Perkins Institute of Medical Research and Lead Clinician, Breast Tumour Collaborative, WA Cancer & Palliative Care Network), Prof Wayne Tilley (Director, Dame Roma Mitchell Cancer Research Lab; Adelaide Medical School, University of Adelaide), Dr Felicia Roncolato (Medical Oncologist, South West Local Health District) and Dr Belinda Kiely (Senior Research Fellow, NHMRC CTC and Medical Oncologist, Concord and Campbelltown Hospitals)

This session focused on androgen receptor signalling and its application across multiple cancer types, including the following presentations:

- Introduction to androgen receptor signalling targeting in prostate cancer
- Androgen receptor as a target across the cancer spectrum
- Androgen receptor targeting in breast cancer
- Ameliorating hot flushes in breast, prostate, and gynaecological cancers
- Extending androgen receptor modulation to bladder cancer and beyond

Presentations available for viewing here.

Workshop evaluation

Introduction

The GCCTI is committed to continuous quality improvement and values workshop participants' feedback to help identify opportunities to improve future workshops. Workshop participants completed an online or paper survey to provide feedback.

Participation and survey response rate

Forty-four participants attended the GCCTI October 2023 workshop; 27 participants (61%) attended in-person and 17 participants (39%) attended virtually.

Figure 1: Number of participants at GCCTI workshops (frequency)

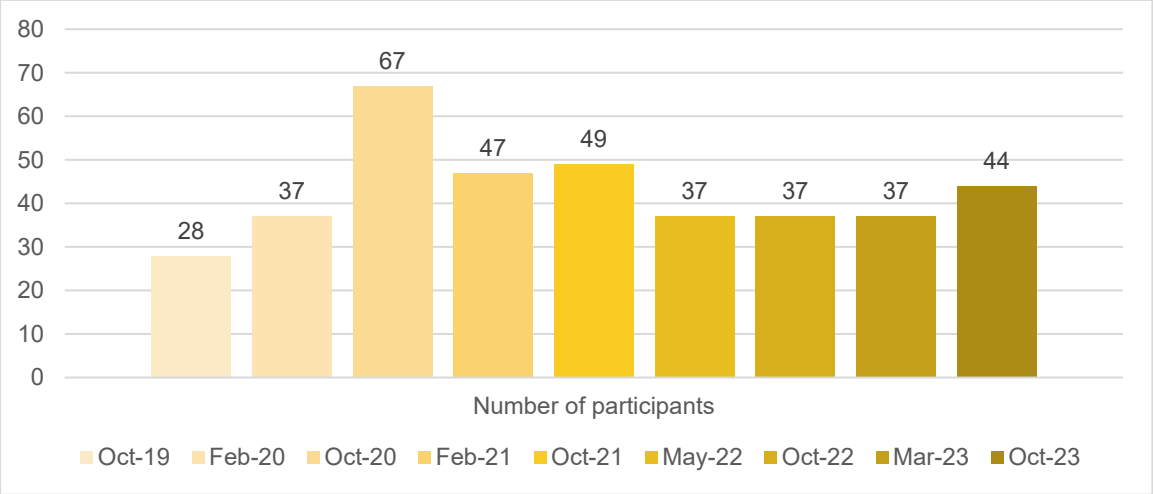
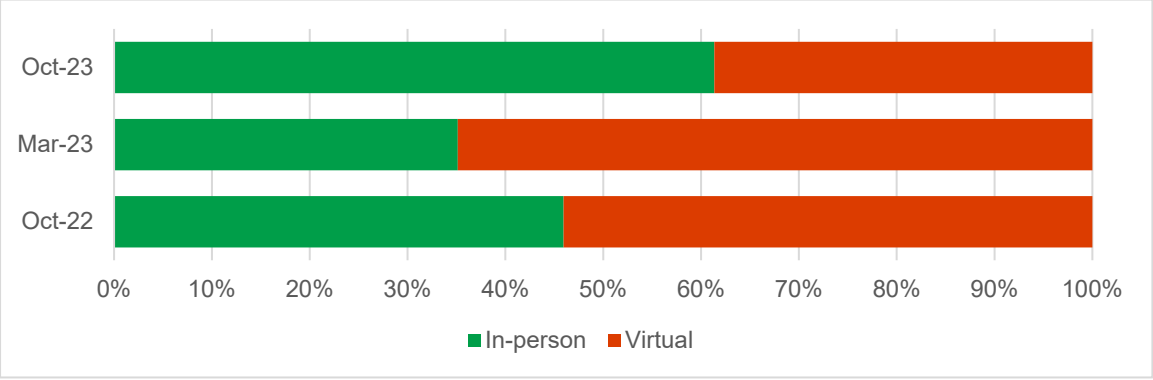


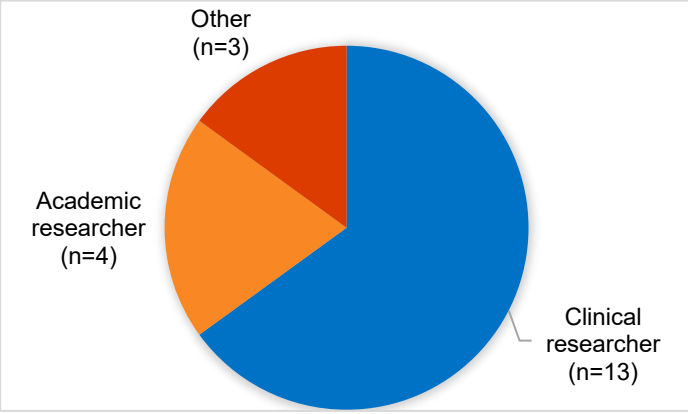
Figure 2: Hybrid meeting attendance method



Nineteen of the 44 participants who attended the workshop completed the survey (a 43% response rate), a decrease in the response rate from the previous workshop, which was 49%.

The majority of survey respondents identified as clinical researchers (68%), followed by academic researchers (21%).

Figure 3: Participant roles



Note: Some respondents identified as more than one role

Organisations/groups in attendance

Participants from organisations/groups across Australia attended.

- Blacktown Hospital, NSW
- Cancer Australia
- Commonwealth Department of Health
- DRMCRL, University of Adelaide, SA
- Fiona Stanley Hospital, WA
- Garvan Institute of Medical Research, NSW
- Latrobe Regional Health, VIC
- Macarthur Cancer Therapy Centre, NSW
- National Health and Medical Research Council
- National University Cancer Institute, Singapore
- Nepean Cancer Centre, NSW
- NHMRC Clinical Trials Centre, NSW
- Peter MacCallum Cancer Centre, VIC
- Prince of Wales Hospital, NSW
- Princess Alexandra Hospital, QLD
- Royal Melbourne Hospital, VIC
- South East Regional Hospital, NSW
- Telethon Kids Institute, WA
- The University of Sydney, NSW
- University of NSW (UNSW), NSW
- University of Newcastle, NSW
- Westmead Institute for Medical Research (WIMR)
- Cancer service – CQUEST
- Cancer Cooperative Clinical Trials Groups (CCTGs)
    1. AGITG
    2. ANZCHOG
    3. ANZSA
    4. ANZUP
    5. BCT
    6. COGNO
    7. MASC
    8. PaCCSC & CST
    9. PoCoG
    10. TOGA
    11. TROG

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Understanding the workshop's aim and purpose

95% of respondents indicated that they had a clear understanding of the aims and purpose of the workshop

84% of respondents ‘agreed’, and 11% of respondents ‘strongly agreed’.

Usefulness and relevance of the presentations

100% of respondents indicated that they found the content of the workshop presentations useful and relevant

76% of respondents ‘agreed’, and 24% of respondents ‘strongly agreed’. Respondents noted:

“I would like to see a bit more on ultra rare cancers”

“I struggle to understand some of the more technical presentations, but can see how they may be relevant to the others in the room”

Organisation and format of workshop

95% of respondents indicated that the workshop was well organised

56% of respondents ‘agreed’, and 39% of respondents ‘strongly agreed’.

95% of respondents indicated that the hybrid format of the workshop was successful

84% of respondents ‘agreed’, and 11% of respondents ‘strongly agreed’.

“In-person interaction is still much effective. However, engagement with attendees online who otherwise will miss out is equally valuable”

“Great to have the flexibility”

“Greater in-person attendance would strengthen the opportunity for constructive discussion”

Topics/aspects most interesting/useful

Participants were asked to comment on which workshop topics and aspects they found most interesting. Participants found all elements of the workshop equally interesting and useful. Respondents noted:

> "The 'teaching' aspects of the session was helpful to reflect on current and future trial ideas"

> "…Update on status of concepts presented in prior workshops was really good"

> "Loved having wide variety of tumour streams considered"

Additional comments/suggestions to enhance future workshops

Participants were asked for suggestions to further improve workshops; the following suggestions were provided:

- Longer breaks to allow for synergies and informal discussions, less didactic learning and more collaborative time
- Topics:
  - Success stories on pan-cancer trial and the implications on future research
  - Designing a platform trial involving multiple tumour types
  - Discussion on developing research protocols for under-serviced groups, e.g. Aboriginal and Torres Strait Islander peoples
- Extend evaluation to written comments on presenters
- Offering digital cab vouchers for in-person attendees

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Appendix: Workshop agenda

Venue Education Room, Chris O'Brien Lifehouse and via Zoom
Time/Date 9.00am – 4.00pm, Friday 27 October 2023
Purpose This Workshop aims to facilitate development of clinical studies based on molecular characterisation that involve cancers from more than one primary site and more than one Cancer Cooperative Trials Groups (CCTGs).

Time	Session	Presenter
9:00am	*Registrations*	
9:10am	**Welcome, introductions, purpose and background of workshop**	*Martin Stockler*
9:20am	**Proposal updates from previous workshops** DAIS, VITAL, OCTAVO, GENESCREEN and REZOLV3R	*Angelina Tjokrowidjaja* *Paul Keall* *Eric Hau* *Steve Ackland* *Kat Francis*
10:05am	**What's helpful for grant-writers**	
	• MRFF: Cancer Clinical Trial Grant Opportunities • NHMRC: Clinical Trials and Cohort Studies • Cancer Australia: Priority-driven Collaborative Cancer Research Scheme	*Ruth Griffiths* *David Phillips* *Jacqui Real*
10:30am	**Cancer Australia: Genomics Framework update** Development of a National Framework for Genomics in Cancer Control	*Sarah McNeill*
10:45am	*Morning Tea*	
11:00am	**Masterclass for cancer clinical trialists**	
	• Overcoming the hazards of time-to-event analysis in oncology • Improving access to cancer clinical trials for Aboriginal and Torres Strait Islander people • Design and analysis issues evaluating biomarkers in cancer clinical trials	*Martin Stockler* *Louise Lyons* *John Simes*
12:15pm	**Trials and concepts for discussion**	
	• Creating a pathway for advanced thyroid cancer management • Preoperative hypo-fractionated radiosurgery for brain metastases – feasibility and efficacy	*Anthony Glover* *Neda Haghighi*
12:45pm	*Lunch*	
1:30pm	**Updates from selected CCTGs and groups** ANZUP, COGNO, MASC, ARTnet	*Andrisha Inderjeeth* *Eng Siew Koh* *Malaka Ameratunga* *Ivan Ho-Shon*
2:10pm	**Androgen signalling modulation across the cancer spectrum**	
	• Introduction to androgen receptor signalling targeting in prostate cancer • Androgen receptor as a target across the cancer spectrum • Androgen receptor targeting in breast cancer • Hot flushes in breast, prostate, and gynaecological cancers • Extending androgen receptor modulation to bladder cancer and beyond	*Andy Redfern* *Wayne Tilley* *Felicia Roncolato & Belinda Kiely* *Andy Redfern*
3:30pm	**Progressing ideas** **Reflection, plans, feedback, and advice**	*Martin Stockler* *Group discussion*
3:55pm	**Wrap-up and close**	*Martin Stockler*