



Welcome to the Genomic Cancer Clinical Trials Initiative (GCCTI) update. The GCCTI was established by Cancer Australia in 2013 and is led by the NHMRC Clinical Trials Centre (CTC) in partnership with Zest. The initiative aims to facilitate the development of mutation-specific/molecularly-targeted clinical trial concepts that involve cancers from more than one primary site and more than one national cancer cooperative trials group (CCTG). The main activities of the GCCTI are to develop capacity, ideas, trial concepts, and grant applications.

IN THIS EDITION

- Highlights from the April 2024 GCCTI Grant development workshop
- Update on GCCTI supported studies: EMBRACE, AUTO-CHECK AND REZOLV3R
- Upcoming events
- GCCTI support

Highlights from the April 2024 GCCTI workshop

The GCCTI Project Team hosted a bi-annual workshop on Friday 12 April 2024, with 40 attendees.

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

Presentations and discussion included:

- Updates on grant opportunities
- Progress updates from previous presented concepts
- Review and peer input for grant submissions in 2024 and beyond

Further details of the presentations and discussions are available from the [GCCTI website here](#).

Updates on grant opportunities

Representatives from the Medical Research Future Fund (MRFF), National Health and Medical Research Council (NHMRC) and Cancer Australia (CA) presented updates on grants available, along with tips and pointers on how to produce stronger applications. Further details are published in the [workshop report here](#).



Progress updates from previous presented concepts

Concepts previously presented at GCCTI workshops were presented with updates. For further details, please read the workshop report available [here](#).

- Intraperitoneal bevacizumab for recurrent, malignant ascites (REZOLV3R)
A/Prof Katrin Sjoquist
- GeneScreen 5-FU – Genotype-guided personalised fluoropyrimidine dosing
Professor Steve Ackland
- A randomised controlled trial investigating Ventilation Imaging to reduce Toxicity for Lung cancer radiation therapy patients (VITaL)
Professor Paul Keall

Grant review and peer input

The following proposed grants were presented for input from participants. For further details, please read the workshop report available [here](#). For collaboration opportunities or to find out how you can contribute to a grant, please contact the presenter/s directly.

- Opioid pharmacogenomics registry trial for cancer pain (OPPtC-2)
Dr Aaron K Wong – aaron.wong@petermac.org
- Addition of stereotactic radiosurgery to molecular targeted therapies in driver mutation positive non-small cell lung cancer with persistent or progressive brain metastases (OUTRUN-P2)
Dr Yu Yang Soon – yu.soon@sydney.edu.au
- Neoadjuvant radiotherapy: Improving responses to neoadjuvant chemo/immunotherapy in resectable NSCLC with high precision radiotherapy
Dr Fiona Hegi-Johnson – fiona.hegi-johnson@petermac.org
- Investigation of microbiome genomic signature associated with immune-related adverse events and response in patients with advanced cancer treated with anti-cancer immune checkpoint inhibitors
Dr Sonia Yip – sonia.yip@sydney.edu.au

Update on GCCTI supported studies

EMBRACE

EMBRACE is a phase 2 trial of the poly-adenosine diphosphate-ribose polymerase (PARP) inhibitor, olaparib, in homologous recombination (HR)-deficient metastatic breast and relapsed ovarian cancer in patients without germline mutations in breast cancer gene BRCA1 and BRCA2.

The aim of this trial is to determine if tumours with somatic inactivating mutations of BRCA1 or BRCA2, germline or somatic inactivating mutations in other genes involved in repairing HR defects (e.g. PALB2, CHEK2, ATM, RAD51), or somatic BRCA1 gene silencing by promoter methylation are similarly susceptible to PARP inhibition as tumours with germline inactivating mutations of BRCA1 or BRCA2.

This trial was funded in December 2016 by Cancer Australia and is led by A/Prof Katrin Sjoquist with support from ANZGOG and BCT.



The study is an open-label, single-arm, signal-seeking, multicentre, phase 2 clinical trial of two molecularly enriched cohorts:

- A) Relapsed platinum-sensitive high-grade serous ovarian cancer not yet treated for relapsed disease;
- B) Triple negative breast cancer.

Both cohorts receive olaparib 300 mg twice-daily until disease progression or unacceptable toxicity. The primary aim is to evaluate the activity of olaparib in each molecularly-enriched cohort.

Recruitment to the EMBRACE trial finished on 31 March 2022. A total of 22/60 participants were enrolled from 12 sites across Australia. More than 200 patients were screened during the recruitment period. Analyses of trial results and translational substudies are near complete, with additional substudies proposed. A manuscript has been drafted, and is planned for submission in Q4 2024 to a peer-reviewed journal for publication once further translational work is completed.

For more information about EMBRACE, see the trial summary at [ANZCTR](#) or email embrace@ctc.usyd.edu.au.

AUTO-CHECK

AUTO-CHECK is a translational research study looking at the molecular determinants of autoimmunity and immune adverse events in advanced cancer patients treated with immune checkpoint inhibitors. The **hypothesis** is that an underlying genetic susceptibility to **autoimmunity** increases the risk of an immune-related adverse event (IRAEs) after treatment with immune **checkpoint** inhibitors.

Collaboration with CCTGs: This study was funded in January 2017 by Cancer Australia and is led by Prof Matthew Cook (CIA) and Dr Sonia Yip in a collaboration with the Australasian Lung Cancer Trials Group (ALTG; now known as the Thoracic Oncology Group Australasia (TOGA)), Australia New Zealand Gynaecological Oncology Group (ANZGOG), Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP), Cooperative Trials Group for Neuro-Oncology (COGNO), the CTC, and the Centre for Personalised Immunology at The Australian National University.

Trials and tumour types: Bio-specimens were collected from 6 multi-centre, investigator-initiated trials of immune checkpoint inhibitors spanning 5 tumour types (endometrial, glioblastoma, mesothelioma, non-small cell lung cancer (NSCLC), renal cell) – each trial using immune checkpoint inhibitors. Biospecimens were also collected from a single centre cohort (Canberra Hospital).

Participants and samples: AUTO-CHECK included 257 participants, and over 450 real-time blood shipments from 48 sites to the central lab in Canberra. Approximately 50 participants had blood samples collected following an IRAE.

Analyses: Serological profiling and whole genome sequencing were completed. Immune profiling of peripheral blood mononuclear cells (PBMCs), genome-wide association study (GWAS) analyses are ongoing in 2024.

There have been multiple conference abstracts and posters at CCTG scientific meetings; and one publication to date (Hao Y *et al.* 2023 *Cell Mol Immunol* doi.org/10.1038/s41423-023-01027-8).

For more information about AUTO-CHECK, please see this [summary](#) or contact autocheck.study@sydney.edu.au.



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NEWSLETTER

REZOLV3R

REZOLV3R is a randomised, double-blind, multicentre, phase 3 trial of palliative intraperitoneal bevacizumab following therapeutic ascitic drainage for recurrent, malignant ascites in patients with chemotherapy-resistant solid tumours.

Symptomatic patients with recurrent malignant ascites suitable for paracentesis and a paracentesis-free interval (PFI) of 28 days or less will be randomised 1:1 to a single dose of intraperitoneal bevacizumab or control, following drainage of symptomatic ascites per usual site practice.

The primary objective is to compare time between first and second on study paracentesis, or death (paracentesis free survival time), with secondary objectives including patient-reported outcomes (symptoms, quality of life and supportive care measures), activity measures (numbers and intervals between subsequent paracenteses), overall survival and health economic evaluations (healthcare resource use, health system costs and cost effectiveness).

REZOLV3R is being conducted by CTC in collaboration with GCCTI, ANZGOG, AGITG, and CST.

This trial was funded in 2023 by Cancer Australia in the PdCCRS scheme, with a pilot phase supported through a Program Grant to NHRMC CTC. A/Prof Katrin Sjoquist is leading the trial with Prof Michael Friedlander (co-chair) and Dr Katherine Francis (research fellow).

The protocol received ethics approval in March 2024 and recruitment is planned to open in July 2024. Site selection continues; please contact the study team to discuss interest or for more information via rezolv3r.study@sydney.edu.au.

Upcoming events

GCCTI Research Development Workshop, 25 October 2024



**GCCTI
RESEARCH
DEVELOPMENT
WORKSHOP**

Friday 25 October 2024
**Chris O'Brien Lifehouse,
Camperdown, Sydney**

Registrations to open in late September 2024.
To find out more or to be kept up to date,
please email info@gccti.org.au.

This workshop will provide attendees an opportunity to learn and discuss:

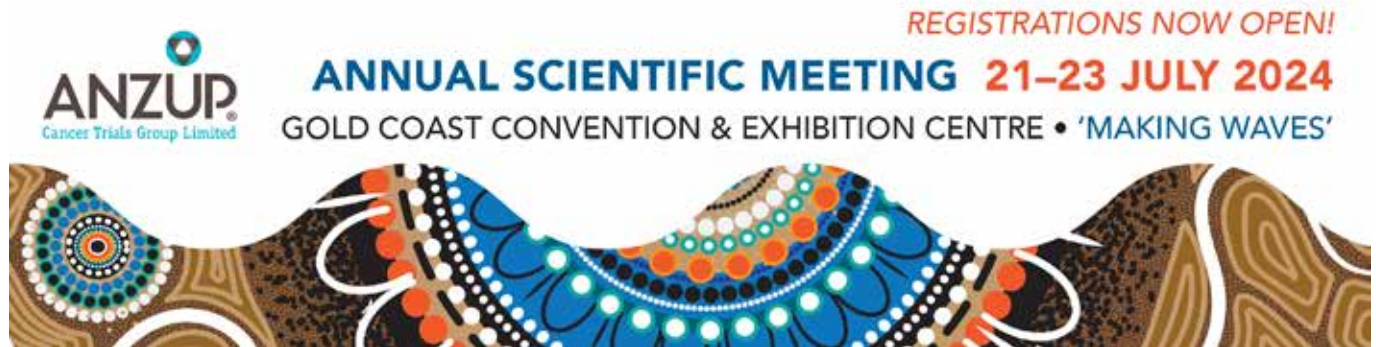
- Updates on grant opportunities
- Innovative studies with potential applicability to multiple cancer types and CCTGs
- Updates on trials, concepts and ideas previously discussed
- Ongoing and proposed trials in a range of cancer types
- Ideas and proposals for studies that could involve multiple cancer types and CCTGs
- Opportunities for collaboration across cancer types and CCTGs



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NEWSLETTER

ANZUP Annual Scientific Meeting, 21–23 July 2024



Associate Professor Matt Roberts, #ANZUP24 ASM Co-Convenor (with Aaron Hansen), invites you to attend the 2024 premier GU cancer meeting of the region.

The meeting will provide attendees with a forum to discuss and present the latest updates in GU cancer treatment, research and supportive care and to learn more about existing and planned ANZUP trials.

Immerse yourself in a diverse range of captivating sessions, including the highly anticipated MDT Masterclass and ANZUP Nurses Symposium. Facilitated by a remarkable lineup of national and international experts, these sessions will delve into the challenges and opportunities as we work together to improve access to clinical trials.

You can find more information online: anzup.org.au/asm2024/.

GCCTI support

The primary aim of GCCTI is to facilitate the development of mutation-specific clinical trial concepts that involve cancers from more than one primary site and across more than one CCTG.

If you'd like to discuss an idea for a cancer clinical trial that includes multiple primary types and/or multiple CCTGs, please complete and submit the [idea generation template](#) and forward it to the GCCTI Project Team at info@gccti.org.au. We look forward to hearing from you.

You can also access a range of information and resources from the [GCCTI website: http://gccti.org.au](http://gccti.org.au).



GCCTI

GET IN TOUCH
info@gccti.org.au

GCCTI is a technical service delivered as a partnership between the NHMRC Clinical Trials Centre, University of Sydney and Zest, and funded by Cancer Australia.

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