

Quick Update:

- Membership: 718 members
- 11th COGNO ASM Report



COGNO

COOPERATIVE TRIALS GROUP
FOR NEURO-ONCOLOGY

Member Newsletter

Issue 28

Summer 2018

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Message from our Chair



Dear COGNO members,

I got started on this message early, whilst I was still buzzing from the excitement of the 2018 COGNO annual scientific meeting. Congratulations to Mark Pinkham and his local organising committee, with the help of Jenny Chow and Yi Feng, in running a meeting with an incredibly high quality scientific program. There really was something for everyone, ranging from laboratory science, through clinical trials, imaging, and supportive care. Our four international guests not only presented the breadth and depth their

work in two lectures apiece, but also engaged with COGNO members in the SAC meeting and chatted to many of us during breaks and dinners. It was great to see a strong contingent of early career researchers and PhD students with posters and mini-oral presentations, showing what a thriving and diverse neuro-oncology research community we have in Australia.

The other exciting news for COGNO is our success in a number of grant applications. There are some announcements which are still under embargo, and I look forward to conveying them to you as soon as possible. Our first trial in medulloblastoma, PersoMed-I, was successful in receiving funding, and the neuro-oncology aspects of the SEQUITUR study, led by Mustafa Khasraw, have recently been funded. We have also received confirmation of renewed support through to 2021 from Cancer Australia, assuring our core activities in trial development.

Changes to the NHMRC grants system, and the attendant changes in the Cancer Australia project grants will be a challenge for us this year, as everyone tries to navigate the new timeline and requirements. In order to accommodate these timeframes, we will have a COGNO SAC meeting earlier in the year than usual, which will allow us to plan for any grant applications. With the expanded opportunities for clinical trials afforded by the MRFF and Australian Brain Cancer Mission, please don't be shy in bringing your ideas forward to the SAC for further development.

We also welcome medical oncologist, A/Prof Rosemary Harrup, to the Management Committee, rectifying our previous lack of Tasmanian representation within COGNO committees. Rosie joins us with valuable skill sets in cancer policy and management, as a past chair of MOGA, as a member of Cancer Council Tasmania board, and institutional leadership roles amongst others. This is also a reminder that we have opportunities for renewal within all COGNO committees, so if you have a passion for neuro-oncology clinical trials and the energy to contribute, please think about nominating in the future.

Finally, best wishes for a safe and happy holiday season, Merry Christmas, Happy New Year, and we can all look forward to a busy 2019 for COGNO clinical trials.

Professor Anna Nowak
Group Chair

11th COGNO ANNUAL SCIENTIFIC MEETING (ASM)

Targeting survival: living well with brain cancer in the era of precision treatments

Sunday 7th October - Tuesday 9th October 2018

Brisbane Convention & Exhibition Centre, Queensland, Australia

Congratulations to Dr Mark Pinkham (Convenor) and the 2018 Organising Committee on a successful Annual Scientific Meeting. A very topical scientific program, led by international guest speakers Prof Mark Gilbert, Prof Eric Sulman, Prof Susan Chang and Dr Terri Armstrong and many Australian experts, was very well received by delegates.

To see an interview with Prof Mark Gilbert at the 2018 COGNO ASM, [please click here](#).

Congratulations to our award and grant recipients:

- **MSD Hubert Stuerzl Memorial Educational Award 2018** - Dr Arian Lasocki
- **COGNO Outreach Education Preceptorship** - Dr Abdi Reza (Indonesia)
- **COGNO Young Investigator Award** - Mr Ali Dulfikar for his abstract "*Baseline functional status in post-operative glioma patients prior to adjuvant radiation: relevance to participation in a supervised exercise programme*"
- **COGNO Most Outstanding Oral Presentation** - Dr Simon Puttick for his abstract "*Increasing antibody theranostic uptake in primary brain tumours using focussed ultrasound*"
- **COGNO Most Outstanding Poster Presentation** - A/Prof Zarnie Lwin for her abstract "*I'm the handbrake": a qualitative interview study of the experiences of informal carers for patients living with glioma*"
- **Inaugural BTAA Lynette Williams Award for best poster related to supportive care research:**
 - **First prize** - Ms Megan Jeon for her poster "*Prevalence and severity of difficulty sleeping in patients with CNS cancer receiving palliative care in Australia*"
 - **Second prize** - Miss Lobna Alukaidey for her poster "*Longitudinal health related quality of life in patients with benign and low-grade brain tumours*"
- **Inaugural #COGNO18 Top Tweeter Award** - Dr Sarah Shigdar [@SassStem](#)



L-R: Prof Mark Rosenthal, Mrs Wendy Stuerzl, Mr Con Stylianou (MSD), Dr Arian Lasocki



L-R: A/Prof Zarnie Lwin, Dr Abdi Reza



L-R: Prof Anna Nowak, A/Prof Zarnie Lwin



L-R: Prof Anna Nowak, Mr Ali Dulfikar



L-R: Prof Anna Nowak, Dr Simon Puttick



L-R: Prof Anna Nowak, Dr Sarah Shigdar

The BTAA Lynette Williams Award to honour the life of Lynette Williams



Lynette Williams fought bravely for over two years following the diagnosis of a glioblastoma multiforme (GBM) Grade 4 in 2015. She succumbed to this hideous disease in April 2017. She had just turned 63. During this time, Lynette and her husband, Billy, were supported and cared for by the Brain Tumour Alliance Australia (BTAA) in Canberra.

Lynette and Billy were just beginning to enjoy the opportunities and variety that retirement offered them. When the diagnosis of a GBM was made, their world was turned upside down as it is for everyone on the receiving end of such devastating news. The hope was that a treatment would arrest the spread of the disease through access to a trial drug or radio-therapy. Sadly, but typically, this was not the case and there were no trials available at that time.

To honour Lynette's life, Billy, in partnership with the Ghana Australia Association and the BTAA in Canberra, held an event in November 2017 to honour Lynette's life in support of the work of the BTAA and an orthopaedic centre in Ghana which Lynette had supported when she and Billy lived there.

The event was successful in raising significant funds shared between both organisations. Billy had asked that the funds allocated to BTAA be directed towards a specific activity that involved support and care for brain tumour patients and carers.

Following discussions between BTAA and COGNO in Australia, it was agreed to establish the BTAA Lynette Williams Award for the best 'poster' presentation focussed on support and care for brain tumour patients. There are sufficient funds for the award to be presented for ten years.

The 'posters' were judged by an independent panel at COGNO with the two winners announced during the recent COGNO conference held in Brisbane in October.

First prize (\$600) was awarded to Ms Megan Jeon, for her poster 'Prevalence and severity of difficulty sleeping in patients with CNS cancer receiving palliative care in Australia'. Ms Jeon is a PhD student at the South Western Sydney Clinical School, University of New South Wales.

Second prize (\$400) went to Ms Lobna Alukaidey, for her poster 'Longitudinal health related quality of life in patients with benign and low-grade brain tumours'. Ms Alukaidey is a medical student at the University of Melbourne.

Billy was present at COGNO for the announcement and presentation of the awards. 'While the loss of Lynette has had a profound and lasting impact on me and my family, the legacy of Lynette's life will support the provision of improved levels of support and care for patients with brain tumours, Billy said.

'It is also good to know the award will give encouragement to young medical professionals to study and evaluate the impact of the disease, and also to raise the importance of care among medical professionals in oncology and related fields.'



Mr Billy Williams announcing the BTAA Lynette Williams Award



The achievement of better health outcomes for patients and others affected by brain tumours through clinical trials research



Mr Williams with first prize recipient Ms Megan Jeon



Mr Williams with second prize recipient Miss Lobna Alukaidey

COGNO thanks our sponsors for their support of this year's Annual Scientific Meeting. The COGNO Scientific Program has been developed independent of sponsor involvement.



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A sample of photos from the ASM and Conference Dinner are available until 28 February 2019 at [the COGNO dropbox](#).





SAVE THE DATE: 12th COGNO ANNUAL SCIENTIFIC MEETING (ASM)
 Sunday 27th October - Monday 28th October 2019, Sydney, Australia

Stay posted for further updates, or email congnosm@ctc.usyd.edu.au to join our mailing list.

MSD HUBERT STUERZL MEMORIAL EDUCATIONAL AWARD REPORT

From Dr James Dimou, recipient of 2016 MSD Hubert Stuerzl Memorial Educational Award, report dated 27 May 2018



I am presently midway through a two year Surgical Neuro-oncology clinical/research fellowship at the University of Calgary, but very recently, had the opportunity to attend the RACS ASC convocation ceremony in Sydney, a final recognition of my acceptance to the Fellowship of the RACS in Neurosurgery. This personally and professionally momentous week gave me pause to reflect on the experiences I enjoyed this time last year in Zurich, Switzerland, courtesy of the very generous support provided through the COGNO/MSD Hubert-Stuerzl Memorial Award.

I chose to attend the 2017 WFNS/EANO 5th Quadrennial Meeting in Zurich, Switzerland, and took advantage of the WFNS-EORTC Educational Day, which included both clinical and basic science tracks and preceded the meeting proper. Herold-Mende's talk on immunotherapy in the context of the glioblastoma microenvironment was especially interesting, and the Pusch presentation on the development of a novel IDH1 inhibitor as a potential adjuvant glioma treatment were highlights. During the remainder of the week, I focused mainly on the glioma and meningioma sessions; TERT-targeted and innovative immunomodulatory therapies will likely shape the medical treatment of glioma in years to come, whilst the identification of potential novel systemic treatments of meningioma, a neoplasm whose treatment has traditionally been dominated by surgery and radiotherapy/radiosurgery, based on new targets derived from large scale next generation sequencing, in both the clinical and pre-clinical spheres, also aroused curiosity, with potential future translation for patients with higher grade or inoperable lesions. Overall, I thought the meeting was very engaging, with high quality poster and corporate symposia interspersed throughout the program, although the promised amazing view of the lake area around Zurich failed to transpire, as thick fog descended on Uetliberg on the evening of the WFNS Meeting Dinner!

Following the meeting, I spent four weeks doing a Neurosurgical preceptorship at the University Hospital in Zurich, where I was warmly welcomed by the team... especially after attempting to introduce myself using some very ordinary high school German! This clinical attachment gave me the opportunity to observe closely the work being done in the Department of Neurosurgery, famous for producing such luminaries as Krayenbuehl and Yasargil. In short, it was a phenomenal experience.

Daily morning departmental paper rounds would outline the theatre and clinical meeting schedules; there was certainly a remarkable array of pathologies (including complex Neuro-oncological and Skull Base cases) referred to the unit for management, and overall, I was most impressed with the technical expertise of the senior consultants, headed by Professor Luca Regli, and this was reflected in the excellent post-operative recovery of their patients. Furthermore, the Neurosurgical Department has all the equipment and tools necessary to optimise the operative care of its Surgical Neuro-oncology patients, including state of the art neuronavigation, intraoperative neuromonitoring and endoscopic systems, 5-ALA, up-to-date theatre microscopes and a very user friendly, compact intraoperative MRI system. Weekly Neuro-oncology Multi-disciplinary Meetings regularly featured Professor Michael Weller's input, and these largely followed the same structure as similar meetings in Australasian centres, and Thursday morning grand rounds offered the opportunity for consultant-led teaching and case discussion. Lastly, Zurich is a beautiful and picturesque city, and exploring many of its artistic, cultural, gastronomic and recreational avenues was both pleasurable and intellectually enriching.

It seems fair that the last word should fall to US Navy Vice Admiral and Trauma Surgeon Raquel Bono, who gave the Syme Oration at the RACS ASC Convocation Ceremony. The conclusion of her inspiring address included a statement to all convocating surgeons, whereby she emphasised that whilst much has been invested in our education and training, significantly more is expected from our senior peers, in terms of how we impact the future of surgical care. I contemplated these words in light of my experiences in Zurich, my nascent career as a Surgical Neuro-oncologist, and the giant progress yet to be made in this subspecialty for there to be any real hope for our patients, and realised how apt and judicious they were.

GETTING TO KNOW COGNO'S MANAGEMENT COMMITTEE MEMBERS



Dr Cecelia Gzell

Dr Cecelia Gzell is a Radiation Oncologist on the COGNO Management Committee and former ASM Convenor. She runs a Neuro-Oncology practice across several centres in Sydney and has a research and practice interest in glioblastomas and stereotactic radiosurgery.

How did you become involved in COGNO?

I joined COGNO in 2011 and in 2013 after attending & presenting at the COGNO ASM for a few years I was approached to join the 2014 ASM Organising committee. It was a wonderful way to strengthen my connections with colleagues in Australia. That led to being Convenor for the 2015 ASM and Co-Convenor for the ASNO-COGNO meeting in 2016. In 2016 I was approached to join the Management Committee.

Why are you still a member?

I see COGNO as the most important Neuro-Oncology organisation in Australia. It encourages and facilitates trials, educates its members, advocates to government and other organisations on behalf of patients, and forms a community of professionals and consumers with similar interests and aims. Maintaining a role within this organisation is an important focus for me.

Why did you become a Radiation Oncologist?

As a Medical student in my final two years I had exposure to Medical Oncology terms and found working with cancer patients incredibly rewarding. This prompted a fellowship in Medical Oncology and active seeking of Oncology related terms as an intern and Resident. But it was during a careers week talk in my Intern year that a session from one of the Radiation Oncologists peaked my interest. Until then I was confident I would do Medical Oncology. Following that talk and a term in Radiation Oncology as a Resident my fate was sealed as I thoroughly enjoyed the balance between direct patient contact and the radiation planning which allows you to use the visuospatial part of your brain.

What made you interested in Neuro-Oncology?

I really connected with Neuro-Oncology about half way through my Radiation Oncology training, in part due to the strong connection I developed with one of my patients, and also because I saw it as a thoroughly interesting and underappreciated subspecialty. I recognised that Neuro-Oncology had immense scope for research compared to other specialties, such as breast and prostate, where enormous gains had already been made, and that the technology was also rapidly changing the landscape. This has been particularly evident with stereotactic radiosurgery which has grown in utility exponentially over the last 5-10 years and will likely continue to grow over the next decade. More recently the development of MR-Linac has been an exciting development which will likely further improve our techniques and treatment for CNS tumours in the future.

Why did you become involved in Neuro-Oncology research?

I had limited opportunities during my Radiation Oncology training to undertake research so I wanted to make research a focus of my postgraduate fellowship.

I was very fortunate to be able to spend a couple of years developing my Neuro-Oncology interest and subspecialist training at Royal North Shore Hospital with A/Prof Michael Back and Dr Helen Wheeler in a dedicated Neuro-Oncology role. The research I undertook during this time formed the basis of my PhD thesis entitled: Optimising outcomes in glioblastoma patients receiving radiotherapy. Since completing my PhD and taking a position with Genesis Care in 2014 my research interest has focused more on improving patient access to clinical trials.

What do you find most rewarding and most challenging in your work?

What I find most rewarding is giving good news. In my role there are periods where I feel the giving of bad news dominating and this is very draining emotionally. So on days when scans are clear or stable and patients are well are happy and rewarding days. There will always be some patients you really connect with and develop a relationship over months to years, and the death of these patients is the most challenging aspect of my work. Learning to let go at times can be challenging.

What do you do to limit stress and burnout?

Because my work can be intense from both a time perspective and an emotional perspective, I learnt early on the importance of mindfulness and having interests outside of work. Over the years I have found knitting to be a truly helpful way of unwinding after a particularly stressful day. I have also been fortunate to have a truly supportive husband and three beautiful children who give me joy and keep me “in the present.” I’ve always maintained a policy of reading before bed. Fiction allows the mind to tread new paths and enables me (mostly) to let the events of the day go.



Dr Jonathon Parkinson

Dr Jonathon Parkinson is on the COGNO Management Committee and will be the Convenor of the COGNO Annual Scientific Meeting in Sydney in 2019. Jonathon works as a neurosurgeon at Royal North Shore and North Shore Private Hospitals in Sydney. He is also the lead in Postgraduate Education and Training at the Surgical Education, Research and Training (SERT) Unit at the Northern Clinical School of University of Sydney at Royal North Shore Hospital. Jonathon completed a PhD in Neuro-oncology at the Kolling Institute of Medical Research entitled Molecular Mechanisms of Chemoresistance in Glioblastoma.

How did you become involved in COGNO?

I was first exposed to COGNO during my neurosurgery training, particularly when I deferred this to do my PhD. I was fortunate to attend the COGNO ASM in Cooloom in 2011 which was co-located with the Neurosurgical Society of Australasia’s ASM. This highlighted to me the collaborative nature of neuro-oncology practice and the importance of having a broad knowledge in the field to make good decisions as a surgeon.

Subsequently I have been fortunate to work at Royal North Shore where in Helen Wheeler, Mustafa Khasraw and Michael Back (and others) we have an excellent multidisciplinary team which is heavily involved in clinical trials.

Why are you still a COGNO member?

Aside from COGNO’s role in clinical trials, the group has evolved to be the clinical collective body for neuro-oncology in Australia. As a surgeon I find it important to be on top of developments in all aspects of neuro-oncology including neuro-imaging, medical oncology and radiation oncology in order to best treat patients. COGNO also gives me the opportunity to be involved in clinical trials as well as keeping abreast of those trials that are available.

Why did you become a neurosurgeon?

As a medical student I always enjoyed the “hands on” aspect of surgery and felt that was the area of medicine I’d like to go into. When I started as an intern I was fascinated by neuroanatomy, neurophysiology and the correlation between structure and function that the nervous system offers. So neurosurgery felt like the most interesting and challenging surgical subspecialty.

What is a typical workday for you?

Most days start with some time with our two small children before heading off to work. Depending on whether I’m operating or in the office I’ll generally start the day with rounds followed by whatever the day holds. The days in the office are usually predictable in terms of their duration; I wish the same could be said of operating days! My time is spent roughly 50% seeing patients and 50% operating, which is a good mix. Each has their challenges and certainly keep me on my toes. I generally spend 4-6 hours per week doing either research or teaching through the SERT Institute.

How do you stay motivated to continue your role?

I feel very blessed to be able to perform a role in society that is generally very satisfying and rewarding - seeing people get better is my main motivation. Of course this isn’t always the case, particularly with neuro-oncology patients, but I see the steady advances in treatment that we are making and feel very excited that over my career we will see significant improvement in survival for patients with brain tumours. The ability to potentially be a part of these advances certainly keeps me going in those moments where there’s a lot on.

What do you do with your “spare” time?

First and foremost I try to spend as much time as I can with my family - our children are 6 and almost 4 and I feel every moment with them is very precious! Otherwise my main interests are in basketball as a referee - I find this a great way to get some exercise and also to switch off from work; and golf. The weekends are mostly about spending time with my wife and kids, and relaxing after a busy week!

STUDY & TRIAL UPDATES

NUTMEG (COGNO 16/01): A Randomised Phase II Study of Nivolumab and Temozolomide vs Temozolomide alone in newly diagnosed Elderly patients with Glioblastoma (NUTMEG)

The NUTMEG trial aims to recruit 102 patients across 18 sites. Currently 11 out of the 18 selected sites have opened to recruitment, with 18 patients randomised onto the NUTMEG trial across all sites as of the 20th November 2018.

The NUTMEG Trial Coordinator is more than happy to provide any information that you may require on this study. Please email nutmeg@ctc.usyd.edu.au if you have any queries.

NUTMEG - PARTICIPATING SITE STATUS							
No	Site name	State	Principal Investigator	Site status	Site activation	# Patients registered	# Patients enrolled
1	Royal North Shore Hospital	NSW	Michael Back	Active	22/02/2018	9	7
2	Prince of Wales Hospital	NSW	Elizabeth Hovey	Active	04/09/2018	0	0
3	Chris O'Brien Lifehouse	NSW	John Simes	Active	29/06/2018	0	0
4	Gosford Hospital	NSW	Matthew Wong	Initiated	18/09/2018	1*	1
5	Campbelltown Hospital	NSW	Annette Tognela	Active	19/02/2018	4	4
6	Port Macquarie Hospital	NSW	Stephen Begbie	Start up	Pending	N/A	N/A
7	Newcastle Private Hospital	NSW	Craig Gedye	Active	27/03/2018	1	1
8	Peter MacCallum Cancer Centre	VIC	Kathryn Field	Active	28/08/2018	1	1
9	Epworth Healthcare	VIC	Ross Jennens	Active	10/09/2018	1	1
10	Austin Hospital	VIC	Hui Gan	On hold	Pending	N/A	N/A
11	Monash Medical Centre	VIC	Sagun Parakh	Start up	Pending	N/A	N/A
12	Royal Brisbane and Women's Hospital	QLD	Zarnie Lwin	Active	19/02/2018	2	2
13	Princess Alexandra Hospital	QLD	Katharine Cuff	Active	28/05/2018	1	1
14	ICON Cancer Care Wesley	QLD	Paul Eliadis	Start up	Pending	N/A	N/A
15	Flinders Medical Centre	SA	Ganessan	Start up	Pending	N/A	N/A
16	Royal Adelaide Hospital	SA	Hien Vinh Le	Start up	Pending	N/A	N/A
17	Sir Charles Gairdner Hospital	WA	Anna Nowak	Start up	Pending	N/A	N/A
18	Royal Hobart Hospital	TAS	Rosemary Harrup	Active	31/05/2018	0	0
Total recruitment						20	18

*Includes patient's transferred from other sites

ACED (COGNO14/02): Phase II randomised placebo-controlled, double blind, multisite study of acetazolamide versus placebo for management of cerebral oedema in recurrent and/or progressive HGG requiring treatment with dexamethasone

All ACED sites have received approval for the protocol amendment which has opened the target population to include patients with recurrent, progressive and/or persistent residual disease who require the recommencement, dose increase, or are dexamethasone-dependent. With 10 active sites (and one more close to activation), we have randomised 23 of 84 participants. Congratulations to the Royal Hobart Hospital, Prince of Wales Hospital and Chris O'Brien Lifehouse for recruiting their first patients!

Please email aced@ctc.usyd.edu.au if you have any queries.

ACED – PARTICIPATING SITE STATUS						
No	Site Name	State	Principal Investigator	Site Status	Site Activation	# Patients randomised
1	Liverpool Hospital	NSW	Eng-Siew Koh	Active	24-Jun-2016	13
2	Royal Brisbane and Women's	QLD	Zarnie Lwin	Active	30-Sep-2016	3
3	St Vincent's Hospital, Melbourne	VIC	Anthony Dowling	Active	14-Nov-2016	2
4	Epworth Healthcare	VIC	Ross Jennens	Active	20-Feb-2017	0
5	Sir Charles Gairdner Hospital	WA	Anna Nowak	Active	04-Apr-2017	2
6	Royal Hobart Hospital	TAS	Rosemary Harrup	Active	28-Aug-2017	1
7	Prince of Wales Hospital	NSW	Elizabeth Hovey	Active	16-Nov-2017	1
8	Chris O'Brien Lifehouse	NSW	Hao-Wen Sim	Active	12-Dec-2017	1
9	Flinders Medical Centre	SA	Ganessan Kichenadasse	Active	17-Jan-2018	0
10	St George Hospital	NSW	Tracey Dunlop	Active	14-Feb-2018	0
11	St Vincent's Hospital, Sydney	NSW	Cecelia Gzell	Start up	Pending	N/A
Total Recruitment						23

*****RECRUITMENT CLOSED*****

VERTU (COGNO 14/01): VELiparib, Radiotherapy and Temozolomide trial in Un-methylated MGMT Glioblastoma. A Randomised Phase II study of veliparib + radiotherapy (RT) with adjuvant temozolomide (TMZ) + veliparib versus standard RT + TMZ followed by TMZ in patients with newly diagnosed glioblastoma (GBM) with unmethylated O (6)-methylguanine-DNA methyltransferase (MGMT)

As of Tuesday 16th of October 2018, the target accrual for the VERTU trial was met. 412 patients were registered and a total of 128 participants were recruited to the trial. Please note: We recruited over 120 participants to cover some ineligible patients.

As of Wednesday 17th of October 2018, VERTU is now closed to recruitment.

A big thank you to all staff at participating sites who have contributed to achieving this important trial milestone!

The VERTU Trial Coordinator is more than happy to provide any information that you may require on this study. Please email vertu@ctc.usyd.edu.au if you have any queries.

VERTU - PARTICIPATING SITE STATUS							
No	Site name	State	Principal Investigator	Site status	Site activation	# Patients registered	# Patients enrolled
1	Canberra Hospital	ACT	Ganesalingam Pranavan	Active	27/02/2017	7	4
2	Royal North Shore Hospital	NSW	Helen Wheeler	Active	9/11/2015	73	15#
3	Westmead Hospital	NSW	Najmun Nahar	Active	27/07/2017	4	1#
4	Chris O'Brien Lifehouse	NSW	John Simes	Active	26/11/2015	31	13
5	Liverpool Hospital	NSW	Eng-Siew Koh	Active	21/01/2016	50	17*
6	St George Hospital	NSW	Tracey Dunlop	Active	4/07/2017	15	3
7	Gosford Hospital	NSW	Matthew Wong	Active	7/06/2016	18	12*
8	Royal Melbourne Hospital	VIC	Mark Rosenthal	Active	28/10/2015	22	4
9	University Hospital Geelong	VIC	David Ashley	Active	21/01/2016	19	7
10	Epworth Healthcare	VIC	Ross Jennens	Active	14/12/2015	20	3
11	Monash Medical Centre	VIC	Sagun Parakh	Active	11/02/2016	13	2
12	Border Medical Oncology	VIC	Christopher Steer	Active	10/01/2018	4	2
13	Royal Brisbane and Women's Hospital	QLD	Zarnie Lwin	Active	9/11/2015	56	26*#
14	Princess Alexandra Hospital	QLD	Matthew Foote	Active	5/07/2016	30	8
15	Royal Adelaide Hospital	SA	Nimit Singh	Active	24/03/2016	23	2
16	Royal Hobart Hospital	TAS	Rosemary Harrup	Active	2/12/2015	20	6
17	Launceston General Hospital	TAS	Stan Gauden	Active	12/12/2016	7	3*
Total recruitment						412	128

*Includes patient's transferred from other sites

#includes ineligible patients



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CATNON (EORTC 26053-22054): Phase III trial on concurrent and adjuvant Temozolomide chemotherapy in non-1p/19q deleted anaplastic glioma

Recruitment for the CATNON study closed on 17 Sep 2015 with 751 patients randomised internationally (1407 registered), and 82 randomised in Australia (191 registered); this represents approximately 11% of total trial accrual and is a great contribution to the global effort. We are continuing to work with the EORTC during the long-term follow-up phase until the study endpoints is reached. The CATNON Trial Coordinator is more than happy to provide any information that you may require on this study. Please email catnon@ctc.usyd.edu.au with any queries.

NEW CONCEPTS/TRIALS IN DEVELOPMENT

Do you have an idea for a potential study?

The COGNO SAC (Scientific Advisory Committee) meets via teleconference 3 times a year, and hosts an open, face-to-face meeting during the COGNO ASM. During the SAC meeting, new protocols are presented both by the proposer and also by the COGNO-appointed scientific and consumer reviewer/s before a wider discussion by the Committee.

There are also opportunities to bring new ideas to COGNO throughout the year, including bringing nascent ideas to our annual Ideas Generation Workshop on 24 May 2019.

If you have a great idea, but not necessarily the resources or time to develop it into an actual protocol, you are welcome to contact the COGNO SAC to discuss how we can assist in concept development.

If you become aware of a funding opportunity during the year which might be of relevance to COGNO, or for which you would like to involve COGNO in your application, please do let us know! Under these circumstances, we can facilitate urgent COGNO SAC review and COGNO input to assist you in refining your proposal, building your team, and hopefully improving your chances of a successful application.

If you require any further information please email candace.carter@ctc.usyd.edu.au.

Dr Liz Hovey and Dr Eng-Siew Koh, on behalf of the COGNO SAC and COGNO community



MEMBERSHIP UPDATE

COGNO now has 718 members! Help us expand our Group's expertise and networking capacity. If you know someone who would like to join, you can refer prospective members to our online membership application on our website (www.cogno.org.au) or office (cogno@ctc.usyd.edu.au).

ADDITIONAL INFORMATION

WFNOS Magazine: The European Association of Neuro-Oncology (EANO) together with the Society for Neuro-Oncology (SNO) are publishing the World Federation of Neuro-Oncology Societies (WFNOS) Magazine. The aim of the WFNOS Magazine is mainly twofold. The first is an educational scope by means of reviews, interviews, pros and cons debates from experts on topics of clinical interest. The second aim is to spread information on neuro-oncological activities worldwide by providing news from national and international Societies of Neuro-Oncology, nurses and youngster groups. The WFNOS Magazine is available online at <https://www.eano.eu/publications/wfnos-magazine/wfnos-magazine/>.

The **Quality of Life Office** is encouraging all Cancer Clinical Trials Groups to use the SPIRIT-PRO guidelines when including Health-Related Quality of Life and Patient Reported Outcome (PRO) measures in their cancer clinical trials protocols. The SPIRIT-PRO, published in The Journal of the American Medical Association, was a collaboration by researchers across the globe, co-led by Professor Melanie Calvert from the University of Birmingham and Professor Madeleine King from the University of Sydney QOL Office.

“The guidance does not aim to be prescriptive, but instead to encourage and facilitate careful planning of PRO components of trials, and thereby improve PRO trial design, which we hope will help staff and patients understand the rationale for PRO assessment, improve PRO data completeness and quality, facilitate high quality analysis and reporting, and ultimately improve the quality of the global PRO evidence base.”

Professor Melanie Calvert, Director, Centre for Patient-Reported Outcomes Research (CPROR), University of Birmingham

If you would like to know more, or have any queries regarding the PRO aspects of your clinical research, please contact the QOL Office via their [online query form](#).

REMINDERS

- 8-9 March 2019, Brain Cancer Biobanking Australia (BCBA) Bike Ride, <https://www.bikerideforbraincancer.com.au/>
- 23 - 24 May 2019: Brain Tumor Meeting, Berlin, Germany, <https://www.braintumor-berlin.de/>
- 31 May - 4 June 2019: ASCO Annual Meeting, Chicago, USA, <https://meetings.asco.org/am/register-submit-abstracts>
- 21 - 23 Aug 2019: AGITG 21st Annual Scientific Meeting, <https://gicancer.org.au/agitg/>
- 27 - 28 Oct 2019: 12th COGNO Annual Scientific Meeting, Sydney, Australia, <https://www.cogno.org.au/>
- 20 - 24 Nov 2019: SNO Annual Meeting, Phoenix, USA, <https://www.soc-neuro-onc.org/>

The COGNO office will be closed from 5.00pm, Friday 21 December 2018 and will re-open at 9.00am on Monday 14 January 2019.

The NHMRC Clinical Trials Centre will be closed from 5.00pm, Friday 21 December 2018 and will re-open at 9.00am on Monday 8 January 2019. A memo will be distributed to trial site staff regarding the Christmas coverage contact details for any urgent matters during the close down period. All other enquiries will be responded to on Monday 8 January 2019.



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