

Quick Update:

- Membership: 786 Members
- 13th COGNO ASM Update
- Trials Update

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COGNO

COOPERATIVE TRIALS GROUP
FOR NEURO-ONCOLOGY

Member Newsletter

Issue 32

Autumn 2020



Message from our Chair

Dear COGNO members,

As I sit writing the Chair's message today, we are in a very different world to that we were thriving in just a few short months ago. For now, Australia seems to be 'flattening the curve' of COVID-19 with aggressive social distancing measures, but those measures are changing the way we live, work, research, and care for our patients. I sincerely hope none of you have been personally affected by COVID-19 illness and loss, but it is possible that will come to some of us. Most COGNO members are in healthcare or medical research, so we are fortunate to have jobs that are still needed during COVID-19. However, life as we knew it has changed - at least for the moment.

Many of us will be changing how we care for our patients, losing the face to face interactions that engender trust in people with life threatening illnesses. Some of us may be redeployed to assist in medical care outside our area of expertise. Some will be worried about bringing illness home from work. Some will be struggling with new funding timelines, a lab shutdown, the worries of our graduate students, and with keeping research staff employed. Others will be worried about elderly parents, an immunocompromised partner, an unwell child, or a close friend who is struggling. Our own mental health may suffer as our social and work networks close down, or as we adjust to changes in how we and our families live and work. Even working from home, which at first seems like a luxury, can be difficult, unproductive, uncomfortable, and lonely.

While we move through this worrying time, it is more important than ever that COGNO does not lose its focus on improving outcomes for people with brain cancer. We still have clinical trials open, and importantly, we still have patients who are looking for the opportunity that clinical trial participation provides. We may have to do things a little differently, and fortunately we are guided by the teams at the NHMRC Clinical Trials Centre as well as national and international bodies as we find ways to continue recruitment and participation in clinical research.

This will end, and when it does, we need to position COGNO activities and COGNO trials to hit the ground running. We need to do this for our patients and their families. While there is much we cannot do at the moment - I for one am 'trapped' in Western Australia with our borders closed - there is still much we can do. We can continue to develop ideas, propose trials, seek funding, operationalise studies, and progress ethics review. Let's continue the incredible momentum we have gained from the Australian Brain Cancer Mission. We can still meet through Zoom and MTeams, we can still phone and email, we can still think and write. We can do all these things from wherever we are.

In the words of Charles Darwin: *It is not the strongest of the species that survive, nor the most intelligent, but the most responsive to change.*

Professor Anna Nowak MBBS FRACP PhD
Group Chair

13th COGNO ANNUAL SCIENTIFIC MEETING

The 13th COGNO Annual Scientific Meeting has been rescheduled from October 2020 to Monday – Tuesday, 25 - 26 October 2021 (pre and post business/satellite meetings on 24 and 27 October), in Melbourne, Australia.

Further details when available will be posted on the COGNO website (www.cogno.org.au), and emailed to those on our ASM mailing list (email cognoasm@ctc.usyd.edu.au to join the mailing list).



ASIAN SOCIETY OF NEURO-ONCOLOGY (ASNO) WORLD FEDERATION OF NEURO-ONCOLOGY SOCIETIES (WFNOS) 2021

COGNO members may not be aware that we have a long-standing and important relationship with the Asian Society of Neuro-Oncology (ASNO). ASNO was established in 2002 to “promote development of the field of neuro-oncology in the Asian region”. The aims of the society are:



- To establish and promote high standards for the treatment of patients with cancer affecting the nervous system
- To elevate and sustain the education of all involved in neuro-oncology
- To encourage mutual fellowship, goodwill, and scientific collaboration among physicians and scientists actively involved in the field of neuro-oncology.

The organisation represents over 10 countries including Australia and has widened its coverage to become a multi-disciplinary group, by welcoming neurosurgeons, radiation oncologists, paediatric and adult oncologists, neurologists, neuropathologists, neuro-radiologists, neuro-scientists, neuropsychologists, neuropsychiatrists, and allied health professionals. The ASNO website is: <http://www.asn-o.com>

COGNO members have been regular attendees at the annual ASNO scientific meeting and have played key roles on ASNO committees. COGNO has been a member of ASNO since 2013 and is represented on the ASNO Reform Task Force by Mark Rosenthal and Zarnie Lwin. Zarnie will also be a member of the future ASNO Outreach Committee. Mark was President of ASNO in 2016 and COGNO hosted the 13th ASNO scientific meeting in Sydney (2015).

In addition, ASNO is a member of the World Federation of Neuro-oncology Societies (WFNOS), established in 2012. WFNOS is a unique collaboration of three International societies: the Asian Society of Neuro-Oncology (ASNO), the European Association of Neuro-Oncology (EANO) and the Society of Neuro-Oncology (SNO). The recent quadrennial WFNOS Scientific meetings have been held in Yokohama (2009), San Francisco (2013) and Zurich (2017). The 6th Quadrennial WFNOS Meeting will be convened by ASNO and is to be held May 6 -9, 2021, in Seoul, Korea. Mark and Zarnie are on the WFNOS Scientific Committee, ensuring the full support of COGNO at this prestigious meeting.



We encourage all COGNO members to attend and actively participate in the WFNOS 2021 scientific and social programs. See link <http://www.wfnos2021.org>

COGNO is also delighted to announce that Zarnie Lwin has been appointed as Co-Chair of the SNO International Outreach Committee. This is a prestigious appointment and recognises Zarnie’s long standing interest and commitment to outreach programs that started with her involvement in COGNO’s very own outreach program.

GETTING TO KNOW COGNO'S MANAGEMENT COMMITTEE MEMBERS



Dr Sanjeev Gill is on COGNO's Management Committee and co-convenor of COGNO's 2021 ASM in Melbourne.

Why did you become a Medical Oncologist and what triggered your interest in Neuro-Oncology research?

I think Medical Oncology chose me. When rotating through all the various medical specialities as part of my basic physician training, I found Medical Oncology the most challenging. The science and new therapies were very exciting but the most appealing aspect was the nature of the close relationship you develop with your patients as you journey with them. I developed an interest in Neuro-Oncology as I started to see more patients with brain tumours, particularly younger patients and the huge impact this diagnosis had on them & their families.

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

The emergence of new therapies in recent years and the science behind the rapidly evolving options available for many malignancies is very challenging. The most rewarding aspect of my work is the relationship one develops with patients who are often experiencing the most challenging time in their lives and the opportunity to witness how the human spirit is able to continue to shine.

How do you stay motivated to continue in your role?

I look forward to every day. I think my patients keep me motivated to be there for them. The opportunity to serve our fellow human beings is a rare gift and we should be grateful for it in our lives.

What is a typical day for you?

I have clinics every morning where I see a variety of oncology patients. Some having treatment and others for a follow up. Afternoons often involve inpatients, clinical trials or teaching.

What do you do in your 'spare' time?

I love walking especially out in nature. Exercise is also a great way to unwind after a tough day. I also enjoy reading - especially philosophical & spiritual topics - as our understanding of consciousness is so limited yet it is the most fundamental force in the universe.

STUDY & TRIAL UPDATES

COVID-19 and Trial Operations at CTC

We understand that the response to COVID-19 may be resulting in changes to the usual operations at your organisation. We ask that you keep us up to date on changes to local policies or procedures that may impact the conduct of clinical trials as soon as possible. These include the ability to recruit participants, and the access to protocol interventions, follow up visit schedules, or other protocol requirements for existing participants.

The CTC trial teams are currently in discussions with study chairs/trial management committees (TMCs) for their clinical input on any specific changes that may be required for their respective trials - this TMC feedback will follow in due course and will address trial-specific matters such as alternate IP supply methods, off-site protocol assessments & visits, etc.

If you have any further concerns or questions, please contact the relevant trial mailbox as per usual communication channels. We thank you in advance for your understanding.

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 all study endpoints are 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.

CODEL (N0577): Phase III Intergroup Study of Radiotherapy with Concomitant and Adjuvant Temozolomide versus Radiotherapy with Adjuvant PCV Chemotherapy in Patients with 1p/19q Co-deleted Anaplastic Glioma or Low Grade Glioma

CURRENTLY ON HOLD
We will be in touch with participating sites once we know more

CODEL is an international, intergroup trial, jointly conducted by the Alliance for Clinical Trials in Oncology in the USA and the EORTC in Europe. COGNO will be participating under the EORTC umbrella.

As the title indicates, it is essentially comparing the efficacy of the Stupp protocol versus RT followed by PCV (procarbazine, lomustine, vincristine) in patients with both grade 2 and grade 3 oligodendroglioma.

Even though many clinicians already are using temozolomide in their practice, retrospective studies (particularly the 1000 patient Lassmann et al study) demonstrate PCV has a potentially superior survival to the temozolomide cohort, which is why this is still an important clinical question requiring an international effort to answer definitively.

The trial aims to recruit 360 patients internationally and 36 in Australia across 10 sites. Selected sites are in various stages of completing the required USA regulatory requirements and IROC credentialing as part of the RT Quality Assurance requirements. The trial is already recruiting patients in the USA.

CODEL has ethics approval and we are waiting on the contracts to be executed, so that the trial can open in Australia.

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

ACED: Acetazolamide plus Dexamethasone versus dexamethasone alone in recurrent and/or progressive HGG

The ACED Study Team are actively cleaning the data and preparing for the upcoming final analysis. We ask sites who recruited participants to make sure you have answered all queries and entered all collected data. Further communications will be sent as we approach the data lock deadline.

Please contact the ACED Study Team at aced@ctc.usyd.edu.au if you have any questions or concerns.

Thanks again to all the sites, participants and their caregivers and families for their generosity and support.

No.	Site Name	State	Principal Investigator	Site Status	Site Activation	# Patients Randomised
1	Liverpool Hospital	NSW	Eng-Siew Koh	Active	24-Jun-2016	14
2	Royal Brisbane and Women's Hospital	QLD	Zarnie Lwin	Active	30-Sep-2016	4
3	St Vincent's Hospital, Melbourne	VIC	Anthony Dowling	Active	14-Nov-2016	3
4	Epworth Healthcare	VIC	Ross Jennens	Active	20-Feb-2017	0
5	Sir Charles Gairdner Hospital	WA	Anna Nowak	Active	04-Apr-2017	3
6	Royal Hobart Hospital	TAS	Rosemary Harrup	Active	28-Aug-2017	3
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	2
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	Active	20-Dec-2018	0
Total Recruitment						30

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 up to 20 sites. Currently 19 out of the 20 selected sites have opened to recruitment, with 52 patients randomised onto the NUTMEG trial across all sites as of the 21st of February 2020.

Since last update, we welcome Dr Paul Eliadis and their team from ICON Cancer Foundation and Dr Daniel Brungs and their team from Wollongong Hospital. Recruitment has remained stable over the past couple months with between 1-3 patients randomised per month. We are hoping with the new sites that have come on-board and with the activation of the remaining site in start-up, recruitment will continue to pick up.

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 PER 21- Feb- 2020							
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	18	15
2	Prince of Wales Hospital	NSW	Elizabeth Hovey	Active	04/09/2018	3	2
3	Chris O'Brien Lifehouse	NSW	John Simes	Active	29/06/2018	3	2
4	Wollongong Hospital	NSW	Daniel Brungs	Active	24/01/2020	0	0
5	Gosford Hospital	NSW	Matthew Wong	Active	18/09/2018	3	3
6	Campbelltown Hospital	NSW	Annette Tognela	Active	19/02/2018	6	6
7	Port Macquarie Hospital	NSW	Stephen Begbie	Active	21/01/2019	3	1
8	Newcastle Private Hospital	NSW	Craig Gedye	Active	27/03/2018	1	1
9	Peter MacCallum Cancer Centre	VIC	Kathryn Field	Active	28/08/2018	1	1
10	Epworth Healthcare	VIC	Ross Jennens	Active	10/09/2018	5	5
11	Austin Hospital	VIC	Hui Gan	Active	22/07/2019	1	1
12	Monash Medical Centre	VIC	Sagun Parakh	Active	17/06/2019	0	0
13	Royal Brisbane and Women's Hospital	QLD	Zarnie Lwin	Active	19/02/2018	10	5
14	Princess Alexandra Hospital	QLD	Katharine Cuff	Active	28/05/2018	4	4
15	ICON Cancer Foundation	QLD	Paul Eliadis	Active	26/11/2019	0	0
16	Flinders Medical Centre	SA	Ganessan Kichendasse	Active	12/06/2019	0	0
17	Royal Adelaide Hospital	SA	Hien Vinh Le	Active	22/1/2019	4	3
18	Sir Charles Gairdner Hospital	WA	Anna Nowak	Active	05/04/2019	5	3
19	Royal Hobart Hospital	TAS	Rosemary Harrup	Active	31/05/2018	0	0
20	DUKE University Medical Centre	USA	Margaret Johnson	Start-up	Pending	N/A	N/A
Total Recruitment						67	52

LUMOS: Low & Intermediate Grade Glioma Umbrella Study of Molecular Guided Therapies

Low and intermediate grade brain tumour are universally fatal brain tumours with almost no access to clinical trials. LUMOS is a comprehensive Australian trials program for these patients. We will match tumours on a molecular level with the best treatments. We will assist in accessing these drugs, including creating trials of new treatments. Lastly, we will collect an invaluable set of tissue and blood before and after treatment for future research into better treatments.

LUMOS is a pilot study across 5 Australian centres including St Vincent's Hospital Sydney (NSW), Austin Hospital (VIC), Peter MacCallum Cancer Centre (VIC), Royal Brisbane and Women's Hospital (QLD) and Sir Charles Gardiner Hospital (WA). We aim to open sites by end of March 2020 for patient recruitment.

Please email lumos@ctc.usyd.edu.au if you have any questions.

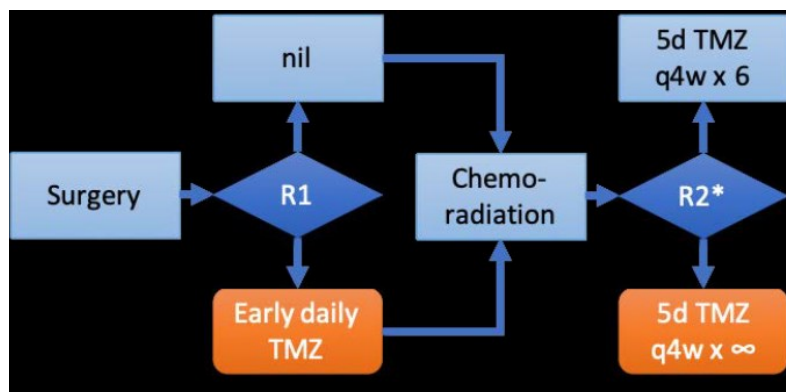
MAGMA: Multi-Arm GlioblastoMa Australasia trial

MAGMA is a randomised, multi-arm, multi-stage phase III clinical trial. The study will focus on two aims to start and further questions and arms will be added as the trial progresses. The MAGMA trial will be designed to fit easily into your routine practice, with simple interventions and parsimonious data capture. The two initial arms are to:

1. Assess the efficacy of neoadjuvant (pre-radiation) TMZ compared with standard chemoradiotherapy in GBM and IDH-wildtype high grade glioma
2. Assess the efficacy of prolonged (treatment-until-progression) adjuvant TMZ chemotherapy compared with standard chemoradiotherapy in GBM and IDH-wildtype high grade glioma

Consenting participants will be allocated to treatment in a partial factorial design with optional randomisation. For each treatment question, patients will be randomised to a specific arm, unless they specifically choose not to participate in that randomisation, in which case treatment will be at patient/physician's discretion. As an example, the partial factorial design for the initial two questions of interest is outlined below.

Study Schema:



*NB: If a patient chooses not to participate in a randomisation, then their standard treatment choice is in black text; R2 may occur at any time after R1 up until initiation of adjuvant TMZ. Only those patients randomised to at least one treatment question will be included in the primary analysis. Data from patients not randomised to either question will be collected and may be used in exploratory analyses.

Patients will be randomized upon receipt of histopathological confirmation of eligibility. The planned initial sample size (for these first 2 questions) of 300 patients will be recruited nationally in 3 years.

We now have ethics approval to open sites in Australia and selected sites will soon be approached to prepare for patient recruitment.

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

VERTU (COGNO 14/01): Veliparib, Radiotherapy and Temozolomide trial in Unmethylated 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).

We are continuing to follow participants in the follow-up phase of the study until all study endpoints have been reached.

We are also actively reviewing and cleaning data in the lead up to the final analysis. We ask all sites to continue to check the database and review any remaining open queries.

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.

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.

If you have a great idea 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 cogno@ctc.usyd.edu.au

A/Prof Hui Gan and Dr Eng-Siew Koh, on behalf of the COGNO SAC and COGNO community

MEMBERSHIP UPDATE

COGNO now has 786 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).

COGNO STAFF UPDATE



We welcome Emily Tu to the COGNO team. Emily has been with the NHMRC CTC Oncology team as Trial Operations Coordinator for the past 6 years and will be looking after COGNO's LUMOS and MAGMA trials. She has a research background in cardiovascular genetics, completing her PhD in the sudden death of young people with type 1 diabetes and epilepsy. Her interest in clinical trials commenced when she joined the Diabetes Vaccine Development Centre in the prevention of type 1 diabetes as a trials monitor.



In February, we sadly farewellled Candace Carter, COGNO's Research Development Lead. Candace was an integral part of the COGNO team and will be greatly missed. A big THANK YOU to Candace for her much-valued contribution to COGNO.

We wish her well in her new role as Operations Manager with the NSW Health State-wide Biobank.



ADDITIONAL INFORMATION

TROG CANCER RESEARCH - NEURO-ONCOLOGY SUBSPECIALTY WORKING PARTY

Trans Tasman Radiation Oncology Group (TROG) Cancer Research is forming a Neuro-Oncology Subspecialty Working Party.

The TROG Subspecialty Working Parties are subgroups of the TROG Scientific Committee (TSC). Each Working Party is responsible for:

- Advising and providing recommendations to the TSC
- Identifying gaps in research activities and encouraging effective retrospective secondary analysis of existing data
- Developing and/or facilitating new research concepts
- Reviewing scientific merit of research proposals
- Providing oversight of ongoing trials within the subspecialty group
- Exploring funding, collaboration and feasibility opportunities



If you would like to be part of this exciting new Working Party, please complete the short EOI via https://www.surveymonkey.com/r/WorkingParty_Eoi.

If you would like any further information, please see <https://www.trog.com.au/Subspecialty-Working-Parties> or contact the TROG office on +61 2 40143911 or committees@trog.com.au

Renee Swanson
Research Manager
TROG Cancer Research

SHITBOX SPRING 2019 RALLY A PILGRIMAGE. FOR JEFF. FOR MARION. AND FOR THE BRAIN CANCER COMMUNITY.

COGNO Consumer Advisory Panel member, Di Andrew, participated in the Shitbox Spring 2019 Rally. This is her story.

My lover of over 32 years and my adored husband, Jeffrey Richard Andrew, was diagnosed with a highly aggressive glioblastoma in October 2014 and died five months later in March 2015, two months after his 51st birthday.

Given remarkable cancer treatment advancement and increasing survival rates across cancers in the past two decades, the cruelty of Jeff's diagnosis and the inoperable, rapidly terminal trajectory of the glioblastoma left me in an utter state of insanity but, with an immediate survival instinct to offer purposeful contribution within brain cancer medical research. I remain eternally grateful to Professor Anna Nowak for enabling my voluntary involvement in the months following Jeff dying, and beyond, through introduction to COGNO, an involvement I am deeply honoured to continue in my role on the COGNO Consumer Advisory Panel.

Through my association with COGNO, I have insight into how critical medical research is and during the early stages of my volunteering in this space, someone spoke to me about the Shitbox Rally. Like many, I had never heard of the Shitbox Rally so set out doing my research. On reading the website, I was immediately struck by the immensely personal message by Rally Founder, James Freeman. James lost both of his parents to cancer within 12 months of each other and James and his brother had nursed their parents during their cancer illnesses. In their parents' honour, James founded Box Rallies ten years ago. Already I felt a heartfelt connection to seek the opportunity to participate.

In the past decade, the medical research funding capability of Box Rallies has evolved into an impressive grants application award process. Box Rallies now funds the next highest ranked grants after the National Health and Medical Research Council including finding new compounds to target the deadliest type of malignant brain tumour and identifying a treatment to block the development and spread of neuroblastoma cells. (Source: <https://www.shitboxrally.com.au/the-cause/>)

Admittedly, when I registered in 2016, I was initially despondent at not being offered immediate participation given an impressive waiting list. I pushed the Shitbox Rally into the back of my mind until just before Christmas in 2018, when I received invitation to participate in the Shitbox Spring Rally in October 2019. I had found a Purpose. A Pilgrimage. For Jeff. And team *For Jeff* was an official entrant.

During early preparation months, David Hewitt, whose wife of 42 years, Marion, passed away in 2016 from a glioblastoma, so very fortunately agreed to be my co-driver. We were united in our participation in the Rally. For Jeff. For Marion. And for the brain cancer community.

In the following months, I was humbled by how much embracing support we received and remain in deep gratitude to those who offered donation to our team fund-raising efforts to reach the minimum team entry requirement of \$5,000.

For most Rally novices, the first challenge is finding a car roadworthy enough to hopefully make the distance - i.e. a shitbox! Rally rules state the car has to be worth less than \$1000 (including repairs) and cannot be a four wheel drive. Oh dear. I was astonished at how fast shitboxes in this category sell on Gumtree, within minutes even! After weeks of searching, Paisley came into our lives. David's manager generously made Paisley available to us and I will be forever grateful to David and to his manager for bringing this amazing Girl into our Rally space. In keeping with Rally expectation, we decorated our shitbox. Paisley was lovingly painted paisley by Tim, Jeff's step-brother and Pam, and David and I respectfully placed daisy stickers on Paisley written on by loved ones in honour of those lost to cancer or those living with cancer. We were honoured. We were Rally ready.

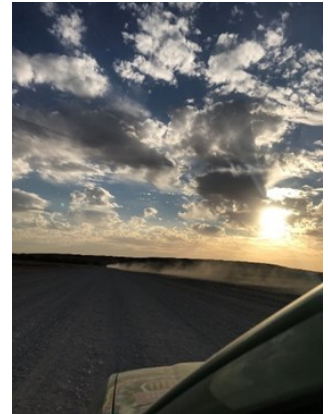




The Shitbox Spring 2019 Rally route covered just over 3,600 km from Melbourne to Townsville on inland roads via Birdsville on largely unsealed, dirt roads. There were 250 shitboxes entered with teams of two people meaning there were 500 of us participating. There were scores of Rally organisers, breakdown crews, medical teams and logistic support. As a Rally tribe, we numbered in our hundreds.

Over the seven days of the Rally, I experienced the heights of every emotion.

There were tears. So many tears. For Jeff. For the cruelty of brain cancer. For the Pilgrimage I had to make. For Love.



and breathe-taking beauty of this ancient and mysterious continent as we drove through drought stricken landscapes burnt orange by the golden glow of an Australian sunset.

There was child-like wonder as I lay in the solitary embrace of my tent under a Milky Way I could almost reach out and touch.

There was fear in my inexperience in controlling Paisley as she swayed across deep and sandy tracks as we propelled at speeds through blinding dust spurred by the Rally convoy that spread hundreds of kilometres in front and behind us.



There was social challenge by manipulating the unnatural closeness of integrating into a diverse group of strangers who formed our Rally buddy group with expectation we travel and camp together for the entirety of the journey.

There were warm feelings of patriotism during inspiring demonstrations of the Australian community. The good people of White Cliffs who woke at 3am to bake the fresh bread for our sandwiches and the undiscovered talent of a young vocalist who sang with such an amazing voice at a night hosted by the small local community of only a few hundred. The politeness of the policeman who made our welcome to Birdsville so beautiful by being at the campground entrance to greet each and every shitbox upon our arrival. The Royal Flying Doctor team who took time away from their demanding schedules to serve our dinner in Jundah. The stoic and hardworking people of Hughenden who despite their community being ravaged by flood and drought took time to prepare and serve our early morning breakfast.

There was respect for Shitbox Rally Founder James Freeman who stood for hours in Townsville to congratulate every team as we crossed the Finish Line. James, over the entire Rally you demonstrated such a strength of leadership with an open and approachable style. I felt safe on your watch.

There was adoration for Paisley who carried us safely along our Rally journey to reach the Finish Line having suffered no more than a flat tyre.

There remains my deepest gratitude to David Hewitt. With David's quiet and determined friendship, I resurfaced from the depths of my emotional outpouring of grief. It was a tough journey. With David's confident guidance from the passenger seat, I am now able to reflect upon a true Shitbox Rally experience by having being gently guided on how to tackle the challenging driving conditions, at times with excitement and exhilaration rather than absolute terror. With David's deep and intimate knowing of the cruelty of brain cancer, we were able to share a powerful journey. A shared Pilgrimage. For Jeff. For Marion. For Love. And for the Brain Cancer community.



David Hewitt (l) and Diana Andrew ® - Jundah Racetrack

Thank you James and the Shitbox Rally team for this amazing event. An incredible experience filled with complexity, exhilaration, honour, beauty, friendship and challenge. Most significantly, thank you for enabling David and I to do our part in supporting Shitbox Rally's remarkable fund-raising efforts for vital cancer research. It has been an honour to be part of a uniquely Australian, broader community oriented, cancer awareness raising journey across this magnificent country.

The Shitbox Spring October 2019 Rally tribe as a collective raised 2.3 million.

REMINDERS

- 29 May - June 2 2020: ASCO Annual Meeting, Chicago, IL, USA, * Now a virtual meeting - <https://meetings.asco.org/am/virtual-format>



MANAGEMENT COMMITTEE

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 A/Prof Georgia Halkett (Treasurer)
 Dr Liz Hovey (Secretary)
 Prof Meera Agar
 Ms Marcia Fleet
 A/Prof Hui Gan
 Dr Sanjeev Gill
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 A/Prof Mark Pinkham
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 A/Prof Jeremy Ruben
 Prof John Simes
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 Dr Liz Hovey (Secretary)
 Ms Liz Barnes
 Ms Jenny Chow
 A/Prof Hui Gan
 Mrs Merryn Hall
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