## Quick Update:

- Interview with COGNO's 800<sup>th</sup> Member
- New Trial: IWOT
- Ideas Generation Workshop



#### Issue 34

Spring 2020



# Message from our Chair

Dear COGNO members,

It's hard for me to believe that this is my final message as Chair to the COGNO membership. Three years ago I was voted in as COGNO Chair, and it has been my immense privilege to serve you, the COGNO members, in this role.

Neurological cancers come with particular challenges - they are both rare, and devastating. They leave few survivors to advocate for research, funding, and services. It takes a team to look after someone with a neurological cancer, and their carers. Positive clinical trials have been few and far between, and it's been hard to get a critical mass of research in Australia. As I step down from

the COGNO Chair role, I see this changing, with new excitement and energy around the possibilities for our patients.

This has been a period of exceptionally rapid growth for COGNO activity, thanks to the Australian Brain Cancer Mission and the incredible funding success of COGNO trials and investigators. This success has brought with it plenty of hard work and resourcing challenges, but when we open another new trial for our patients that hard work is rewarded many times over. As I write, the MAGMA trial has just recruited its first patient. The LUMOS pilot has nearly been completed. The FIG trial is about to open. And with Perso-Med, we have our first study for a very rare brain cancer funded. I hope I can say we are truly entering a new era for people with brain cancer in Australia.

I started to write specific thanks to all the people whom I have worked alongside in this role, and who deserve to be mentioned. It was a pretty long list, so I'm going to contact those people individually and mention only a very few by name. Fabulous Jenny and Yi, keeping the COGNO engine running and carrying our history in their heads. The amazing COGNO CTC staff. Siew as my Deputy Chair, always thoughtful, measured and calm. Liz and Hui as our energetic past and current SAC chairs. Hardworking chairs and members of all our COGNO committees, including our committed Consumer Advisory Panel. The many COGNO members who contribute their ideas and their patients. John Simes, whom I could always rely on for wise words. I have learnt so much along the way. Thank you one and all.

Professor Anna Nowak MBBS FRACP PhD MAICD Group Chair

# SAVE THESE DATES!

- COGNO Annual General Meeting (virtual): Tuesday 20 October 2020, 5:00 6:00pm (AEDT) Further details will be circulated to COGNO members shortly.
- 13<sup>th</sup> COGNO Annual Scientific Meeting: Brain Cancer 2021: Concepts to Cure Sunday 24<sup>th</sup> October - Tuesday 26<sup>th</sup> October 2021, Melbourne, Australia Stay posted for further updates, or email <u>cognoasm@ctc.usyd.edu.au</u> to join our mailing list.

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# INTERVIEW WITH COGNO'S 800<sup>th</sup> MEMBER

COGNO has reached an important milestone, celebrating its 800<sup>th</sup> member! To mark this special occasion, COGNO Chair-Elect, Associate Professor Eng-Siew Koh, has a "Q&A" session with COGNO's 800<sup>th</sup> member, Dr Peter Lau, medical oncologist from Sir Charles Gairdner Hospital, WA.

Watch the 10 minute interview here or read the Q&A below.



Left to right: A/Prof Eng-Siew Koh, COGNO Chair-Elect; Ms Danielle Massey, COGNO Project Officer Bottom: Dr Peter Lau, 800<sup>th</sup> COGNO Member



Dr Peter Lau

# Why did you decide to pursue a career as a medical oncologist and what triggered your interest in neuro-oncology care and research?

What inspired me to become a medical oncologist is related to what inspired me to become a doctor and that is to help make a difference to patients. Medical oncology is a unique speciality where we can do an awful lot to help our patients along their journey. It's an intersection of science, humanities and art. There is a lot of science that goes into how we treat our patients. There is art in the way we communicate with our patients and how we make clinical decisions. Lastly, there is the humanities side of it all; at the end of the day, we are looking after people during their most vulnerable time. Traditionally in neuro-oncology our outcomes for patients with brain cancer is not as good compared to other solid tumours. What really attracted me to this speciality was knowing that we have a lot of progress to make in order to help patients with brain cancer. This is why I choose this route.

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

Neuro-oncology patients are a special category of patients. They are often quite vulnerable. It often affects patients at a young age who were previously quite independent. Making that journey easier for them and guiding them through is one of the most rewarding aspects of neuro-oncology and is something I drive a lot of satisfaction from. Sometimes it can be challenging managing our patients, their families and carers. I am very fortunate to be working at Sir Charles Gardiner Hospital with a great team behind me and a great network of people alongside.

#### What are you most proud of in your career thus far?

I am relatively new to the neuro-oncology space. I obtained my RACP specialisation in medical oncology 6 years ago. I spent 5 years at Peter MacCallum Cancer Centre in the melanoma and skin unit. My proudest moment was helping initiate an investigative initiated study in melanoma. I remember enrolling our first patient onto that study together with my colleagues at Peter Mac. That was really special and I felt a great sense of pride in helping lead that effort to open the study and enrol our first patient.

### What do you do in your 'spare' time?

I have 3 lovely girls who are growing up quickly and keep me very busy at home. I'm an avid cycler, I ride around the Swan River every Saturday. I also follow the West Coast Eagles and Perth Wild Cats.

#### How did you become involved in COGNO and what are the benefits to COGNO membership?

I've known about COGNO for a number of years through my medical oncology training. I would have to acknowledge Professor Anna Nowak for encouraging me to join COGNO. I think it's a really great organisation with medical oncologists, radiation oncologists, surgeons and radiologists; an entire network of people with very different skill sets all with the same mission to improve patients with brain cancer. I was very happy to come on board.

# Despite the current challenges associated with COVID-19 in clinical practice and research, what are you looking forward to professionally in 2021?

COVID-19 has fundamentally changed our lives. I am in Perth and feel more fortunate than others around the world. COVID-19 has brought an opportunity to explore how we manage our patients and use technology to bring our colleagues and patients together with video conferencing and other platforms in order to maintain social distancing. I think it has brought some change in terms of how we use our information technology systems in hospital settings in order to maximise our patient outcomes. I know it hasn't been an easy 2020 for my colleagues, particularly in Melbourne. As we approach 2021, I look forward to continued research and collaboration with all of my colleagues locally, on the east coast and internationally.

Member Newsletter

# STUDY & TRIAL UPDATES

# ACED: <u>Ace</u>tazolamide plus <u>D</u>examethasone versus dexamethasone alone in recurrent and/or progressive HGG

The ACED Study Team are delighted to report that our abstract has been accepted for the Society for Neuro-Oncology (SNO) virtual Annual Scientific Meeting in November 2020!

Analysis for the main manuscript is ongoing and we hope to provide further updates in the near future.

Many thanks, as always, to all participants, their families and site personnel for their contributions to the study!

# 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 September 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 <u>catnon@ctc.usyd.edu.au</u> with any queries.

## LUMOS (COGNO 19/05, CTC 0267): Low & Intermediate Grade Glioma Umbrella Study of Molecular Guided Therapies - Pilot Study

The LUMOS pilot study has activated four out of five study sites since its official opening for recruitment in April 2020. The two new sites to be activated in the last quarter are Royal Brisbane and Women's Hospital (QLD) and Sir Charles Gairdner Hospital (WA). St Vincent's Hospital Sydney (NSW) is in the final stage of its study start-up activities. It is expected to be activated soon, depending upon its local COVID-19 related restrictions.

LUMOS has achieved 40% of its recruitment target within four months of its opening. The study has screened 5 patients and registered 4 patients into the study as at 31 August 2020. The tumour tissue of all the four registered patients have been tested for Molecular Tumour Profiling. LUMOS is hopeful to achieve its recruitment target within the next 8 months as per the current recruitment rate. The LUMOS trial coordinator is more than happy to provide any information that you may require on this study, please email lumos@ctc.usyd.edu.au with any queries.

No.	Site Name	State	Principal Investigator	Site Status	Site Activation	# Patients Registered	
1	St Vincent's Hospital Sydney	NSW	Hao-Wen Sim	Start-up	-	-	
2	Peter MacCallum Cancer Centre	VIC	Mark Rosenthal	Active	18-May-2020	-	
3	Olivia Newton-John Cancer Research and Wellness Centre	VIC	Hui Gan	Active	21-Apr-2020	03	
4	Royal Brisbane and Women's Hospital	QLD	Zarnie Lwin	Active	29-Jun-2020	01	
5	Sir Charles Gairdner Hospital	WA	Anna Nowak	Active	24-Jul-2020	-	
				1	otal Recruitment	04	

# MAGMA (COGNO 19/03, CTC 0252): Multi-Arm GlioblastoMa Australasia trial

MAGMA is a multi-arm multi-stage, multi-centre, phase III platform trial that aims to assess hypotheses against a common standard-of-care control arm for the management of people with glioblastoma. Initial questions of interest are:

QUESTION 1 whether to give temozolomide as soon as possible following surgery prior to chemoradiotherapy.

**QUESTION 2** whether to give a plan for 6 cycles of standard schedule adjuvant temozolomide chemotherapy after chemoradiotherapy, or continue temozolomide until progression.

This trial aims to recruit 300 patients for the first 2 questions across up to 27 sites in Australia and possibly New Zealand. The trial opened to recruitment on 7 September 2020 at four locations across Australia: Calvary Mater Newcastle (NSW), Sir Charles Gairdner Hospital (WA), ICON Cancer Centre Gold Coast (QLD) and Royal Hobart Hospital (TAS). The first trial participant also joined the study on 15 September 2020 at ICON Cancer Centre Gold Coast. The trial team plan to open more sites in the next few months.

The MAGMA trial coordinator is more than happy to provide any information that you may require on this study, please email <u>magma@ctc.usyd.edu.au</u> if you have any queries.

## NUTMEG (COGNO 16/01): A Randomised Phase II Study of <u>NivolUmab</u> and <u>TeM</u>ozolomide vs Temozolomide alone in newly diagnosed <u>E</u>lderly patients with <u>G</u>lioblastoma (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 74 patients randomised onto the NUTMEG trial across all sites as at 1 September 2020.

Since the last update, protocol v3.0 has received central approval and sites are in the process of obtaining local approval. This amendment involved a change in the study schema that allows patients who need to urgently start radiotherapy to commence the concurrent phase (RT + TMZ) prior to randomisation, while waiting for MGMT results. For such patients they must be discussed with the coordinating centre prior to registration.

Although recruitment has remained stable over the past couple of months with an average of 3 patients randomised per month, we are hoping that recruitment will pick up, as a result of this protocol update and with the control of COVID-19 improving.

The NUTMEG trial coordinator is more than happy to provide any information that you may require on this study. Please email <u>nutmeg@ctc.usyd.edu.au</u> if you have any queries.

No	Site name	State	Principal Investigator	Site sta- tus	Site activation	<pre># Patients registered</pre>	# Patients enrolled
1	Royal North Shore Hospital	NSW	Michael Back	Active	22/02/2018	23	20
2	Prince of Wales Hospital	NSW	Elizabeth Hovey	Active	04/09/2018	3	2
3	Chris O'Brien Lifehouse	NSW	Hao-Wen Sim	Active	29/06/2018	7	6
4	Wollongong Hospital	NSW	Daniel Brungs	Active	24/01/2020	0	0
5	Gosford Hospital	NSW	Matthew Wong	Active	18/09/2018	5	5
6	Campbelltown Hospital	NSW	Annette Tognela	Active	19/02/2018	7	7
7	Port Macquarie Hospital	NSW	Stephen Begbie	Active	21/01/2019	5	3
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	6	6
11	Austin Hospital	VIC	Hui Gan	Active	22/07/2019	1	1
12	Monash Medical Centre	VIC	Andrew Strickland	Active	17/06/2019	0	0
13	Royal Brisbane and Women's Hospital	QLD	Zarnie Lwin	Active	19/02/2018	12	7
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	Royal Adelaide Hospital	SA	Hien Vinh Le	Active	22/1/2019	4	3
17	Flinders Medical Centre	SA	Anna Mislang	Active	12/06/2019	4	4
18	Sir Charles Gairdner Hospital	WA	Anna Nowak	Active	05/04/2019	6	4
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
				Т	otal recruitment	89	74

VERTU (COGNO 14/01): <u>VE</u>liparib, <u>R</u>adiotherapy and <u>T</u>emozolomide trial in <u>U</u>nmethylated 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

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

Data is being reviewed and cleaned regularly in the lead up to the final analysis. Thank you to all sites who have answered their remaining open queries and for updating the database for the patients remaining on trial. A gentle reminder to sites with open queries and overdue forms to please check the database and enter data regularly. Reminders will be sent via email for overdue data. We thank you for your assistance!

The VERTU trial coordinator is more than happy to provide any information that you may require on this study. Please email <u>vertu@ctc.usyd.edu.au</u> if you have any queries.

## IWOT: IDH Mutated 1p/19q Intact Lower Grade Glioma Following Resection - Wait or Treat?

COGNO is pleased to announce that IWOT, a Phase III study, has been awarded funding from the Mark Hughes Foundation/ Cancer Australia to recruit 45 participants over 10 sites and is expected to start up in early 2021. The study is a collaboration between COGNO and the EORTC, and A/Prof Mark Pinkham is the Australian lead investigator.

# NEW CONCEPTS / TRIALS IN DEVELOPMENT

### Do you have an idea for a potential study?

The COGNO SAC (Scientific Advisory Committee) has two further opportunities to present new concepts in 2020 on 19 October and 3 December. Concepts are due three weeks prior to the meeting. The concept submission form can be found on the COGNO website. During the SAC meeting, new protocols are presented both by the proposer and by the COGNOappointed scientific and consumer reviewer/s before a wider discussion by SAC. 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 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.

#### Important dates for noting:

- 28 September 2020 Concepts due for presentation to SAC 19 October 2020.
- 12 November 2020 Concepts due for presentation to SAC 3 December 2020.
- 25 November 2020 Deadline for NHMRC clinical trials and cohort studies.

If you require any further information please email kirston.barton@ctc.usyd.edu.au.

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

# **MEMBERSHIP UPDATE**

COGNO now has 807 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 (<u>www.cogno.org.au</u>) or office (<u>cogno@ctc.usyd.edu.au</u>).

# **IDEAS GENERATION WORKSHOP**

A very successful first virtual COGNO Ideas Generation Workshop was held on Friday, 18 September 2020. Dr Carey Anders, Medical Director of the Brain and Spine Metastases Program at Duke Cancer Centre, kicked off the meeting with an excellent talk on brain metastases. We had three concepts presented on emotional regulation, a registry for rare cancers, and new peptide conjugates. Thirty participants from around Australia dialled in for the discussions. We also had excellent talks from the QOLO, CREST, ICRS, MAGMA, and CAP teams\*. \*Quality of Life Office (QOLO), Cancer Research Economics Team (CREST), International Clinical Research Subcommittee (ICRS),

\*Quality of Life Office (QOLO), Cancer Research Economics Team (CREST), International Clinical Research Subcommittee (ICRS), Consumer Advisory Panel (CAP).

The next workshop is tentatively scheduled for Autumn of 2021, and we are looking forward to another exciting and successful event.



Dr Carey Anders, Guest Speaker





Dr Ben Chua, Co-Convener Dr Kathryn Field, Co-Convener

# **COGNO STAFF UPDATE**



## FAREWELL

In August, we sadly farewelled Tracy Liaw, who worked on the NUTMEG trial. Tracy was an integral part of the COGNO team and will be greatly missed. A big THANK YOU to Tracy for her much-valued contribution to COGNO. We wish her well in her new role as a Site Trial Coordinator at St George Hospital working on Phase 1 trials.



## WELCOME BACK

We are pleased to welcome back Lauren Fisher from maternity leave. Lauren will be resuming her Trial Coordinator role on the NUTMEG trial, which she worked on prior to her leave. Welcome back Lauren!

# **ADDITIONAL INFORMATION**

### Donations to COGNO

Brain cancer patients are in desperate need of major research breakthroughs, yet brain cancer remains one of the most underfunded and under researched of all the cancer groups. Your donation will help COGNO bring clinical trials to more people with brain cancer.

**Online donations can be made via** <u>https://www.braincancercollective.com.au/donations\_cogno</u> A special thanks to Brain Cancer Collective (BCC) for facilitating donations on COGNO's behalf.

## Sydney QOLO

Sydney Quality of Life Office (QOLO) is pleased to announce the three-part educational series now available online to all members and staff of the Cancer Clinical Trials Groups (CTG) such as COGNO.

QOLO recommend all new CTG staff, and new investigators considering collecting Health-related Quality of Life and Patient-Reported Outcomes (PROs) in their studies watch all three of these short presentations by Dr Claudia Rutherford covering the basic considerations for collecting PROs in clinical trial research.

<u>What is Quality of Life? Definitions and Terminology (12 minutes)</u> Access code: QOL-TS <u>How to select a Patient-Reported Outcome Measure</u> (24 minutes) Access code: QOL-TS <u>Principles of good Patient-Reported Outcome research design</u> (22 minutes) Access code: QOL-TS

Please also note that many of QOLO's <u>resources</u> are online and accessible to all CTG members and staff. If you are developing a CTG led/endorsed study, you can contact QOLO directly for advice on including PROs via the QOLO <u>online query form</u> or by <u>email</u>.

# REMINDERS

- 11 13 November 2020: COSA 47<sup>th</sup> Annual Scientific Meeting, Brisbane, virtual meeting, <u>https://www.cosa2020.org/</u> registration
- 19 21 November 2020: SNO Annual Scientific Meeting, Virtual Conference, <u>https://www.soc-neuro-onc.org/WEB/</u> <u>Annual\_Conference/2020Registration.aspx</u>
- 10 12 June 2021: ANZCHOG Annual Scientific Meeting, Melbourne, https://anzchog.org/asm/
- 12 15 October 2021: AGITG Annual Scientific Meeting, Melbourne, <u>https://asm.gicancer.org.au/</u>
- 24 26 Oct 2021: 13<sup>th</sup> COGNO Annual Scientific Meeting, Melbourne, <u>https://cogno.org.au/content.aspx?</u> page=cognoasm-home
- 24 27 March 2022: 6<sup>th</sup> WFNOS Meeting, 6 9 May 2021 postponed to 2022, Seoul, Korea, http://www.wfnos2021.org/
- 17<sup>th</sup> ASNO Meeting 2020, Bali, postponed to 2022: Dates to be confirmed, https://www.asnobali2020.id/



## MANAGEMENT COMMITTEE

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