ANZMTG Australia and New Zealand Melanoma Trials Group

NEWSLETTER|ISSUE 14|Autumn 2014

We extend a warm welcome to our members to the autumn edition of the ANZMTG newsletter.

Inside this issue

2014 ANZMTG Annual Scientific Meeting Invitation

We kindly invite all members to attend the ANZMTG ASM which will be hosted at the **Harry Perkins Institute of Medical Research Building in Perth, WA** on **Thursday 9th October 2014**. The ANZMTG ASM will commence at 12 midday concluding at 5pm in time for the SKMRC Welcome Function. All full and associate members are welcome to attend this meeting. To confirm your attendance please rsvp by email or call the ANZMTG office. This meeting will be held to coincide with the **SKMRC National Melanoma Conference** which will also be held in Perth from **9th to 11th October 2014.**

SKMRC Scott Kirkbride Melanoma Research Centre

We are inviting all members to consider new research proposals for consideration at the ASM. To submit a new proposal please log on to the ANZMTG website, download and complete the **ANZMTG Clinical Trial Protocol Synopsis/Research Proposal Synopsis** and forward to the ANZMTG team. If you have any questions please do not hesitate to call the team.

Melanoma treatment has a brighter future

Treatment for melanoma is changing rapidly and at a seemingly ever increasing pace. It is now conceivable that the right combination of drugs could result in long term remissions for melanoma. With a better understanding of the disease, mechanisms for progression and the development of new therapies, the outlook for melanoma patients is increasingly positive. In the past few years, for instance, the treatment of stage IV melanoma has dramatically changed. Patients are now living longer and experiencing an improved quality of life, with less restrictive treatment regimens and fewer side effects. This change is attributable to the development of effective treatments which target the disease differently. Melanoma was previously treated in a way similar to other cancers, through the use of cytotoxic drugs that target every rapidly dividing cell in the body (e.g. chemotherapy agents). These new treatments fight the disease in a wholly different manner and can be divided into two broad groups:

i. Targeted therapy - This mechanism of action is specifically aimed at melanoma cells, modulating a cellular pathway or altering a mechanism within the cells. Those shown to improve survival to date target a mutated MAPK pathway and are effective in patients with a V600E or V600K mutation. These are commonly referred to as BRAF (Vemurafenib and Dabrafenib) and MEK (Trametinib) inhibitors.

ii. Immune therapies - This mechanism of action seeks to activate an individual's immune system to fight the disease. Already licenced and Pharmaceutical Benefits Scheme (PBS) approved is Ipilimumab, and promising results have been seen in Nivolumab. Unlike the targeted therapies, the benefits of immune therapies are not restricted to those with tumours which have a particular genetic mutation. Table 1 below summarises the new medicines.

Medicine name	Type / Biological Target	Is the medicine approved by the regulatory agency yet?	Is the medicine being trialled in combination?
Generic: Ipilimumab (Trade: Yervoy)	Immunotherapy; Monoclonal Antibody; CTLA-4	Yes – approved for use in melanoma in Australia and the USA	Currently in trials for use with Nivolumab (see below)

Generic: Vemurafenib (Trade: Zelboraf) and Generic: Dabrafenib (Trade: Tafinlar)	Targeted therapy; BRAF inhibitor; V600E/K	Yes – approved for use in melanoma in Australia and the USA	Approved in Australia for combination use with Trametinib - Phase III results pending
Generic: Trametinib (Trade: Mekinist)	Targeted therapy; BRAF Inhibitor; V600E/K	Yes – approved for use in melanoma in Australia	Approved in Australia for combination use with Dabrafenib
Generic: Nivolumab (BMS-936558)	Immunotherapy; PD-1 Inhibitor	Not yet approved. This product remains under investigation in trial.	Currently in trials for use with Ipilimumab (see above)

Table 1: Summary of new medicines

These new drugs have resulted in significant improvements in melanoma treatment and patient survival. The challenge which remains, however, is that tumours initially susceptible to treatment develop resistance overtime, resulting in disease progression. In an effort to overcome this, trials are being conducted to understand the effects of these drugs being combined. Whilst data is pending for the results of a Phase III study looking at the combination of dabrafenib and trametinib, the results of the phase II trial resulted in US Food and Drug Authority (FDA) approval of this combination and the Australian Therapeutic Goods Administration (TGA) has recently followed suit (Daud, 2013).

Combination immune therapies are also being investigated in clinical trials. Ipilimumab has shown to improve overall survival in some melanoma patients and the development of nivolumab, a monoclonal antibody therapy that modulates the immune system through programmed cell death receptors (PD-1), has also shown promise. New research is being conducted whereby these immune therapies are combined, and so far a response rate of approximately 25% has been achieved.

References

1. Charles M. Balch, Jeffrey E. Gershenwald, et al, Final Version of 2009 AJCC Melanoma Staging and Classification. Journal of Clinical Oncology. Vol 36, Issue 27, Dec 2009
2. Daud A, Weber J, et al. Overall survival update for BRF113220 Part C, a Phase II three-arm randomized study of dabrafenib alone (D) vs. a combination of dabrafenib and trametinib (D+T) in pts with BRAF V600 mutation-positive metastatic melanoma Society for Melanoma Research; 2013; Philadelphia, PA, USA.; 2013
3. Hauschild A, Grob J et al 2012. Dabrafenib in BRAF-mutated metastatic melanoma: a multicentre, open-label, phase 3 randomised controlled trial. The Lancet, 380, 358-365.
4. McArthur G, Chapman P, et al 2014. Safety and efficacy of vemurafenib in BRAFV600E and BRAFV600K mutation-positive melanoma (BRIM-3): extended follow-up of a phase 3, randomised, open-label study. The Lancet Oncology, 15, 323-332.Topalian SL1, Sznol M, et al Survival, Durable Tumor Remission, and Long-Term Safety in Patients With Advanced Melanoma Receiving Nivolumab. J Clin Oncol. 2014 Mar 3.

Quality of Life Issues - Quantity over quality?

The media will often lead us to believe that for a cancer drug to be deemed successful by the medical community or be approved by the Australian government for funding, the most important factors influencing this decision are the effectiveness of the drug (will the patient live longer?) and the cost of the drug (can the drug be produced at a reasonable cost?). Whilst both of these factors are key, a third, less widely known area of influence in determining the success of a drug is 'health-related quality of life' (HR-QoL).

HR-QoL measures a range of factors including the physical, psychological, social and sexual impacts a disease and its associated treatments. It also assesses the patient's satisfaction levels of the care received, the financial demands of the treatment and the overall, spiritual wellbeing of the patient. These multi-faceted

Figure 1: Diagram to illustrate HRQoL Factors

components combined provide a holistic understanding of the success levels of a drug.

Many years ago Dacarbazine (DTIC) was the only option for a patient with advanced melanoma. During this time Temozolomide was considered to be a promising drug in this field, and studies indicated that the efficacy of the two drugs were comparable (Middleton et al. 2000). Subsequently a study of the HR-QoL impacts of each treatment showed Temozolomide to have the edge over DTIC, with patients on the former experiencing improved physical functioning, less fatigue and a greater emotional well being[2]. Thankfully, successful research has since led to the development of many more current treatment options for melanoma and HR-QoL has proven to be informative in guiding the way in which treatments can be combined for better patient outcomes. A more recent study, for example, looked at the benefit of ipilimumab and the gp100 vaccine versus ipilimumab or gp100 alone. A key concern was the effect on the patient's health of combining these two treatments; however HR-QoL measurements indicated that the combination did not have a significant negative impact on HR-QoL when compared with either treatment alone[3].

This form of assessing the impacts of treatments is becoming of greater importance when the Pharmaceutical Benefits Advisory Committee (PBAC) reviews a drug for funding. For example, if a new treatment shows a similar efficacy to an existing one and actually costs a little more, it can be the HR-QoL information that results in the drug being funded, as the extra cost might be deemed acceptable if the patient will have an improved treatment experience.

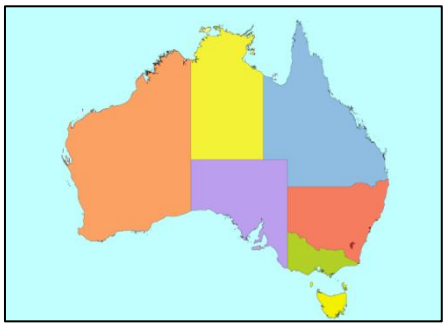
Funding bodies are clearly recognising the importance of quality of life too, with many now stipulating that HR-QoL be a feature of clinical trial design and that all Investigators should consider this component carefully when submitting a research proposal. Researchers working with ANZMTG are being encouraged to involve consumers in their trial design to ascertain the key areas of concern for a patient around their diagnosis and treatment, enabling the most appropriate HR-QoL tools to be selected for the study. The Psycho-Oncology Co-Operative Research Group (PoCoG) also works to ensure that this component of research is carried out to a high standard, and they are able to assist researchers in developing the tools needed to capture this information.

For many years a gain in the patient's quantity of life has been considered the Holy Grail when developing new melanoma treatments. Of increasing importance, however is the patient's quality of that life gained and as such this is a vital element of consideration in clinical studies.

References

1. Middleton MR, Grobb JJ, Aaronson N, *et al.* 2000 Randomized phase III study of temozolomide versus dacarbazine in the treatment of patients with advanced metastatic malignant melanoma. J ClinOncol. 18(1);158-66
2. Kiebert GM, Jonas DL and Middleton MR 2003. Health –related quality of life in patients with advanced metastatic melanoma: results of a randomized phase III study comparing temozolomide with dacarbazine. Cancer Invest. 21(6);821-9
3. Revicki *et al*. Health related quality of life outcomes for unresectable stage III or IV melanoma patients receiving ipilimumab treatment. Health and Quality of Life Outcomes 2012 10:66

Harmonisation of the Australian Multi-Centre Ethical Review (HoMER)



Australia has moved one step closer to a central national ethical review system. The HoMER ethics system, which was already running across New South Wales, Victoria and Queensland, has been extended to include Southern Australia. This means that investigators will be able to submit one National Ethics Application Form (NEAF) for approval through a single ethics committee for studies involving sites in any of these states. It is anticipated, as such, that ethical reviews will be made easier and more efficient for investigators collaborating in multi-centre research. All sites in states signed up to this review will require a local site specific review for governance, however they will not require a full ethical review.

The intention remains that eventually all states will become part of the single ethics review model. Western Australia moved a step closer to this in September last year, migrating to a model that allows researchers to apply for approval from a single WA ethics committee for all WA sites (http://www.health.wa.gov.au/researchdevelopment/home/multi_centre.cfm). The intention of this is to simplify the process and to reduce the time leading to research approval. This in turn should reduce the time it takes for new ideas and treatments to translate from bench to bedside. More information on the single ethical review is available at http://hrep.nhmrc.gov.au/.

The role of Good Clinical Practice (GCP) in conducting safe clinical trials

GCP is the backbone of all clinical research and governs all trials involving human participants, not just those testing a new pharmaceutical product or medical device. GCP is based on the statement of ethical principles in the Declaration of Helsinki, which was developed by the World Medical Association (WMA), and should guide the conduct of clinical trials in any country.

Principles of GCP:

1. Clinical Trials are conducted in line with the Declaration of Helsinki
2. The risks and inconvenience of trial participation to an individual are justified against the potential benefit to individual and society
3. The rights and wellbeing of participants are the most important considerations over all else
4. Available clinical and nonclinical information on intervention should be adequate to support the trial
5. Clinical Trials should be scientifically sound and described in a clear, detailed protocol
6. Clinical Trials are conducted in compliance with a protocol that has received a favourable opinion from review board or independent ethics committee
7. Medical care given to and decisions made on behalf of subjects is to be the responsibility of a qualified physician
8. Each individual involved in conducting the trials should be qualified by education, training and experience to perform their respective duties
9. Freely given informed consent should be obtained from every subject prior to participation in the study.
10. Information should be recorded handled and stored in such a way that allows accurate reporting, interpretation and verification
11. The confidentiality of information that could identify participants should be protected respecting privacy and confidentiality rules in accordance with regulatory requirements
12. Products or devices should be manufactured, stored and handled in accordance with Good Manufacturing Practice
13. Systems and procedures that assure quality with every aspect of the trial should be implemented

The Good Clinical Practice guidelines issued by the Australian National Health and Medical Research Council (NHMRC) have been recently updated however generally the updates were minor and relate largely to changes in the guidance on bio-specimen collection and research involving the human foetus, due to technological advances since the document was created in 2007. For more details on the updates that have been incorporated recently, please visit the NHMRC website https://www.nhmrc.gov.au/.

Cancer Australia

ANZMTG would like to acknowledge the infrastructure funding received from the Australian Government through Cancer Australia.

ANZMTG Current Trials Update

ANZMTG 01.07 Whole Brain Radiotherapy (WBRT) following local treatment of intracranial metastases of melanoma - A randomised phase III trial *(Acronym: WBRTMel)*

Chief Investigator: Prof Gerald Fogarty
Status: Open to recruitment
Current accrual: 143 patients
Target accrual: 200 patients over 5 years

For further information on the trial, contact ANZMTG on +61 2 9911 7354 or email wbrt@melanoma.org.au

ANZMTG 01.09 A randomised trial of post-operative radiation therapy following wide excision of neurotropic melanoma of the head and neck *(Acronym: RTN2)*

Chief Investigator: Dr Matthew Foote; Trial Co-ordinator: Alan Lucas (ANZMTG)
Status: Open to recruitment
Current accrual: 25 patients
Target accrual: 100 patients over 5 years

For further information on the trial, contact Alan Lucas on +61 2 9911 7352 or email alan.lucas@melanoma.org.au

ANZMTG 01.11 Phase I Study of safety and immune effects of an escalating dose of autologous GD2 chimeric antigen receptor-expressing peripheral blood T cells in patients with metastatic melanoma *(Acronym: CARPETS)*

Chief Investigator: Prof Michael Brown; Trial Coordinator: Anne Milton
Status: In development (Royal Adelaide Hospital only)

For further information on the trial, email anne.milton@health.sa.gov.au or contact ANZMTG on +61 2 9911 7354 or email anzmtg@melanoma.org.au

ANZMTG 02.09 Vitamin D following primary treatment of melanoma at high risk of recurrence - a pilot placebo controlled randomised phase II trial *(Acronym: Mel-D)*

Chief Investigator: Dr Robyn Saw; ANZMTG Trial Co-ordinator: Alan Lucas
Status: Open to recruitment (Melanoma Institute Australia only)
Current accrual: 71 patients
Target accrual: 75 patients over 2 years

For further information on the trial, contact Alan Lucas on +61 2 9911 7352 or email alan.lucas@melanoma.org.au

A phase III multicenter randomized trial of sentinel lymphadenectomy and complete lymph node dissection versus sentinel lymphadenectomy alone, in cutaneous melanoma patients with molecular or histopathological evidence of metastases in the sentinel node *(Acronym: MSLT II)*

Chief Investigator: Dr Mark Faries; Trial Co-ordinator: Lisa van Kreuningen
Status: Closed to Recruitment
Current accrual: 1932 patients (worldwide) – *Trial is now closed to recruitment.*
Target accrual: 1925 patients over 7 years

The MSLTII study is now fully recruited, and the study team would like to thank all collaborators for their hard work and perseverance on the study. The team are looking forward to the important follow up period now and the continued collaboration and support from the investigators. For further information on the trial, contact Lisa van Kreuningen on +1 310 5827053 or email lvk@jwci.org.

ANZMTG Trials Approved for Development Update

We would like to congratulate some of the Study Chairs who have recently been awarded grant funding; ***a number of new clinical trials will be open and recruiting soon.*** *We look forward to circulating more information via ebulletin soon.*

ANZMTG 01.12 - Evaluation of Groin Lymphadenectomy Extent for Metastatic Melanoma *(*Acronym: *EAGLE FM)*

Chief Investigator: A/Prof Andrew Spillane
ANZMTG Trial Co-ordinator: Alan Lucas
Status: Pending Activation

For further information on the trial, contact Alan Lucas on +61 2 9911 7352 or email alan.lucas@melanoma.org.au

ANZMTG 02.12 – RADiotherapy or Imiquimod in Complex lentigo mALigna *(*Acronym: *RADICAL)*

Chief Investigator: Dr Pascale Guitera
Status: In development

For further information on the trial, contact ANZMTG on +61 2 9911 7354 or email radical@melanoma.org.au

ANZMTG 03.12 - Randomised controlled trial of 1cm versus 2 cm excision margins for 1-4 mm thickness primary invasive cutaneous melanoma *(*Acronym: *MelMarT)*

Chief Investigator: Prof Michael Henderson / Dr Marc Moncrieff
Status: Pending Activation

For further information on the trial, contact ANZMTG on +61 2 9911 7354 or email melmart@melanoma.org.au

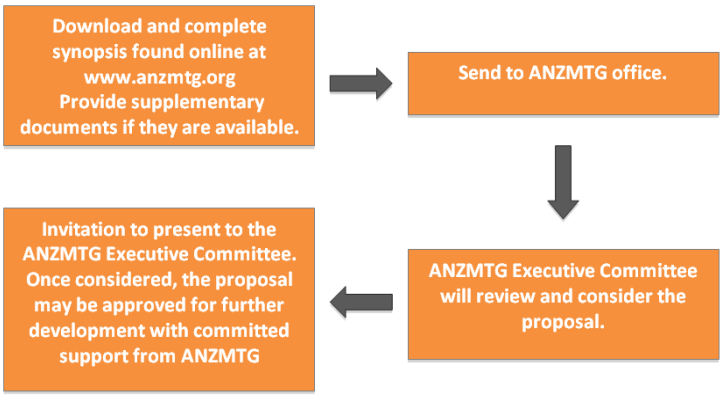
ANZMTG 04.12 - Radiotherapy followed by selective nodal dissection for high volume regional melanoma *(*Acronym: *REFORM)*

Chief Investigator: Dr Matthew Foote; ANZMTG Trial Co-ordinator: Alan Lucas
Status: In development

For further information on the trial, contact Alan Lucas on +61 2 9911 7352 or email alan.lucas@melanoma.org.au

Have you got a new idea for a melanoma clinical trial?

We welcome and encourage our membership to submit new research proposals for consideration by the ANZMTG Executive Committee. **To submit a new proposal please log on to the ANZMTG website, download and complete the** ANZMTG Clinical Trial Protocol Synopsis/Research Proposal Synopsis and submit to the ANZMTG office.



Please call the ANZMTG team to discuss any news submissions in case you have any questions, then please go ahead and submit the form to anzmtg@melanoma.org.au (providing any other relevant documents or publications at the time of the submission, which may include a draft protocol). The team will then review and personally respond to your enquiry.

ANZMTG's Achievements in 2013

ANZMTG was successful in receiving ongoing infrastructure support from Cancer Australia in 2013 - this was critical to maintaining current activities and we gratefully acknowledge Cancer Australia's ongoing support for the group. ANZMTG continues to support various membership activities, current clinical trials, as well as new protocols in development. We thank all sites and members who continue to support our research endeavours.

2013 ANZMTG Activities - Highlights

In November 2013, ANZMTG held the Annual ANZMTG Scientific Research Meeting, coinciding with The Global Controversies in Skin Cancer Congress in Brisbane, Queensland. The meeting provided a great opportunity for members to come together and review all of the current studies as well as discuss a number of exciting new research proposals. The future direction and research priorities for the group were also discussed. The meeting featured current updates in melanoma research with presentations given by renowned experts in the field of melanoma.

Topics presented included:

- A current overview of clinical trials for advanced melanoma;
- An update from patient advocacy organisations; and
- The importance of health economics in clinical trials.

The research output of the group also reflects the hard work and dedication of the various ANZMTG collaborators, investigators and project team members throughout the year. ANZMTG's 2013 highlights included the presentation and publication of a number of trials at major melanoma meetings. Research output for ANZMTG during 2013 includes:

- 8 Original research articles
- 25 Oral Presentations
- 13 Poster Presentations
- 7 Conference Abstracts / Conference Proceedings
- 2 Other Workshop / Conference Presentations

For more information regarding the research output for the trials please log on to the website here: http://www.anzmtg.org/content.aspx?page=publications

To improve links with melanoma patients and family members, ANZMTG also actively participated in numerous consumer meetings, including the following events:

- The inaugural ANZMTG Consumer Stakeholder Meeting, which was a successful initiative involving various national stakeholders, and is hoped to be held annually;
- Australian Melanoma Consumer Alliance meetings;
- The Melbourne Melanoma Project (MMP) Showcase; and
- Attendance at conferences and hosting of information booths to promote the activities of the group, identify new members and promote melanoma research.

In 2013, the final analysis of our first collaborative trial with TROG, ANZMTG 01.02, the adjuvant radiotherapy nodal melanoma trial, was performed and will be published soon. We will be sure to disseminate the publication to members. Additionally, the interim analysis for ANZMTG 01.07 WBRTMel was completed leading to the Data Saftey Monitoring Committee and the Trial Management Committee approving the continuation of this important study in January 2014; we encourage all WBRTMel sites to continue identifying potential patients for participation in this.

In 2014 we hope to build on our accomplishments with the aim of achieving better clinical research outcomes for people with melanoma. ANZMTG will focus on trial recruitment and working with all sites to better identify and randomise patients is a priority to ensure timely accrual, especially as we enter a new era of melanoma treatment and management and the desire for conducting investigator driven research grows.

Full membership is available for those with a professional interest in melanoma, such as clinicians, nurses and researchers. We also invite **Associate members**, who are representatives from the industry and melanoma consumers with a personal interest in melanoma, usually from direct experience with the disease.

If you are interested to join ANZMTG please log on and apply via the website:
http://www.anzmtg.org/memberapply.aspx

Consumer Corner

Launch of a Melanoma Information and Support Pack for Patients

Melanoma Institute Australia has developed an information and support pack for people diagnosed with Stage III and Stage IV melanoma. The impetus for developing this pack initially grew out of research supported by Melanoma Institute Australia. Through interviews with consumers about their experiences of care for melanoma it became apparent that people had many unanswered questions about the disease itself, and were particularly interested in where to find further information and how to access various types of support. The research literature abounds with similar findings [1-4]. Following further discussions with melanoma health professionals and consumers, and an investigation into resources available for other cancer groups, it appeared logical to develop a resource that would benefit people with melanoma.

This support pack has been informed by the clinical and research work undertaken at Melanoma Institute Australia, issues that have been identified by wider research communities and consumer organisations, and most importantly with extensive input from those who are affected by this disease. We currently have packs which are suitable for those with intermediate or advanced melanoma.

A major component of this resource is the melanoma organiser, like a diary, which is designed to accompany people through their journey, allowing them to keep track of various aspects of their care; provide information about diagnosis, treatment, and follow-up; and acts as a reference to further information and support resources. Along with additional materials, this organiser will provide answers to some of the frequently asked questions that people have around different therapies and treatment side effects, the role of clinical trials and biospecimen banking at Melanoma Institute Australia, and importantly where to find support from a range of organisations when needed.

The pack contains the organiser, a treatment guide, brochures and a copy of the Cancer Council booklet – 'Cancer Care and Your Rights'.

At this stage, a limited number of packs have been printed to gauge the relevance and effectiveness of the materials included. It is hoped that in the very near future we can secure the support we need to ensure that these packs are available throughout Australia. If you would like further information or a copy of the pack, please contact Lani Teddy at Melanoma Institute Australia on lani.teddy@melanoma.org.au or 02 9911 7384.

References

1. Constantinidou A, Afuwape SA, Linsell L et al. Informational needs of patients with melanoma and their views on the utility of investigative tests. *International Journal of Clinical Practice* 2009; **63**: 1595-1600.

2. Schofield PE, Beeney LJ, Thompson JF, Butow PN, Tattersall MHN, Dunn SM. Hearing the bad news of a cancer diagnosis: The Australian melanoma patient's perspective. *Annals of Oncology* 2001; **12**: 365-371.
3. White K, D'Abrew N, Katris P, O'Connor M, Emery L. Mapping the psychosocial and practical support needs of cancer patients in Western Australia. *European Journal of Cancer Care* 2012; **21**: 107-116.
4. Tan JD, Butow PN, Boyle FM, Saw RPM, O'Reilly AJ. A qualitative assessment of psychosocial impact, coping and adjustment in high-risk melanoma patients and caregivers. *Melanoma Research* 2014; **24**: 252-60.

Skin Checks - Have you noticed a change in your spots?

With melanoma being the third most common form of cancer in Australian men and women, we should all be acutely aware of the importance of booking annual skin checks. But with busy social, working and family lives, this important check-up can slip to the bottom of our 'to do' lists. Before you know it, 12 months have passed, and then 18 months, by which time you may have a mole that has altered slightly, but you cannot be sure because it has been so long since you paid attention to your skin.

Where should I go for a skin check?
It is important that a skin check is booked with a reputable doctor or specialist clinic. There are many health professionals familiar with skin cancer and melanoma; however this may not be their specialty. You only have one skin, you want to look after it and ensure that at a skin check you receive the very best care. The Australasian College of Dermatologists has an easily navigable website that allows you to search for qualified dermatologists within your area, so this is an excellent place to start. The website also provides useful information on sun protection and skin cancer. For more information please log on and search their website: http://www.dermcoll.asn.au/

Of course your skin care does not have to be limited to a review once a year. It is recommended that you also take time each month familiarising yourself with your skin and the freckles and moles on your body, monitoring any changes. You can follow the ABCDE guidelines: http://www.melanoma.org.au/about-melanoma/detection-and-screening/checking-your-skin.html

ANZMTG Consumer Workshop Report June 2014

Melanoma has touched many people's lives, igniting a passion in them to raise awareness of the disease, support those currently fighting it and to hopefully one day find a cure to beat it. As part of a national strategy to increase and improve stakeholder engagement in 2013, ANZMTG brought together various national representatives from the Australia Melanoma Consumer Alliance, Melanoma Awareness Foundation, Melanoma Patients Australia, Melbourne Melanoma Project and Cancer Australia. The top three priorities arising from this meeting were as follows:

1. Increase consumer involvement in clinical trial protocol processes;
2. Develop a 'go to' resource portal for melanoma patients and their family members/carers; and
3. Advocate for tissue collection - of vital use in researching the disease.

ANZMTG will host a second workshop later this year to assess what has been achieved so far and how we can progress further. With the enthusiasm and determination held by all those attending last year, the day is sure to be a success and may even lead to an expansion of those action items currently being worked upon.
We encourage anyone interested to participate in the consumer workshop to please contact Vikki for more information (victoria.steel@melanoma.org.au).

Calendar of Events – 2014

Date	Name of Event	Location	Website
June			
26 - 27	4th European Post-Chicago Melanoma / Skin Cancer Meeting	Munich, Germany	http://melanomaglobal2014.org/
July			
6 - 11	European Society for Plastic, Reconstructive and Aesthetic Surgery Congress	Edinburgh, Scotland	http://www.espras2014.org/
August			
6 - 8	Medical Oncology Group of Australia (MOGA) Annual Scientific Meeting	Sydney, Australia	https://www.moga.org.au/
September			
3 - 6	15th World Congress on cancers of the skin	Edinburgh, Scotland	http://www.wccs2014.org/
4 - 5	10th Nordic Melanoma Group Meeting	Turku, Finland	http://www.melanoma.dk/
4 - 7	Combined Annual Conference – Imaging and Radiation in Personalised Medicine	Melbourne, Australia	http://www.csm2014.com/
14 - 17	American Society for Radiation Oncology 56th Annual meeting	San Francisco, USA	https://www.astro.org/Meetings-and-Events/Future-Annual-Meetings.aspx
14 - 20	Australian and Asia Pacific Clinical Oncology Research Development (ACORD) workshop	Sunshine Coast, Australia	http://www.acord.org.au/
18 - 21	1st Euro-Asian Melanoma Congress	Sarajevo, Bosnia and Herzegovina	http://www.eurolink-tours.co.uk/Dermatology_congress/1st-euro-asian-melanoma-congress--1890.html
26 - 30	European Society for Medical Oncology	Madrid, Spain	http://www.esmo.org/Conferences/ESMO-2014-Congress
October			
2 - 4	Neurosurgical Society of Australasia Annual Scientific Meeting	Sydney, Australia	http://www.nsa.org.au/events/category/annual-scientific-meeting
9	ANZMTG Annual Scientific Research Meeting	Perth, Australia	http://www.anzmtg.org
9 - 11	SKMRC 2nd National Melanoma Conference	Perth, Australia	http://www.skmrc.org.au/
November			
13 - 16	Society for Melanoma Research 2014 International Congress	Zurich, Switzerland	http://www.melanomacongress.com/
16 - 19	Australian Health and Medical Research Congress	Melbourne, Australia	http://www.ahmrcongress.org.au/
December			
3 - 6	World Cancer Congress	Melbourne, Australia	http://www.worldcancercongress.org/melbourne-2014
4 - 6	Clinical Oncological Society of Australia 41st Annual Scientific Meeting	Melbourne, Australia	https://www.cosa.org.au/events/annual-scientific-meetings.aspx

For more information on other upcoming oncology meetings and events please visit the ANZMTG website under the 'Events' tab. We are always interested in any new meetings which may be scheduled, so please contact the ANZMTG office if you would like to include any other upcoming meetings in this listing.