

ALLG - New Year, new leadership

The ALLG executive members hold 2 year terms. This year three members either stood down or completed the three consecutive terms allowed under the constitution.

Thank you to Chris Arthur, Peter Bardy and Andrew Spencer who have served the group during a period of very significant change in the group, and who are now stepping down.

Welcome to Ian Lewis, Andrew Wei and Tony Mills. The years ahead promise if anything to be even more challenging and lead to even great changes, as the group continues to professionalise its structure and activities.

The new executive takes office on 7 May at the AGM to be held as part of the Investigators' Meeting in Sydney

Tony Mills is a clinical haematologist at Princess Alexandra Hospital in Wollongabba, Queensland. Tony graduated in medicine from the University of Queensland. Having spent a



year as Haematology/ Transplant fellow at University College London Hospital, he took up his present position in 2001. Tony also has a Graduate Diploma in Medical Statistics from the Centre for Clinical Epidemiology and Biostatistics at the University of Newcastle.



Ian Lewis is a Senior Consultant Haematologist at SA Pathology and the Royal Adelaide Hospital (RAH), Adelaide, South Australia. He graduated in medicine from the University of Adelaide and undertook training in haematology at the RAH and the Institute of Medical and Veterinary Science (IMVS). He completed his PhD in 1998 and undertook post-doctoral studies at the University of Minnesota.

Ian is Head of the Therapeutics Products Facility (TPF) at the IMVS. The TPF is a suite of clean rooms designed for the manufacture of cellular products under the requirements of Good Manufacturing Practice. Ian has clinical and research interests in acute myeloid leukaemia, haemopoietic stem cell transplantation and the development of novel cellular therapies.

Andrew Wei is a Staff Specialist in Haematology at The Alfred Hospital, Melbourne. His primary interest is translational research and the clinical development of targeted therapies for patients with acute myeloid leukemia. He has a research doctorate from the Walter and Eliza Hall Institute of Medical Research in molecular genetics and is a current member of the ALLG scientific sub-committee and also the Leukaemia Foundation scientific committee promoting education and research activities related to leukaemia and related diseases.



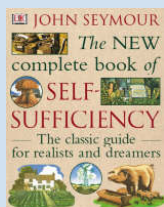
Inside this issue:

MEETING HIGHLIGHTS	2
TRIAL NEWS	4
BACT NEWS	6
PROGRAMS & ACTIVITIES	8
ALLG NEWS	10-13
TISSUE BANK	14
TRAINING AND REGIONAL PROGRAMS	18

SEE PAGES 2 AND 3 FOR HIGHLIGHTS OF THE FORTHCOMING MAY MEETING

Welcome back John!

John Seymour has returned from his sabbatical reinvigorated and ready for new challenges. But how did he spend his time in France? See page 12 for some never previously revealed information....



May 2009 Meeting

To be held at the Marriot Hotel Sydney, the next Investigators meeting of the group will again feature a haematology educational for data managers/research nurses, a trials focussed data managers' day, and the main investigators meeting on Thursday (lymphoma day) and Friday (leukaemia day).



5th – 8th May 2009

**36 College Street
 Sydney
 (Opposite Hyde Park)**

Tues 5th May

Educational Day:
 Non Hodgkin Lymphoma

Wed 6th May

09:30 – 17:00 Data Managers & Research Nurses
 08.30 – 17:30 Good Clinical Practice Education Training
 Day for ALLG Clinicians
 1:00 – 17:00 CLLARC Group Meeting
 18:30 – 19:30 Welcome Reception

Thurs 7th May

Tissue Bank Breakfast (*closed session*)

ALLG Meeting 'Lymphoma Day'

Low Grade NHL/ Myeloma/ CLL
 Tissue Bank Report
 ALLG Biostatistician Report
 Inter/High Grade NHL and HL
 Bone Marrow Transplantation

Thurs 7th May (cont)

17:00 – 18:00 Pathology Review Committee
 18:30 – 22:30 ALLG dinner "Australian Museum –
 Dinosaur Exhibit"

Friday 8th May

Laboratory Scientists Breakfast (*closed session*)

ALLG meeting 'Leukaemia Day'

CML/ MPD
 Supportive Care
 SDMC Chairperson Report
 Laboratory Science
 Acute Leukaemia/ MDS

Attendance is open to all ALLG members and to data managers/research nurses responsible for ALLG trials. No registration fee is charged. Funding is available for one clinician from each active institution outside Melbourne and Sydney in 2009. Funding is also available for one data manager/research nurse from active institutions.

For more information and to register to attend, contact
 Dilu Uduwela by email dilupa.uduwela@petermac.org

For information about funding for data managers/research nurses contact Janey Stone
janey.stone@petermac.org

Pharmaceutical company representatives may only attend through sponsorship. Please contact Dilu for more information

Meeting Highlights

Educational in NHL for research nurses/data managers

Tuesday 5 May: An educational day for all site staff. The focus will be on aggressive and indolent lymphoma, and will equip you with all the basic knowledge to manage NHL trials. All data managers/research nurses responsible for ALLG trials may attend. If you wish to request funding to assist with travel please contact Janey Stone (janey.stone@petermac.org).

The program has been developed by Mark Hertzberg and Pauline Warburton and includes a number of other active and prominent haematologists. A day not to be missed!

Program

Session 1: Background - haemopoiesis and lymphoma development
Session 2: Histology/classification
Session 3: diagnosis/staging/prognostic models
 a) Diagnosis and staging
 b) Prognostic models and response criteria - follicular
 c) Prognostic models and response criteria – diffuse large B-cell
Session 4: Less common lymphomas – mantle cell, T-cell lymphoma, Waldenstrom's macroglobulinaemia
Session 5: Treatment - indolent lymphoma
Session 6: Treatment - aggressive lymphoma
Session 7: ALLG lymphoma trials – past, present and future

Trial highlights

HD9: Long-Term Follow-Up of Hodgkin Lymphoma Survivors: An Australian and New Zealand Patterns of Care Study **Principal Investigator: Dr Eng-Siew Koh**

The main aims are to describe current patterns of care in long-term survivors of Hodgkin lymphoma. Secondary aims include describing current surveillance strategies for secondary malignancies and identifying issues relating to provision and delivery of care.

This is a prospective cross-sectional study involving a once-only deployment of an on-line survey. The study survey was developed through an iterative process, based on assessment and feedback received from the ALLG Hodgkin Lymphoma sub-group and the ALLG consumer representative (a lymphoma survivor). The final version of the survey will be presented to the meeting during the afternoon of the Thursday Lymphoma Day.

CLL5: Initial information from this current trial will be presented at the meeting, including safety and tolerability data.

MDS: David Joske will introduce a proposed new trial in Myelodysplasia, in collaboration with Italian group. And Melita Kenealy will discuss a follow on study from MDS3.

What you always wanted to know about GCP but were too afraid to ask

GCP Course for Physicians and Investigators


Many of you may have been involved in clinical research for years, but have had no formal training in current requirements and guidelines.

This course is being run for us by Nucleus Network and will be held on Wednesday 6 May at the same venue as the Investigators Meeting. Any ALLG member may attend, but you **MUST** register your interest first by contacting Janey Stone (janey.stone@petermac.org).

Don't miss the internationally recognised GCP Course for Physicians & Investigators

Up to 10% discount for groups of 4+ from the same organisation

Do you work in Clinical Research?
Are you looking for a condensed course to increase your knowledge and understand of what GCP means for your clinical practice? The key to working appropriately in clinical trials is an understanding of the overall picture and why GCP is important to all parties: sponsors, sites, trial volunteers, ethics and regulators. In addition the course covers the international perspective including the FDA code of federal regulations and the EU Directive, and how these impact on your studies.



Who should attend?

- Study Investigators
- Clinical research administrators
- Biotech administrators

Either new to clinical trials or requiring an up-to-date refresher course

Course Details

Features of the course

- It is an internationally recognised course
- Accepted globally as gold standard
- Tailored for Australian regulatory environment
- Accredited and ACRP certified trainers
- Quality materials and resources

The program will cover

- Details and updates of ICH GCP for Australia
- Trial design, documents and processes
- Australian and international regulations and ethics
- Sponsor/regulatory audits and inspections
- Course book, CD, certificate

Trial News

Trials in development



AMLM14
 Principal Investigator
 Andrew Wei

AMLM14 PI: Andrew Wei

A trial for older patients with acute myeloid leukaemia and high risk myelodysplastic syndrome (NCRI AML16)

Trial Manager: Ruth Columbus

The SDMC has approved this trial and the contracts with the pharmaceutical company and the UK are near completion. The trial will be coordinated by BaCT with Ruth Columbus as the Trial Manager. It is hoped that it will be activated for submission to ethics committees in May.

CML10 PI: Tim Hughes

Response Post Imatinib: Assessment of Sensitivity and Therapeutic Response to Second-Line Therapy in CML: The Australasian RESIST Study

Trial Manager: Bronwen Cox, Department of Haematology, Royal Adelaide Hospital

An estimated 70 CML patients stop imatinib and proceed to other therapy or observation each year in Australia and New Zealand. The reasons for stopping are varied. A smaller number cease another Tyrosine Kinase Inhibitor (TKI) and move on to another therapy. The actual frequency of imatinib cessation, the type of second-line therapy selected and the outcome of second-line therapy are not currently being documented. The STOP registry aims to capture data on all consenting patients who cease imatinib or another TKI. In order to determine a denominator, a TKI registry of patients with CML on imatinib or another TKI will be established at all participating centres. The study will be linked to correlative laboratory studies.

There is no treatment schedule, as this is a non-interventional study and treatment is at the discretion of the treating physician. Registry data is to be updated using Case Report Forms (CRF) every 6 months. The call for expression of interest in participation is expected in May.



PIs HD8:
 Leanne Berkahn at
 work and Judith
 Trotman at play

HD8 PI: Judith Trotman, Leanne Berkahn

A randomised phase III trial to assess response adapted therapy using FDG-PET imaging in patients with newly diagnosed, advanced Hodgkin lymphoma (RATHL trial)

Only 65% of patients with advanced stage Hodgkin lymphoma are cured by their initial chemotherapy. Studies have shown that more intensive chemotherapy will improve the success rate for advanced HL but carry more side effects such as increased infection risk and infertility. This study aims to test whether PET scans can help determine which patients require the more intensive treatment from those who will be cured with standard chemotherapy alone. Good risk patients will be studied to see if breathing problems from standard chemotherapy can be reduced.

The RATHL trial is international, and will be run by the UK NCRI. In Australia and NZ we are lucky to have the involvement of imaging specialist Michael Fulham from RPA who will coordinate the extensive PET review and QA required. Michael's major contributions have been in the field of molecular imaging, in particular, in PET and PET-CT scanning and its application to cancer and the neurosciences.

The ALLG has applied to the NHMRC for funding to run the trial here. Unfortunately the outcome of the application won't be known until the end of the year. Meanwhile it will be considered by the SDMC at the April meeting, and the executive is exploring ways to commence trial activities as soon as possible.

Current trials

AMLM12 PI: Ken Bradstock

A randomised trial of idarubicin dose escalation in consolidation therapy following intensive induction chemotherapy incorporating high dose cytarabine in patients with untreated adult acute myeloid leukaemia

Trial Manager: Juliana Di Iulio

This trial is a major activity of the ALLG. At review by the SDMC in February, it was noted that there had been 20 deaths, with 18 before randomisation. Treatment related mortality in the high dose Idarubicin arm during consolidation 1 of 84. Accrual at that time was 351 registered, 227 randomised to consolidation arm. Accrual to the Palifermin arm has been slower than expected. There are no safety or data monitoring concerns. With a target of 288 randomised, the study is planned to remain open until June 2010.

SC01 PI: Orla Morrissey, Monica Slavin

A Multicentre Randomised Controlled Trial Comparing Two Strategies for the Diagnosis of Invasive Aspergillosis in High-Risk Haematology Patients (The ASPID Study)

Trial Managers: Ania Matera

Patient accrual has been disappointing, less than the 120 expected per year. As of the SDMC review in February, 233 of the target accrual of 600 had been registered. It has been decided, in discussion with the PIs, to close the trial when it reaches 240 patients, which is the time point set for the first interim analysis.

In brief

CML8: Due to the safety rules, accrual to this trial was temporarily suspended. As more than one patient has proceeded through 6 months off imatinib therapy without molecular relapse, registration of patients to cohort 1 (ie. those treated with imatinib only) has now recommenced.

BM07: A protocol amendment was approved by the SDMC in February. The most important change is the percentage threshold change that dictates subsequent doses of zoledronic acid has increased to 5% loss at the femoral neck. The previous loss of 3% is within the precision error between DXA scans and hence may not indicate a significant change in BMD. Other changes relate to introduction of eGFR, vitamin D levels and management and to the time period for dental extractions.

MM8: Accrual has slowed since the closure of the Intermediate-dose Melphalan arm September 2008, however the trial is expected to remain open at least until the end of 2009.

LY03: A recent protocol amendment involved mostly administrative changes. Most important, this study in a very rare condition has accrued 365 of the planned 400 and will remain open until the end of 2009 to achieve target accrual.

Trials and tribulations out west

ALLG has been experiencing serious difficulty for some time now with entering into site agreements in Western Australia. These delays have resulted in trials not being able to open at Freemantle, Royal Perth or Sir Charles Gairdner.

The ALLG and WA Department of Health have been working toward common ground on matters of trial Indemnity. Dr Gavin Cull has recently taken up the role of ALLG Liaison for WA, and we thank Gavin for his input and assistance with moving forward with the WA Government.



MM9
Principal Investigator
Peter Mollee

Centre for Biostatistics and Clinical Trials (BaCT)

John Reynolds heads off to pastures new



John Reynolds addresses the ALLG November 2007

John Reynolds started with BaCT in October 2003 and found himself hurtled straight into ALLG activities at the November meeting in that year. Having to step into the shoes of his predecessor, Jane Matthews, may have been a bit daunting.

However John soon asserted his own inimitable style and quickly established a reputation for providing precise and meticulously prepared trial statistical advice. He was also highly regarded as an educator: on at least one occasion John was designated as “the only statistician you know who can make Stats sound interesting!”

At his farewell, John recalled fondly an early memory associated with the ALLG. On 2 September 2004, at 5.59 pm, he ran with Janey Stone to the nearby yellow

express post-box, where the mail-man was waiting with his engine running. The all important parcel was the successful NHMRC enabling grant application, which proved subsequently so important in underpinning the infrastructure and growth spurt of the group.

John was involved in many ALLG trials, but played a particularly important role in CML9 and the current AML trials – AMLM12, AMLM13 and APML4. He also contributed to the SDMC and assisted in improvements in trial data review.

During most of his time in BaCT, John was Deputy to the Director, and for the last several months acting Director after Richard Fisher resigned from this position.

John resigned as from the middle of March to take up a position as Senior Statistician with Novartis in Basel. We wish John well in this new adventure. Although originally a Kiwi, John now sees Melbourne as his home. I’m sure we’ll welcome him back here one

New BaCT Director - Dina Neiger



New Director of BaCT:
 Dina Neiger

Dr Dina Neiger is the new Director of Biostatistics and Clinical Trials (BaCT). Dina has extensive experience as a statistician, a PhD in Business Systems and has held senior management and leadership positions within the Australian Bureau of Statistics (ABS). Most of Dina’s roles throughout her career involved complex projects, building organisational capability, marshalling professional expertise, steering and implementing change, and ultimately delivering intended results.

In the area of clinical cancer research, Dina has been on a steep learning survey since starting at Peter Mac in early February. Her enthusiasm, determination and background will help her guide BaCT as it consolidates and builds on the growth it experienced over the last couple of years. Dina’s interest in providing practical solutions to complex multi-dimensional problems and building strong partnerships gives her a good basis for the strengthening and extending the collaborative relationship between BaCT and ALLG as we continue to grow and mature as organisations and research partners.

We welcome Dina to this new position, and foresee a continuing productive collaboration between BaCT and the ALLG.

Want more information about a trial?

The trial managers listed below are responsible for the overall management of each trial.

Please feel free to contact them with any trial specific queries.

Trial	Status	Trial Manager	Location	Email	Phone No
ALL5	Open	Glen Wiesner	BaCT	Glen.Wiesner@petermac.org	03-9656 1878
AMLMI2	Open	Juliana Di Iulio	BaCT	Juliana.Dilulio@petermac.org	03-9656 3786
AMLMI3	Open	Juliana Di Iulio	BaCT	Juliana.Dilulio@petermac.org	03-9656 3786
APML4	Open	Juliana Di Iulio	BaCT	Juliana.Dilulio@petermac.org	03-9656 3786
BM07	Open	Glen Wiesner	BaCT	Glen.Wiesner@petermac.org	03-9656 1878
CLL5	Open	Sarah McInnes	BaCT	Sarah.McInnes@petermac.org	03-9656 5801
CML6	ext study continuing	Ruth Columbus	BaCT	Ruth.Columbus@petermac.org	03-9656 1084
CML7	follow up	Ruth Columbus	BaCT	Ruth.Columbus@petermac.org	03-9656 1084
CML8	Open	Ruth Columbus	BaCT	Ruth.Columbus@petermac.org	03-9656 1084
CML9	Open	Bereha Khodr,	BaCT	Bereha.Khodr@petermac.org	03-9656 5802
CMLALL1	follow up	Sarah McInnes	BaCT	Sarah.McInnes@petermac.org	03-9656 5801
HDNHL4	Open	Poppy Kypreos	BaCT	Poppy.Kypreos@petermac.org	03-9656 1268
HD04	Open	Poppy Kypreos	BaCT	Poppy.Kypreos@petermac.org	03-9656 1268
LY03	Open	Poppy Kypreos	BaCT	Poppy.Kypreos@petermac.org	03-9656 1268
MDS3	Open	Linda Cowan	BaCT	Linda.Cowan@petermac.org	03-9656 3637
MM6	follow up	Nola Kennedy	Alfred Hospital	N.Kennedy@alfred.org.au	03-9276 2217
MM8	Open	Mohana Rajmokan	Qld Clinical Trials Unit	m.rajmokan@uq.edu.au	07-3240 6693
NHLI6	follow up	Sarah McInnes	BaCT	Sarah.McInnes@petermac.org	03-9656 5801
NHLI3 CORAL	follow up	Poppy Kypreos	BaCT	Poppy.Kypreos@petermac.org	03-9656 1268
NHLI4 W&W	Open	Poppy Kypreos	BaCT	Poppy.Kypreos@petermac.org	03-9656 1268
NHLI8	follow up	Poppy Kypreos	BaCT	Poppy.Kypreos@petermac.org	03-9656 1268
NHLI9 (MINT F/U)	On-going	Catram Nguyen	BaCT	Catram.Nguyen@petermac.org	03-9656 5827
NHL21	Open	Catram Nguyen	BaCT	Catram.Nguyen@petermac.org	03-9656 5827
PTI	Open	Catram Nguyen	BaCT	Catram.Nguyen@petermac.org	03-9656 5827
SCO1 ASPID	Open	Ania Matera	BaCT	Ania.Matera@petermac.org	03-9656 3661

Interim statistician arrangements

Following the departure of Dr John Reynolds there are interim arrangements to provide on-going support to ALLG trials. Please contact the allocated Clinical Trial Co-ordinator the first instance or otherwise statisticians as follows:

Alvin Milner (Alvin.Milner@petermac.org): AMLMI2, MDS3, AMLMI3, CML8, NHLI1, HDNHL4, ALL6, ALL5, CLL6

Alan Herschtal (Alan.Herschtal@petermac.org): CML9, SCO1, BM07

Jimin Choi (Jimin.Choi@petermac.org): ALL3, CML7

Richard Fisher (Richard.Fisher@petermac.org): APML4

The allocated Statistician may change in the coming months once new Statisticians have been employed. For any difficulties or trials not listed contact BaCT Clinical Trial Program Manager, Marianne Hundling: Marianne.Hundling@petermac.org

BaCT Acting Manager Statistics & IT, Alvin Milner: Alvin.Milner@petermac.org



Celebrating 35 years

2008 marked the 35 year milestone for the organisation and to commemorate this the ALLG Annual Research Report 2008 features a double page photo spread.

There are also reports from all areas of the group, including the Executive, Operations and Business and also current trial activity and complete listing of publications by year.

The Annual Research Report 2008 will be available to all members and data managers/research nurses at the May Scientific Meeting in both hard cover and CD-ROM.

For a personal order please contact Delaine Smith



Library services for ALLG members

All ALLG members can access selected library services for free via an agreement between the ALLG and the Peter MacCallum Central Cancer Library. There is no need to actually join Peter Mac library - simply indicate that you are a member of the ALLG when requesting a service via CancerInform.

Unfortunately it is not possible to provide direct on-line access to journals, but a pdf or photocopy of any requested article, including ALLG trial publications, are provided for free.

Books are also available for loan. We have funded the purchase of books providing trial management information, such as statistics and GCP. These will be available soon and listed in the next newsletter.

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Fax +613 9656 1404

Email library@petermac.org

Internet <http://222.petermac.org/dept/library/>

Safety and Data Monitoring Committee



SDMC Members at

February meeting:

Front row: Ray Lowenthal (Chair), Judy Simpson, Delaine Smith.

Back row: Peter Browett, John Reynolds

and Melbourne) and twice by teleconference. Monitoring of on-going trials involves review of SAE case reports and summaries, assessment of interim outcomes against stopping rules and evaluation of actual recruitment rates against those expected or previously proposed.

From the safety point of view, the most important decision of the Committee during the year concerned trials involving Rituximab. Because of recent evidence indicating that use of this monoclonal anti-B

cell antibody can be associated with reactivation of Hepatitis B infection, sometimes fatal, new rules have been introduced. For all new trials involving Rituximab, patients must be tested for and be negative for both HbsAg (surface antigen) and HbcAb (core antibody) to be eligible. This information is also relevant to routine clinical practice outside the trial setting. Current evidence does not indicate any similar concern regarding Hepatitis C infection, but the SDMC continues to monitor the situation.

In other news Statistician Judy Simpson, who has been with the ALLG SDMC since its inauguration, has stepped down effective with the upcoming April meeting. Judy has provided outstanding service to the functioning of the committee and listening to the deliberations of her and the other statisticians has proved highly educational to the other committee members. At the February meeting, Ray Lowenthal (SDMC Chair) thanked Judy for her contribution.

Grant updates

Cancer Australia - 2009

The 2008 Cancer Australia grant not only supports the necessary ALLG infrastructure, but also extends to activities for trial development, publications, Cancer Inform library access for all members, consumer participation, and the very necessary regional support to Gosford for trial assistance in the form of data management. The grant was awarded in 2007 and commenced in 2008, and is for a total of 3 years.

In 2009 Cancer Australia called for applications for trial funding which were to be submitted via the NHMRC Project Grant process. This is a priority driven program, which has among other priorities lymphoma and new technology. The ALLG submitted an application for funding to sup-



Australian Government
Cancer Australia

port the group's participation in the HD8 RATHL study, which is an important study focussed on the role of PET in advanced Hodgkin Lymphoma. The trial is perfectly situated in relation to Cancer Australia's stated priorities and we are very hopeful of success. The outcome will not be announced until the end of the year.

Victorian Cancer Agency - 2009 application

The Victorian Cancer Agency recently closed applications for the 2008-2009 round. The ALLG submitted a total of 8 applications to this round - a record in the history of the group.

Only one of our applications was successful, but this was a very important project. The regional program will be supplemented now by additional resources provided to sites which were assessed as suitable for funding but in the previous round, but who missed out due to budget limitations.

The additional funding is as follows:

Bendigo Hospital: salary for part-time data manager



Mater Hospital: salary for part-time data manager, plus infrastructure support

Wollongong: salary for part-time data manager, plus infrastructure
Gosford Hospital: infrastructure

In addition, there will be a regional forum held in conjunction with the November meeting in Melbourne, utilising funding from this VCA grant

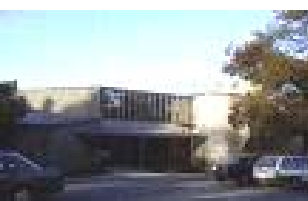
ALLG Regional Program



Gosford Hospital



Geelong Hospital



Border Medical Oncology

Seed funding grants - progress from 2008 grant

The seed funding program for data management support for regional supports was initiated at the beginning of 2008 with funding from Cancer Australia and the Victorian Cancer Agency. The three funded sites were Geelong Hospital and Border Medical Oncology (Albury/Murray Valley Private) and Gosford Hospital). The program has been very successful so far with sites having been funded for approximately 9 months.

At **Border Medical Oncology**, the research unit has also increased ALLG Trials offered and patient recruitment. Currently 8 ALLG trials are active with 3 in follow up. A total of 22 patients were screened

for ALLG studies in 2008. Tissue bank logistics being investigated and they expect to start collecting samples in 2009.

At **Geelong** there are currently seven ALLG trials open to accrual and 1 in follow up. Two of these were opened in 2008 with the support of the regional program funding.

At **Gosford**, a new Haematology Clinical Trials was finally appointed in December and Gosford is now moving ahead in leaps and bounds. Two new ALLG trials and a pharmaceutical company trial were opened in 2008.

ALLG Operations Office



**Dilu Uduwela -
Admin and Events**

The economy might be shrinking but it's all systems go in the Operations Office. Ariane Price has left the ALLG after spending the last 18 months focussed on organising the meetings and managing the website. Ariane is planning a holiday followed by overseas travel. Thanks to Ariane for her help over the last period.

Joining us to replace her is Dilu Uduwela. Dilu will be carrying out similar functions to Ariane. In the new position of Protocol Development Coordinator is Megan Sanders. Megan will work with trial PIs to assist them to develop their protocols to a stage ready for activation. In addition she will have a Tissue Bank and laboratory science liaison role and ensure all studies incorporate tissue banking and laboratory studies.

We would like to introduce **Dilupa Uduwela**, our new Administration & Events Officer.

Dilu joined the ALLG at the end of March and her role will involve coordination of local and interstate meetings, activities regarding membership, website maintenance and administrative support for day-to-day ALLG operations.

Dilu has joined us from KPMG LLP where she was a Senior Associate for their Events & Meeting Services department. She has valuable experience and knowledge in website development and maintenance, event management, project management, office administration, processing of marketing materials, process improvement and documentation. In her spare time she likes to travel and she enjoys listening to music.

We also introduce **Megan Sanders** the new ALLG Protocol Development Coordinator. Megan has a background in both the pharmaceutical industry and academic research including a Ph.D that encompassed the pre-clinical development and evaluation of a novel influenza vaccine, and a post-doctoral position at the Ludwig Institute for Cancer Research that examined the influenza-specific CD8+ T cell response to ultimately assist in the development of therapeutic melanoma vaccines.

More recently, Megan worked on the development of novel therapeutics and Phase I clinical trials. Her role with the ALLG will be to assist clinicians with protocol development to improve the efficiency of the processes of development and the quality of new trials.



**Megan Sanders—
Protocol Development**

New members first quarter 2009

Richard Eek	Murray Valley Private	Devendra Hiwase	Royal Adelaide Hospital
Michael Fulham	Royal Prince Alfred	Michael Osborn	IMVS
Lye Lin Ho	Liverpool	Gordon Royle	Middlemore
Silvia Ling	Liverpool	Andrew Butler	Christchurch
Tara Seshadri	Gold Coast	Julie Fletcher	Concord
Ketan Bavishi	MVS/RAH	Martin Browne	North Coast Cancer Institute
Alberto Catalano	Royal Prince Alfred		

Please contact Dilu Uduwela for further information.

Membership subscriptions for 2009

Subscriptions for 2009 have been sent out earlier this year. The new membership options as of 1/1/2009 are

1 Year	2009 - 2010	\$60
3 Year	2009 - 2012	\$170
5 Year	2009 - 2014	\$270

This means you get a discount if you pay for 3 or 5 years ahead.

Frequently Asked Questions

? When is the deadline for renewing my membership?

Membership Renewal must be received by the 31st March 2008, after this date you will be deemed an unfinancial member of the ALLG.

? What does it mean to be an unfinancial member of the ALLG?

An unfinancial member of the ALLG cannot attend the twice yearly meetings and cannot sit on any ALLG committee including the Executive and the Safety and Data Monitoring Committee. Other restrictions may be placed on unfinancial members at the discretion of the ALLG.

? What if I forgot to pay my membership in 2008?

A rejoining fee equal to that of one years subscription (\$60) will be required if you do not renew your membership within a calendar year.

? I joined the ALLG after 1st October 2008; do I need to renew my membership for 2009?

Yes, Membership for the 2008 year applies from the 1st of January to the 31st December Inclusive. If you joined the ALLG prior to the 31st December 2008, you are still required to renew your membership for the 2009 calendar year.

History corner

Did you know....??

- The story so far... The ANZ Lymphoma group dates back to 1973. See newsletter from December 2008 (or 2008 Research Report) for more information.
- In 1982, Ray Lowenthal and Paul Vincent arranged a separate investigator meeting which led to the formation of the Australian Leukaemia Study Group (ALSG).
- The group set up a phase III trial in AML of 73 vs 737 (addition of etoposide) (AML2). An innovative approach to funding was to seek sponsorship from Ansett Airways who at the time were flying Boeing 737 planes!
- Towards the end of the 1990s, it became apparent that there were compelling reasons for merging the two organizations and lengthy discussions were held between the two executives. Meanwhile, for several years, the groups held back to back investigators meetings, setting up collaboration in practice if not yet formally.
- In 1999, the two groups fused, forming the Australasian Leukaemia and Lymphoma Group (ALLG) with Ken Bradstock as the inaugural chairman.



Do you have a memory of the group's history you would like to share with others? Send it to us - we'd love to print it.

The actual vote. Jeff Szer informs us he can date the meeting by the mobile phone model in his belt...



Max Wolf and Ken Bradstock shake hands upon the fusion of the two groups



Members applauding fusion by acclamation

in 1999. Clearly to be seen are David Ellis, Andrew Wirth, Graham Young, Jane Matthews, Tim Hughes, David Ma, Chris Arthur, Devinder Gill, Surender Juneja, Malcolm Green, Vinod Ganju, Paula Marlton, Michael Millward and even John Seymour

Executive news



Left: Chris Arthur. Above (from left): Leanne Berkahn, Mark Hertzberg, Devinder Gill, David Ridler (business manager), John Seymour, Peter Bardy. Right: Andrew Spencer. Pauline Warburton was on leave at this meeting and Joy Ho is on sabbatical until August

With this issue we send best wishes to members of the executive who will complete their terms in May. We thank Chris Arthur, Peter Bardy and Andrew Spencer very heartily for the efforts they have put in over the last 4 (Peter) and 6 (Chris and Andrew)

years. Andrew also held the post of Chair of the ALLG during John's 6 months sabbatical last year. Delaine would particularly like to thank Andrew for his leadership during the first few months of her new position.



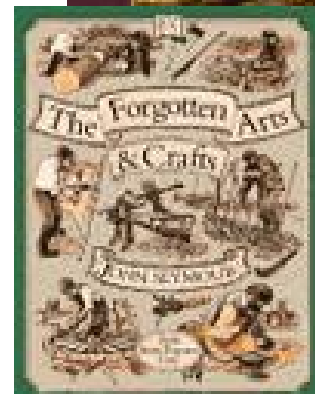
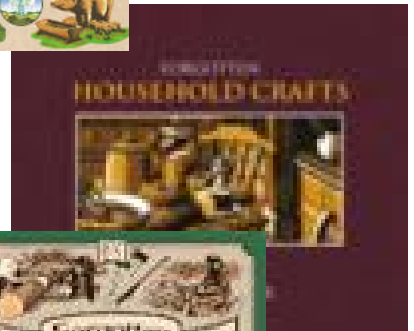
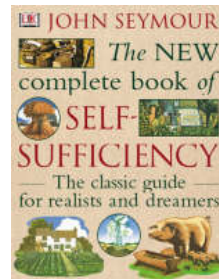
What did John do on his sabbatical???

John as we know spent his sabbatical in France. While there he seems to have been very busy. As well as publishing over 20 scientific articles, John seems to have produced the books shown at right. We particularly hope that he will give readings from "Forgotten household crafts" at the forthcoming Scientific Meeting!! We look forward to improving our skills of embroidery, beekeeping and cheese making under John's guidance.

John has already scored a publication from this trip. The Bio-statistician involved is believed to be Alvin Milner. The reference is:

Eve and Seymour Rule. Impairment of vegetable stem and plant cell modulators in gardens with mixed conifers and legumes following primary treatment with Fertilizer and Compost ± Rain. JCO (Journal for Country Oncologists) pre-published on parchment 1009.

If you can't find this in your library we are sure John will help you with a copy! Or you can [control-click here](#)



Financial and strategic news

Site contracts and agreements

ALLG is happy to announce that under the leadership of COSA there is a new comprehensive Clinical Trial Research Agreement for use between cooperative research groups and hospital sites. The CTRA has been agreed to by VMIA, and is also supported for use in NSW. The COSA Office is working toward agreement with other States and Territories. The ALLG is involved in the development of both a generic CTRA for use in New Zealand and across all private hospital sites.

What Does the CTRA mean to our ALLG sites?

For the ALLG it is the sensible way forward, the previ-

ous method of the ALLG entering 3 separate agreements i.e. Commitment Statement, Financial Agreement and the Medicines Australia Indemnity are now replaced with one agreement. The new CTRA is a legally binding document and has been agreed for use in Victoria and NSW.

The ALLG trial centre data managers will be issuing the new agreement as sites undertake ALLG trials.

For any questions regarding the CTRA please contact Delaine Smith or David Ridler at the ALLG Office.

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www.CartoonStock.com



“First you'll have to sign this form releasing me from any liability”

Structural changes in the ALLG

At the last AGM the membership gave approval to the Executive to implement a Board of Management and an appropriate structure. The group has employed a consultant firm SACS Consulting to assist with the development of detailed plans and documents. SACS is a human resource and organisational psychology consulting firm and was selected after assessment of several appropriate consultants. The SACS representative met recently with the Executive and is holding two detailed planning workshops in April. The Executive has appointed a steering committee consisting of Andrew Spencer (Chair), Peter Bardy, Paul Lewis (PwC), John Seymour, Delaine Smith and David Ridler. David is coordinating the procedures of this process on behalf of the steering committee.



If you would like more information about the structural changes being developed in the group, please contact Andrew Spencer who is leading the steering committee for the process

Trial per patient payment

Two years ago, the group commenced paying a minimum of \$800 per patient for all trials. This is to continue in its current format. If there are suitable sources of funding for specific trials the payment may be greater but this depends on the individual trial budget. The function of the per patient payment is as a contribution to the site; its use to the site is not specified and may be attributed in any appropriate way. At present there are no plans or funds to cover additional site trial costs in an across the board way.

Supporting laboratory science has been a main objective of the executive for the past 6 months. To assist a new payment will be introduced to provide sites a per patient payment to undertake laboratory studies. Proposed studies will be submitted to the Treasurer and Laboratory Science Committee and an agreed appropriate sum be allocated on a per patient basis. The maximum amount will not exceed \$400 payment. This will be introduced in the near future and the payment and the process will be reviewed in 2 years. (Feb 2011)

PwC National Leukaemia and Lymphoma Tissue Bank



Funded by



Australian Government

National Health and Medical Research Council



In 2008, fourteen (14) researchers contacted the ALLG Tissue Bank and based on their specific requests were provided data detailing the available patients and samples numbers for their proposed projects.

Six of these researchers submitted formal applications for the samples and eight (8) of these researchers are still to submit formal applications.

The PwC ALLG Tissue Bank dispatched 367 samples to six (6) researchers for use in their approved research projects. These samples had been collected, processed and stored from a total of 178 consented patients. Of the 178 patients whose samples were used in researcher project, thirty-nine (39) of these patients were accrued to ALLG clinical trials and 139 of the patients that were selected were not treated as part of any clinical trial ('non trial'). The latter patient's samples were collected at diagnosis and regular time points during therapy by various institutions and provided to the PwC Tissue Bank along with a signed generic tissue bank consent

form for their use in future unspecified research projects.

In addition, 74 samples were processed from Australian and New Zealand CLL8 trial patients and dispatched to Germany as part of the ongoing trial follow-up.

The Tissue Bank also collaborated with Dr Jennifer Fleming in 2008, by supporting her request to gather data regarding donor's attitudes toward tissue banking and related genetic research. This survey was a continuation of a larger research project that Dr Fleming had already undertaken as part of her doctoral studies. The Tissue Bank mailed out surveys to 108 deidentified Princess Alexandra Hospital donors and had a 50% return rate. Statistical analysis from this research project is still pending.

In 2008, the Tissue Bank purchased the Eppendorf 'EpMotion 5075'. The 'EpMotion' is a powerful liquid handling workstation that can perform a variety of routine dispensing and pipetting tasks. These otherwise time-consuming tasks can now be programmed into the 'robot' freeing up staff for more spe-



Automated equipment installed

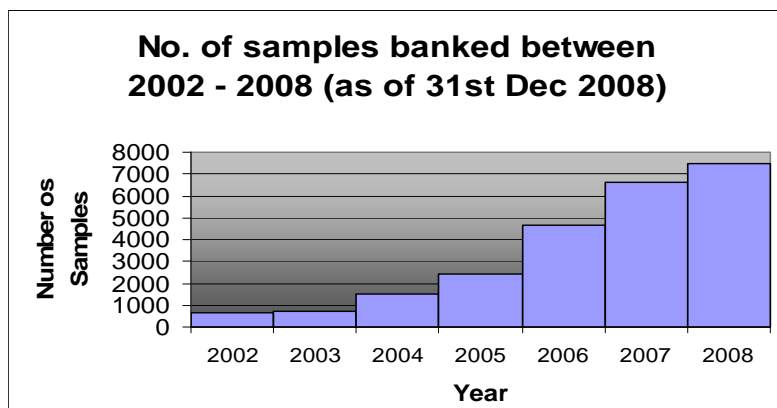
In 2008, the Tissue Bank purchased the Eppendorf 'EpMotion 5075'. The 'EpMotion' is a powerful liquid handling workstation that can perform a variety of routine dispensing and pipetting tasks. These otherwise time-consuming tasks can now be programmed into the 'robot' freeing up staff for more specialised work performed within the laboratory.

To supply as many projects as possible, products such as DNA and RNA are extracted from the tissue samples and the required amounts are distributed for specific research allowing the remainder to be stored for future use. By automating DNA and RNA extraction, high quality sample products can be generated rapidly and supplied to researchers without delay. It will improve efficiency and add flexibility allowing tailored sample processing to meet the specific needs of each research project.

This equipment will now be assisting a large range of research collaborators utilising human tissue from the Tissue Bank in their research of blood cancers. The benefits of the equipment will not be restricted to a few users at a single site, but will accrue to all of the researchers supplied with tissue. This represents an extensive nation-wide network of virtual users distant from the central facility where it is housed and operated.



Sample activity per year



Growth in samples stored per year

Year	No. of consented samples stored in tissue bank
2002	637
2003	717
2004	1508
2005	2403
2006	4682
2007	6596
2008	7479
Total	24,022

To contact anyone at the Tissue Bank:
allg_tissue_bank@health.qld.gov.au

Ms. Megan Ellis
 ALLG Tissue Bank Manager (Full Time)
 07-3240 5835

Mrs. Andrea J Shaw
 ALLG Tissue Bank Sample Coordinator
 (part time)
 07-3240 5838

Dr. Lyle McMillen
 ALLG Tissue Bank Research Scientist

Ms. Jana Augsten
 ALLG Tissue Bank Sample Coordinator
 (Full Time)
 07-3240 5838 or 3240 5836

Mrs. Josie Tumamao
 ALLG Tissue Bank Laboratory Scientist
 (Full Time)
 07-3240 5839

Postal address for samples

Attention: Staff of the
 PwC ALLG Tissue Bank
 c/- Haematology/Pathology,
 Princess Alexandra Hospital
 Ipswich Road
 Woolloongabba 4102, QLD

ALLG/Roche QA Partnership

The ALLG/Roche QA Partnership is an understanding between Roche Products and the ALLG to undertake a collaborative approach to the constant improvement of clinical research practice in the area of haematological malignancies, under the auspices of the ALLG.

The partnership commenced in January 2007 with the intention of continuing for a minimum of 3 years.

The main goal of the partnership is to develop and maintain a high level of clinical research practice among people who are involved in the conduct of clinical research within the ALLG. The underlying principles of this goal are to ensure, that research involving human volunteers is developed and conducted with the highest level of ethical and scientific quality in order to minimise human risk and maximise the benefit to society.

The ALLG/Roche QA Partnership, with a focus on continuous education and quality assurance, has pro-

vided many opportunities since 2007:

Support for attendance of data managers/research nurses at suitable training courses in GCP. In 2007 22 were funded to attend and 31 in 2008.

Support for attendance of members (clinicians) at suitable short training courses in GCP. In 2007 funded was provided to 10 clinicians and in 2008 attendance was 15.

Funding to assist in the provision of one day educationals in haematology for data managers/research nurses. In 2007 courses in lymphoma and acute leukaemia were run in conjunction with the biannual ALLG investigators meetings. In 2008, a course in myeloma was run in May and a course in CLL in November.

This valuable partnership and the opportunities which it provides is continuing in 2009, with continued support for both the GCP training and haematology educational sessions.

GCP training - data managers/research nurses

Funding to attend two courses run by Nucleus Network is again offered in 2009:

Good Clinical Practice for Research Professionals (2 days) and **Practical Aspects for Clinical Research Sites** (1 day follow up course).

The course are offered to all data managers/research nurses in local sites participating in ALLG trials.

So far this year, 24 applicants from all states and from 19 institutions have been approved, most selecting the two day course.

Some of the very enthusiastic responses:

"I have been involved in clinical research for many years but have always just picked up things along the way and relied on my own sense of thoroughness, but the course spelled out requirements and regulations globally and helped me understand where some of my more 'difficult-to-work-with monitors' are coming from."

It is a very extensive and comprehensive GCRP course with broad applications that can be applied to all clinical trials. What was learnt/re-enforced will be used on a daily basis in all the trials that I am currently responsible for.

There is still funding available in the budget. Please check the course date and place you wish to attend at the Nucleus Network website then contact Janey Stone

GCP training - clinicians

The one day course **GCP for clinical physician investigators** run by Nucleus Network is again offered to all member clinicians.

Two courses aimed specifically at ALLG clinicians are offered this year in Sydney and Melbourne, to be held in conjunction with our Investigator meetings and run by Nucleus Network.

Comments from last year included:

"Better understanding of what is required on investigator and sponsor for GCP"


"An excellent insight into the various organisations involved in GCP"

"A number of issues were clarified for me, in particular the implications of an FDA audit. I would hope that the quality of the information that our unit collects will improve."

The Sydney course is on Wednesday 6 May and Melbourne course on Wednesday 11 November. Any members who are interested in attending please contact Janey Stone.



More course information is on the Nucleus Network website.

In-Class Courses & Certification



ASSOCIATION OF CLINICAL RESEARCH PROFESSIONALS

In collaboration with


and


- GCP for Research Professionals
- GCP for Investigators
- Practical Aspects for Research Sites
- GCP Certification Exam Review Courses
- GCP Certification Exam Review Packages
- GCP Certification Exams

Other training opportunities

Melbourne University Specialist Certificate in Clinical Research (Oncology) - 2009



Michael Jefford
Course coordinator

This highly regarded course is again running in 2009. The course brings together a multi-disciplinary group to give participants a better understanding of all types of research conducted in oncology as well as provide an understanding of the essential components and features of successful research activities and research careers. Topics include ethical and legal considerations, biostatistics, how to develop a research proposal and how to critically appraise presentations and the literature.

With support from Merck, Sharpe and Dohme, the ALLG was able to offer funding to four recipients,

selected after an application process. Three clinicians will receive the scholarship as follow:

Devendra Hiwase	Royal Adelaide
Anna Johnston	Canberra
Michael Osborn	Royal Adelaide

In addition, for the first time this year, a scholarship was awarded to a research nurse, Julie Ryan from Wollongong Hospital.

It is anticipated that scholarships will be again offered for 2010. More information will be in the September newsletter. For further information on the course: <http://www.mccp.unimelb.edu.au/oncology>

Study tours - data managers/research nurses

*With funding from the NHMRC enabling grant, the ALLG offered funding for data managers/research nurses to attend a national or international conference in 2008. Below **Rosie Hoyt** from the Royal Melbourne Hospital reports on her visit to ASH in December 2008*

I was fortunate enough to be awarded an ALLG travel grant to attend the ASH meeting in San Francisco in December 2008.

ASH was celebrating its 50th year and San Francisco was a wonderful city to have chosen. As a somewhat anxious traveller at times, I found this city to be quite lovely; easy to find your way around in, beautiful bay with rolling mist and iconic bridges and great shopping. But of course I never had the chance to experience any of that, as I was busy attending ASH!!!

The meeting was held at the Moscone Centre, which is situated over at least two blocks. There was record attendance at this ASH meeting with over 10,000 people from around the world attending. This crowd of people was especially evident in the evenings during the poster sessions when the mass of those viewing the latest discoveries in poster form could be compared to a Boxing Day sale at Myers, especially if there was any free food or drink available.

There were many highlights from ASH. Though no major ground breaking research seemed to be apparent even to my lesser than expert haematology ears!

Optimal treatment for newly diagnosed CML remains a much discussed issue with the second generation tyrosine inhibitors now being used in the up front management of CML. Effectiveness, especially time to major molecular response remains the target of any

therapy and comparisons were made between nilotinib and dasatinib in up front treatment. Tolerability of either agent can be dose limiting although the data presented mainly focused on response comparisons between Glivec and these two agents. I would have liked to see more toxicity data and management options for this.

Several of the sessions in the education program provided great overviews of disease etiology, current treatment options and research progress, which made these worthwhile to attend. In particular I found the review of molecular markers in AML, curative therapies for APML and the review on myeloproliferative diseases useful, easy to understand and comprehensive.

From Australia, David Ross and the Hughes clan presented ongoing results from many of the CML studies being run through the ALLG. The Twister study I believe provoked some interest and it was great to hear about another study called STIM being run in a similar fashion to Twister in France. Most centres in Australia were represented in either posters or oral paper form and it is always gratifying to see how we continue to contribute to new discoveries and advances in practice in the worldwide arena. Overall I would recommend attending ASH at some stage of your career if you are a data manager, research nurse, scientist or trainee. Having a plan, reading through some of the abstract book BEFORE leaving for the first day and taking the odd break to have a coffee and regroup would be my advice. Many thanks again to the ALLG for supporting me financially so I could attend and a big thank you also to all my colleagues who travelled with me and entertained me.



Rosie Hoyt, Royal Melbourne Hospital





CLL Australian Research Consortium (CLLARC)

The Chronic Lymphocytic Leukaemia Australian Research Consortium (CLLARC) is a non-profit organisation which was established to advance the understanding of and research into CLL. The organisation is dedicated to improving the outcomes of patients with CLL and progress towards the control and cure of the disease.

The aims of the CLLARC include :

- Develop and conduct CLL Clinical Trials in Australia.

- Foster research and scientific collaboration and support for CLL projects in Australia.

The ALLG has had a close association with CLLARC since its inception, particularly in relation to trial development and conduct. ARC has its own website with information available about its activities and also educational information for patients about CLL.

CLLARC appoints Chief Operation Officer

Sue Tremlett was appointed Chief Operating Officer (COO) of the CLLARC in mid February 2009.

Sue has nearly 20 years of experience in drug development having spent the majority of her career, since graduating in 1990 with a Nursing degree from the Flinders University of South Australia, in the pharmaceutical and development services industries. Her work has been focused in the therapeutic areas of haematology and oncology. Most notably, she led the clinical team for MabThera/Rituximab at Genentech in San Francisco (Jun 2001 - Oct 2003) before taking up a similar but global role for Avastin/Bevacizumab at Roche in Basel, Switzerland (Oct 2003 – Mar 2007). She also has experience living and working in Asia. Having spent 7 of the last 10 years abroad, Sue returned to Sydney, Australia in March 2007 and was appointed Head of the Roche Australia affiliate for pharma development operations. In this role, she provided leadership to a department and was responsible for the performance of all Australian-based clinical research teams. Additionally, she retained her global role of Chairperson of the steering committee for the Roche oncology franchise network. Most recently, she made a personal decision to return to her home city of Adelaide and is now working as a consultant.

Sue is delighted to be involved with the CLLARC and hopes that her experience and knowledge in haematology and CLL, management skills and overall business awareness together with high energy levels will serve the group well. Sue will be known to many of you and we hope you will join with the ALLG and CLLARC to wish her well in her new role.

The role of COO for CLLARC was deemed important and necessary to progress the research, clinical trial and education objectives of the group and to maintain close relations with the CLL Global Research Fund, headed by Dr Michael Keating at MDACC. In her role, Sue will report to the Dr Stephen Mulligan, Chairman of the CLLARC and work closely with all members of the group, together with affiliated organisations including the Australian Leukaemia and Lymphoma Group (ALLG) and the Leukaemia Foundation of Australia (LFA).



Sue Tremlett, CLLARC COO details:

Mobile: 0438 494 418

Email: susan.tremlett@bigpond.com

**Visit the
CLLARC
Website!**

<http://>

		ALLG	External
April	20	SDMC teleconference	
May	6 - 8	ALLG Scientific Meeting, Sydney	
	6	Executive face to face, Sydney	
	22	Newsletter deadline	
June	29 May – 2 June		ASCO, Orlando
	1-3		ARCS Congress, Sydney
	3	SDMC trial review submissions deadline	
	4-7		EHA, Berlin
	10	Newsletter published	
	26	Executive teleconference	
July	27	SDMC face to face meeting, Sydney	
August	10	Executive meeting, Sydney	
	17-20		CRX09 Conference, Melbourne
September	4	Newsletter deadline	
	18	SDMC trial review submissions deadline	
	23	Newsletter published	
	25	Executive teleconference	
October	12	SDMC teleconference	
	18 – 21		HSANZ, Adelaide
November	11 - 13	ALLG Scientific Meeting, Melbourne	
	11	Executive face to face, Melbourne	
	17 - 19		COSA, Gold Coast
December	27	Newsletter deadline	
	5-8		ASH, New Orleans
	16	Newsletter published	
	18	Executive teleconference	

Publications

If your trial does not appear, please send details to the ALLG Operations Office to ensure its appearance in the next newsletter.

Publications 2009

Eve H, Linch D, Qian W, Ross M, Seymour J, Smith P, Stevens L, Rule S: Toxicity of fludarabine and cyclophosphamide ± rituximab as initial therapy for patients with previously-untreated mantle-cell lymphoma: results of a randomised phase-II study. *Leuk Lymphoma* 50:211-5, 2009 LY05

Eve HE, Seymour JF, Rule SAJ: Impairment of peripheral blood stem cell mobilisation in patients with mantle-cell lymphoma following primary treatment with fludarabine and cyclophosphamide ± rituximab. *Leuk Lymphoma* pre-published online Feb 5, 2009 LY05

A Spencer, H. M Prince, A. Roberts, I. Prosser, K Bradstock, L Coyle, D Gill, N Horvath, J Reynolds and N Kennedy. Consolidation Therapy With Low-Dose Thalidomide and Prednisolone Prolongs the Survival of Multiple Myeloma Patients Undergoing a Single Autologous Stem-Cell Transplantation Procedure. *J Clin Oncol* 27. Pre-published online Mar 9, 2009 MM6

Publications in 2007 and 2008 using material from the ALLG Tissue Bank

Gandhi MK, Moll G, Smith C et al; Galectin-I mediated suppression of EBV-specific T-cell immunity in classical Hodgkin's Lymphoma, *Blood*, 110(4):1326-1329 2007

Steven Lane, Russell Saal, Peter Mollee et al A 1 log rise in RQ-PCR transcript levels defines molecular relapse in core binding factor acute myeloid leukaemia and predicts subsequent morphologic relapse, *Leukaemia and Lymphoma*, 49(3):517-523, 2008

Green M, Gandhi MK, Camilleri E, Mariton P, Lea R, Griffiths L; High level of BACH2 associated with lower levels of BCL2 transcript abundance in t(14;18)(q21;q34) translocation positive non-Hodgkin's lymphoma. *Leuk Res.* 2008 Oct 15. [Epub ahead of print]

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The ALLG sponsors trials in malignant haematology in Australia and New Zealand. Trials may be initiated and developed under the auspices of the ALLG or may be international trials, sponsored in Australia and NZ by the group.

The ALLG is open to all clinicians with a special interest in trials in malignant haematology. ALLG members may attend the biannual investigators meetings, receive regular information about activities, and may apply for opportunities for funding for training and other special projects. All ALLG members may participate in any ALLG trial, providing their site is approved as approved for the conduct of ALLG trials.

For further information about joining the ALLG visit the website or contact...



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John.Seymour@petermac.org

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Joy Ho
joy.ho@email.cs.nsw.gov.au

2009 INVESTIGATOR MEETINGS



**6 - 8 May
2009
Marriot
Hotel
Sydney**



**11 - 13
November
2009
Hilton-
on-the-
Park
Melbourne**

**UPCOMING EVENTS
(See page 23 for complete list)**

20 APRIL	SDMC teleconference
6-8 MAY	ALLG Scientific Meeting, Sydney
6 MAY	Executive face-to-face, Sydney
29 MAY	ASCO, Orlando
3 JUNE	SDMC trial review submissions deadline
4-7 JUNE	EHA, Berlin
10 JUNE	ALLG Newsletter published
26 JUNE	Executive teleconference

2010 INVESTIGATOR MEETINGS

**5 - 7 May: Adelaide
10 - 12 November: Sydney**