ANZMTG Australia and New Zealand Melanoma Trials Group

NEWSLETTER|ISSUE 16|Summer 2015

We extend a warm welcome to our members to the summer edition of the ANZMTG newsletter and hope that you have all had a great start to the new year.

The ANZMTG team: (from left to right): Patricia Li, Vikki Steel, Libby Paton and Alan Lucas

We would like to open this edition of our newsletter by introducing you to a new member of ANZMTG. Patricia Li, an experienced Data Manager and Trial Coordinator, has joined the team as a Project Officer and is currently progressing a number of new ANZMTG trials including ANZMTG 02.12 RADICAL, ANZMTG 03.12 MelMarT, and ANZMTG 02.14 CombiRT. We are very excited to have expanded our team and are all looking forward to a busy 2015!

Inside this issue

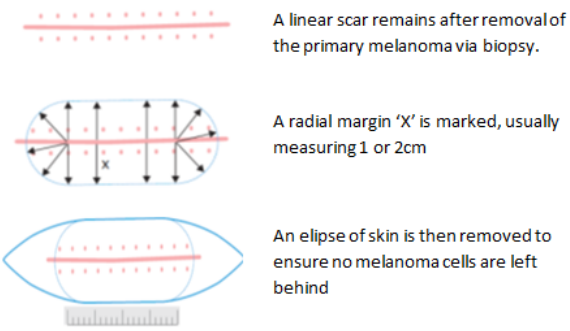
ANZMTG Annual Scientific Meeting 2015

We are already making plans for our 2015 Annual Scientific Meeting which will take place in Auckland, New Zealand on the 5th November, so save the date! This year the event will coincide with the New Zealand Melanoma Summit taking place on the 6th and 7th November.

Introducing our new melanoma surgical trial: ANZMTG 03.12 MelMarT

The ANZMTG 03.12 Melanoma Margins Trial (MelMarT) trial is an exciting and significant surgical trial for managing patients diagnosed with a primary cutaneous melanoma of Breslow thickness >1mm (AJCC Stage IB-IIC (pT2-4/N0/M0). This study will determine whether there is a difference in local recurrence rates and melanoma survival rates for patients treated with either a 1cm excision margin or 2cm margin for patients with both intermediate & high risk melanomas.

Figure 1: A Wide Local Excision
(Adapted from the ANZMTG 03.12 MelMarT Protocol)



Background Information: For early stage melanoma surgery is considered optimal treatment. The extent of surgery to remove the lesion depends upon the stage of the melanoma. If a patient has a biopsy of a lesion which is pathologically confirmed as melanoma, the second stage of treatment is to widely excise the lesion. During this procedure a radial margin around the biopsy scar is marked **(Figure 1)**, usually measuring 1 or 2cm.

However, currently, the international guidelines for wide local excision for patients who have a primary cutaneous melanoma of Breslow thickness >1mm varies. Due to this lack of evidence, different hospitals, institutes and practitioners will each have their own guidelines governing the type of wide local procedure is performed. Considering the frequency at which wide local excisions are carried out and that they form at least part of most patient's melanoma treatment, it would be beneficial for a consensus regarding the appropriate size of the wide local excision margin to be reached. For this to occur it is important to answer a number of questions surrounding each excision margin option; does the margin size used impact upon the chance of the melanoma recurring? Is there a difference in the quality of life of those patients given a 1cm margin versus a 2cm margin, i.e. is there greater pain

or a greater cosmetic impact if a wider margin is used? Is there a difference in cost to the health system between the wide local excision margins commonly used? The only way in which these questions can be fairly answered is by conducting a randomised controlled trial and this has led to the development of the ANZMTG 03.12 MelMarT trial.

If present only on the skin surface (Stage 0 and I), a biopsy and perhaps a wide local excision will be performed. If the melanoma is restricted to the skin but displays more aggressive characteristics, such as increased thickness or ulceration (Stage II), an additional surgical procedure known as a sentinel lymph node biopsy will be considered to ensure there has been no spread to the lymph nodes.

Fortunately, regular skin examinations can ensure that melanoma is detected at an early stage and it is estimated that 80% of melanomas are diagnosed when localised and have not spread to the lymph nodes or other organs within the body[1].Therefore a large number of people diagnosed with melanoma are treated as per the international standard of care; the visible melanoma is removed by biopsy and then a wide local excision around the biopsy scar is performed to ensure that all melanoma is removed.

What is a sentinel lymph node biopsy (SLNB)?

The sentinel lymph node is the first node to which lymph drains from the site of the primary melanoma and therefore is expected to be the first site at which melanoma cells will be detected if the cancer has spread from the original site. During a SLNB the primary node is identified and removed to see if it contains any cancer cells.

Ideally the type of biopsy performed is a complete excision biopsy with at least a 2mm margin of normal skin surrounding the suspected melanoma tissue[1]. Once excised, the tissue is reviewed by a pathologist both microscopically, to determine the physical characteristics of the cells present and immunohistologically, to identify if the cells exhibit specific cell surface components which are associated with melanoma. If melanoma is confirmed the second stage of the procedure occurs with a wide local excision being performed. During this procedure a radial margin around the biopsy scar is marked **(Figure 1)**, usually measuring 1 or 2cm.

The MelMarT trial has commenced initially as a pilot trial to assess the protocol, feasibility and recruitment strategies; to date we have opened 3 sites in Australia and the UK and have accrued 14 patients already. We are proud to launch this trial to our members. Further details regarding the ANZMTG 03.12 MelMarT trial can be found at https://www.anzmtg.org/trialdetails.aspx?trialno=14

ANZMTG acknowledge and thank the following for their funding support: **Cancer Council NSW** and **Melanoma Institute Australia**. Their contributions are crucial for the implementation of the trial.

[1] https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/cp111.pdf

In addition to the ANZMTG 03.12 MelMarT trial, there are a number of new trials commencing in 2015:

Overview of New ANZMTG Trials Commencing in 2015

ANZMTG Trial Number and Acronym	Trial Outline	Endpoints, Target Accrual and Website Link
ANZMTG 01.12 EAGLE FM	A randomised phase III trial of Inguinal or Ilio-inguinal Lymphadenectomy for patients with metastatic melanoma to groin lymph nodes and no evidence of pelvic disease on PET/CT Scan.	To assess the effect of the addition of ipsilateral pelvic lymphadenectomy on patient disease-free survival, distant disease-free survival, overall survival, morbidity, and quality of life. The study aims to recruit 634 patients over 5 years. https://www.anzmtg.org/trialdetails.aspx?trialno=9
ANZMTG 02.12 RADICAL	A randomised controlled multicentre trial of imiquimod versus radiotherapy for lentigo maligna (LM) when staged surgical excision with 5mm margins is not possible, is	To compare the rate of LM treatment failure, quality of life, cosmetic outcome, and incidence of invasive melanoma within the treatment field, following LM treatment with topical imiquimod or radiotherapy. The study aims to

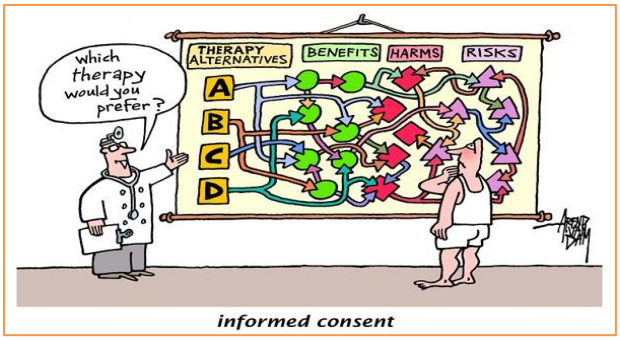
ANZMTG Trial Number and Acronym	Trial Outline	Endpoints, Target Accrual and Website Link
	refused, or fails.	recruit 266 patients over 3 years. https://www.anzmtg.org/trialdetails.aspx?trialno=16
ANZMTG 02.14 CombiRT	An open-label, single-arm, phase I/II, multicentre study to evaluate the safety and efficacy of the combination of dabrafenib, trametinib and palliative radiotherapy in patients with unresectable (stage IIIc) and metastatic (stage IV) BRAF V600E/K mutation-positive cutaneous melanoma.	To examine the safety and tolerability of combining dabrafenib, trametinib and radiotherapy for treatment of extra-cranial disease in patients with unresectable or metastatic melanoma. The study aims to recruit up to 30 patients over 1 year. https://www.anzmtg.org/trialdetails.aspx?trialno=22
ANZMTG 03.14 PRISM	Prospective multisite evaluation of the roles of 18F-FDG PET and sentinel lymph node mapping ± biopsy in the diagnostic work-up of merkel cell carcinoma (MCC)	To investigate the management impact, diagnostic & prognostic value of 18F-FDG PET/CT in MCC. The study aims to recruit 100 patients over 3 years.
ANZMTG 04.14 ROMA	Stereotactic radiosurgery (SR) versus observation for patients with melanoma brain metastases (MBMs) being started on a BRAF inhibitor	To determine whether SR should be given up front to MBMs present at baseline or can be delayed until in brain progression. The study will likely begin upon the completion the ANZMTG 01.07 WBRTMel trial.

For more information on any of these new projects please contact the ANZMTG office.

Informed Consent in Clinical Trials

What is the role of informed consent?

Informed consent is a process in which researchers provide participants with information about a clinical study to help them decide if they want to participate in the trial. The process is intended to protect participants and should provide the information required to enable a person to understand all aspects of the study. This information is outlined in a 'Participant Information and Consent Form' (PICF) document and includes details such as the purpose of the trial, procedures involved, duration, risks, potential benefits, alternative treatment options and costs.



informed consent

The informed consent process also involves conversations between the research staff and potential participant to ensure they have been given ample time and opportunity to discuss the trial and ask any questions. If someone chooses to take part in a clinical trial, the informed consent document must be signed to acknowledge that he or she was given information regarding the trial and understands it. This must be done prior to any trial related procedures taking place. Informed consent is an ongoing process as throughout the trial the participant will be provided with any new information that may affect their continuation in the study (e.g. discovery of new side effects or new information about the study treatment).

An important distinction to make is that the PICF document is not a contract. The participant may decide to withdraw from the trial at any time without concern that it will affect their future care or relationship with their doctor. Participants are free to decide when and how they wish to participate in research without consequence to their care.

What is the master PICF and how much can it be adapted for specific sites?

The master PICF is created during the development phase of a new clinical trial. The study team prepare and write the PICF which should clearly explain the trial and study requirements. The PICF is submitted to the Human Research Ethics Committee (HREC) for review and approval, along with all of other study documents (i.e. the protocol and case report forms (CRFs) that will be seen by participants). Once the master PICF has been approved for use by the lead HREC, the form will be distributed to all sites conducting the trial so that site specific updates can be added. The amendments that a site are allowed to make to the master PICF are minimal, as it is very important that all potential trial participants are provided with the same information irrespective of which institution they attend.

Sites should not make any other changes to the PICF apart from local header and contact details as the Regulatory Governance Office (RGO) (a body at individual sites who will approve the use of the PICF, secondary to the HREC approval) will not be re-examining content and ethical issues contained in the PICF that have already been reviewed by HREC. In some exceptional circumstances, affiliated health organisations may substitute different wording regarding matters that are governed by their own religious/governmental code of ethics, e.g. particular words regarding contraception.

ANZMTG Website Update

Our website was last refreshed in 2012 and since then there has been much activity behind the scenes to keep the content engaging and up to date.

ANZMTG Online Randomisation System

A major development has been the implementation of an online randomisation system for our recently launched trials. This new system allows a patient to be enrolled in a trial 24 hours a day, 7 days a week, all via a few simple clicks of a button. Access to this system for each trial is associated with your membership username and login, so if you work at one of our trial sites please ensure you have these details so that you can enrol patients onto your assigned trials. Of course you can contact the ANZMTG team at any time if this information has been misplaced: anzmtg@melanoma.org.au

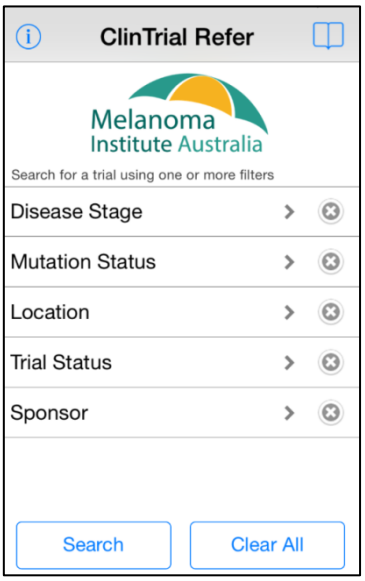
ANZMTG Clinical Trial Statistics Design and Methodology

In 2014, we also commenced the design of a new section of the website, created to help our members and provide statistical information relevant to the melanoma clinical trials setting. Statistics play an important role in both the development and analysis of a clinical trial. However, this specialised area can often cause confusion for the non-experts among us who perhaps are more used to dealing with people and clinical conundrums than figures. The new content aims to provide a basic overview of the concepts of statistical trial design, offering information to help a researcher chose the right design and methodology for their project and consider the types of statistical tests that can be employed to review and analyse data once a trial comes to a close. An interactive section will also be launched whereby through answering a series of decisive questions, suitable methods of trial analysis are suggested and further information provided regarding those recommended. There is also a power calculation tool allowing the user to ascertain the number of patients needed to power a trial; a common question for all researchers when setting up a study.

We encourage our members to explore this new content and to provide feedback regarding this website upgrade. We are always looking for ways in which to improve the service that we provide to our members.

ClinTrial Refer Melanoma App

Melanoma Institute Australia have launched an innovative smartphone application called **ClinTrial Refer Melanoma** to help busy clinicians find clinical trials for their melanoma patients.



Everyone wants to find the best possible option for their patients but carrying out detailed research for each individual is just not practical. ClinTrial Refer Melanoma helps solve this problem by providing a quick, easy-to-use filtering app which is available at the touch of a button on your smartphone. You can select your patient's disease stage and mutation status and tap Search to see the trials that could be a possible match for your patient. You can refine the search further by location, trial status and sponsor. The app includes up-to-date detailed information on each trial and you can just tap the email icon to fire off the information to a referring doctor or to the patient themselves.

The app can be downloaded for free from the **AppStore and Google Play**. It promises to be a useful tool for clinicians by ensuring they have easy access to all potential trial treatment options for their patient. It's also hoped that the app will increase participation in clinical trials by raising the profile of existing and new studies.

Melanoma Institute Australia Launches a New Website

Melanoma Institute Australia is pleased to launch their new website. Here's a few exciting things to look out for:

- New design that looks great on your phone, tablet or desktop and is easier to navigate.
- Melanoma glossary to define melanoma jargon.
- Treatment pages that will leave you informed but not keep you up reading all night.
- Sophisticated search function to make finding things easy.
- Blogs for patients, melanoma community news and research developments.
- Easier giving with automatic online donation receipting.
- Integration with the MIA Facebook page and Twitter feed.

View MIA's new website at www.melanoma.org.au.

A thank you to our funders and trial participants…….

ANZMTG wishes to acknowledge and thank a range of funders who make the running of our current melanoma trials and the development of new studies possible; Cancer Australia, Cancer Council NSW and the National Health and Medical Research Council.

Australian Government
Cancer Australia

Cancer Council NSW

Australian Government
National Health and Medical Research Council

Melanoma Institute Australia

We also wish to thank the many patients and their families who take part in our melanoma clinical research, without whom the progression of new treatments and regimens would not be possible.

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: 163 patients
Target accrual: 200 patients over 5 years

For further information on the trial, contact ANZMTG on +61 2 9911 7354 or email anzmtg0107@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: 30 patients
Target accrual: 100 patients over 5 years

For further information on the trial, contact Alan Lucas on +61 2 9911 7352 or email anzmtg0109@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: Open to recruitment (Royal Adelaide Hospital only)
Current accrual: 2 patients

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 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; Trial Co-ordinator: Patricia Li (ANZMTG)
Status: Open to recruitment
Current accrual: 14 patients
Target accrual: 400 patients over 1 year (pilot phase of the project)

For further information on the trial, contact Patricia Li on +61 2 9911 7322 or email anzmtg0312@melanoma.org.au

ANZMTG 01.14 – A phase II study of nivolumab and nivolumab in combination with ipilimumab in patients with melanoma brain metastases *(Acronym: ABC)*

Chief Investigator: Associate Professor Georgina Long; Trial Co-ordinator: Alan Lucas (ANZMTG)
Status: Open to recruitment
Current accrual: 13 patients
Target accrual: 75 patients

For further information on the trial, contact Alan Lucas on +61 2 9911 7352 or email anzmtg0114@melanoma.org.au

ANZMTG Trials Approved for Development Update

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

Chief Investigator: A/Prof Andrew Spillane; Trial Co-ordinator: Alan Lucas (ANZMTG)
Status: Open and recruiting

For further information on the trial, contact Alan Lucas on +61 2 9911 7352 or email anzmtg0112@melanoma.org.au

ANZMTG 02.12 – RADiotherapy or Imiquimod in Complex lentigo mALigna (Acronym: *RADICAL)*
Chief Investigator: Dr Pascale Guitera; Trial Co-ordinator: Patricia Li (ANZMTG)
Status: In development

For further information on the trial, contact Patricia Li on +61 2 9911 7322 or email anzmtg0212@melanoma.org.au

ANZMTG 02.14 – CombiRT in Metastatic Melanoma
Chief Investigator: Dr Tim Wang; Trial Co-ordinator: Patricia Li (ANZMTG)
Status: In development

For further information on the trial, contact Patricia Li on +61 2 9911 7322 or email anzmtg0214@melanoma.org.au

ANZMTG 03.14 – PET and Role of Imaging/Sentinel lymph node biopsy in merkel cell carcinoma (Acronym: *PRISM*)
Chief Investigator: A/Prof. Louise Emmett
Status: In development

For further information on the trial, contact anzmtg@melanoma.org.au

ANZMTG 04.14 – Stereotactic Radiosurgery versus Observation for patients with Melanoma brain metastases (MBMs) being started on a BRAF inhibitor (Acronym: *ROMA*)
Chief Investigator: Prof. Gerald Fogarty
Status: In development

For further information on the trial, contact anzmtg@melanoma.org.au

ANZMTG Trials In Follow Up Update

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; Trial Co-ordinator: Alan Lucas (ANZMTG)
Status: Closed to recruitment (Melanoma Institute Australia only)
Current accrual: 75 patients
Target accrual: 75 patients over 2 years

For further information on the trial, contact Alan Lucas on +61 2 9911 7352 or email anzmtg0209@melanoma.org.au

ANZMTG 01.13 – A randomised controlled trial of a psycho-educational intervention for melanoma survivors at high risk of developing new primary disease
Chief Investigator: Dr Anne Cust
Status: Closed to recruitment
Current Accrual: 188 patients
For further information on the trial, contact Anne Cust on +61 2 8627 1565 or email anne.cust@sydney.edu.au

A phase III multicenter randomised 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.

Consumer Corner

Breaking news – A solarium ban has been announced in Australia

As of 1st January 2015, five of the seven Australian States and Territories have banned commercial solarium use, with the Northern Territory and Western Australia pledging to follow suit.

Research studies have shown that solarium users incur at least a 20% increase in the risk of developing melanoma, rising to a staggering 59% greater risk for users tanning before the age of 35. They are also cause to a host of other health problems, including but not limited to:

- Eye damage
- Immediate skin damage e.g. irritation and swelling
- Premature ageing and wrinkling of the skin

Sunbeds emit radiation up to three times the intensity of a midday summer sun to accelerate the tanning process. A solarium produces UVA and UVB radiation, which together cause damage to all layers of the skin.

In late 2007, Clare Oliver lost her battle with end-stage melanoma. In her final weeks, she was able to bring national attention to her story, highlighting the dangers of sunbed use. Most significantly, her campaign resulted in Victoria's State Minister for Health announcing the regulation of the solarium industries. Since then, Australia has progressively begun banning the use of sunbeds. There are more and more people becoming active in these campaigns, including melanoma survivor Jay Allen, who has tirelessly lobbied for a tan ban worldwide.

We acknowledge and congratulate everyone who has supported this ban! You can also do your part, telling your friends and anyone you know about the risks of tanning and encouraging them to stay safe.

For more information and references the following links are provided:

http://www.abc.net.au/news/2014-12-14/ban-on-commercial-solariums-to-begin-in-vic-qld-nsw-sa/5961736
https://ama.com.au/ausmed/nation-switches-solariums
http://sunbedban.com/
http://www.sunsmart.com.au/skin-cancer/solariums

The Experience of Melanoma Follow-Up Care: An Online Survey of Patients in Australia

Follow-up care of patients who have had treatment for a melanoma is important to monitor for recurrence and development of new primary melanomas at an early treatable stage[1]. Good practice in follow-up provides reassurance, education, psychosocial support, effective co-ordination of care and evidence-based testing[1-4]. Patient perceptions of the care they receive can provide valuable insight into the quality of melanoma follow-up care and identify potential areas for improvement.

A research study was conducted in 2012 with a focus on exploring melanoma patients' perceptions of the nature and quality of their follow-up care, and to investigate if new knowledge in follow-up care was essential towards fulfilling the health needs of melanoma patients in Australia. An online survey was conducted inviting patients to participate if they had been treated in Australia for a primary melanoma since 2007.

The survey was disseminated by supporting organisations to reach patients in a variety of settings including non-metropolitan and multi-state. This method permitted the collection of the views of patients with a broad base of experience in melanoma follow-up care and not primarily from patients attending a specialist melanoma centre. Data about patient perceptions of the nature and quality of their care was collected, including provision of melanoma specific information, psychosocial support, and imaging tests received.

Survey results showed inconsistencies reported in the provision and quality of care received. Patient satisfaction was generally low and provision of reassurance from health professionals was construed as an essential element of quality of care. 'Gaps' in follow-up care for melanoma patients were identified, particularly provision of adequate psychosocial support and patient education. The Australian and New Zealand guidelines recommend that patients themselves should play a central role in monitoring for recurrence or new primary melanomas, but the findings suggest that essential education for self-examination to support such monitoring may be lacking.

The study conclusions suggest a focus on strategies for generating greater adherence to the clinical guidelines, including greater consistency in the provision of support, information and investigations received, that may generate a cost dividend which could be re-invested in preventive and supportive care and benefit patient well-being.

The research article was published on 19th November 2014 in the Journal of Skin Cancer which is a free access journal. You can read the full article here: http://www.hindawi.com/journals/jsc/2014/429149/
The authors would like to thank all the participants, individuals and organisations who participated, supported or disseminated the online survey.

1. *Clinical practice guidelines for the management of melanoma in Australia and New Zealand,* Australian Cancer Network Melanoma Guidelines Revision Working Party, http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/cp111.pdf., 2008. Accessed November 2012.

2. C. Holterhues, L.V. van de Poll-Franse, E. de Vries, H.A. Neumann, and T.E. Nijsten, "Melanoma patients receive more follow-up care than current guideline recommendations: a study of 546 patients from the general Dutch population," *Journal of the European Academy of Dermatology and Venereology,* vol. 26, no. 11, pp. 1389-1395, 2012.

3. U. Leiter, A.A. Marghoob, Lasithiotakis K et al., "Costs of the detection of metastases and follow-up examinations in cutaneous melanoma," *Melanoma Research,* vol. 19, no. 1, pp. 50-57, 2009.

4. R.L. Morton, L. Rychetnik, K. McCaffery, J.F. Thompson, and L. Irwig, "Patients' perspectives of long-term follow-up for localised cutaneous melanoma," *European Journal of Surgical Oncology,* vol. 39, no. 3, pp. 297-303, 2013.

Get ready to march, Australia!

We're gearing up to get the whole country marching for a cure for Melanoma March. An initiative of Melanoma Institute Australia, Melanoma March is a wonderful family and community event where participants walk, march and parade along a short course to raise awareness and funds for melanoma research.

With more than 20 marches being held around Australia, find a march near you and register now at **www.melanomamarch.org.au**! Our goal this year is to raise $1 million to fund a research project of national importance and continue our work to find a cure for melanoma.

If you'd like more information, or if you can help us promote the march in your clinic or local community, email info@melanoma.org.au.

Calendar of Events – 2015

Date	Name of Event	Location	Website
March			
18 - 20	Biomarker Summit 2015	San Diego, California	https://www.gtcbio.com/conferences/biomarkers-summit-overview
24 - 26	Trans Tasman Radiation Oncology Group 27th Annual Scientific Meeting	Newcastle, Australia	http://www.trog.com.au/SiteFiles/trogcomau/TROG_ASM_2015_Sponsorship_Prospectus.pdf
25 - 28	Society of Surgical Oncology (SSO) Annual Cancer Symposium	Houston, USA	http://events.jspargo.com/sso14/public/enter.aspx
April			
10 - 11	HemOnc Today Melanoma and Cutaneous Malignancies 2015	New York, USA	http://www.healio.com/meeting/hemonctodaymelanoma/home
15 - 18	14th Asian Australasian Congress of Neurological Surgeons	Jeju Island, Korea	http://w3.kenes-group.com/mailshot/asia/AACNS2015/ms6.html
May			
16 - 19	Australasian College of Dermatologists Annual Scientific Meeting	Adelaide, Australia	http://www.dermcoll.asn.au/public/meeting_and_conferences.asp
29 - 02	American Society of Clinical Oncology (ASCO) Annual Meeting	Chicago, USA	http://am.asco.org/
June			
25 - 26	5th European Post-Chicago Melanoma/Skin Cancer Meeting	Munich, Germany	http://eventegg.com/melanoma-global-2015/
July			
13 - 15	5th International Conference on Clinical & Experimental Dermatology	New Orleans, USA	http://dermatology2015.conferenceseries.net/
August			
26 - 29	New Zealand Dermatological Society Annual Meeting	Auckland, New Zealand	http://www.nzdsi.org/Events/index.aspx
September			
Early - TBC	Nordic Melanoma Meeting	Gothenburg, Sweden	
25 - 29	European Cancer Congress	Vienna, Austria	http://www.esmo.org/Conferences/European-Cancer-Congress-2015
October			
18 - 21	American Society for Radiation Oncology 57th Annual Meeting	TBC	https://www.astro.org/Meetings-and-Events/Future-Annual-Meetings.aspx
28 - 31	11th EADO Congress & 8th World Meeting of Interdisciplinary Melanoma/Skin Centres	Marseille, France	http://www.eado-melanomacenters-marseille2015.com/
29 - 31	2nd Global Advances and Controversies in Skin Cancer 2015	Brisbane, Australia	http://gac-sc.org/
November			
05	ANZMTG Annual Scientific Meeting and Annual General Meeting	Auckland, New Zealand	www.anzmtg.org
06 - 07	Melanoma Summit 2015	Auckland, New Zealand	http://www.melanomaresearch.org.nz/resources/current-recent-news/2014/melanoma-summit-2015/

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.