ANNUAL REPORT 2025/26

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NO MORE LIVES CUT SHORT

About Breast Cancer Trials

Every breakthrough in breast cancer starts with a question and the determination to find a better answer.

Through rigorous clinical trials research, Breast Cancer Trials is driving progress in how breast cancer is prevented and treated – ensuring that every discovery moves us closer to a future where no more lives are cut short from this disease.

Established in 1978, Breast Cancer Trials has grown to become the largest independent oncology clinical trials research organisation in Australia and New Zealand. Today, our research program connects a diverse network of researchers, clinicians, and institutions, working together across borders to answer some of the most complex questions in breast cancer care.

Our work sits at the intersection of science and patient care. Each clinical trial is designed to generate the evidence needed to improve treatment decisions, personalise care, and reduce the impact of breast cancer at every stage. From prevention and early-stage breast cancer through to advanced disease, our research is helping to shape the standard of care both locally and globally.

Collaboration is at the heart of everything we do. By bringing together expertise from across disciplines and regions, we are able to accelerate the pace of discovery and deliver meaningful outcomes for patients sooner.

The participation of thousands of individuals in our trials, alongside the generosity of our supporters, makes this progress possible.

While outcomes for many people with breast cancer have improved, there is still more to be done. Too many lives are still impacted by this disease, and too many questions remain unanswered. That is why we continue to invest in high-quality, innovative research that addresses areas of greatest need.

Our vision – No More Lives Cut Short – guides every step forward. It reflects not only what we strive to achieve, but what we believe is possible through research, collaboration, and sustained commitment.

1,068

There are 1,068 researchers, including medical oncologists, surgeons, pathologists, radiologists and nurses, who are involved in the conduct of the BCT research program.

1,361

We have contributed to 1,361 scientific publications, which are advancing medical knowledge and improving treatments and prevention strategies for breast cancer.

119

There are 119 participating institutions in AUS and NZ, and 84 international sites in the USA, Ireland, Korea, Japan, Argentina, Chile, Taiwan, Italy, Spain and Switzerland.

97

Our research program encompasses approximately 97 clinical trials in various stages of recruitment, follow-up, analysis and publication.

18,214

Since 1978, 18,214 people have participated in our clinical trials, to help us find new and better treatments for breast cancer.

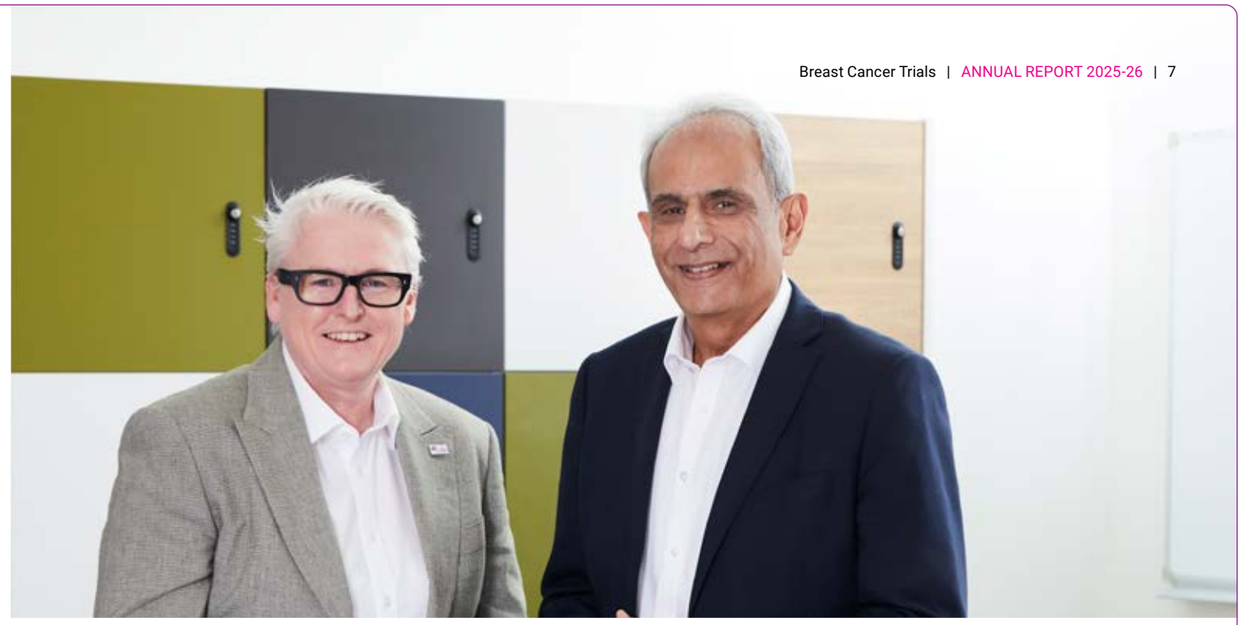
28,000

Our research is made possible thanks to the generosity of 28,000 supporters, made up of individuals, businesses, trusts and foundations, organisations and community groups, who donated and raised funds in 2025-2026.

Rebecca Pickering, pictured with her family, is a participant in the OLIO clinical trial.

Chair and CEO Report

It is with great pride that we present this year's Annual Report, reflecting another significant year of progress for Breast Cancer Trials (BCT) across research, collaboration and community engagement.



Our organisation continues to be driven by a clear purpose – to improve outcomes and save lives through clinical trials research. As we build on more than four decades of impact, we remain focused on advancing innovative, evidence-based treatments while ensuring that patients are at the centre of everything we do.

This year has been marked by strong momentum across our research portfolio. We have opened several important new clinical trials, including ROSALIE and PROSPECTIVE, both of which aim to tailor treatments through de-escalation strategies. These trials are designed to identify patients who may safely receive less intensive treatment, which may reduce side effects while maintaining excellent outcomes. This approach reflects a growing global focus on personalising care and improving quality of life for people affected by breast cancer. Our international collaboration is critical to ensuring the most promising scientific ideas and trials are explored in Australia and New Zealand, and this investment in relationships involves a numerous of trials groups from around the world, including Europe, Canada and Japan.

We have also seen encouraging results from a number of trials, including DIAmOND, FINER and Neo-N, which continue to expand our understanding of treatment responses and inform future standards of care. These outcomes reinforce the importance of sustained investment in clinical trials and the critical role BCT plays in delivering practice-changing research.

A highlight of the year was the 2025 Annual Scientific Meeting in Hobart, which was our largest conference to date. Each year, this meeting continues to grow in both scale and impact, bringing together leading researchers, clinicians and our members, from across Australia, New Zealand and beyond. The increasing number of delegates reflects the strength of our network and the importance of collaboration in addressing the complex challenges of breast cancer.

Strong governance remains fundamental to our success and during the reporting period, we conducted a review of our Board of Directors and embarked on a review of the BCT constitution, to ensure it meets the needs of a modern research organisation.

We extend our sincere thanks to Professor Sherene Loi and Associate Professor Nicholas Wilcken, for their outstanding service and dedication to the Board, who completed Director terms during the reporting period. Their contributions have been invaluable in guiding the organisation's strategic direction and research priorities.

We are pleased to welcome Associate Professor Andrew Redfern and Associate Professor Nicole McCarthy as new members of the Board. Their expertise and perspectives will further strengthen our governance and support our continued growth.

We also acknowledge leadership within our consumer community. We warmly congratulate Ms Merryn Carter on her appointment as Chair of the Consumer Advisory Panel and thank Ms Leslie Gilham for her significant contribution during her term. The Consumer Advisory Panel remains an essential part of BCT, ensuring that the patient voice is embedded in our research and decision-making.

This year we also recognise the extraordinary contribution of Ms Julie Callaghan, our longest serving staff member, who concluded her time with BCT after more than 30 years. As Chief Operating Officer – Fundraising and Philanthropy, Julie has played a pivotal role in raising millions of dollars for breast cancer research. Her dedication, leadership and passion have left a lasting legacy across the organisation and the broader community.

Fundraising continues to be a cornerstone of our work and our individual giving program is fundamental to the sustainability of BCT. We are deeply grateful to our supporters and corporate partners whose generosity makes our research possible. Over the past year, our community has once again demonstrated remarkable commitment through initiatives such as the Big Bold Swim, 100km in July, and sustained support from golf clubs through Tee Off. These events not only raise vital funds but also bring people together in support of a shared cause. To every individual, organisation and partner who contributed – thank you. Your support directly enables the life-saving research we undertake.

BCT operates in an increasingly competitive environment. Our responsibility is to carefully balance our ambition with prudent financial and risk management. We continue to make strategic investments in key areas of the organisation to ensure long-term sustainability and impact. This balanced approach allows us to grow our research program while maintaining the stability required to support future innovation.

We are also proud to recognise the outstanding contributions of our members through the awarding of Life Membership to Professor Fran Boyle AM, Associate Professor Nicholas Wilcken and Dr Caroline Baker. This honour reflects their longstanding commitment to BCT and significant impact on breast cancer clinical trials research. Our people are at the heart of everything we do, and we are pleased to celebrate staff who have reached important service milestones. We thank Anna Fitzgerald and Stuart Reeves (15 years), and David Short (10 years), for their dedicated and exceptional service.

As we look ahead, we remain optimistic about the future. The pace of progress in breast cancer research continues to accelerate, and BCT is well positioned to lead and contribute to this advancement. With an enhanced focus on our relationships with our members, the research sector, and current and future partners who share our vision, we will continue to pursue research that improves and saves lives.

We extend our sincere thanks to our members, researchers, trial participants, staff, supporters and partners. Your collective efforts are driving meaningful change and bringing us closer to a future where no more lives are cut short by breast cancer.

Professor Sunil Lakhani
Chair, BCT Board of Directors

Ms Karen Price
Chief Executive Officer

2024-2029 Strategic Plan

Our 2024-2029 Strategic Plan provides a roadmap for our future growth and development, and establishes specific, measurable objectives that guides the activities of Breast Cancer Trials (BCT).

The plan highlights our long-term vision and mission, ensuring that all stakeholders understand and work towards common goals.

This will be an exciting time for the organisation, as we prioritise research in key areas of need and seek additional support from the community so that we can do more clinical trials for the benefit of all breast cancer patients.

Vision

No More Lives Cut Short

Mission

Do the research that will create solutions for every person, every situation, every time

Our Values

We Before Me, Curiosity, Empathy and Greatness

Strategic Goals

- Make meaningful impact by creating the scientific evidence needed for change
- Increase the pace of research
- Secure the funding needed to prevent research delays and accelerate breakthrough discoveries

Strategic Focus

- Lead clinical trials in the areas of greatest patient need and potential impact
- Increase clinical trial participation and accessibility
- Collaborate widely with the best minds and leaders in breast cancer research
- Build our community of supporters and inspire their giving to make more research possible
- Embed technology and systems to enhance operational agility and responsiveness to opportunity
- Build organisational capability and capacity to increase and maximise our research outputs

Breast Cancer Today

Breast cancer is the most diagnosed cancer in the world with approximately 2.3 million cases annually.

Australia in 2026

No.1

Breast cancer is the **most diagnosed cancer** among women and the second most diagnosed cancer in Australia after prostate cancer.

20,336

Approximately **20,336** new breast cancer cases will be diagnosed or 56 people every day, being 20,129 females and 207 males.

3,353

Approximately **3,353** females will die from breast cancer this year.

93%

The 5-year survival rate for breast cancer has improved from 75% in 1987-1991 to **93%** in 2017-2021, thanks to improved screening and treatment options.

1 in 7

1 in 7 women and 1 in 600 men are diagnosed with breast cancer in their lifetime.

New Zealand in 2026

No.1

Breast cancer is the **most common cancer** for women and the third most commonly diagnosed cancer in New Zealand.

3,700

More than **3,700** people are diagnosed with breast cancer every year and 10 women are diagnosed each day including 1 Māori woman each day.

650

More than **650** people will die from breast cancer this year.

33%

Māori women are **33%** more likely and Pacific women are **52%** more likely to die from breast cancer than other women.

1 in 10

1 in 10 women will be diagnosed with breast cancer in their lifetime.

CASE STUDY

Monica's Story

Monica Kelly is a mum of two from Melbourne and a participant in the PROSPECTIVE clinical trial.

Before her diagnosis, Monica's life was full and fast-paced – balancing a demanding career and family life with her husband Murray and their two daughters, and a busy schedule that left little time for herself.

That changed with a routine screening appointment.

After a timely reminder from her doctor, Monica booked a mammogram – a decision that would prove life-changing.

Monica was 56 when she was diagnosed with breast cancer – the same age her mother had been when she faced breast cancer and in the same breast. With both her mother and sister having experienced the disease, the diagnosis carried an added weight.

"I think I was disappointed at first – the hope that it might not be cancer was gone," Monica said. "Then I was in shock. But I focused on what needed to happen to get through it."

Fortunately the cancer was detected early and Monica underwent surgery followed by radiotherapy. While some aspects of treatment were more challenging than expected, she was reassured by the care she received and the progress made in breast cancer treatment over time.

Through her treatment, Monica joined the PROSPECTIVE clinical trial, which is exploring whether some people with early-stage breast cancer can safely avoid radiation therapy.

The trial builds on previous research and aims to further understand how treatment can be tailored – helping to reduce unnecessary side effects while maintaining excellent outcomes.

For Monica, participating in the trial was about more than her own care.

"I feel like I'm paying it forward," she said. "We benefit from the women who came before us and the research that's already been done. This is my way of saying thank you and helping those who come next."

Throughout her experience, Monica found strength in her family, friends, and healthcare team, as well as an unexpected sense of connection with other women who have faced breast cancer.

"It's like a sisterhood," she said. "You feel connected across generations, and grateful for the progress that's been made."

Her diagnosis has also shifted her perspective, encouraging her to slow down, set boundaries, and focus on what matters most.

"I'm learning to put myself first and not feel guilty about that," she said.

Now, Monica hopes her story highlights the importance of both early detection and ongoing research.

"I'm so thankful I booked that screening when I did," she said. "It could have been very different."

She also has a message for those who support breast cancer clinical trials research:

"Thank you. You've helped save my life and the lives of so many others. You're helping keep families and loved ones together and making the future better for everyone."

> "I feel like I'm paying it forward – helping the next generation have better outcomes."

The Year in Review

Science and clinical research involve adaptation as the evidence and trials landscape evolve. For Breast Cancer Trials (BCT), the past year saw both beginnings and ends of the research spectrum.

Dr Nick Zdenkowski
Chair of the Scientific Advisory Committee

Professor Bruce Mann
Director of Research

Over the lifecycle of clinical trials, peaks and troughs will inevitably form. The EXPERT trial successfully reached its recruitment target, the OPTIMA trial was closed to recruitment, and the PROSPECT trial is ready for its final analysis. These were all large adjuvant de-escalation trials, and the results of which we eagerly anticipate. TUGETHER closed based on a planned interim analysis and lack of feasibility. The Neo-N Cohort C closed due to an unfavourable risk-benefit analysis. As to new beginnings, PROSPECTIVE was activated, has started recruitment strongly, and is now moving towards international activation. ROSALIE was also activated during the reporting period, as a new collaboration with the Ontario Oncology Group from Canada.

Research was reported at major meetings. DIAmOND was presented by Professor Sherene Loi at ESMO Breast, 15-year SOFT/TEXT results were presented by Professor Prue Francis, and later in the year the Neo-N event free survival data were presented by Professor Loi. The FINER trial, to which BCT contributed 70 of the 250 patients, was presented by Professor Stephen Chia from the Canadian Clinical Trials Group at ASCO. The results of the PATINA trial were published in the New England Journal of Medicine.

The 2025 Annual Scientific Meeting in Hobart was a great success, bringing together over 400 delegates for discussions and presentations on current best practice and the future of breast cancer research. From the fruitful Concept Development Workshop to scientific sessions, international keynote speakers, new data presentations and the social schedule, it was a whirlwind few days of activity. Conversations on the sidelines with new and enduring friends, and face-to-face interaction, can be the sparks that develop into the next practice-changing research.

Ambitious work is crucial for accelerating progress and improving outcomes.

Two new fellowships were awarded, to Dr Caroline MacCallum on contrast breast imaging for screen detected breast cancer, and to Dr Julia Dixon-Douglas to investigate mechanisms of response and resistance in triple negative breast cancer. Two Fellowships were extended, for Dr Kathleene Dower on virtual reality support of breath hold in radiotherapy, and to Dr Michelle Li for investigation of biomarkers of resistance to antibody drug conjugates in metastatic breast cancer. Dr Li is currently working as a Fellow at the renowned Dana Farber Cancer Institute.

Ambitious work is crucial for accelerating progress and improving outcomes. We saw the ALLCLEAR program become a reality, with BCT playing a part in this work, funded by a National Breast Cancer Foundation $25 million grant. ALLCLEAR, co-led by SAC member Dr Christine Chaffer, is using cutting edge techniques to understand and manage breast cancer cell dormancy with a focus on the bone environment. BCT is working closely with the ALLCLEAR team on the ACTIVA trial platform, evaluating the impact of a range of neoadjuvant therapies on micrometastases in bone and bone marrow. Through this program, we aim to produce new knowledge that will reduce recurrence of early-stage breast cancer by targeting and eradicating difficult to identify disseminated cells that would otherwise lead to incurable metastatic breast cancer.

We would like to acknowledge the major contributions that the Breast International Group (BIG) has made to improving breast cancer outcomes. BCT has collaborated with BIG on many trials over the past 25 years, including APHINITY, PALLAS, OlympiA, ALTTO and OPTIMA-young. It is disappointing that BIG has needed to take a decision to close its operations, in light of financial and economic pressures that have rendered it unsustainable. Current BIG studies will be transferred to other organisations and will continue as planned. The EXPERT trial has been a major BCT-BIG activity, and now BCT will take over the lead role with international partners. The knowledge that has been gained and the collaborations that have been built will leave a durable legacy that will form a platform for future global research.

The BCT membership was active, with multiple grants submitted during this time. This takes a huge amount of work from many people. These grant schemes are extremely competitive and success is by no means assured. SAC and Subgroups discussed a range of interesting concepts that have great potential. We aim to select those with the greatest chance of improving the lives of people diagnosed with breast cancer, to move forward to the next phases of development. We are always looking forward to hearing about any new ideas that might form the basis of the next BCT-led trial!

Our Clinical Trials

Eight clinical trials were open to recruitment during the reporting period, from 1 April 2025 to 31 March 2026.

Study Chair
Dr Nicholas Zdenkowski

CAMBRIA-2

Preventing breast cancer from coming back for hormone receptor positive HER2-negative early breast cancer patients

CAMBRIA-2 aims to determine if a new type of endocrine treatment can reduce the chance of cancer coming back for people with hormone receptor positive, HER2-negative early breast cancer. The treatment being trialled is a type of endocrine treatment called a 'selective oestrogen receptor degrader' (SERD). The SERD works by breaking down the oestrogen receptors in cells, and also blocks the oestrogen receptors from being triggered by oestrogen. The purpose of CAMBRIA-2 is to find out if a SERD is better at reducing the chance of cancer from coming back, compared with the usual endocrine treatments such as letrozole, anastrozole, exemestane or tamoxifen.

Study Chair
Professor Boon Chua

EXPERT

Personalising the use of radiation therapy in early breast cancer patients

The EXPERT clinical trial is investigating whether a genomic test of breast cancer tissue can be used to identify women with early breast cancer, who can safely avoid radiation therapy after breast cancer surgery and the potential side effects of this treatment. EXPERT was open to recruitment in Australia and New Zealand, and is the first trial developed by BCT researchers to be opened internationally. EXPERT was also open in Spain, Switzerland, Italy, Argentina, Chile, Taiwan and Ireland. EXPERT closed to recruitment during the reporting period and we look forward to the findings of this research.

Study Chair
Professor Sherene Loi

Neo-N Cohort C

Supercharging treatment for triple negative breast cancer with dual immunotherapy

The original Neo-N trial examined whether a new drug called nivolumab helps control triple negative breast cancer when added to standard chemotherapy and found that 50% of patients on the trial had no evidence of breast cancer following treatment. Researchers are building on this finding with the Neo-N Cohort C trial, which will investigate if adding a new drug, relatlimab, given together with the nivolumab, can further control breast cancer when added to standard chemotherapy, for triple negative breast cancer patients. This trial closed to recruitment during the reporting period and we look forward to the findings of this research.

Study Chair
Dr Stephen Luen

OLIO

Investigating a new treatment option for young women with the most common type of breast cancer

The OLIO trial aims to build on a breakthrough from a previous trial that discovered a feature in the tumours of young women with hormone receptor positive, HER2-negative breast cancer. This is the most common type of breast cancer, and can be more aggressive in premenopausal women. OLIO will test whether we can target this feature with the medicine olaparib to kill the cancer cells, and if adding immunotherapy can provide the boost needed to prevent the cancer from returning. This trial aims to see if the addition of olaparib, or olaparib plus the immunotherapy drug durvalumab, in addition to standard chemotherapy before surgery, improves breast cancer outcomes in these high-risk patients.

Our Clinical Trials continued

Study Chair
Associate Professor
Belinda Kiely

OPTIMA

Identifying if some patients may be able to avoid chemotherapy and the possible side effects from this treatment

People with intermediate to high-risk ER-positive, HER2-negative breast cancer are often offered both chemotherapy and hormone (endocrine) treatment to reduce the risk of the cancer coming back in the breast or elsewhere. Currently we don't have a proven test that can tell us whether or not someone in this situation might benefit from chemotherapy, and this treatment can have unpleasant short and long-term side-effects. There are now several tests which give more accurate information about individual breast cancers than the usual methods by looking at how active the genes are in breast cancer cells. OPTIMA aims to find out if using a test called Prosigna can help make safe and accurate decisions about whether or not chemotherapy treatment is needed for patients with ER-positive, HER2-negative early breast cancer. OPTIMA closed to recruitment during the reporting period and we look forward to the findings of this research.

Study Chair
Professor Bruce Mann

PROSPECTIVE

Identifying patients who can safely avoid radiation and therefore reduce the possible side effects and costs of this treatment

The PROSPECTIVE clinical trial aims to find out if surgery without radiotherapy will still be effective at stopping breast cancer from coming back, and reduce the side effects and cost of usual treatment. This study follows a previous trial called PROSPECT, which found that MRIs and pathology findings can identify women who have a very low risk of breast cancer recurrence and may be suitable for a de-escalation in radiotherapy treatment. PROSPECTIVE is designed to address the question of whether PROSPECT findings can be repeated at a larger number of hospitals.

Study Chair
Professor Boon Chua

ROSALIE

Omitting the use radiation treatment for patients who have no invasive cancer in their breast after chemotherapy and surgery

People who have breast cancer commonly have chemotherapy and then surgery, followed by more treatment with radiation therapy to help stop the cancer from coming back. However, recent research suggests that the risk of breast cancer coming back is very low if there is no invasive cancer found at surgery. The ROSALIE clinical trial is investigating if women need to have radiation to their breast, when they don't have any invasive cancer left after chemotherapy and surgery.

Study Chair
Professor Sherene Loi

TUGETHER

Stopping the progression of HER2-positive metastatic breast cancer

The TUGETHER clinical trial is targeting HER2-positive metastatic breast cancer on multiple levels, in an attempt to slow and arrest the progression of this disease. TUGETHER combines the well-known anti-HER2 therapy trastuzumab, which works to block the HER2 receptors on the outside of cancer cells, with a new anti-HER2 therapy called tucatinib, which works by getting inside the cancer cells and blocking the growth signals sent by HER2 receptors. These two anti-HER2 therapies will be combined with pembrolizumab, an immunotherapy drug that aids the body's immune system to identify and kill cancer cells. It is hoped that the combination of these therapies will provide a new treatment approach for metastatic HER2-positive breast cancer. TUGETHER closed to recruitment during the reporting period and we look forward to the findings of this research.

Clinical Fellowships Program

Developing new research ideas and supporting the next generation of researchers is at the heart of the Clinical Fellowship Program.

In the fifth year of the program, **two new fellowships** have been awarded.

The Program is aimed at early career researchers, who have a high-level interest in clinical research, appropriate qualifications, and are working in the disciplines of medical oncology, pathology, psychology and other supportive care specialties, radiation oncology, radiology or surgery.

Fellows work on projects that are directly relevant to Breast Cancer Trials (BCT) that potentially involve:

- Research that will inform future trials, including background and pilot work;
- Work on existing or future planned BCT clinical trials;
- Further analysis of data from existing trials; and
- Other projects that are related to the BCT Research Strategy.

Dr Caroline MacCallum is a 2026 Clinical Fellow.

Dr Caroline MacCallum is a Surgical Oncologist and is investigating the diagnostic accuracy of contrast-enhanced mammography (CEM) versus MRI in early breast cancer, and how these tools influence treatment decisions.

The hypothesis is that the integration of CEM and MRI in the assessment of screen-detected early breast cancer, will provide more comprehensive and specific diagnosis, thereby ensuring appropriate management of both index and additional malignancies at the time of diagnosis and improving long-term oncological outcomes. The aims are to:

- Evaluate the diagnostic accuracy of CEM and MRI in the assessment of patients with screen-detected early breast cancer.
- Determine the impact of CEM or MRI on treatment decisions.

Dr Julia Dixon-Douglas is a 2026 Clinical Fellow.

Dr Julia Dixon Douglas is a Translational Researcher and is exploring biomarkers to help tailor neoadjuvant immunotherapy for early-stage triple negative breast cancer – a particularly aggressive and challenging subtype.

The specific aims to be investigated separately for each cohort are to:

- Investigate baseline characteristics of the tumour-immune micro-environment (TME) associated with pCR and recurrence-free survival.
- Investigate baseline composition of immune cell subsets in peripheral blood associated with pCR and survival.
- Investigate on-treatment dynamics in peripheral immunity and tumour immune microenvironment associated with pCR and recurrence-free survival.
- Correlate features of peripheral immunity with features of the tumour-microenvironment associated with response.

Discretionary Funding Projects

Breast Cancer Trials (BCT) encourages development of investigator-initiated trials. The BCT Scientific Advisory Committee (SAC) evaluates, selects and recommends new trial proposals based on scientific merit and the requirements of the broader BCT membership.

To date, the SAC, relevant Subgroups and associated Working Groups assist investigators in refining and developing concept proposals initiated by BCT members. Ultimately, many of these proposals are presented to SAC for consideration as future BCT clinical trials.

BCT provides opportunities for its members to apply for Discretionary Funding to support small scale research studies such as pilot studies that have the potential to lead to BCT-coordinated trials. Discretionary Funding is provided by public donations made to BCT. Guidelines for Discretionary Expenditure of Accumulated Funds and the Concept Proposal Form are available on the Research Section of the BCT website.

New Discretionary Funding projects awarded:

- Dr Wanda Cui/Prof Kelly-Anne Phillips: Ovarian Function Sub-study Proposal for OlympiA Trial: Does post (neo) adjuvant Olaparib impact ovarian function?
- Dr Belinda Kiely/Dr Sarah Childs: A placebo-controlled feasibility study of transdermal testosterone for treatment of low libido in women on adjuvant aromatase inhibitors for breast cancer.

Projects/Concepts in development:

- Dr Caroline MacCallum: Routine contrast breast imaging in local staging of early breast cancer

The status of previously awarded Discretionary Funding projects is:

Ongoing:

- Dr Katherina Farr: Cardiac SPECT imaging in early detection of cardiac perfusion defects in the era of modern radiation therapy of breast cancer.
- Prof Xiaoshu Zhu/Dr Eugene Moylan: A mind-body exercise (Baduanjin) for chemotherapy-induced fatigue in women with early breast cancer: a pilot study for a remotely delivered randomised exercise-controlled trial.
- Dr Mahesh Iddawela: Study invesTigating the role of routine screening and mOlecular characterisation of bRain metastasis in the management of high-risk Metastatic breast cancer (STORM).
- Dr Yoland Antill: The timeline and quality of life implications of madarosis in patients undergoing cytotoxic chemotherapy for breast malignancy.

Completed/Final report pending:

- Dr Emma-Kate Carson/Dr Belinda Kiely: Phase II randomised trial of melatonin versus placebo for the management of sleep disturbance in women with early breast cancer on adjuvant endocrine therapy.
- A/Prof Byeongsang Oh: The Gut Microbiome and Vasomotor Symptoms in Women with Estrogen Receptor-Positive Breast Cancer.
- Prof Gelareh Farshid: Feasibility Study of Vacuum Assisted Biopsy Excision as a Non-surgical Alternative for Women with Borderline Breast Lesions (VAB Ex Trial).
- Dr Antonia Pearson/Dr Belinda Kiely: A phase II study to determine the feasibility of using oestradiol vaginal tablets to treat genitourinary symptoms in women on adjuvant aromatase inhibitors for breast cancer (OVGUS).

Professor Kelly-Anne Phillips is undertaking a discretionary funding project.

46th Annual Scientific Meeting and Awards

The Breast Cancer Trials 46th Annual Scientific Meeting (ASM) attracted the largest attendance in the event's history, with 412 delegates from a broad range of disciplines.

The comprehensive program included two days of scientific sessions featuring timely reviews of breast cancer clinical trials research. Additional components included a trials coordination forum for study coordinators from participating sites, a concept development workshop, abstract presentations, symposia, and debates among leading breast cancer researchers.

The three-day conference was held in Hobart, Tasmania, in July 2025 and featured a strong international and national speaker program, including leading Breast Cancer Trials researchers.

International Guest Speakers

International speakers at the 2025 ASM included:

- Professor Dame Lesley Fallowfield: Professor of Psycho-oncology at Brighton and Sussex Medical School, University of Sussex, and Director of the Sussex Health Outcomes Research and Education in Cancer (SHORE-C) group.
- Professor Reshma Jagsi: Lawrence W. Davis Professor and Chair of the Department of Radiation Oncology, and Senior Faculty Fellow in the Center for Ethics at Emory University, Atlanta, USA.
- Professor Shelley Potter: Professor of Surgical Oncology at Bristol Medical School and Consultant Oncoplastic Breast Surgeon at North Bristol NHS Trust.
- Professor Stuart McIntosh: Professor of Surgical Oncology at Queen's University Belfast and Consultant Breast Surgeon at Belfast City Hospital.
- Dr Javier Cortés: Head of the International Breast Cancer Centre (IBCC) in Barcelona and founding partner of Medica Scientia Innovation Research (MedSIR), specialising in the clinical development of trials.
- Dr Adam Brufsky: Principal Investigator of the Pittsburgh Breast Cancer Consortium, a U.S. Department of Defence-funded program increasing community access to innovative clinical trials for metastatic breast cancer.
- Dr Stephen Chia: Professor and Head of the Division of Medical Oncology at the University of British Columbia, and Medical Oncologist at BC Cancer, Vancouver Cancer Centre.

Recipients of the 2025 Trainee and Early Career Day Grants.

Trainee and Early Career Workshop

A key component of the ASM was the Trainee and Early Career (T&EC) Workshop, designed for trainees in medical oncology, surgical oncology and radiation oncology. This free, multidisciplinary day included expert presentations and multidisciplinary panel discussions led by Australian and international breast cancer specialists.

Breast Cancer Trials Awards

The following awards were announced at the 46th ASM:

- Alan Coates Award for Excellence in Clinical Trials Research – awarded to Professor Bruce Mann, Director of Research, in recognition of his outstanding contributions to clinical trials research.
- Robert Sutherland Award for Excellence in Translational Research – awarded to Professor Sarah-Jane Dawson for her contributions to improving patient outcomes.
- John Collins Fellow Medal and Travel Grant – awarded to Dr Sia Kim for her involvement and contributions to clinical trials research.
- Study Coordinator Prize – awarded to Ms Amy Wallace for her valuable contributions to the Breast Cancer Trials research program.

Education and T&EC Travel Grants

- The following Breast Cancer Trials members received Education Travel Grants to attend the ASM: Jenna Dean, Rebecca Dimovitis, Kathleene Dower, Natalie Duncalf, Katherina Farr, Monica Green, Shivani Kumar, Leah Lindrea-Morrison, Heather Rootes, and Sim Yee (Cindy) Tan.
- The following members received grants to attend the Trainee and Early Career Day:

  Annoja Abdul Salam, Emily Brown, Sarah Childs, Melissa Edwards, Harith Fernando, Eric Fong, Nancy Huang, Gayathri Nair, Dinushi Perera, and Victoria Rayson.

Professor Sarah-Jane Dawson received the Robert Sutherland Award from Mrs Cheryl Sutherland.

Recipients of the 2025 Education Travel Grants.

Professor Bruce Mann receives the Alan Coates Award for 2025.

Ms Amy Wallace receives the Study Coordinator Prize from Mr Heath Badger, Chief Operating Officer – Trials.

46th Annual Scientific Meeting and Awards continued

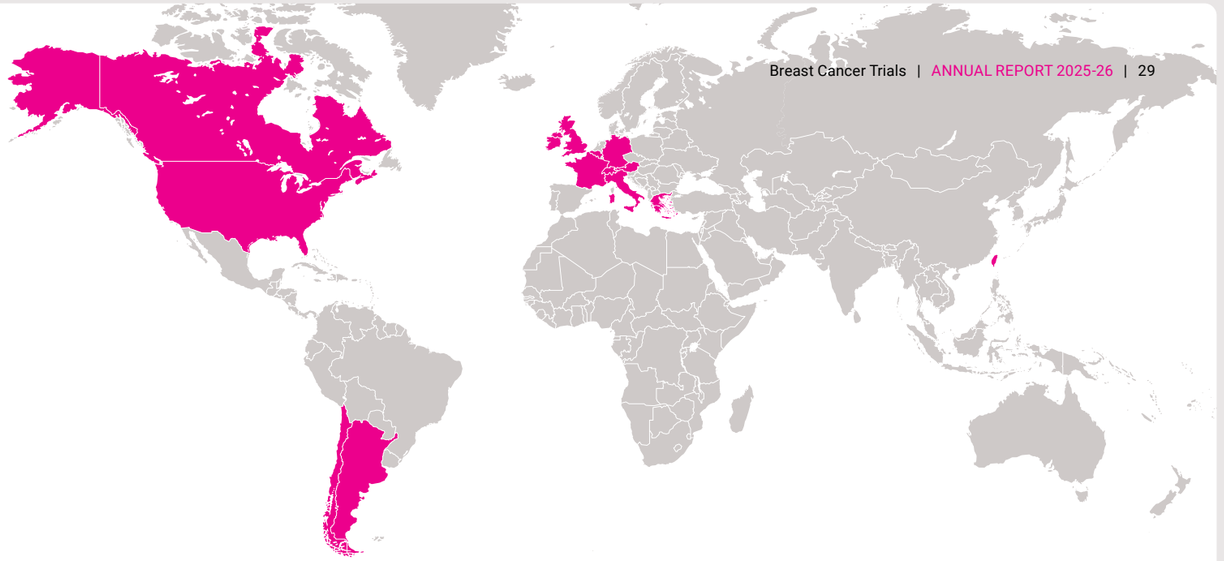
The 46th Annual Scientific Meeting was held in Hobart, Tasmania.

International Collaborators and Participating Institutions

International collaboration is essential to advancing breast cancer clinical trials research, enabling us to address complex scientific questions more efficiently and with greater impact.

By working with leading research groups, clinicians and institutions around the world, we can access larger and more diverse patient populations, accelerate trial recruitment, and ensure findings are relevant across different healthcare settings. These partnerships strengthen the quality and reach of our research, helping to bring innovative treatments and improved outcomes to people affected by breast cancer both nationally and globally.

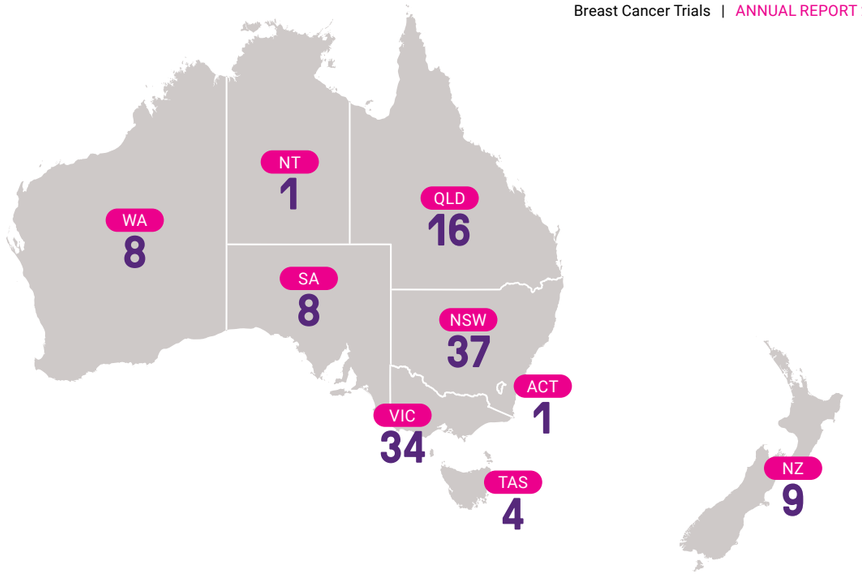
Alliance Foundation Trials, LLC (AFT)	USA
Austrian Breast & Colorectal Cancer Study Group (ABCSG)	Austria
Breast International Group (BIG)	Belgium
Canadian Cancer Trials Group (CCTG)	Canada
Cancer Trials Ireland (CTI)	Ireland
Cancer Trials Support Unit (CTSU)	USA
Cancer Research UK (CRUK)	UK
Derby Teaching Hospitals NHS Foundation Trust	UK
German Breast Group (GBG)	Germany
Groupo Oncologico Cooperativo Chileno de Investigation (GOCCHI)	Chile
Grupo Argentino de Investigacion Clinica en Oncologi (GAICO)	Argentina
Gruppo Oncologico Italiano de Recerca Clinica (GOIRC)	Italy
Hellenic Cooperative Oncology Group (HCOG)	Greece
International Breast Cancer Study Group (IBCSG)	Switzerland and USA
Institut Jules Bordet (IJB)	Belgium
Nottingham Clinical Trials Unit (NCTU)	UK
Ontario Clinical Oncology Group (OCOG)	Canada
SOLTI	Spain
Taiwan Breast Cancer Consortium (TBCC)	Taiwan
Translational Research in Oncology (TRIO)	France and Canada
Unicancer	France



International Participating Institutions

ADU Parma
ASST Monza Ospedale San Gerardo – Breast Unit
ASST Ospedale A. Manzoni UOS Oncologia
ASST Sette Laghi
ASST Valtellina
AZ. Klina
Azienda Ospedaliero Universitaria
Brust-Zentrum AG Zurich
C.H.U. Sart-Tilman
Centro Oncologico de Integracion Regional (COIR)
Centro Oncologico del Norte
Chang-Gung Memorial Hospital
Changhua Christian Hospital
Clinica Alemana Santiago
Clinica Las Condes
Clinica Pergamino
Clinica Viedma
Cork University Hospital
EO Ospedali Galliera – s.c. Oncologia medica
Fondazione Oncologia Lago Maggiore
Fundacion Ars Medica
HFR Fribourg
Hirslanden Clinic Zurich
Hirslanden Clinique des Grangettes
Hospital Barros Luco Trudeau
Hospital Clinic de Barcelona
Hospital Luis Tisne Brousse
Hospital Regional de Talca
Hospital San Juan de Dias
Hospital Sotero del Rio
Hospital Universitari Arnau de Vilanova de Lleida
Hospital Universitari Vall d'Hebron
Hospital Universitario Virgen de la Macarena
Hospital Universitario Virgen del Rocio
ICS Maugeri
Institute de Oncologia de Rosario
Institute de Oncologia del Hospital Aleman
Institute Nacional del Cancer
IRCCS AUSL Reggio Emilia
IRST Meldola
Istituto Europeo di Oncologia
Kantonsspital Winterthur
Kaohsiung Medical University Hospital
Luganese Moncucco Clinic
Mackay Memorial Hospital
Mid Western Radiation Oncology Centre, Mater Private Network at University Hospital Limerick
National Cheng Kung University Hospital
National Taiwan University Hospital
Oncologia Medica 2 – IRCCS INT Regina Elena
Ospedale di Balzano Azienda Sanitaria Alto Adige
Ospedale Mater Salutis Dipartimento di Oncologia
Ospedale Policlinico San Martino Ospedale S. Chiara di Trento
S.C. Oncologia ASO
Sanatorio Britanico Rosariio
St. Luke's Radiation Oncology Network
Taichung Veterans General Hospital
Taipei Medical University Hospital
Taipei Veterans General Hospital
Tri-Service General Hospital
U.O. di Oncologia Clinica Arcispedale S. Anna Universitatsspital Zurich
University Hospital Galway
UO Medicina Oncologica Ospedale di Carpi AUSL Modena
UOSD Oncologia AUSL Modena Area Sud Ospedale Sassuolo
UZ Leuven
Whitfield Cancer Centre

Participating Institutions Australia and New Zealand



Australian Capital Territory

Canberra Hospital

New South Wales

Calvary Mater Newcastle
Bankstown-Lidcombe Hospital
Border Medical Oncology Research Unit
Coffs Harbour Health Campus
Concord Repatriation General Hospital
Genesis Cancer Care Newcastle
GenesisCare North Shore
Gosford Hospital
Lake Macquarie Private Hospital
Lingard Private Hospital
Lismore Base Hospital
Liverpool Hospital
Macarthur Cancer Therapy Centre
Macquarie University
Manning Rural Referral Hospital
Mater Hospital, Sydney
Nepean Cancer Care Centre
Newcastle Private Hospital
Northern Beaches Hospital
Orange Health Service
Port Macquarie Base Hospital
Prince of Wales Hospital
Riverina Cancer Care Centre
Royal Hospital For Women, Sydney
Royal North Shore Hospital
Royal Prince Alfred Hospital
Shoalhaven Cancer Care Centre
Southern Highlands Cancer Centre
St George Hospital
St Vincent's Hospital, Sydney
Tamworth Rural Referral Hospital
Sydney Adventist Hospital
The Breast & Endocrine Centre
The Chris O'Brien Lifehouse
Tweed Hospital
Westmead Hospital
Wollongong Hospital

Northern Territory

Royal Darwin Hospital

Queensland

Cairns Hospital
Cancer Care Service – Bundaberg
Cancer Care Service – Hervey Bay
Genesis Cancer Care Wesley
Icon Cancer Centre Southport
Icon Cancer Centre Wesley
Mater Adult Hospital, Brisbane
Mater Cancer Care Centre
Nambour Hospital
Princess Alexandra Hospital
Redcliffe Hospital
Royal Brisbane and Women's Hospital
St Andrew's Toowoomba Hospital
Sunshine Coast University Hospital
Toowoomba Hospital
Townsville University Hospital

South Australia

Ashford Cancer Centre Research
Cancer Research SA
Flinders Medical Centre
GenesisCare Tennyson
Icon Cancer Centre Kurralta Park
Lyell McEwin Hospital
Queen Elizabeth Hospital
Royal Adelaide Hospital

Tasmania

Icon Cancer Centre Hobart
Launceston General Hospital
North West Regional Hospital
Royal Hobart Hospital

Victoria

Alfred Hospital
Austin Hospital
Ballarat Austin Radiation Oncology Centre
Ballarat Oncology and Haematology Services
Bendigo Hospital
Box Hill Hospital
Cabrini Hospital
Epworth Richmond Hospital
Footscray Hospital
Frankston Hospital
GenesisCare Radiation Oncology Centre Frankston
Goulburn Valley Health
Grampians Health Ballarat
Icon Cancer Centre Richmond
Latrobe Regional Hospital
Maroondah Hospital
Monash Breast Clinic (Clayton)
Monash Cancer Centre (MMC Moorabbin)
Monash Health – Clayton
Monash Medical Centre (East Bentleigh)
Northeast Health Wangaratta
Peninsula South Eastern Haematology & Oncology Group (PSEHOG)
Peter MacCallum Cancer Centre
Peter MacCallum Cancer Centre – Bendigo
Peter MacCallum Cancer Centre – Moorabbin
Ringwood Radiation Oncology Centre
Royal Melbourne Hospital
Royal Women's Hospital
South West Healthcare (Warrnambool)
St Vincent's Hospital, Melbourne
Sunshine Hospital
The Northern Hospital
University Hospital Geelong
Victorian Breast & Oncology Care

Western Australia

Breast Cancer Research Centre – WA Fiona Stanley Hospital
GenesisCare Fiona Stanley
Mount Hospital
Royal Perth Hospital
Sir Charles Gairdner Hospital
St John of God Hospital, Sunbury
St John of God Hospital, Subiaco

New Zealand

Auckland City Hospital
Capital, Coast and Hutt Valley District (Wellington)
Christchurch Hospital
Dunedin Hospital
North Shore Hospital
Palmerston North Hospital
Rotorua Hospital
Tauranga Hospital
Waikato Hospital

Research Results Overview

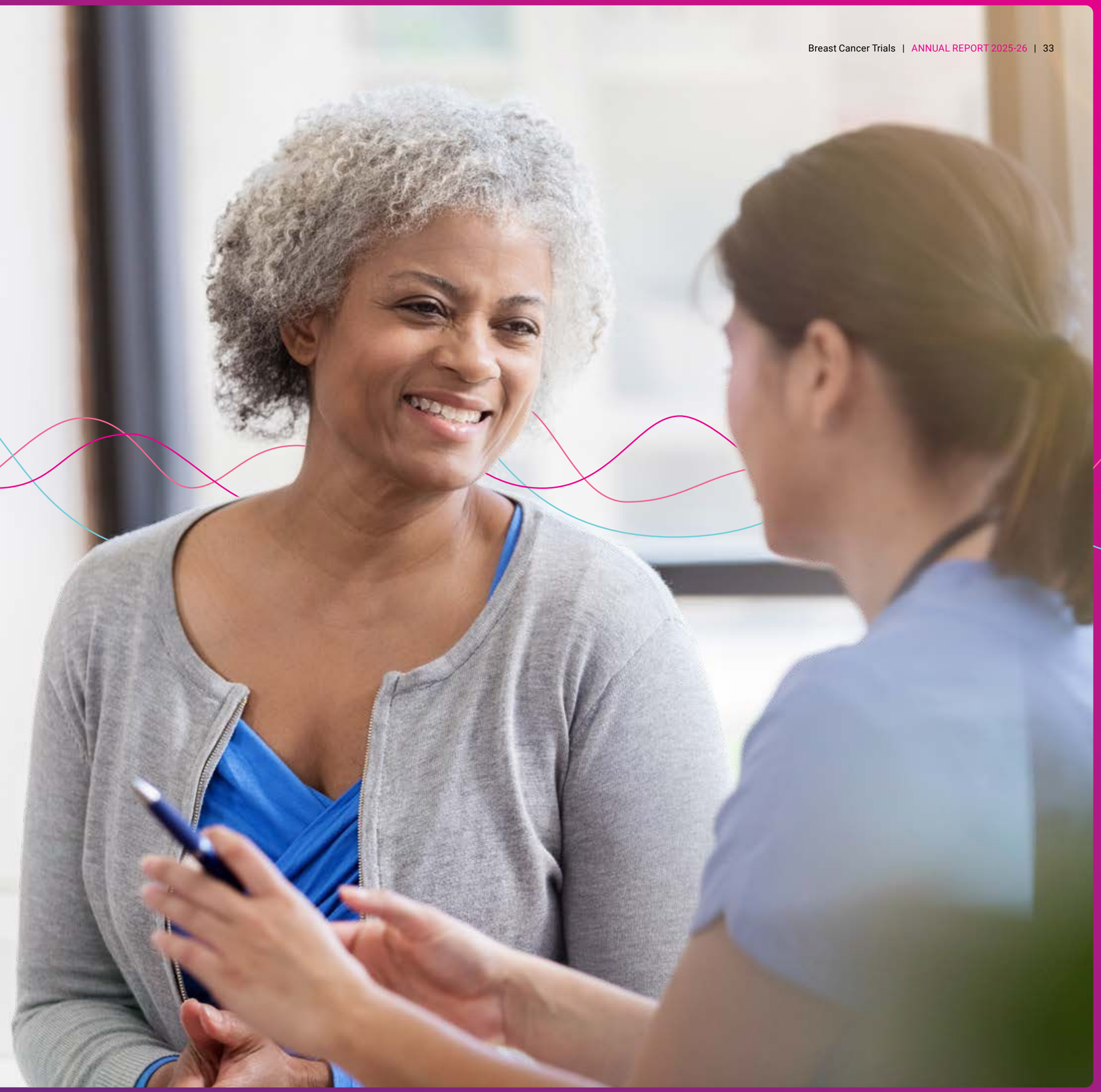
Breast Cancer Trials has contributed to more than 1,361 publications since our inception in 1978 and many of these research results have changed practice in the treatment and prevention of breast cancer.

The publication of the results of clinical trials research in a scientific journal or a periodic publication, fufils the researchers' ethical obligations to research participants and the general community, and also contributes to medical knowledge.

It enables health professionals to make scientifically valid assessments of the benefits and risks of a new medicine or treatment for their patients.

Breast Cancer Trials contributed to 27 publications in 2025/26, which consisted of:

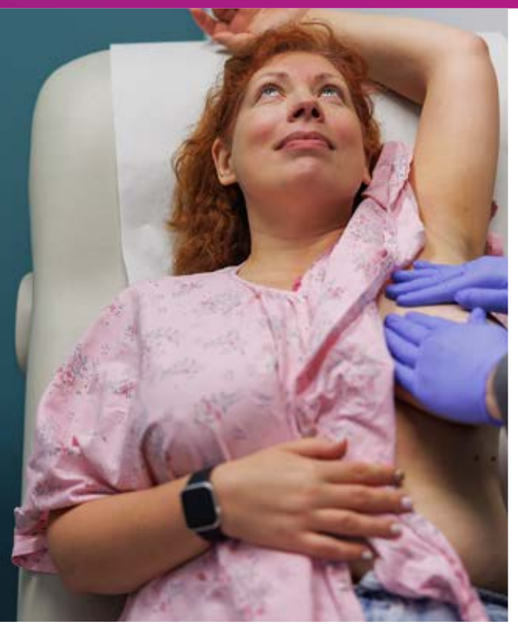
- **1** full journal article
- **11** e-publications
- **10** abstracts
- **4** presentations
- **1** poster



Research Results

Palbociclib Boosts Progression-Free Survival in Triple-Positive Breast Cancer

The survival chances for women with 'triple-positive' breast cancer increase significantly with the addition of a drug called palbociclib, which compromises cancer cells' ability to divide and multiply.



The international PATINA trial, published in the *New England Journal of Medicine* in January 2026, involved 518 women with triple-positive breast cancer – cancers which express oestrogen receptors (ER), progesterone receptors (PR) and human epidermal growth factor (HER2) – that had spread, or metastasised, beyond the breast and lymph nodes.

The standard of care for this type and stage of breast cancer is a combination of endocrine therapy drugs and HER2-directed therapies, such as pertuzumab and trastuzumab.

The aim of the PATINA trial was to see if there could be additional benefits from adding another drug – palbociclib – to that regimen. Palbociclib inhibits the action of proteins that are critical for cancer cell growth, and previous studies had shown positive effects in women with ER-positive, HER2-negative breast cancer.

"In terms of targeting the oestrogen receptor, one analogy is that endocrine therapy is akin to Batman and palbociclib is akin to Robin; the sidekick that works together with endocrine therapy to make it better and more effective," said Professor Elgene Lim, a medical oncologist and researcher at the Garvan Institute of Medical Research in Sydney, who was the lead Australian investigator on the PATINA trial.

The results were impressive. Women who were treated with the standard oestrogen-suppressing and HER2-targeting therapies achieved an average of 29.1 months without their disease getting any worse, but those who were also given palbociclib achieved an average of 44.3 months without progression. For some women, that meant their disease remained stable but others saw their tumours shrink, in some cases to the point where the cancer was no longer detectable.

Professor Lim said 44 months without disease worsening was impressive. "This is an undoubtedly a success, and undoubtedly a benefit to these patients, because of that significant improvement in terms of progression-free survival," he said. "We've rarely seen a situation where we've had this average duration of progression-free survival in any cancer in the metastatic setting."

Around 10 percent of the women in the study were based in Australia and some were Professor Lim's patients. While the study itself only required five years of palbociclib treatment, around 28 percent of the women in the palbociclib treatment group chose to stay on the treatment. "Many patients of mine are still doing well after five years," he said.

Publication:

Metzger O, Mandrekar S, Goel S, Gligorov J, Lim E, Ciruelos E, Loibl S, Dockter T, Gonzalez Farre S, Francis PA, Lynce F, Lanzillotti J, DuFrane C, Wall A, Strand C, Krop I, Vaz-Luis I, Tripathy D, oi S, Prat A, Goetz M, Escriva-de-Romani S, Porter D, Spoenlein J, Stover DG, Sardesai S, Heudel P, Koehler M, Huang Martlett C, Hoynskyj A, Gopalakrishna P, Gauthier E, Delaloge S, Miller K, Winer EP, Gianni L, Partridge AH, DeMichele A, Carey LA. Palbociclib for Hormone-Receptor-Positive, HER2-Positive Advanced Breast Cancer. New England Journal of Medicine 2026; 394 451-462 DOI: 10.1056/NEJMoa2511218.

MRI Guides Better Treatment Decisions for Breast Cancer

The use of magnetic resonance imaging to examine newly diagnosed breast cancers provides valuable information that can change treatment, particularly in younger women with denser breasts, an Australian study has found.

Cancer surgeon Professor Christobel Saunders, from Royal Melbourne Hospital and the Peter MacCallum Cancer Institute, has spent years pushing for Australian women to have the option of a Medicare-subsidised MRI as part of their initial cancer diagnosis.

"It was particularly frustrating that you could get an MRI of your knee if you fell over playing football on a Saturday and have it funded, but if you had breast cancer, you couldn't get an MRI," Professor Saunders said.

Now Professor Saunders and colleagues have completed a prospective trial involving 387 women from across NSW, Victoria and Western Australia, all of whom had been diagnosed with breast cancer using conventional methods but who clinicians felt would also benefit from having an MRI to guide treatment.

The study, published in the *Medical Journal of Australia* in November 2025, showed that in just over half of cases, the information provided by the MRI led to a change in the breast cancer treatment plan.

In 31% of cases, the MRI results prompted a change in surgical strategy, many from breast conserving surgery to mastectomy. The rate of mastectomies almost doubled after the MRI results were reviewed by surgeons, from 15% of women to 28%.

"Most of that increased extent of surgery was justified, at least as far as we could tell from looking at the pathology reports," Professor Saunders said. "In other words, the tumours were truly larger tumours or multifocal tumours."

The study also revealed that the majority of changes in surgical management occurred in women under the age of 70, which Professor Saunders says reflects the fact that older women tend to have less dense breasts that can be more clearly imaged using conventional mammograms, and who therefore aren't likely to benefit from the additional MRI.

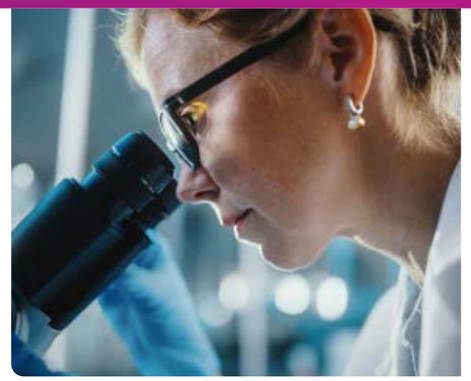
Another aim of the study was to examine who doctors chose to recommend for an MRI and why. Researchers saw that the most common reason for MRI was high breast density, which can make cancers harder to image using conventional methods. Other common reasons for recommending MRI were if the doctor noted a difference in tumour size from previous imaging, if the woman had multiple tumours, or if she was under 50 years of age.

Women overwhelmingly were satisfied with the additional test, which gave them greater confidence in treatment decisions, Professor Saunders said. "We hope now that the government will continue to support MRI for women newly diagnosed with breast cancer going forward."

Publication:

Marinovich ML, Houssami N, Spillane A, Mann GB, Taylor D, Reintals M, Phillips N, Bulsara MK, Soon PSH, Dickens T, Saunders CM. Changes in patient management after preoperative MRI for newly diagnosed breast cancer: a multicentre prospective observational study. Medical Journal of Australia. 2025; 223 (11) 602-610 epub 24 Sept 2025. doi: 10.5694/mja2.70051.

Research Results



Study Hints at Immunotherapy Benefit for Trastuzumab-Resistent HER2-Positive Breast Cancer

The addition of immunotherapy drugs to the treatment regimen for advanced HER2-positive breast cancer, may improve progression-free survival in women with oestrogen receptor-positive disease or with tumours carrying an immune protein called PD-L1.

Speaking at the European Society for Medical Oncology conference in May 2025, researchers presented early results from the DIAmOND study, which explored the effects of adding two types of checkpoint inhibitor drugs to standard treatment with trastuzumab; a drug commonly used to treat HER2-positive breast cancer.

The Australian study enrolled 72 patients with advanced HER2-positive breast cancer, whose disease was progressing despite treatment, and divided them into three treatment groups.

Two groups – one consisting of people with oestrogen receptor-positive (ER+) disease and one consisting of those with oestrogen-receptor negative (ER-) disease – received a combination of two checkpoint inhibitors, tremelimumab and durvalumab, plus trastuzumab.

The third group of people with ER+ or ER- disease received an initial single dose of tremelimumab, then continued treatment with durvalumab and trastuzumab.

At one year, those who received the initial priming dose of tremelimumab had the highest rate of progression-free survival, at 27%, followed by women with ER+ disease at 16%. However, in women with ER- disease, progression-free survival rates were just 8%.

The results also suggested that the immunotherapy approach was more effective in women with PD-L1+ disease, as progression-free survival rates were highest – 67% – in women with cancer that was both ER+ and PD-L1+.

Checkpoint inhibitors have been extraordinarily effective in treating lung and skin cancers, because they remove the tumour's blockade of the immune system, and therefore allow it to attack the tumour.

Tremelimumab and durvalumab achieve this through different modes of action. Durvalumab interacts with the PD-L1 protein that is found on the surface of cancer cells, while tremelimumab targets another tumour protein called CTL-4, which works to suppress the immune response to the tumour. Researchers hoped that the combination of the two approaches would be more effective that one or the other by themselves.

Checkpoint inhibitors are associated with known side effects. Around two-thirds of those in group one and group two experienced severe adverse events, but the rate of severe events was slightly lower in the third group who received the initial priming dose of tremelimumab.

While the study is small, and the numbers of individuals in each treatment group even smaller, the researchers said the results suggest that targeting both CTLA-4 and PD-L1 with immunotherapy does have an effect in women with disease that was progressing despite trastuzumab therapy.

"Promising signals were seen in ER-positive and PD-L1 positive patients, and further investigation of dual checkpoint blockade plus HER2-targeted therapies is warranted," they wrote.

Publication:

Loi S, Zdendowski N, Gebski V, Li I, Wilcken N, Morris M, Vatandoust S, Redfern AD, Blum FH, Stoodley I, Long S, Hay T, Hui R. Primary efficacy results of tremelimumab and durvalumab in combination with trastuzumab in trastuzumab resistant advanced HER2-positive breast cancer: BCT1703 DIAmOND. ESMO Open 2025; 10 (suppl 4) DOI: https://doi.org/10.1016/j.esmoop.2025.104873 301MO.

Breast Cancer Recurrence Risk Drops Significantly if Hormone Therapy Extended Beyond Five Years

People with oestrogen receptor-positive breast cancer who extend their hormone-blocking therapy treatment beyond the standard five years by switching to, or continuing treatment with an aromatase inhibitor drug, could further reduce the risk of their cancer returning.

In August 2025, the international Early Breast Cancer Trialists' Collaborative group published a meta-analysis in the Lancet, in which they combined and analysed the data from 12 randomised controlled trials involving more than 22,000 postmenopausal women with hormone-sensitive early stage breast cancer.

All women already had at least five years of hormone-blocking therapy with either tamoxifen or another class of drugs called aromatase inhibitors, and were cancer-free at the entry to the study. The meta-analysis then looked at what happened to women who continued their treatment beyond five years compared to those who didn't. Researchers saw a significant benefit from continuing treatment for up to an extra five years, and particularly if that continued treatment was with an aromatase inhibitor.

The greatest benefits were seen in women who had previously received five years of tamoxifen therapy then switched to an aromatase inhibitor for a further one to four years of treatment. Their relative risk of recurrence in those one to four years was almost halved compared to the risk in women not taking any continued hormone blocking therapy.

In women who were originally treated with aromatase inhibitors, a further five years of the same treatment reduced their risk of recurrence by 26% compared to those who didn't continue treatment. Even taking the additional aromatase inhibitor therapy for two to three years reduced the risk of recurrence.

Medical oncologist Dr Nicholas Zdenkowski, Chair of the Breast Cancer Trials Scientific Advisory Committee, said it was important to show a benefit from extended therapy, to enable decisions in the clinic at the five-year mark to allow clinicians and patients to understand options to minimise recurrence risk.

There needs to be a shared decision-making approach to weigh up the pros and cons, he said, because of the side effects that may be experienced with aromatase inhibitor treatment, which include hot flushes, insomnia, vaginal dryness, fatigue, bone density loss and arthritis.

"We need to make sure that if we're going to offer these patients treatment for longer than five years, that we're benefiting them in doing so," Dr Zdenkowski said. "This shows that an additional five years beyond their standard five years achieves a statistically significant improvement in disease-free survival, irrespective of their baseline risk."

The benefit of extended treatment was even greater among women with a higher risk of recurrence at the start of the study because their cancer had already spread to the nearby lymph nodes.

"If they've got higher risk node-positive disease, and there's more a 5% absolute difference in benefit, then they may be more motivated to continue despite the side effects," Dr Zdenkowski said.

Publication:

Early Breast Cancer Trialists Collaborative Group (EBCTCG). Extending the duration of endocrine treatment for early breast cancer: patient-level meta-analysis of 12 randomised trials of aromatase inhibitors in 22031 postmenopausal women already treated with at least 5 years of endocrine therapy. The Lancet. 2025; 406 (10503) 603-614 epub 7 August 2025.

Research Results

FINER Study Points to Benefits from Ipatasertib in Treatment-Resistant Hormone Sensitive Breast Cancer

For people with hormone-receptor-positive breast cancer, whose disease has spread despite treatment with hormone-blocking therapy, the standard treatment approach so far has been simply to continue with different forms of hormone therapy.

Now a study suggests that also targeting a key cell-growth pathway with a drug called ipatasertib in these patients, could achieve significant improvements in progression-free survival compared to hormone therapy alone.

One of the mechanisms by which breast cancers develop resistance to hormone therapy is mutations in gene coding for the PI3K/AKT pathway, which is a cell signalling pathway essential for cell growth. Dysfunctions in this pathway are implicated in a range of diseases including cancer.

Ipatasertib is an AKT inhibitor, which means it specifically targets the same AKT pathway in cancer cells and disrupts it, which stops cancer cells from replicating.

The FINER study involved 250 people from Australia, Canada and New Zealand with oestrogen receptor-positive, HER2-negative breast cancer. All those in the study had already received treatment with the standard dual therapy of a CDK4/6 inhibitor plus an aromatase inhibitor, but their cancer had spread.

The participants were randomised to either receive treatment with ipatasertib plus the standard hormone therapy drug fulvestrant, or fulvestrant plus a placebo. After around 15 months of follow-up, researchers found evidence suggesting that the ipatasertib therapy was significantly slowing down progression of the cancer.

Those who were treated with ipatasertib plus fulvestrant had a median of 5.3 months before their disease progressed, compared to a median of 1.9 months in the group treated with fulvestrant only.

Researchers also looked at a subset of participants whose tumours showed evidence of having a mutation in the AKT pathway, and compared their outcomes after ipatasertib treatment with those of participants without those mutations. This revealed that the AKT pathway altered patients had a median of 5.45 months before their disease progressed, compared to 1.9 months in the unaltered group.

There was a higher rate of side effects in the ipatasertib group, with 16% of patients experiencing diarrhoea compared to none of the placebo group, 3% experiencing fatigue, 2% experiencing vomiting, and 2% reporting rash.

The research team said the results suggest that adding ipatasertib to standard therapy for this patient group significantly prolongs progression-free survival compared to standard therapy alone, but more follow-up and analysis is needed to understand the longer-term effects, and how the combination works with different breast cancer subtypes.

Publication:

Chia SKL, Redfern AD, Ayoub J-BM, Chalchal HI, Rayson D, Rushton M, Desbiens C, Sabanathan D, Raphael J, Chan A, Singh J, Simmons CE, Zdenkowski N, Wilson S, Rodin D, Cescon DW, Schimmoller F, Gallinaro L, Chen BE, Paralekar WR. A double-blind placebo controlled randomized phase III trial of fulvestrant and ipatasertib as treatment for advanced HER2-negative and estrogen receptor positive (ER+) breast cancer following progression on first line CDK 4/6 inhibitor and aromatase inhibitor: The CCTG/BCT MA.40/FINER study (NCT04650581). Journal of Clinical Oncology. 2025; 43 (suppl 17). Abstract LBA1005.

Palbociclib Shows No Difference in Quality of Life in Early-Stage ER-Positive Breast Cancer

A study finding a lack of benefit from palbociclib in women with earlier stage oestrogen receptor-positive breast cancer, sheds important light on the drug's place in breast cancer treatment.

Palbociclib is a CDK4/6 inhibitor, which compromises cancer cells' ability to divide and multiply. It has been trialled successfully in people with metastatic oestrogen receptor-positive, HER2-positive breast cancer, in whom it was shown to significantly slow down cancer progression.

The PALLAS study investigated whether adding palbociclib to standard hormone-blocking endocrine therapy might improve the effectiveness of endocrine therapy and also maintain quality of life for women with early-stage breast cancer.

This analysis, published in ESMO Open in June 2025, looked at data from nearly 4700 women with ER-positive, HER2-negative stage 2-3 breast cancer to receive either standard hormone blocking therapy plus palbociclib, or hormone blocking therapy alone.

By the end of study however, researchers saw no significant differences between the two groups in invasive disease-free survival, nor in a range of quality of life measures including pain, fatigue, hot flashes, and hair loss.

Medical oncologist Dr Nicholas Zdenkowski, Chair of the Breast Cancer Trials Scientific Advisory Committee – who was on the steering committee for the trial – said the lack of benefit from palbociclib stood in contrast to positive results for two other similar agents, ribociclib and abemaciclib.

"There's been a lot of thought put into why there might be a difference with palbociclib versus the others," he said, but as yet that question is unanswered.

While the overall results of PALLAS found no clinically significant improvements in symptoms and quality of life with palbociclib, there were trends that suggested some effects from the drug. Among women treated with palbociclib, the worsening of pain – particularly musculoskeletal pain – was delayed compared to those not on palbociclib, although those on the drug also experienced slightly more fatigue and hair loss.

"The pain that is being discussed here is of musculoskeletal or arthritis-type pain that we commonly see with the aromatase inhibitor treatment, which is one of the types of standard endocrine therapy that we use," Dr Zdenkowski said. "So we've seen an attenuation of that, and it's not because it's reducing the anti-cancer effect of those drugs."

Understanding why this class of drug might reduce some of the impact of endocrine therapy side effects could provide insight into how patients could stay on endocrine therapy longer, as these side effects are often a reason why patients stop treatment early.

"By identifying ways of either managing those side effects or potentially coming up with new treatments that have fewer side effects, if we can keep patients on it and optimise their quality of life, then they'll have better outcomes," Dr Zdenkowski said.

Publication:

Bjelic-Radisic V, Solkner L, Demichele A, Naughton M, Lemieux J, Zdenkowski N, Ruiz Borrego M, Mao J, Shinn E, Singer CF, Meisel J, Chan A, Iwata H, Mamounas T, Loible S, Gauthier E, Dueck A, Hlauschek D, Mayer E, Gnant MI, on behalf of the PALLAS groups and investigators (ABCST, AFT, BIG, PReCOG, GBG, NASBP). Relationship between physician-graded symptomatic adverse events and patient-reported quality of life (QOL): An analysis of the phase III PALLAS trial. ESMO Open. 2025; 10 (4 suppl) DOI: https://doi.org/10.1016/j.esmoop.2025.104879 Abstract 307P.

Our Donors

We are extremely grateful for the Breast Cancer Trials (BCT) giving community. Your generosity, loyalty and belief in our mission continue to underpin everything we do. Whether you have individually supported us for decades, brought together a group of people, or are an organisation fostering a giving culture. Your contribution is deeply valued and plays a vital role in driving forward lifesaving breast cancer research.

The strength of our relationship with donors remains one of BCT's greatest privileges. We are continually moved by the personal stories shared with us; stories of love, loss, hope and determination. Understanding why you choose to give fuels our commitment, reminding us daily of the impact these clinical trials can have and inspire us to keep pushing forward.

This year, we were proud to welcome thousands of new supporters into the BCT community, alongside acknowledging the extraordinary generosity of long standing donors, including hundreds who have given for more than 20 years. Our supporters provide essential continuity for our research funding and strengthening a movement united by purpose and hope.

Associate Professor Jacquie Chirgwin is a supporter through Gardens of Hope.

Breast Cancer Trials supporters raised an incredible $513,487 to our tax appeal to fund our groundbreaking OPTIMA-Young clinical trial.

Study Chair Associate Professor Belinda Kiely said: "We truly couldn't run clinical trials without our incredible donors – you make everything possible. Thank you for enabling OPTIMA Young – a trial that will make a real difference for young Australians facing breast cancer."

OPTIMA-Young could help identify young people with hormone receptor positive breast cancer that need chemotherapy, as well as those who can avoid it, without compromising their survival.

"This randomised trial will help determine if genomic testing can identify young women who can do just as well with hormone blocking therapy alone—safely sparing them from the side effects of chemotherapy," said Associate Professor Kiely.

This could be life-changing for women like Angela, diagnosed at just 38. Chemotherapy saved her life but also deeply affected her health and sense of identity.

"Chemo knocked me for six. People still don't recognise me. If my story helps raise funds for research – so people like me could survive breast cancer without chemotherapy, that would be amazing."

Angela was touched by the generosity and support received from Breast Cancer Trials supporters.

She said:

"Thank you so much. I'm blown away by your generosity and compassion. Many shared personal stories or sent words of encouragement. You're all incredible and my heart is with you."

Our Donors continued

At Christmas time, our supporters contributed $337,440 to helping drive advances in breast cancer treatment for families like Bec's.

When Bec was diagnosed with breast cancer at just 42, her daughters Daphne and Dottie were just 4 and 2. Along with the shock of her diagnosis, she endured significant side effects and complications of her treatment, and as a carrier of the BRCA2 gene mutation, feared that her daughters may one day too face a breast cancer diagnosis too.

Bec expressed her gratitude to the Breast Cancer Trials supporter community, saying:

"We deeply appreciate your Christmas donation to Breast Cancer Trials. Your kindness plays an important role in advancing critical research, bringing us one step closer to better treatments, more answers and hope for families like mine. Thank you so much."

It's thanks to the generosity of our supporters that families like Bec's have hope for longer, healthier lives—and the chance to share many more Christmases together.

In 2025, the '*For Our Mums*' Giving Day was held again in May, which saw our incredible community come together and raise over $244,706 in one day.

This is a special day of the year where we all take a moment to acknowledge the impact our Mums have on our lives, and why we need to keep going to reduce instances of breast cancer so that no more lives are cut short.

Giving Day is made possible by our committed group of Matching Partners who provide a leading gift. This generosity creates groundswell within the community as others are inspired by their leadership and provide a donation.

This incredible boost to research funding is helping mums like Laura, who is participating in a breast cancer clinical trial after her shock breast cancer diagnosis, when her daughter was just six years old.

She said:

"Today, I just choose to be happy. To be present and live in the moment. I also want to be hopeful that with all the trials and medical advancements that, who knows, one day there might be a cure."

Through the stories you share, we remember all those who have lost loved ones to breast cancer this year.

We are inspired by the strength shown by friends and family who, following a significant loss, continue to contribute towards finding a cure through fundraising and awareness activities.

We are sincerely grateful for donations received in memory of loved ones, and we acknowledge the many kind and generous people who have left a legacy for future generations by including a gift to Breast Cancer Trials in their will. Thank you.

The Late Elise Baldwin

The Late Corinna Pearl Pereira

The Late Anneliese Jenny Hedwig Hirsch

The Late Anna Binko

The Late Thomas Herbert Schell

The Late William R Bradford

The Late Linda Kenny

Our Fundraisers

We thank our incredible fundraising community for the passion, creativity and commitment shown throughout the year. Supporters across Australia rallied together to bring events to life, from the return of 100kms in July, Big Bold Swim and Tee Off for Breast Cancer Trials, to the launch of our first ever Pink Bloom Party.

Whether stepping out in sneakers or swim caps, teeing off at local clubs, or hosting their own fundraisers for family, friends and colleagues, our community demonstrated the power of coming together for a shared cause. Record participation helped raise vital funds to advance our clinical trials research. It was a joy to receive photographs, watch the buzz of activity on our social networks and be there in person to support the hard work and dedication of our fundraisers.

$2,058 RAISED

Pink Bloom Party

October was bursting with colour, connection and community spirit as over 200 supporters across Australia held Pink Bloom Parties for Breast Cancer Awareness Month.

From backyard brunches to office morning teas and floral festivities, our incredible supporters showed up for people facing breast cancer and had a blooming good time doing it. Thank you to all who helped raise just over $100,000 for vital breast cancer research.

Rosslyn Lontis is surrounded by her friends and family during a Pink Bloom Party that raised **$2,058**.

$14,000 RAISED

Tee Off

Now in its 30th year, Tee Off continues to drive breast cancer research forward.

In 2025, over $280,000 was raised across 105 clubs for Breast Cancer Trials research as groups throughout Australia continue to engage with their golfing communities and friends.

We are eternally grateful to the individuals, members and everyone who annually mark this activity on the golfing calendar and brings a touch of pink to the course. It has now raised over $4 Million over 30 years since the first event.

Phillip Island Golf Club (pictured above) raised over **$14,000** during their 2025 event, bringing their grand total to $52,508 raised for Breast Cancer Trials since 2007.

$11,000 RAISED

Big Bold Swim

In February the Big Bold Swim was back and made a huge splash with 1,823 participants donning their pink swimming caps and raising just over $570,000.

We thank everyone who participated, from the social groups and swimming clubs to families and individuals who committed to the company of the black line for better outcomes for people with breast cancer. Many swimmers were going through breast cancer treatment or supporting loved ones currently going through breast cancer.

Our highest fundraiser was 23 year old Miley, whose mother was diagnosed with Triple Positive Breast Cancer in late 2025. Miley's Mum, Amanda, was undergoing active treatment whilst Miley swam 15km across the month of February and they raised over **$11,000**; which is truly incredible.

$6,000 RAISED

100km in July

July marked the return of the 100km in July Challenge, which saw 6,534 people committed to walking 100kms during the month.

With every step they took they inspired their friends and families to donate raising a staggering $615,000 for our research, bringing hope to those impacted by breast cancer. Our amazing supporters have now raised just over $2 million with this challenge since its launch in 2023.

Inspirational people like Bec Pickering raised just over **$6,000** in the July Challenge. Pictured above with her mum who joined her on the first day of the walk. Bec's mum is a 16-year breast cancer survivor, and incredibly Bec was in the last 5 weeks of treatment during the walk. What a courageous pair!

There are many Pink Champions who bring their own style and purpose to fundraising for Breast Cancer Trials and we appreciate and enjoy watching your passion for finding a cure flourish. Thank you for everything you do.

$9,500 RAISED

Tracey Laverick raised almost $9,500 through various fundraising activities including the Big Bold Swim and Pink Bloom Party whilst undergoing treatment for breast cancer.

Pictured is Tracey with her mum and two sisters, one of whom has recently been diagnosed with DCIS. We are so grateful Tracey for your ongoing commitment to Breast Cancer Trials, and we wish your sister nothing but the best for her ongoing treatment.

Our Fundraisers continued

Kristy Cooper raised over $2,000 as a Charity Super Star during Run Melbourne.

Pictured right, Kristy was diagnosed at just 42 years young. The dedication and determination you have are a fine example for your two beautiful children. We are so appreciative of your support. Congratulations on the run!

A staple in the Christmas stocking for over 9,000 women across Australia, the 2026 edition of The Australian Women's Health Diary had another successful year raising net funds of over $774,000.

The diary is littered with expert advice, providing readers with valuable information on how to maintain a healthy and active lifestyle.

This would not be possible without our loyal and growing customer base, many of whom have been buying the diary for over 20 years. Without this loyalty, many of our Breast Cancer Trials programs would not be sustainable and is why we are already preparing for the 2027 edition.

Special thanks to the incredible team at The Australian Women's Weekly who help guide us and produce every edition, and to our dedicated team who spend countless hours ensuring that the diary maintains relevance for all women. We also thank our distribution partners – newsagents nationally, Woolworths and Australia Post.

Newy Sandrays swimmers make a splash

On a balmy summers morning, a group of over 50 swimmers turned their regular dip at Newcastle beach into a sea of pink to raise vital funds as part of our Big Bold Swim.

Led by Captain Joe Clayton, who unfortunately lost his mother to breast cancer when he was 19 years of age, the group were active contributors to the program and will be looking to grow the Sandrays group in years to come.

"In a wonderful circle-of-life coincidence, the date chosen for the swim by Breast Cancer Trials, February 17, was my mother's birthday, so it will be lovely to honour her in this way."

We thank Captain Joe and the Sandrays for welcoming BCT into the community and being incredible spokesperson across all forms of local Newcastle media.

Race For A Cure gets the win

It was an incredible celebration over the Easter weekend, after 10 years of hard work raising funds for Breast Cancer Trials and racing in Bathurst, the Kavich family and Team Thryv Race For A Cure won the Bathurst 6 hour for the first time.

After Toula Kavich was diagnosed in 2016, Ben and Michael turned their passion for motorsport into a platform for purpose and with this victory have raised over **$300,000** for which we are truly grateful. Our whole community was behind you during that unforgettable race, congratulations.

Our Corporate Partners

It was encouraging to see growth in our corporate relationships this year, with teams across organisations getting involved in Breast Cancer Trials (BCT) community events such as the Big Bold Swim and 100km in July. Many are using these programs to rally their colleagues and build camaraderie for a greater cause, especially as so many workplaces have been impacted by breast cancer. We are deeply grateful for your support and look forward to welcoming more of your staff, customers and families in the years ahead.

The Newcastle corporate community got behind the NRLW for Magic Round.

For the first time, BCT was proud to be a charity partner of the NRLW Magic Round, when all NRLW teams played in Newcastle at McDonald Jones Stadium. Despite challenging weather conditions, we were incredibly grateful for the sponsorship support from local businesses, who not only contributed financially but also helped spread the word about the impact of our work. To each of our sponsors, thank you for backing our mission and helping bring lifesaving breast cancer clinical trials to more Australians.

- Lake Macquarie Private Hospital
- GenesisCare
- Hunter Imaging Group
- Commercial Collective
- Molycop

Australian Women's Weekly Diary

It takes a community to bring our diary to life – not only to produce the pages and content, but also to share the message far and wide. It is always a privilege to work with each organisation and its people, and we are grateful for the opportunities you create through your networks and the extra time and care you give. Thank you to the many organisations who support us each year, including:

- Are Media (including Australian Women's Weekly), Essence MediaCom, Interflora
- oOh! Media, OA Collective, QMS, Cartology, Go Transit, JCDecaux, Torch Media, Alliance Outdoor
- Nine, Nine/WIN, Seven, Network 10 (including Regional 10), Paramount, Paramount ANZ, Prime
- Val Morgan, SBS Radio and TV, Foxtel, Sky Racing
- ATN Network, Australian Radio Network, Southern Cross Austereo, NBN, Imparja
- Mamamia, News Corp, Yahoo, Daily Mail, Australian Community Media, Intouch Magazine, Reader's Digest, Women's Network Australia, FutureNet Publications

Breast Cancer Trials was proud to be a charity partner for the first ever NRLW Magic Round.

Board of Directors

Our Board brings together a diverse range of expertise, experience and perspectives, united by a shared commitment to improving the lives of people affected by breast cancer. Through strong governance, strategic guidance and careful stewardship of the organisation, the Board supports Breast Cancer Trials to advance innovative clinical research, maintain financial sustainability, and deliver lasting impact for patients, researchers and the broader community.

Ms Karen Price (CEO), Professor Andrew Spillane, Associate Professor Nicole McCarthy, Professor Sunil Lakhani (Chair), Associate Professor Andrew Redfern, Mrs Fiona McPhee and Dr Sheridan Wilson.

Professor Sunil Lakhani

Professor Sunil Lakhani is the Chair of the BCT Board of Directors.

Professor Sunil Lakhani was elected to the Breast Cancer Trials (BCT) Board of Directors in July 2017 and was appointed Chair of the Board in September 2021. He is Senior Staff Specialist at Pathology Queensland, Senior Pathologists at Sullivan Nicolaides Pathology and Group Leader, Centre for Clinical Research, University of Queensland, Brisbane, Australia.

He is a clinical diagnostic pathologist and works with a research team comprising scientists and clinicians, ensuring a translational focus to the program. His current research interests include lobular carcinoma and its variants, metaplastic carcinoma and mechanisms and therapeutic developments of brain and distant metastases. He is study pathologist and member of steering and translational committees for the OlympiA clinical trial (PARPi Olaparib in BRCA1/2 early breast cancers).

He was Series Editor of the 4th Edition WHO Tumour Classification Monographs, Volume Editor of the WHO 4th Edition Tumours of the Breast (2012), standing member of the Board for the WHO 5th Edition (2017-2021) and Expert member for the Tumours of the Breast 6th Edition.(2025-26)

He is the recipient of the Distinguished Pathologist Medal, International Academy of Pathology (2015); the BCT's Robert Sutherland Award for Excellence in Translational Research (2016); The Distinguished Fellow Award, The Royal College of Pathologists of Australasia (2017), William O Russell and Joanne Vandenberg Award, MD Anderson Cancer Centre (2017) and The William L. Gerald Award, Memorial Sloane Kettering Cancer Center, New York USA (2021). He is the first recipient of the combined Bruce Cain / A.B.Pearson Award from NZ Societies of Oncology & Pathology (2023). In 2025, he received the AMA Queensland Excellence in Healthcare Award and The Royal College of Pathologists (RCPA) Special Service Award.

In 2017, he was elected Fellow of the Australian Academy of Health and Medical Sciences.

Board of Directors continued

Mr Luke Bugden

Mr Luke Bugden was appointed to the BCT Board of Directors in October 2019 and is the Chair of the Finance, Risk and Audit Committee.

Luke is a Partner of a large professional services firm, with over 24 years of experience providing advice to a wide range of public and private entities in a number of different sectors, including infrastructure, manufacturing, utilities, financial services, services, not-for-profit and pharmaceutical. He also worked in New York where he advised a number of foreign investors investing into Australia.

Mr Bugden has extensive experience advising clients on a range of issues including capital management opportunities, financing arrangements and corporate governance. He is a Graduate of the Australian Institute of Company Directors (GAICD) and holds a Bachelor of Commerce (Accounting and Finance) and is a member of the Chartered Accountants of Australia and New Zealand (CA).

Professor Sherene Loi

Professor Sherene Loi is a Medical Oncologist specialised in breast cancer treatment as well as a clinician scientist (group leader) with expertise in genomics, immunology and drug development at the Peter MacCallum Cancer Centre, Melbourne, Australia. She is recognised internationally as a leading clinician scientist whose work has led to new insights into the breast cancer immunology field as well as leading international clinical trials in breast cancer immunotherapy.

To date, she has published over 360 peer reviewed research articles with a lifetime H index of >123. Her recent work has been highly influential: she has been ranked in the top 1% of highly cited researchers globally by the Web of Science since 2018. In 2023 she was named Australia's top researcher in Oncology by the Australian Newspaper. She Co Chairs the International Breast Cancer Study Group (IBCSG) based in Bern, Switzerland, one of the largest global academic breast cancer trial cooperative groups, as well as the Kathleen Cunningham Familial Research Consortium. She is a current holder of the Inaugural National Breast Cancer Foundation (NBCF) of Australia Endowed Chair and in 2021 received the Prime Minister's Frank Fenner Prize for Life Scientist of the Year.

Professor Loi completed her term on the board during the reporting period.

Associate Professor Nicole McCarthy

Associate Professor Nicole McCarthy was elected to the BCT Board of Directors in July 2025.

Associate Professor Nicole McCarthy obtained her medical degree through the University of Queensland in 1990. She underwent her internal medicine and medical oncology training in Brisbane and was awarded her Fellowship of the Royal Australasian College of Physicians in 1998.

To further advance her academic career, Associate Professor McCarthy joined the National Cancer Institute (Bethesda, MD, USA) Medical Oncology Fellowship program from 1998 – 2001. During her fellowship her main interests included clinical trials and translational research investigating new drug treatments for breast cancer, in particular inflammatory breast cancer and anti-angiogenesis agents. She also completed a Masters in Health Sciences in Clinical Research through Duke University and her thesis focused on autologous stem cell transplant and immune reconstitution in patients with metastatic breast cancer.

Associate Professor McCarthy spent two years in Auckland and was the recipient of the Breast Cancer Research Trust Fellowship Grant. Associate Professor McCarthy returned to Brisbane in January 2006 and has remained focused on clinical trials research.

Associate Professor McCarthy is the Past Chair of the Breast Cancer Trials Medical Oncology Craft Group and is a past member of their Scientific Advisory Committee. She is a member of the BCT Systemic Therapy Subcommittee. Associate Professor McCarthy has been a past member of the ICON Research Foundation Board and currently sits of the ICON Research Committee. Her other clinical and research interests include management of gynaecological cancers and sarcomas. Associate Professor McCarthy sits on several national advisory boards and guideline groups and has a close involvement with the Choices Program

Associate Professor McCarthy's work has been published in leading journals and she is an investigator on several grants including NHMRC and Queensland Cancer Council. Since September 2009, Associate Professor McCarthy has held a position as Associate Professor in Medicine with the University of Queensland.

Board of Directors continued

Mrs Fiona McPhee

Mrs Fiona McPhee was appointed to the Board in October 2019 and is a member of the Communications and Fundraising Committee.

She is the Co-Founder and Head of Insights for Australasia's leading fundraising analytics and benchmarking programme, and a Consulting Director with a global nonprofit leadership accelerator. Fiona works with for purpose leaders, boards and fundraising teams across Australasia and internationally on revenue and fundraising strategy, data analytics, organisational culture and leadership development.

Fiona is a sought-after trainer and presenter who speaks regularly on organisational culture, strategy, analytics and fundraising topics at national and international conferences. She sits on several nonprofit boards and brings to her governance roles deep expertise in fundraising performance measurement and what drives sustainable income growth in the for-purpose sector.

She has completed the Australian Institute of Company Directors Company Directors Course, is a Fellow of the Fundraising Institute Australia, a Fellow of the Fundraising Institute New Zealand, and is member of the Chartered Institute of Marketing.

Associate Professor Andrew Redfern

Associate Professor Andrew Redfern was elected to the BCT Board of Directors in July 2025.

Associate Professor Andrew Redfern is Associate Professor of Medical Oncology at the University of Western Australia, Associate Director for Clinical Strategy at the Harry Perkins Institute of Medical Research, Group Leader of the Perkins Translational Oncology Laboratory, Consultant Medical Oncologist at the Fiona Stanley Hospital, Perth, and Principal Medical Advisor of Linear Clinical Research specialising in early phase human trials.

Beyond a clinical practice treating breast and urological cancers, he is principal investigator for a range of clinical trials across all phases and has a portfolio of translational research initiatives. His research interests centre around growth signalling and mechanisms of chemotherapy and hormone therapy resistance in cancer, differentiation and EMT in cancer progression, tumour-stroma interactions and Indigenous cancer biology.

Professor Andrew Spillane

Professor Andrew Spillane was elected to the BCT Board in July 2021 and is a member of the Finance, Risk and Audit Committee.

Professor Andrew Spillane is a Professor of Surgical Oncology at The University of Sydney. He specialises in the surgical management of breast cancer and melanoma. Professor Spillane is a senior VMO surgeon at the Mater North Sydney and Royal North Shore Hospitals.

He is a member of the BCT Scientific Advisory Committee (SAC) and BCT Very Early Breast Cancer subgroup. He is past President of BreastSurgANZ and a Board Member and Faculty Member of Melanoma Institute Australia. He is an ex and was a founding Board Member and Deputy Chair of MASC trials. He is a member of the BCNA Medical Advisory Committee.

Professor Spillane is recent ex Breast sub-editor for the ANZ Journal of Surgery, and an editorial board member of the Annals of Surgical Oncology and the Journal of Surgical Oncology. He is founding co-director and malignant disease unit study co-ordinator of the University of Sydney's Graduate Certificate in Advanced Breast Surgery.

Andrew's research interests include neoadjuvant therapy, surgical clinical trials, promoting involvement of surgeons in multidisciplinary clinical trials, issues around quality assurance in surgery, and safe introduction of new surgical techniques and safe de-escalation of surgery.

He is involved in clinical and translational research on aspects of breast cancer and melanoma research including trial management committee of the multiple international trials . He has been an author on about 370 peer reviewed publications and co-authored 4 book chapters and chief investigator on multiple NHMRC and MRFF grants.

Board of Directors continued

Associate Professor Nicholas Wilcken

Associate Professor Nicholas Wilcken was elected to the Breast Cancer Trials Board of Directors in July 2016 and was a member of the Scientific Advisory Committee.

He was the Chair of the BCT's Scientific Advisory Committee from 2011 to March 2017. Associate Professor Wilcken is the Director of Medical Oncology at the Crown Princess Mary Cancer Centre Westmead, and Associate Professor of Medicine at the University of Sydney.

His clinical interests are mainly in breast cancer and his research interests include systematic reviews and breast cancer clinical trials. He is currently the Co-ordinating Editor of the Cochrane Collaboration's Breast Cancer Group. He has been an invited expert panel member for previous St Gallen Early Breast Cancer Consensus Conferences in Switzerland and is a member of the Steering Committee of the Early Breast Cancer Trialists' Collaborative Group, based in Oxford, UK.

Associate Professor Wilcken completed his term on the board during the reporting period.

Mrs Larrisa Wiloughby

Mrs Larissa Willoughby was appointed to the BCT Board of Directors in April 2023.

Mrs Larissa Willoughby is a Director and Principal at Australian Environmental Auditors (AEA), with over 30 years of experience providing advice to public and private entities in relation to site contamination and managing risk to human health and the environment.

Larissa has a lived experience of breast cancer, being diagnosed in 2012, and is a confirmed BRCA1 gene mutation carrier. Having completed chemotherapy, bi-lateral mastectomy and reconstruction, she has also participated in research feedback on post-reconstruction outcomes.

As a graduate of the Australian Institute of Company Directors, she is passionate about being a director on a board where she can apply her professional experience in risk management, governance and auditing, combined with her lived experience as a BRCA1 gene carrier and breast cancer survivor.

Dr Sheridan Wilson

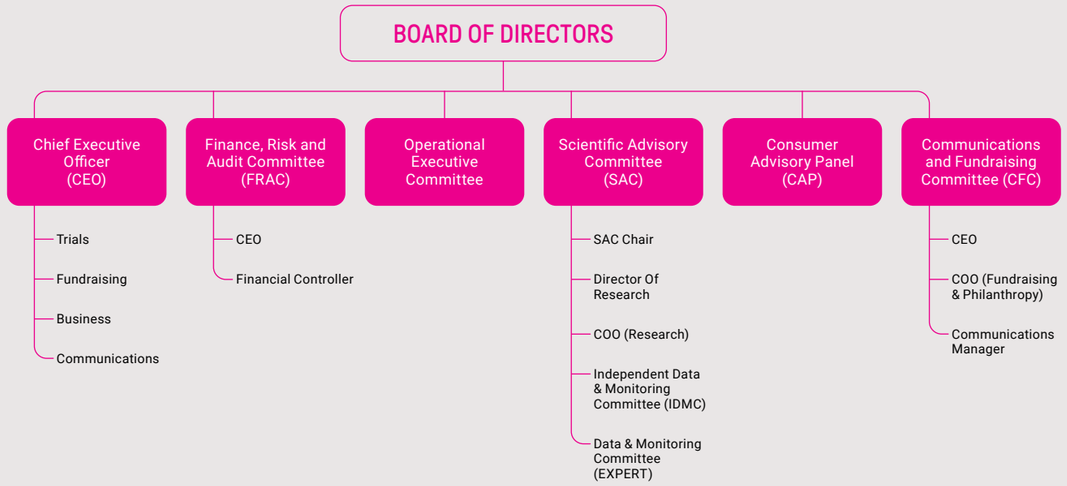
Dr Sheridan Wilson was elected to the BCT Board of Directors in July 2022.

Dr Sheridan Wilson is a Medical Oncologist at Auckland City Hospital in New Zealand. Sheridan is clinical lead for the breast medical oncology team providing systemic treatment across the Auckland region and in 2018 she established a pilot program at Auckland City Hospital for neoadjuvant treatment of breast cancer.

Sheridan is a Senior Lecturer at the University of Auckland, she sits on the assessment committee for Cancer Research Trust New Zealand and is a member of breast cancer working groups for Te Aho o Te Kahu (Cancer Control Agency).

Committees

Members of the Scientific Advisory Committee.



Scientific Advisory Committee

Dr Nicholas Zdenkowski
Chair
Medical Oncologist

Prof Bruce Mann
Director of Research
Surgical Oncologist

Mr Heath Badger
BCT Chief Operating Officer – Research

Dr Sarah Barton
Medical Oncologist

Prof Lisa Beatty
Psycho-Oncologist

Ms Merryn Carter*
BCT Consumer Advisory Panel

A/Prof Christine Chaffer
Basic Scientist

Prof Boon Chua
Radiation Oncologist

Dr Steven David
Radiation Oncologist

Prof Gelareh Farshid
Pathologist

Prof Prue Francis
Medical Oncologist

Ms Jenny Gilchrist
Nurse Practitioner

Mrs Leslie Gilham#
BCT Consumer Advisory Panel

A/Prof Belinda Kiely†
Medical Oncologist

Dr Jocelyn Lippey
Surgical Oncologist

Prof Sherene Loi
Medical Oncologist

Dr Amy McCart Reed
Basic Scientist

Dr Amelia McCartney
Medical Oncologist

Ms Naveena Nekkalapudi*
BCT Consumer Advisory Panel

A/Prof Christopher Oldmeadow
Biostatistician

Prof Andrew Spillane
Surgical Oncologist

A/Prof Lesley Stafford
Psycho-Oncologist

* Started July 2025
\# Stepped down July 2025
† Started February 2026

Subgroups

Supportive Care Subgroup

A/Prof Belinda Kiely
Chair
Macarthur Cancer Therapy Centre

A/Prof Lisa Beatty
Deputy Chair
Flinders University

Prof Meera Agar
Cancer Symptom Trials

Ms Rebecca Angus**
Consumer Advisory Panel

Mr Heath Badger
BCT Chief Operating Officer – Research

Prof Fran Boyle*
Patricia Ritchie Centre

Prof Raymond Chan*
Flinders University; CST

Prof Prue Francis
Peter MacCallum Cancer Centre

Mrs Jenny Gilchrist
Macquarie University Hospital

Mrs Leslie Gilham^
BCT Chair, Consumer Advisory Committee

Prof Bogda Koczwara
Flinders Medical Centre

Prof Bruce Mann
BCT Director of Research

A/Prof Nick Murray
Royal Adelaide Hospital

Dr Antonia Pearson
Northern Beaches Hospital

Dr Michelle Peate
University of Melbourne

Prof Christobel Saunders
Royal Melbourne Hospital

A/Prof Joanne Shaw^
PoCoG

A/Prof Lesley Stafford
Royal Melbourne Hospital

Cindy Tan
University of Sydney

Prof Janette Vardy
Concord Hospital

Dr Michelle White
Monash Health

Dr Nick Zdenkowski
BCT SAC Chair & Medical Advisor

Ms Kate MacDonald**
Consumer Advisory Panel Proxy

* Stepped down April 2025
^ Stepped down July 2025
** Joined April 2025

Committees continued

Translational Research Subgroup

Prof Bruce Mann
Chair
BCT Director of Research

Ms Merryn Carter*
Chair, Consumer Advisory Panel

Dr Shom Goel
Peter MacCallum Cancer Institute

Prof Sunil Lakhani
University of Queensland

Prof Elgene Lim
Garvan Institute of Medical Research

Prof Geoff Lindeman
Walter and Eliza Hall Institute

Prof Sherene Loi
Peter MacCallum Cancer Institute

Dr Stephen Luen
Peter MacCallum Cancer Institute

A/Prof Amy McCart Reed
University of Queensland

A/Prof Andrew Redfern
Fiona Stanley Hospital

Dr Nick Zdenkowski
BCT SAC Chair & Medical Advisor

Ms Emma Crowley
Consumer Advisory Panel Proxy

* Joined April 2025

Very Early Breast Cancer Subgroup

Prof Bruce Mann
Chair
Director of Research

Mr Heath Badger
BCT Chief Operating Officer – Research

Prof Boon Chua
Prince of Wales Hospital

Dr Steven David
Peter MacCallum Cancer Institute

Prof Gelareh Farshid
Royal Adelaide Hospital

Mrs Leslie Gilham*
BCT Consumer Advisory Panel

Dr Jocelyn Lippey
St Vincent's Hospital, Melbourne

Dr Caroline MacCallum^
Peter MacCallum Cancer Institute

Ms Laura McCambridge+
Consumer Advisory Panel

Ms Katrina O'Doherty**
Consumer Advisory Panel

Dr Adam Ofri
The Mater Clinic

Prof Andrew Spillane
Mater Hospital, Sydney

A/Prof Lesley Stafford
Royal Melbourne Hospital

Dr Janice Yeh
Peter MacCallum Cancer Centre

Dr Nick Zdenkowski
BCT SAC Chair & Medical Advisor

Ms Emma Crowley†
Consumer Advisory Panel Proxy

*Stepped down July 2025
^ Joined March 2026
+ Joined April 2025; stepped down December 2025
** Joined April 2025
† Joined January 2026

Systemic Therapy Subgroup

Dr Amelia McCartney
Chair
Monash Health

A/Prof Nicholas Wilcken
Deputy Chair
Westmead Hospital

Prof Morteza Aghmesheh
Prince of Wales Hospital

Mr Heath Badger
BCT Chief Operating Officer – Research

Dr Elizabeth Blackley
Victorian Breast & Oncology Care

Ms Emma Crowley**
Consumer Advisory Panel

Dr Rachel Dear
St Vincent's Hospital, Sydney

Dr Julia Dixon-Douglas
Peter MacCallum Cancer Centre

Dr Katherine Francis
Wollongong Hospital

Prof Prue Francis
Peter MacCallum Cancer Centre

Mrs Leslie Gilham*
BCT Consumer Advisory Panel

Dr Mun Hui
Chris O'Brien Lifehouse

A/Prof Mahesh Iddawela
Latrobe Regional Hospital

Ms Emma Keegan†
Consumer Advisory Panel

A/Prof Belinda Kiely
Macarthur Cancer Therapy Centre

Dr Sanjeev Kumar
Chris O'Brien Lifehouse

Dr Marion Kuper-Hommel
Waikato Hospital

Prof Elgene Lim
The Kinghorn Cancer Centre

Dr Stephen Luen
Peter MacCallum Cancer Centre

Prof Bruce Mann
BCT Director of Research

A/Prof Nicole McCarthy
Icon Cancer Care Wesley

A/Prof Nick Murray
Royal Adelaide Hospital

Dr David Okonji
Wellington Hospital

Dr Antonia Pearson
Northern Beaches Hospital

Dr Dhanusha Sabanathan
Macquarie University

Dr Bhavini Shah
Latrobe Regional Hospital

Dr Belinda Yeo
Austin Health

Dr Nick Zdenkowski
BCT SAC Chair & Medical Advisor

Ms Leanne Francia^
Consumer Advisory Panel Proxy

* Stepped down July 2025
** Joined October 2025
^ Joined March 2025
† Joined March 2025; stepped down August 2025

Independent Monitoring Data Committee – Local

Prof Chris Karapetis
Chair

Prof Daniel Roos

Prod Matthews Smithers

Dr Daniel Barker

Dr Rebecca Tay

Independent Monitoring Data Committee – EXPERT

Prof Daniel Hayes*

Prof Alastair Thompson

Ms Anne Meyn

A/Prof James Dignam

Prof Mary Gospodarowicz

Prof Thomas Buchholz*

* Ceased membership in 2025

Finance, Risk and Audit Committee

Mr Luke Bugden
Chair

Prof Andrew Spillane
Ms Judith Smith
Ms Ashley Nelson
BCT Chief Financial Officer
Ms Karen Price
Chief Executive Officer

Consumer Advisory Panel

Leslie Gilham*
Chair
VIC

Merryn Carter
Chair
VIC

Naveena Nekkalapudi
Deputy Chair
VIC

Karen Alexander*
ACT

Rebecca Angus
NSW

Emma Crowley
NZ

Leanne Francia
QLD

Terrena Kelly§
NZ

Emma Keegan#
VIC

Laura McCambridge^
VIC

Kate McDonald
NSW

Katrina O'Doherty
SA

* Retired July 2025
§ Started September 2025
^ Retired Dec 2025
# Passed away July 2025

Communications & Fundraising Committee

Mrs Lisa Allen*

Mrs Suzanne Brown

Ms Julie Callaghan**
BCT Chief Operating Officer – Fundraising & Philanthropy

Ms Helen Dehen

Ms Anna Fitzgerald
BCT Communications Manager

Mrs Fiona McPhee

Ms Karen Price
Chief Operating Officer

Prof Nicholas Wilcken

* Ceased membership February 2026
** Ceased membership in November 2025

Consumer Advisory Panel Report

Consumer Advisory Panel Members 2025-2026 (L to R): Kate MacDonald, Naveena Nekkalapudi (Deputy Chair), Emma Crowley (standing), Merryn Carter (seated, Chair), Emma Keegan (seated, tragically deceased, metastatic breast cancer), Leanne Francia (standing), Laura McCambridge (seated, former member), Katrina O'Doherty (standing), Rebecca Angus (seated), Lesley Gilham (standing, former Chair), Karen Armstrong (seated, former member). Not pictured: Terrena Kelly.)

The Breast Cancer Trials (BCT) Consumer Advisory Panel works in partnership with staff and researchers to ensure the patient perspective is central to BCT's work. We are currently a group of eight women, each with lived experience of breast cancer.

CAP Members roles have expanded over the past few years. Our lived experience voices now play an important role throughout the development process of every BCT trial. We review clinical trials materials to ensure patients/ trial participants needs are prioritised throughout the trial process. The materials we review include grant applications, trials concepts, synopses, protocols, patient information and consent forms and videos, and letters to trial participants. Each Trial Steering Committee includes at least one CAP member. We are also active on social media, as panel members on Q&A events, do media interviews and speak at events in support of BCT activities.

CAP members on Steering Committees for Trials active 1 April 2025 – 31 March 2026:

- EXPERT Steering Committee: Leonie Young (former CAP member)
- Neo-N Cohort C Steering Committee: Rebecca Angus
- OLIO Steering Committee: Leslie Gilham (former CAP member)
- OPTIMA Steering Committee: Leslie Gilham
- PROSPECTIVE Steering Committee: Naveena Nekkalapudi
- ROSALIE Steering Committee: Merryn Carter
- TUGETHER Steering Committee: Merryn Carter

Other Research Projects

DRIVE-BCT is a CAP-initiated, consumer-led research project which will investigate patients' decision-making processes around endocrine therapy for hormone-positive breast cancer. There is a lack of data about how patients weigh the risk of recurrence against the side effects of the treatment. This project will provide valuable information which may lead to the development of decision-making aids. Steering Committee CAP reps: Merryn Carter and Naveena Nekkalapudi.

ALLCLEAR is an ambitious research program led by the Garvan Institute, focussing on the cells that cause breast cancer relapse. BCT will work with Garvan and other clinical partners to establish new clinical trials, testing new therapies that target breast cancer cell dormancy. This includes the development of an innovative clinical trial platform that will fast-track testing of potential new therapies. Kate MacDonald is the BCT patient advocate for ALLCLEAR.

CAP Members at International Conferences

Attending international conferences helps ensure we stay in touch with international developments in breast cancer treatments and patient advocacy. Two CAP members won scholarships to attend international conferences in 2025. Merryn Carter attended the ESMO Patient Engagement Summit in Singapore, and Laura McCambridge attended the San Antonio Breast Cancer Symposium in Texas, USA. We thank BCT for their support of these valuable knowledge development experiences.

CAP Patient Advocacy Work

In addition to our work for BCT, many CAP members are active in patient advocacy roles across other organisations, broadening our experience and helping expand BCT's sphere of influence and networking. These organisations and activities include many projects at the Garvan Institute, the Mater Hospital Brisbane Survivorship Pilot Program, the Walter and Eliza Hall Institute Breast Cancer Lab, the National Health and Medical Research Council – Medical Research Future Fund Consumer Advisory Group, Cancer Council Victoria, Monash University, Victorian Comprehensive Cancer Centre, Eastern Health, University of Adelaide, Daffodil Centre, University of Melbourne, University of Sydney, National Breast Cancer Foundation Advisory Council, Breast Cancer Network Australia, Global Breast Cancer Care Council, Victorian Cancer Biobank, and Biobank India Foundation.

CAP Membership

The past year has seen significant changes in CAP Membership. We farewelled two longstanding members at the July 2025 Annual Scientific Meeting (ASM) in Hobart: previous Chair Leslie Gilham, and Karen Alexander. We thank them both for their significant contributions over many years, ensuring ongoing successful consumer involvement at BCT.

New CAP leadership team Merryn Carter (Chair, member since 2018) and Naveena Nekkalapudi (Deputy Chair, member since 2021) took up their roles at the same ASM.

We have welcomed five new members over the past year. Tragically, Emma Keegan passed away in July due to complications from metastatic breast cancer. Emma's short but significant contribution to BCT's work was much appreciated. Her death underlines the importance of everything we do.

Laura McCambridge resigned in December, as she took up a paid role with commercial health company IQVIA. We thank Laura for her valuable contributions, particularly her passion for championing plain language in trials documents.

Our four recently appointed members Kate MacDonald (NSW), Katrina O'Doherty (SA), Leanne Francia (QLD) and Terrena Kelly (NZ) are settling into their roles, commencing valuable positions on Trial Steering Committees and other working groups. We are enjoying their new perspectives in our discussions.

Our current CAP membership is: Merryn Carter, Chair (VIC), Naveena Nekkalapudi, Deputy Chair (VIC), Rebecca Angus (NSW,) Emma Crowley (NZ), Kate MacDonald (NSW), Katrina O'Doherty (SA), Leanne Francia (QLD), Terrena Kelly (NZ).

Merryn Carter
Chair, Consumer Advisory Panel

Our Staff

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Chief Executive Officer

Mr Heath Badger
Chief Operating Officer – Research

Ms Michelle Cairns
Financial Controller*

Ms Julie Callaghan
Chief Operating Officer – Fundraising & Philanthropy*

Ms Anna Fitzgerald
Communications Manager

Mr Ryan Lonsdale
Chief Operating Officer – Fundraising & Philanthropy

Ms Jenny Melville
People, Performance & Culture Business Partner

Ashley Nelson
Chief Financial Officer

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Clinical Fellow*

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Management Accountant

Eloise Jones
Clinical Research Associate

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Acting Stream Lead – Clinical Operations

Jeni Line
Supporter Care Officer

Ryan Lonsdale
Chief Operating Officer – Fundraising

Rose Lucas
Senior Clinical Research Associate

Bruce Mann
Director of Research

Carlie Mavin
Clinical Trials Program Manager

Laura McCambridge
Clinical Research Associate II*

Sara McGregor
Media and Public Relations Lead

Tracey McHugh
Clinical Research Associate II

Angus McPherson
Clinical Research Associate II

Jenny Melville
People Performance & Culture Business Partner

Chrissy Miller
Clinical Research Associate II

Belinda Mitchell
Clinical Trials Program Manager

Cristiane Miura
Appeals Manager

Ashley Nelson
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Jessica Noncic
Digital Performance Lead

Amelia Owens
Clinical Research Associate II

Sangeetha Pavangat
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Community Fundraising Coordinator

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David Short
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Julie Simms
Digital Fundraising Coordinator

Megan Skipp
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Clinical Research Associate II

Dominique Tindal
Clinical Research Associate

Ari Tusek
Stream Lead – Clinical Operations

Coco Vandevelde
Clinical Research Associate II

Helen Ward
Supporter Care Officer

Ashleigh Whiteside
Data Strategy Insights and Services Manager

Kim Wright
Clinical Research Associate II

Lindsey Wylde
Clinical Operations Stream Lead

Sarah Zardawi
Clinical Fellow

Nicholas Zdenkowski
Medical Advisor/SAC Chair

Chengxi Zhang
Clinical Research Associate II

*Employment ended in reporting period

Our Staff

continued

Financial Report

Breast Cancer Trials (BCT) is investing more into our research program than ever before while also focusing on growing our donor base and membership of our Regular Giving Program. That means more lives saved and better treatments sooner.

During the year, BCT generated gross fundraising income of $6.535 million, a slight decrease of $0.059 million from the previous year. Our Total Expenditure on Research activities was $10.207 million, an 8% decrease year-on-year. This resulted in a net deficit from direct research activities of $2.673 million.

For the financial year ended 31 March 2026, BCT recorded an operating income of $14.764 million against operating expenses of $18.575 million, leading to an operating deficit of $3.811 million. After accounting for investment gains of $1.317 million, the reported Net Deficit was $2.494 million.

Looking ahead, BCT forecasts that $11.346 million in reserves (net of external cost recoveries) will be required to meet the committed expenses of our approved Research Program – a powerful investment in hope, progress and better outcomes for people affected by breast cancer.

$6.535M GROSS FUNDRAISING INCOME

$10.207M RESEARCH EXPENDITURE

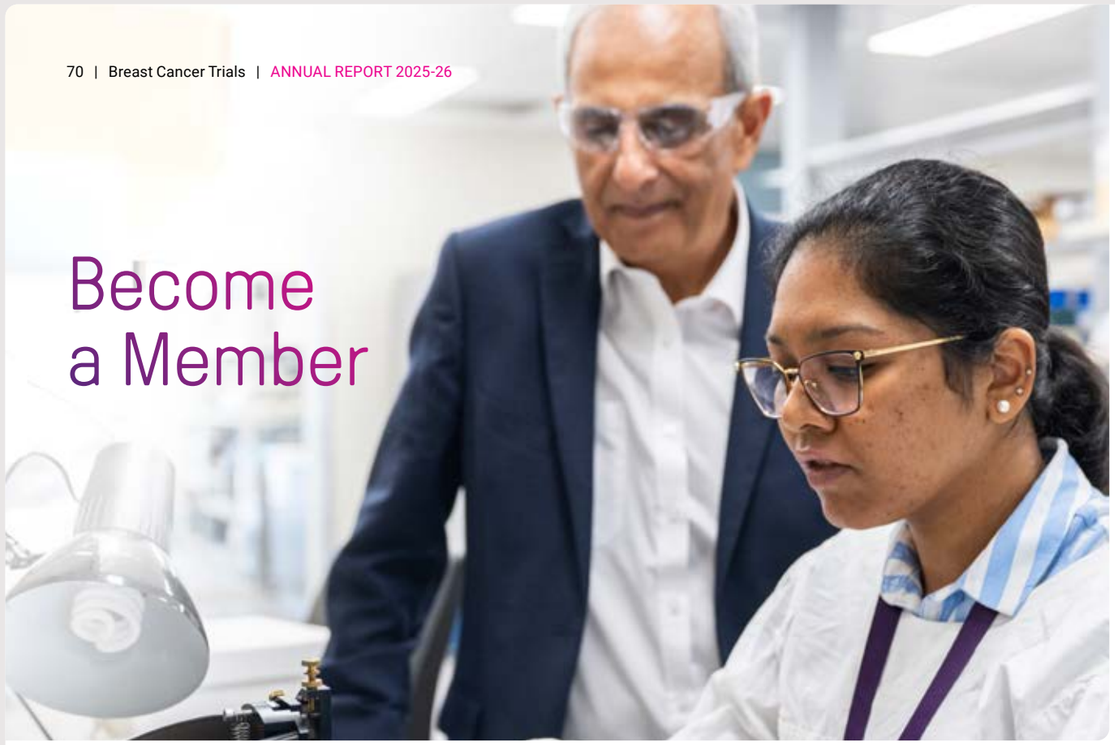
$1.317M TOTAL INVESTMENT GAINS

$18.575M TOTAL OPERATING EXPENSES

$2.494M TOTAL NET DEFICIT (Including investment income)

$14.764M TOTAL OPERATING INCOME

$3.811M NET OPERATING DEFICIT



Become a Member

Researchers

Breast Cancer Trials brings together a network of leading researchers and institutions across Australia and New Zealand, united by a shared goal – to improve outcomes for people affected by breast cancer through clinical trials research.

Our membership community includes a broad range of health professionals, such as medical oncologists, surgeons, radiologists, pathologists, nurses and clinical trial coordinators, all contributing their expertise to advance treatment and prevention strategies.

We offer two membership pathways: **Full Member** and **Affiliate Member**.

Full Members are actively involved in delivering the Breast Cancer Trials research program. They play a direct role in our clinical trials, contributing to research that benefits their patients and the wider community. Full Members have the opportunity to develop and lead research concepts, apply for discretionary funding, and contribute to the strategic direction of the organisation through Board and committee involvement. They also receive reduced registration fees for our Annual Scientific Meeting (ASM).

Affiliate Members are those with a strong interest in our work and a commitment to staying informed about advances in breast cancer research. While not directly involved in conducting trials, Affiliate Members remain connected to our research program through regular updates and also receive discounted registration to attend the ASM.

To become a member, visit **www.breastcancertrials.org.au/become-a-member/**

Participate in a Clinical Trial

Clinical trials are at the heart of progress in breast cancer research. Thanks to the involvement of thousands of participants, we have been able to improve treatments, refine care, and move closer to better outcomes for people affected by breast cancer. To date, over 18,200 individuals have taken part in Breast Cancer Trials research, contributing to discoveries that are shaping the future of care.

Before new treatments become widely available, they must be carefully evaluated through clinical trials. While early research takes place in laboratories, clinical trials are essential to understand how treatments work in people—how effective they are, how they compare to existing options, and how they can be used safely.

Participation in a clinical trial plays a vital role in advancing this knowledge. Every volunteer helps build the evidence needed to improve treatment decisions, reduce side effects, and develop new approaches to prevention and care. Without participants, these advances would not be possible.

People choose to take part in clinical trials for a range of reasons. For some, it offers access to new and emerging treatments. For others, it provides reassurance in receiving high-quality care and close monitoring throughout their treatment. Many participants are also motivated by the opportunity to contribute to research that may benefit future generations.

Clinical trial participants are supported by experienced healthcare teams and are often monitored more closely than in standard care. This may include additional check-ups and questionnaires that capture their experience during treatment. The information collected is critical in ensuring that results are accurate, meaningful, and able to inform future clinical practice.

To find out more about our open clinical trials and how to participate, visit **www.breastcancertrials.org.au**

Support Life-Saving Breast Cancer Research

Community support is vital to advancing breast cancer research and improving outcomes for those affected by the disease. Every donation, fundraiser, and act of generosity helps drive the discoveries that lead to better treatments, improved care, and ultimately, more lives saved.

By supporting Breast Cancer Trials, you are directly contributing to research that has the potential to change lives – not only for people diagnosed today, but for future generations. Your support enables us to continue delivering high-quality clinical trials that lead to meaningful improvements in how breast cancer is prevented, detected, and treated.

There are many ways to get involved and make a difference. Whether through regular giving, hosting a fundraising event, taking part in a challenge, or joining a community event, every effort helps bring us closer to achieving our vision of No More Lives Cut Short.

We are incredibly grateful to the individuals, businesses, and community groups who stand with us. Together, we are creating a powerful network of support that makes life-saving research possible.

To learn more about how you can support Breast Cancer Trials, visit **www.breastcancertrials.org.au**

Glossary

ACCRUAL TARGET: The targeted number of participants to be recruited to a clinical trial.

ADJUVANT THERAPY: Additional treatment used to improve the effects of surgical treatment. In cancer, adjuvant therapy may include chemotherapy, hormonal or radiation therapy after surgery, which is aimed at killing any remaining cancer cells.

ADVANCED BREAST CANCER: Cancer that has spread from the original site in the breast to other organs or tissues in the body. Also known as metastatic, secondary or stage 4 breast cancer.

ADVERSE EVENT (AE): Any untoward medical occurrence in a patient or clinical trial participant who has been treated as part of a clinical trial and which does not necessarily have to have a causal relationship with this treatment.

ANTI-OESTROGENS: Medications that work by stopping oestrogen from causing breast cancer cells to grow and reproduce. Examples include tamoxifen and fulvestrant.

AROMATASE INHIBITORS (AI): A class of drugs used in the treatment of breast cancer in postmenopausal women. Some cancers require oestrogen to grow. Aromatase is an enzyme that synthesises oestrogen. Aromatase inhibitors block the synthesis of oestrogen which lowers the oestrogen level and slows the growth of cancers. Examples include anastrozole, exemestane, letrozole.

AXILLA: The armpit.

AXILLARY DISSECTION: Surgery to remove all the lymph nodes from the armpit. The procedure can be performed either at the same time as breast surgery or as a separate operation.

AXILLARY LYMPH NODES: Lymph nodes in and near the armpit.

BIOMARKERS: Biological markers that can be measured to show the presence or absence of disease. These may be measured in the tumour, blood, normal body tissue or through scans. Biomarkers can help with the diagnosis, prognosis and treatment of diseases such as cancer.

BIOPSY: The removal of a small sample of tissue or cells, usually with a needle, from the body to help diagnose a disease.

BRCA1 AND BRCA2: Inherited gene mutations that are a higher-than-average risk of breast cancer in those who carry the faulty gene. Women who carry these mutations are also at increased risk of developing ovarian cancer.

BREAST CONSERVING SURGERY: Surgery to remove part of the breast. Also called a lumpectomy or a wide local excision.

BREAST DENSITY: A measure used to describe the relative amounts of fat and tissue in the breasts as seen on a mammogram.

CHEMOTHERAPY: The use of medications that are toxic to cancer cells. These drugs kill the cells, or prevent or slow their growth. A standardised combination of such drugs in the treatment of cancer is referred to as a 'treatment regimen' e.g. cyclophosphamide, doxorubicin, docetaxel and capecitabine.

CLINICAL TRIAL: Research conducted with participants' consent, which usually involves an evaluation of a new treatment or diagnostic method. Clinical trials are conducted to gain a better understanding of whether these treatments are effective and safe, as well as about the underlying disease process. Depending on how advanced the investigational product is in its evaluation, a trial may be described as Phase I, II, or III.

CONTRALATERAL PROPHYLACTIC MASTECTOMY: Removal of the breast on the side that did not have cancer, to reduce the risk of cancer recurrence in that breast.

CYCLIN-DEPENDENT KINASE 4/6 INHIBITOR (CDK): A drug that blocks the CDK4 and CDK6 proteins, which stops certain processes that cause cancer cells to grow and multiply. Examples include palbociclib, ribociclib, abemaciclib.

DE-INTENSIFICATION: While many clinical trials focus on developing new treatments for cancer or using existing treatments in new ways, some clinical trials have a different focus: to reduce the amount and intensity of treatment, whilst maintaining equally good outcomes. De-intensification helps researchers to better identify those patients at high or low risk of cancer coming back (recurrence) and can optimise treatment to best suit each patient. May also be known as "De-Escalation" or "Treatment Optimisation".

DOUBLE-BLIND TRIAL: A clinical trial in which neither the participating individual nor the study staff knows which participants are receiving the experimental drug and which are receiving a placebo or another therapy.

DUCTAL CARCINOMA IN SITU (DCIS): Abnormal cells in the breast ducts, which over time could develop into invasive breast cancer.

EARLY (Primary) BREAST CANCER: Breast cancer that has not spread beyond the breast or the axillary lymph nodes. This includes ductal carcinoma in situ and stage I, IIA, IIB, and IIIA breast cancers.

EARLY-STAGE BREAST CANCER: Breast cancer that has not spread beyond the breast or the axillary lymph nodes. This includes stage I, IIA, IIB, and IIIA breast cancers.

ELIGIBILITY CRITERIA: Participant eligibility criteria define whether a trial is suitable for an individual to participate. Eligibility criteria for clinical trials varies depending on the specific purpose of the trial. Typical criteria include age, stage of cancer, cancer type, prior treatment regimens and tumour characteristics.

ENDOCRINE-RESPONSIVE: Another name for hormone-responsive, or hormone receptor-positive breast cancer. Refer also to "hormone (endocrine) treatment".

ENDPOINT: Endpoints are used to measure the effect of a treatment being used in a clinical trial. Primary endpoints measure outcomes that will answer the primary (or most important) question being asked in a clinical trial, such as whether a new treatment is better at preventing disease-related death than the standard therapy. Secondary endpoints measure other relevant trial outcomes.

GENOMIC TESTS: These tests analyse a sample of breast tumour to provide information about the genes and their activity in breast cancer cells. The activity of these genes affects the behaviour of the cancer, including how likely it is to spread to other parts of the body and to come back after treatment ("recurrence"), and how it may respond to treatment. Examples include Prosigna (PAM50), Oncotype DX, EndoPredict, and Mammaprint.

GONADOTROPIN-RELEASING HORMONE (GnRH) ANALOGUE/AGONIST: A medication such as goserelin or triptorelin that temporarily stops the ovaries from producing oestrogen. This treatment (e.g. Zoladex) is used as treatment of early stage or metastatic hormone receptor positive breast cancer in premenopausal women. It may be used for pre-menopausal women with hormone receptor negative breast cancer in combination with chemotherapy, with the aim of protecting fertility.

GOOD CLINICAL PRACTICE (GCP): An international standard for the design, conduct, performance, recording and reporting of clinical trials; that provides assurance that the data and reported results are credible and accurate, and that the rights, integrity and confidentiality of trial subjects are protected.

GRADE (TUMOUR GRADE): The degree of similarity of the cancer cells to normal cells. Grade is assessed by a pathologist. Grade 1 carcinoma is well differentiated and is associated with a better prognosis. Grade 2 carcinoma is moderately differentiated and is associated with an intermediate prognosis. Grade 3 carcinoma is poorly differentiated and is generally associated with a worse prognosis.

HER2-POSITIVE (HER2-amplified): HER2 stands for Human Epidermal Growth Factor Receptor 2. In HER2-positive breast cancer, the cancer cells have an abnormally high number of HER2 genes per cell. When this happens, too much HER2 protein appears on the surface of these cancer cells. This is called HER2 protein over expression or amplified. Too much HER2 protein is thought to cause cancer cells to grow and divide more quickly.

HER SIGNALLING PATHWAYS: One of the many complex processes associated with cell communication and action. The role of specific molecules in a cell which, via a cascade effect, inhibit or allow particular cell functions. Drugs being developed to inhibit these pathways might lead to new ways to block cancer cell growth and kill cancer cells.

HORMONE (ENDOCRINE) TREATMENT: Hormone (endocrine) treatment is used to treat breast cancers that are hormone receptor-positive, also known as hormone-responsive or endocrine-responsive. These cancers have receptors for the hormones oestrogen and/or progesterone; they are called ER and/or PR-positive cancers. There are several different types of hormone treatments. Some are taken as tablets (tamoxifen or aromatase inhibitors) and some are treatments to turn off or remove the ovaries (injections, surgery and sometimes radiotherapy).

HORMONE RECEPTORS: Proteins in a cell which bind to specific hormones. This stimulates the cell to act in a particular way.

HORMONE REPLACEMENT THERAPY (HRT): Drug therapy that supplies the body with hormones that it is no longer able to produce; usually to relieve menopausal symptoms.

HORMONE-RESPONSIVE: Also known as hormone receptor-positive or endocrine-responsive breast cancer.

HUMAN RESEARCH ETHICS COMMITTEE (HREC): The Human Research Ethics Committee's function is to review proposed research in order to ensure that the subject's rights are protected and that risk of harm is minimised.

HYPOTHESIS: In research it relates to testing a concept or theory, or it can be developed as a result of research conducted.

IMMUNOHISTOCHEMISTRY (or IHC): Used to identify tissue components (e.g. abnormal cells in a cancerous tumour, different parts of biological tissue) by using a marker such as a fluorescent dye or an enzyme. The marker is attached to a type of protein (antigen) that finds another type of protein (antibody) and reacts to colour the target cells.

Glossary continued

IMMUNOTHERAPY: a type of cancer treatment designed to boost the body's natural defences to fight the cancer.

INDEPENDENT DATA MONITORING COMMITTEE (IDMC): An independent group of experts or adequately qualified individuals who monitor participant safety and treatment effectiveness data while a clinical trial is ongoing.

INFORMED CONSENT: Informed consent is a process whereby a person gives consent based on a clear understanding of the facts, any implications and possible future consequences. In the case of a clinical trial, these facts, implications and consequences are conveyed in the Participant Information Sheet and any associated materials.

INVESTIGATOR: A clinician who recruits clinical trial participants to trials at his/her hospital or treatment centre. Investigators take responsibility for protocol adherence at site and often collaborates with peers in a multidisciplinary team to ensure that patients are receiving the most suitable treatment options.

iPREVENT: A breast cancer risk assessment and risk management decision support tool designed to facilitate prevention and screening discussions between women and their doctors.

IPSILATERAL: On or affecting the same side of the body.

LETROZOLE: An oral non-steroidal aromatase inhibitor for the treatment of hormonally responsive breast cancer.

LOBULAR CARCINOMA IN SITU (LCIS): An area (or areas) of abnormal cell growth that increases a person's risk of developing invasive breast cancer later on in life. Lobular means that the abnormal cells start growing in the lobules, the milk-producing glands at the end of breast ducts.

LOCALLY ADVANCED BREAST CANCER: Cancer that has spread beyond the breast to the skin or chest wall, but not to distant organs such as the lungs or liver. It also refers to a tumour that is larger than 5 cms in size.

LUMPECTOMY: Also called "Breast Conserving Surgery".

LYMPHOEDEMA: Swelling caused by a build-up of lymph fluid, as a result of lymph nodes being removed or not working properly.

MACROMETASTASES: Cancer cells that have spread (metastases) into the lymph nodes or distant organs beyond the primary tumour.

MADAROSIS: Loss of the eyelashes or of the hair of the eyebrows.

MAGNETIC RESONANCE IMAGING (MRI): A medical imaging device using a strong magnetic field and radio frequency to produce detailed images of internal body parts and structures. MRI is especially useful for imaging soft tissue like the brain, heart, muscles and tumours.

MAMMOGRAM: An x-ray of the breast.

MASTECTOMY: The surgical removal of the whole breast.

METASTATIC BREAST CANCER: Cancer that has spread from the original site in the breast to other organs or tissues in the body. Also known as secondary breast cancer or advanced breast cancer.

MICROMETASTASES: Small cancer cells that have spread (metastases) into the lymph nodes beyond the primary tumour and can only be detected by microscopic evaluation.

MONOCLONAL ANTIBODIES: A treatment designed to specifically target on the surface of a cell within the body, particularly cancer cells. Different cancer types can be targeted with different monoclonal antibodies, examples include trastuzumab and bevacizumab.

NEOADJUVANT THERAPY (Preoperative Therapy): Chemotherapy or hormone therapy used as a first treatment. Often used for large or locally-advanced cancers to shrink tumours before surgery.

NODAL STATUS: Whether a breast cancer has spread (node-positive) or has not spread (node-negative) to lymph nodes in the armpit (axillary nodes). The number and site of positive axillary nodes can help predict the risk of cancer recurrence.

OESTROGEN: The main female sex hormone produced mostly by the ovaries.

OESTROGEN RECEPTOR (ER): A protein that may be present on certain cells to which oestrogen molecules can attach. The term "ER-positive" refers to tumour cells that contain the oestrogen-receptor protein. These cells are generally sensitive to hormone therapy.

ONCOLOGIST: A doctor who specialises in treating cancer (oncology).

OOPHORECTOMY: The surgical removal of an ovary or ovaries.

OPEN-LABEL TRIAL: A clinical trial in which doctors and participants know which drug or treatment is being administered. Treatment trials may be open label, or alternatively can be placebo controlled (see definition of placebo and blinded trial).

OSTEOPOROSIS: A disease characterised by low bone mass and deterioration of bone architecture, which increases the susceptibility to fractures.

OVERALL SURVIVAL (OS): The time from trial randomisation until death from any cause. Overall survival is regarded as the gold standard measure of benefit in clinical trials and requires a large number of patients and long term follow-up.

PAM50: The Prosigna Breast Cancer Prognostic Gene Signature Assay is a genomic test that analyses the activity of certain genes is early-stage, HR-positive breast cancer. The Assay may be used to make treatment decisions based on the risk of recurrence for postmenopausal women within 10 years of diagnosis after 5 years of hormonal treatment.

PARP (poly (ADP-ribose) polymerase) Inhibitors: A class of targeted therapy drugs (e.g. olaparib) that block an enzyme involved in DNA repair.

PARTICIPANT INFORMATION SHEET: A document that provides clinical trial participants with important information relating to a specific trial. The purpose is to the assist the participant in the decision-making process regarding their potential participation in the trial.

PARTICIPATING INSTITUTION: Any public or private hospital or facility where clinical trials are conducted.

PHASE II CLINICAL TRIAL: The second stage of the evaluation of a new drug in humans; these trials evaluate drug safety and preliminary effectiveness in a large number of participants.

PHASE III CLINICAL TRIAL: Study the effectiveness of an intervention (e.g. study drug) in large groups of trial participants by comparing the intervention to other standard or experimental interventions (or to non-interventional standard care). Phase III studies are also used to monitor adverse effects and to collect information that will allow the intervention to be used safely.

PI3K (Phosphatidylinositol 3'-kinase): A protein produced by the body that can change the cell-to-cell communications which affect cell growth and survival.

PLACEBO: An inert tablet (such as a sugar pill), liquid or powder that has no active ingredient. In clinical trials, experimental treatments are often compared with a placebo, in combination with standard treatment, to assess the new treatment's effectiveness.

PREDICTIVE FACTOR: A finding which assists a clinician to assess whether an individual's cancer will respond either positively or negatively to a particular treatment. For example, the presence of oestrogen receptors predicts for response to hormone treatment. This term is often confused with "prognostic factor".

PREVENTION TRIAL: Aims to find better ways to prevent breast cancer in healthy women.

PRINCIPAL INVESTIGATOR (PI): The person responsible for overseeing all aspects of a specific clinical trial at a BCT participating institution. Duties include recruiting participants, obtaining informed consent from participants, ensuring the trial protocol is adhered to, maintaining oversight of GCP at the site.

PROGESTERONE RECEPTOR (PR): A protein that may be present on certain cells to which progesterone molecules can attach. The term "PR-positive" refers to tumour cells that contain the progesterone- receptor protein. These cells are generally sensitive to hormone therapy.

PROGNOSTIC FACTORS: The combination of a number of aspects of a person's general condition and disease diagnosis. General factors can include, but are not limited to, age, gender, lifestyle and medical history. Specific disease related factors can include disease diagnosis, stage, tumour size and location and treatment options. The combination of these factors can result in either a favourable or poor prognosis.

PROGRESSION-FREE SURVIVAL (PFS): The time from trial randomisation until cancer progression or death from any cause. PFS is considered a surrogate of overall survival, with the advantage that it can be measured in smaller clinical trials with shorter follow-up. Therefore it can be used to bring new therapies into clinical practice in a shorter timeframe.

PROPHYLACTIC MASTECTOMY: Surgery to remove one or both breasts to reduce the risk of developing breast cancer.

PROTOCOL: A written, detailed action plan for a clinical trial. The protocol provides the background, specifies the objectives, and describes the design and organisation of the trial.

QUALITY OF LIFE: An individual's overall appraisal of their situation and subjective sense of well-being.

RADIOTHERAPY: The use of radiation, usually x-rays or gamma rays, to kill cancer cells or damage them so they cannot grow and multiply.

Stay Up To Date

There are many ways you can connect with Breast Cancer Trials and show your support.

Stay up to date with our research news and related breast cancer topics, by signing up to our monthly research newsletter via our website at **www.breastcancertrials.org.au**

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