



MEDIA RELEASE

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National Ovarian Cancer Research Strategy Launch – For the First Time Critical Pathways Mapped to Better Care and Survival Rates for One of Australia’s Biggest Killers

Around 1000 women die from ovarian cancer each year in Australia and only 43 out of every 100 women are still alive five years after diagnosis. The ovarian cancer survival rate has failed to improve while others (such as breast, bowel and prostate) have improved significantly due to major breakthroughs in detection, treatment and prevention.

Recent landmark studies – by Australian and international researchers – have found that ovarian cancer has numerous subtypes. These have been characterised, providing opportunities to develop new treatments that are tailored to these subtypes. This watershed moment means a major re-think in the way ovarian cancer is researched and funded is urgently needed.

Today in Melbourne Ovarian Cancer Australia, together with stakeholders, will launch a National Action Plan for ovarian cancer research setting out urgent priorities for the way in which Australia tackles ovarian cancer research, in order to make a significant change in the number of women dying from the disease. To kick start the strategy a \$1 million funding contribution will be made to support the priorities identified in the plan which includes a \$900 000 funding partnership between Ovarian Cancer Australia and the Peter MacCallum Cancer Centre.

The plan will be launched at the International Gynecologic Cancer Society Meeting in Melbourne on Sunday 9 November at 10:00 am at the Melbourne Convention Centre, Rm 204, 1 Convention Centre Place.

According to Alison Amos, CEO of Ovarian Cancer Australia, the Plan is aimed at providing a strategic framework for transparent and accountable investment in ovarian cancer research to ensure available funds are used to optimal effect and act as a catalyst to drive further, much needed investment. This is the first time a national plan has been developed and for the first time provides a priority driven focus for investment, unifying the efforts and providing a blueprint for researchers and funders from around Australia. The Plan includes a Charter setting out principles for ovarian cancer research excellence and calls for researchers to align with these.

“It is just not good enough that there had been no significant change in the treatment options for women with ovarian cancer for many years. With a fundamental new understanding of the disease and the successful adoption of targeted therapies in many other cancers the time is right to step up efforts with ovarian cancer. We want this report to be the first step in changing this story. We have some of the best researchers in the world in Australia. But, like

everywhere else, we have a limited amount of funding. To this end, more research is needed to understand how ovarian cancer initiates, why it develops rapidly in some and not others, and how we can circumvent resistance to treatment. We need better therapies, better models of care, and better quality of life for women with ovarian cancer. Similar national plans were published for breast cancer and prostate cancer 10 years ago and these diseases have seen great strides forward in research. We owe it to the women in our community to drive forward this change,” she said.

The Plan which has been developed in consultation with a wide range of stakeholders in the ovarian cancer field, including women living with the disease, provides a roadmap setting out research priorities across a number of areas, including biology and origin, prevention, treatment, detection and control. It outlines strategic activities for funding, as well as conducting, supporting and evaluating research. . In particular the Plan highlights that the latest research shows that we now know that ovarian cancer is not just one disease but a range of diseases with different cellular appearances, different molecular characteristics, and different trajectories. However, this new knowledge has not yet translated into new treatments or improved outcomes. The plan identifies the critical pathways towards achieving this.

Specifically it calls for:

- More Australian led clinical trials as well as having Australian patients participating in local arms of international clinical trials. There should be a focus on novel, smaller and efficient clinical trial designs to get clinical answers faster for women so that they can access treatments targeted to their tumour type.
- More funding for infrastructure to enable research: for developing a national ovarian cancer database, with clinical outcomes linked to bio bank data, for making better experimental models available to researchers, to increase tumour profiling capacity and support clinical trials.
- Greater funding in areas of patterns of care and quality of life research with increased consumer involvement
- A shift in research funding in Australia from detection to the treatment, control and prevention of the disease. Given the new information on the heterogeneity of ovarian cancer, the plan reveals that putting money into developing a population based screening test to detect the disease is not a realistic target. The focus for detection should be on women who are at high risk of developing the disease and those who face a recurrence of the disease. A renewed focus on treatments and control that will help women living with the disease should be made.
- Greater transparency from not-for-profit organisations, which fund almost 25% of the money invested into ovarian cancer research, ensuring donors can obtain information on the inputs into the research they are supporting. A call for new innovative funding models which deliver collective impact, leverage investments and can provide funding to deliver proof-of-concept. Many stakeholders who contributed to the report emphasised the critical need to establish a nationally coordinated and collaborative approach to funding ovarian cancer research.

- In recognition of the complexities and challenges with early detection and providing targeted treatments, the Plan recommends a review of the current experimental models being used in ovarian research. Current cell line models “are actually poorly predictive of the most aggressive and common forms of ovarian cancer,” the Plan says. An urgent updating of cell lines being used in ovarian cancer research, is needed.

At the launch, Ms Amos, said that the National Action Plan for ovarian cancer research marks a significant milestone for the ovarian cancer community in Australia. “The Plan provides a strategic blueprint for how Australia can best contribute to the global ovarian cancer research effort. This is an ambitious and future-facing plan that takes account of progress to date and opportunities ahead, and builds on the expertise and skills available to us in Australia,” she said.

As part of the Launch of the National Action Plan, Ovarian Cancer Australia announced a \$1 million funding investment in research which will be directed towards priority areas as identified in the Plan. The first element is \$900,000 over 3 years to fund the Australian Ovarian Cancer Study (AOCS). This is provided from a matched funding partnership between Ovarian Cancer Australia and the Peter MacCallum Cancer Centre - both organisations will contribute \$150,000 a year for three years.

In addition Ovarian Cancer Australia will contribute an additional \$100,000 over two years to fund the OCELI project, a new international consortium led by the AOCS to develop new cell models reflective of the range of ovarian cancer disease subtypes. The cell line suite will be available to researchers to enable research on new, targeted treatments and companion diagnostics. Consortium members include the Peter Mac, Westmead and WEHI in Australia as well as international members including Harvard Medical School and the Memorial Sloan Kettering Cancer Centre in the USA, and other prestigious medical research institutes in the UK, Netherlands and Canada.

Ovarian Cancer - Why a Change in Research Direction is Needed?

\$1 million funding supports innovation in research

Professor David Bowtell, from the Peter MacCallum Cancer Centre, leads the ovarian cancer arm of the National Health and Medical Research Council’s (NHMRC) \$27 million involvement in the International Cancer Genomics Consortium, a world-wide effort aimed at mapping all the significant mutations in common cancers.

Led by Professor Bowtell, the Australian Ovarian Cancer Study (AOCS) was initiated in 2001 by researchers at the Peter MacCallum Cancer Centre, The University of Melbourne, Queensland Institute of Medical Research and Westmead Hospital. The AOCS is a nationally collaborative project involving over 2,000 women with ovarian cancer and is one of the largest cohort studies of ovarian cancer in the world. It was research by the AOCS, in collaboration with international groups, that first identified and classified, at a molecular level, the range of ovarian cancer subtypes. This discovery – combined with advances in genomics and proteomics– has seen a major re-think of the treatment of ovarian cancer, according to the Plan.

The \$900,000 funding partnership between Ovarian Cancer Australia and the Peter MacCallum Cancer Centre will underpin the work of the AOCS to enable it to continue to support research collaborations nationally and internationally, through the provision of bio specimens linked to clinical outcomes. The AOCS will continue to develop resources to support research into effective treatments for primary and recurrent disease and to understand treatment failure, and the development of biomarkers to guide treatment planning - these are among the most important unmet needs in ovarian cancer.

In addition, Ovarian Cancer Australia will contribute an additional \$100,000 over two years to fund the OCELIS project, a new international consortium, led by Professor David Bowtell at the Peter MacCallum Cancer Centre, to develop new cell models reflective of the range of ovarian cancer disease subtypes.

Ovarian Cancer Facts:

Ovarian cancer has the lowest survival rate of any women's cancer and has a five year survival rate well below the average for all cancers

Each year 1400 Australian women are diagnosed with ovarian cancer, and more than 1000 will die from the disease – that's one woman every 8 hours

Each day in Australia, four women are diagnosed with ovarian cancer and three will die from the disease.

Ovarian cancer most commonly affects women aged over 50 who have been through menopause; however the disease can affect women of all ages.

There is no early detection test for ovarian cancer so the best way of detecting the disease is to know and recognise the symptoms which most commonly include: abdominal or pelvic pain, increased abdominal size or persistent abdominal bloating, the need to urinate often or urgently, or feeling full after eating a small amount. If these symptoms are new and unusual and persist, women should consult their GP. Ovarian Cancer Australia has a symptoms diary, available either in paper form, or an iPhone app to help track symptoms.

If diagnosed early, the majority of women can survive. Unfortunately the majority of women are diagnosed with advanced stages of the disease.

In Australia, the overall five year survival rate for women diagnosed with ovarian cancer is 43%. In comparison, the overall five year survival rate for women diagnosed with breast cancer is 89%.

Genetics and family history are responsible for at least 15% of ovarian cancers. If a woman has two or more relatives from the same side of the family affected by ovarian or ovarian and breast cancer her risk of developing the disease may be increased. This tends to be a result of an inherited faulty gene (BRCA1 or BRCA2 mutation) that increases a woman's risk of developing both cancers.

Other risk factors women ought to be aware of include:

- being over 50 years of age;
- never having children, being unable to have children, or having children after 30;
- never having used oral contraceptives;
- having endometriosis;
- lifestyle factors: such as smoking tobacco, being overweight or eating a high fat diet;
- and hormonal factors: including early puberty (menstruating before 12) or late menopause (onset after 50).

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