ANZMTG Australia and New Zealand Melanoma Trials Group

NEWSLETTER |ISSUE 10| Spring 2012

Welcome to the Spring 2012 edition of the ANZMTG newsletter. This newsletter contains information about recent ANZMTG activities including membership and consumer surveys and our current clinical trial research activities.

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ANZMTG New Staff Introduction

New staff have joined the ANZMTG team.

We extend a warm welcome to Clinical Trial Data Coordinator, Vikki Steel, and Project Officers, Vanessa Neve, Enmoore Lin and Alan Lucas *(from left to right).*

ANZMTG's Newly Redesigned Website Goes Live!

The ANZMTG team has been hard at work making the ANZMTG website more informative and user-friendly. The website has been updated with the addition of basic melanoma and trials information, media updates both from within ANZMTG and around the globe, publications relating to trial results and a calendar of upcoming events.

ANZMTG's new look website was launched in mid-November.

Please log on and have a look - the web address is still: http://anzmtg.org/

ANZMTG Scientific Research and Annual General Meeting 2012

Monday 10th December 2012
10am – 4pm
Melanoma Institute Australia,
40 Rocklands Road, North Sydney, Australia

To register or for more information, contact:
+61 2 9911 7354 or
anzmtg@melanoma.org.au

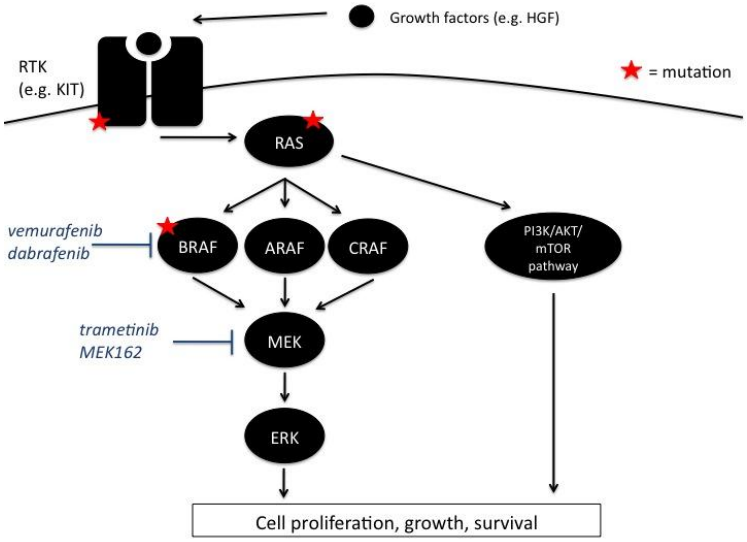
New Melanoma Drugs - How do they work?

There have been some major advances in the systemic treatment of advanced melanoma. The new treatments are known as 'targeted therapies' or 'personalised medicines'. Targeted therapies work by targeting specific oncogenes and pathways in melanoma cells. An oncogene is a mutated gene that can increase the chances of or directly lead to a cancer forming and growing.

The two most promising therapies act on 2 proteins, BRAF and MEK. These proteins are part of a cell signalling pathway that controls cell growth and division. Gene mutations can cause proteins in this pathway to be active all the time. This results in uncontrolled cell growth and melanoma.

BRAF inhibitors

A new oral BRAF inhibitor is known as vemurafenib or Zelboraf. Vemurafenib blocks the activity of BRAF proteins with the V600E mutation. This is the most common BRAF mutation and is found in about 50% of melanomas. A phase III clinical trial in 675 patients with metastatic melanoma compared vemurafenib with dacarbazine (chemotherapy). The trial showed a significant survival improvement for patients on the BRAF inhibitor so much so that all patients were switched over to vemurafenib. In the study, 48% of patients on vemurafenib responded to treatment compared with only 5% on dacarbazine[1].



Another of the new BRAF inhibitors is dabrafenib. A 250 patient trial comparing dabrafenib with dacarbazine showed that dabrafenib significantly extended progression-free survival[2]. Dabrafenib also acts in the brain. In a phase II trial of dabrafenib for patients with brain metastases of melanoma, over 80% of patients with the V600E BRAF mutation had their brain tumours shrink or stabilise[3].

Many new therapies have unknown side effects which are closely monitored in the trial setting. Both BRAF inhibitor agents are known to cause skin related side effects along with nausea, fever and fatigue; these side effects are both tolerable and manageable. The new BRAF inhibitor drugs only benefit patients with the V600E BRAF mutation in their melanomas. Doctors can find out if you have this mutation by testing a sample of your tumour.

MEK inhibitors

MEK inhibitors act downstream in the same cellular pathway as BRAF inhibitors. Initial studies with trametinib, a MEK inhibitor, had limited success, but when researchers looked at only patients with the V600E BRAF mutation, the results were more promising. A phase III trial showed that progression free survival was significantly longer in patients who received trametinib[4].

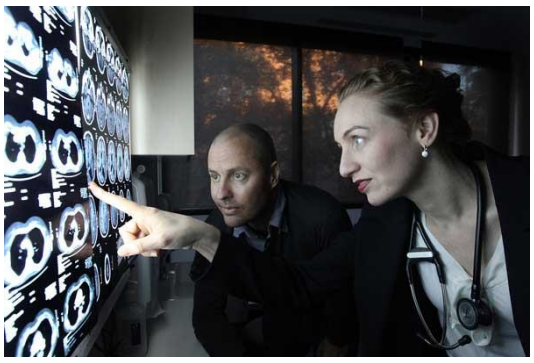
Combination therapies (BRAF and MEK Inhibitors)

Both BRAF and MEK inhibitors improve survival in patients with advanced melanoma, however they appear to stop working after 5-7 months of use. This is thought to be due to the melanomas becoming resistant to the drugs. In order to delay resistance to these drugs, researchers at the Melanoma Institute of Australia, Westmead Hospital and a number of international centres, conducted a phase I/II trial to see what happens if

[1] Chapman *et al.* Improved survival with vemurafenib in melanoma with BRAF V600E mutation. *N Engl J Med* 2011; 364 (26):2507-16.
[2] Hauschild *et al.* Dabrafenib in BRAF-mutated metastatic melanoma: a multicentre, open-label, phase 3 randomised controlled trial. *Lancet* 2012; 380(9839):358-65.
[3] Long *et al.* Dabrafenib in patients with Val600Glu or Val600Lys BRAF-mutant melanoma metastatic to the brain (BREAK-MB): a multicentre, open-label, phase 2 trial. *Lancet Oncol* 2012; 13(11):1087-95.
[4] Flaherty *et al.* Improved survival with MEK inhibition in BRAF-mutated melanoma. *N Engl J Med* 2012; 367(2):107-14.

they combined the drugs[5]. Patients with metastatic V600E BRAF melanoma were given dabrafenib alone or in combination with trametinib. Progression free survival was significantly longer in patients receiving both drugs. Patients on combination therapy were also more likely to show a response to treatment (76% compared to 54%). The researchers also found that combining the drugs reduced the side effects for patients. This treatment combination has the potential to extend the lives of many more melanoma patients than either treatment alone. New trials are examining other combination treatments.

Approval status and access to the new melanoma drugs in Australia



Dr Georgina Long examining patient scans from the phase II dabrafenib trial

Not all of these new BRAF and MEK inhibitors have approval for use in Australia. Access to these drugs can only be obtained through participation in clinical trials. Vemurafenib has been approved for use in Australia by the Therapeutic Goods Administration (TGA), however it is currently not part of the Pharmaceutical Benefits Scheme (PBS; see article on next page) and is only available to patients who can buy the drugs upfront. If you think that you may be a suitable candidate for treatment with these new drugs, you should speak to your Oncologist about the availability of clinical trials in your area. For melanoma patients without the V600E BRAF mutation, work continues to find better treatments for the disease.

Results of the ANZMTG 01.02 / TROG 02.01 Adjuvant Radiotherapy Nodal Trial

ANZMTG achieved a milestone in May 2012 with publication in *The Lancet Oncology* of results of its first completed clinical trial, the Adjuvant Radiotherapy Nodal Trial[6].

The trial assessed the effectiveness of radiotherapy to the lymph node area after surgical removal of the lymph nodes. The addition of radiotherapy after surgical removal of lymph nodes for metastatic melanoma has been controversial as there have been few studies and insufficient high quality evidence to support clinical management decisions in this setting. A total of 250 patients who were at high risk of lymph node field recurrence were enrolled between 2002 and 2007 from 16 hospitals in Australia, New Zealand, the Netherlands and Brazil. Patients were randomly allocated to receive either radiotherapy or observation and followed up for a median of 40 months.

The trial showed that the addition of radiotherapy after surgery substantially reduced the risk of melanoma recurrence in the lymph node field compared to surgery alone. Patients who received radiotherapy were 44% less likely to have a lymph node field recurrence. The addition of radiotherapy, however, did not have an effect on overall survival. The most common radiotherapy related adverse effects were radiation dermatitis and pain.

This successful study has prompted a number of new sub-studies. Planned future analyses include prospective assessments of long-term radiotherapy-associated complications and the effects of radiotherapy on quality of life and associated morbidities. We acknowledge and thank the trial sites who participated both in Australia and abroad.

Presentation of the Adjuvant Radiotherapy Nodal Trial at ASTRO 2009

[5] Flaherty *et al.* Combined BRAF and MEK inhibition in melanoma with BRAF V600 mutations. *N Engl J Med* 2012; 367(18):1694-1703.

[6] Burmeister & Henderson *et al.* Adjuvant radiotherapy versus observation alone for patients at risk of lymph-node field relapse after therapeutic lymphadenectomy for melanoma: a randomised trial. *Lancet Oncol* 2012; 13(6):589-97.

The Australian Government's Pharmaceutical Benefits Scheme (PBS)

What is it?

The Pharmaceutical Benefits Scheme allows Australians to obtain medication at a cost that is subsidised by the Federal Government, making drugs affordable for all members of the community. However, not all medications are included in the scheme and some medicines listed are only covered if they are prescribed for a specific indication. The PBS Schedule is updated on a monthly basis and a list of all medicines available under the PBS can be found at www.pbs.gov.au

In the era of new targeted therapies being developed for patients with Melanoma it is important that patients better understand the role of the PBS and how to influence access to new treatments.

How does it work?

For medications listed on the PBS Schedule, you will pay up to a maximum of $AU35.40 for each drug prescribed (or $AU5.80 if you are a concession card holder) and The Australian Government will pay the remainder of the cost. For example, a chemotherapy agent such as Paclitaxel costs up to $AU1230.86 per infusion. Of this cost, you would pay $AU35.40 and the Government would cover the remaining $AU1195.46. For any medications not listed, you are required to pay the full price of the medicine.

Who decides which drugs are listed on the PBS?

The Australian Government appointed an independent expert body named the Pharmaceutical Benefits Advisory Committee (PBAC) to review and recommend new medicines for listing under the PBS Schedule. The committee meets in March, July and November of each year and consists of doctors, health professionals, health economists and consumer representatives, ensuring a range of expertise and representation of a variety of people. When reviewing a new medication, or contemplating the use of a currently listed medication in a new therapeutic area, there are key points that the committee consider:

- Does the medication treat or prevent medical conditions not covered, or currently only partially covered, by drugs already present on the PBS Schedule?
- Is the medication more effective and/or less harmful than a currently listed drug?
- Is the medication is as effective and safe as an existing drug?
- Is the medication cost effective?

Do the public have a say as to what medicines are listed under the PBS Schedule?

Yes, six weeks prior to each meeting a list of all medications to be considered by the committee is published by the Federal Department of Health and Ageing. Recently the melanoma community has used this method to show support for Ipilimumab, a new immunotherapy agent for advanced melanoma that is to be considered at the November 2012 PBAC meeting. As it is currently not subsidised, this treatment option could cost a patient approximately $AU120,000, making it unaffordable for many if it is not listed on the PBS Schedule.

Cancer Australia

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

Australian Government
Cancer Australia

ANZMTG Clinical Trials Update

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

Chief Investigator: Dr Gerald Fogarty; ANZMTG Trial Co-ordinator: Enmoore Lin
Status: Open to recruitment
Current accrual: 95 patients
Target accrual: 200 patients over 5 years

For further information on the trial, contact Enmoore Lin on +61 2 9911 7351 or email enmoore.lin@melanoma.org.au

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

Chief Investigator: Dr Matthew Foote; Trial Co-ordinators: Janelle Meakin (TROG) & Alan Lucas (ANZMTG)
Status: Open to recruitment
Current accrual: 15 patients
Target accrual: 100 patients over 5 years

For further information on the trial, contact Janelle Meakin on +61 7 3176 2498 or email janelle_meakin@health.qld.gov.au or Alan Lucas on +61 2 9911 7352 or email alan.lucas@melanoma.org.au

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

Chief Investigator: Professor Michael Brown; Trial Coordinator: Anne Milton
Status: Protocol finalised, not yet open (Royal Adelaide Hospital only)

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

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

Chief Investigator: Dr Robyn Saw; ANZMTG Trial Co-ordinator: Alan Lucas
Status: Open to recruitment (Melanoma Institute Australia only)
Current accrual: 31 patients
Target accrual: 75 patients over 2 years

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

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

Chief Investigator: Dr Don Morton; Trial Co-ordinator: Lisa van Kreuningen
Status: Open to recruitment
Current accrual: 1558 patients (worldwide)
Target accrual: 1925 patients over 7 years

For further information on the trial, contact ANZMTG Lisa van Kreuningen on +1 310 5827053 or email lvk@jwci.org

EORTC Melanoma Module *(Acronym: MELMOD)*
Chief Investigator: Associate Professor Julie Winstanley
Status: Open

For further information on the trial, contact Julie Winstanley on +61 2 9911 7271 or email julie.winstanley@melanoma.org.au

ANZMTG Trials Approved for Development Update

Inguinal vs. ilio-inguinal lymph node dissection for patients with metastatic melanoma to groin lymph nodes and no evidence of pelvic disease on PET / CT Scan – a randomised phase III trial
Chief Investigator: Associate Professor Andrew Spillane
Status: In development

Radiotherapy followed by selective nodal dissection for high volume regional melanoma
Chief Investigator: Dr Matthew Foote
Status: In development

A randomised controlled multicentre trial of imiquimod versus radiotherapy for lentigo maligna (LM) when staged surgical excision with 5mm margins is not possible, is refused, or fails
Chief Investigator: Dr Pascale Guitera
Status: In development

For further information about trials in development, please contact the ANZMTG office on +61 2 9911 7354 or email anzmtg@melanoma.org.au.

ANZMTG Proposed Clinical Trials Update

Randomised controlled trial of 1cm vs 2 cm excision margins for 1-4 mm thickness primary invasive cutaneous melanoma *(Acronym: MelMarT)*
Chief Investigator: Professor Marc Moncrieff
Status: Protocol in development stage

For further information on the trial, contact Vanessa Neve on +61 2 9911 7348 or email vanessa.neve@melanoma.org.au

There are a number of new proposals which will also be presented and discussed at the upcoming ANZMTG Annual Scientific Meeting 2012. For more information please contact the ANZMTG office.

New Ideas for Melanoma Research?

To submit a new proposal please log on to the ANZMTG website, download and complete the **ANZMTG Clinical Trial Protocol Synopsis/Research Proposal Synopsis**. Alternatively please contact the ANZMTG office.

ANZMTG Scientific Research and Annual General Meeting 2012

Monday 10th December 2012, 10am – 4pm
Melanoma Institute Australia, 40 Rocklands Road, North Sydney, Australia

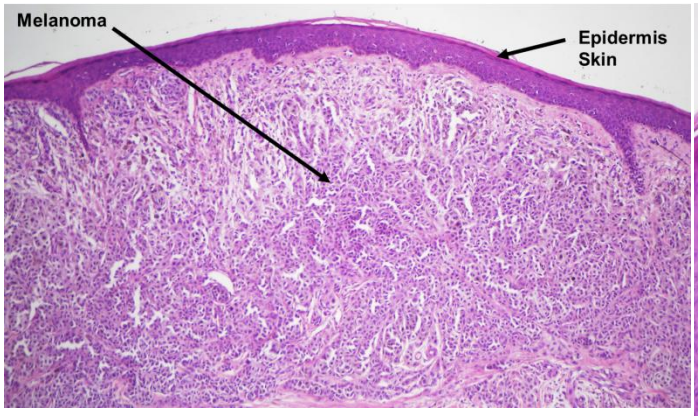
An exciting programme is planned with presentations on targeted therapies and immunostimulants, Quality of Life instruments, national consumer engagement initiatives and a wrap-up of presentations from the 6th World Meeting of Melanoma Skin Cancer Centres 2012. There will also be presentations on current ANZMTG clinical trials and new research proposals.

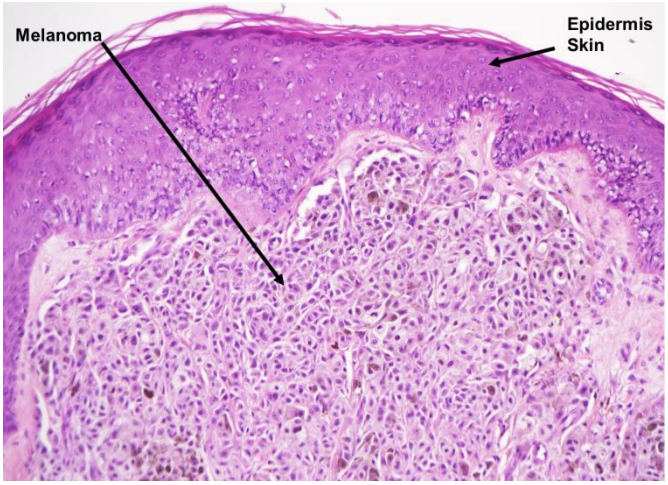
To register or for more information, contact +61 2 9911 7354 or anzmtg@melanoma.org.au

Histopathology in Melanoma Diagnosis

When someone is diagnosed with melanoma numerous new and unfamiliar terms are encountered. One such word people may not be familiar with is 'histopathology'. The word is Greek in origin and can be broken into three parts; 'histos' meaning tissue, 'pathos' disease, and 'logos' science. Thus histopathology is simply the study of diseased tissue. After diseased tissue has been excised it is examined by a pathologist under a microscope at magnifications up to 400 times. In order for the pathologist to microscopically examine the specimen, the tissue needs to be processed and placed on to glass slides.

After examining the slides of the melanoma specimen, the pathologist will write a report on the features of the melanoma, the most significant of which are: the thickness of the melanoma (known as Breslow thickness) and the completeness of excision. The pathologist will ensure that the surgeon has removed all of the melanoma with appropriate margins of healthy skin. Melanoma thickness is the most important prognostic factor for primary melanoma. In addition to examining the skin containing the excised melanoma, pathologists may also examine lymph nodes to determine whether the melanoma has spread from the primary tumour. The whole histopathology process is time consuming and reports may take between 5 and 7 days to be issued.





View of a right leg melanoma under a microscope at low magnification (above) and high magnification (right). Images courtesy of James Wilmott.

Patients seen at clinics such as Melanoma Institute Australia may have encountered the term 'slide review'. This refers to the practice of sending a patient's histopathology slides to another pathologist for his or her opinion. At Melanoma Institute Australia, slides are sent to the Department of Anatomical Pathology at Royal Prince Alfred Hospital. Slides are examined by expert pathologists such as Prof. Stan McCarthy and Prof. Richard Scolyer. This review of the histopathology is undertaken to ensure an accurate diagnosis. This is important because the pathology report will have direct implications for the patient's prognosis as well as the proposed treatment. So while you may never meet your pathologist, they play an important role in ensuring your clinician has the best information regarding your melanoma in order that you receive the most appropriate treatment.

News from the Melanoma Network of New Zealand (MelNet)

MelNet is a network of nearly 500 professionals working together to reduce the incidence and impact of melanoma in New Zealand.

MelNet members span the continuum of prevention, diagnosis, treatment, care and research, and include health promoters, nurses, general practitioners, pathologists, dermatologists, surgeons, oncologists, researchers and policy makers. Membership is free, and registration takes only a few minutes at www.melanoma.org.nz/melnet.

MelNet's current priorities include:

- implementation of the Melanoma Clinical Practice Guidelines
- improvement in melanoma data collection, including structured reporting
- best practice for primary care diagnosis of melanoma
- a national isolated limb infusion service
- regulation of sunbeds and IPL/laser devices
- development of National Standards for Melanoma.

National Melanoma Standards for New Zealand

The aim of the National Standards for Melanoma is to improve the care of melanoma patients by establishing requirements for optimal care, diagnosis and treatment, and addressing variations in care across New Zealand. The Standards will draw upon the *Clinical Practice Guidelines for the Management of Melanoma in Australia and New Zealand*. Development begins in September 2012 and will be completed by the end of June 2013.

Melanoma Summit: 5 April 2013, Wellington, New Zealand

This one-day Summit will bring together professionals interested in melanoma to share knowledge, promote best practice and identify priorities for action.

Melanoma Summit
New Zealand 2013

The programme features New Zealand experts as well as overseas speakers who trained in New Zealand and are recognised internationally for their contribution to melanoma control. There will also be workshops on prevention, pathology, clinical management and research.

One-day courses on common skin lesions and dermatoscopy will be held on 4th and 6th April. Health professionals, including doctors and nurses with a specialist role in dermatology, are invited to register for either of these dates.

Go to www.melanoma.org.nz/melnet to register or get more information.

MelNet and ANZMTG

MelNet is delighted to be able to continue working collaboratively with the Australia and New Zealand Melanoma Trials Group. Also, MelNet would welcome the opportunity to assist in establishing any trans-Tasman clinical trials for melanoma. For further information or to pursue such opportunities, please contact Betsy Marshall, MelNet Coordinator at melnet@melanoma.org.nz.

Centralised Ethical Approvals System is Launched in Australia!

All research projects in Australia require review by a qualified Human Research Ethics Committee (HREC) to ensure that they are safe for patients to participate in and the risks and benefits are suitably balanced. In 2012 a project to harmonise approvals for public hospitals in Queensland, New South Wales and Victoria has been completed. This allows researchers to submit a single application and gain approval for all public hospitals in these states. The aim is to reduce duplication of review and to inform the development of a national system of single ethical review. Researchers hope that this should expedite the speed with which new studies can be started and any changes to studies can be made quickly and easily across all states. These changes should impact upon the turnaround times for clinical trials and potentially could speed up the translation of advances from laboratories to waiting rooms.

The process for all states differs slightly and information is available at:
http://www.health.nsw.gov.au/ethics/research/index.asp
http://www.health.qld.gov.au/ohmr/html/regu/regu_home.asp
http://www.health.vic.gov.au/cchre/

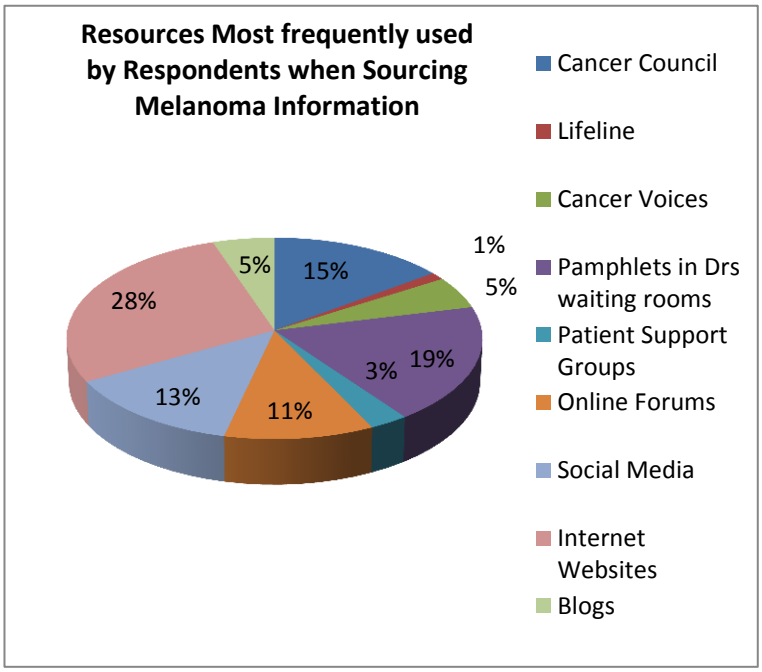
Consumer Corner

ANZMTG Community Survey Results

In 2011 a survey was released to our associate members and also more widely distributed to patient advocacy organisations. Our aim was to discover the degree of understanding melanoma patients and their carers have regarding clinical trials, their awareness of information resources available and how we can improve ANZMTG's consumer resources.

Of our respondents, almost 70% had been diagnosed with melanoma at sometime in their life. Many are aware of clinical trials but a large proportion indicated limited knowledge regarding trial details, such as what an Investigator led trial is and how trials results are disseminated.

It seems that in terms of sourcing information about their diagnosis, the majority of people turn to internet search engines and websites. Although only 3% of respondents looked to Patient Support Groups for help, it was encouraging that of those that attended a group, 84% found this to be quite or very useful, showing that if promoted more this could prove to be a valuable asset for melanoma patients.



Suggestions by respondents as to how we could improve our resources included providing more background information regarding melanoma clinical trials, a more patient specific area of the newsletter and details of upcoming events. We are gradually implementing changes to meet these needs, as evident within this edition of the newsletter where you can learn about histopathology and new melanoma drugs and with our re-designed website. ANZMTG works closely with patient support and advocacy organisations. Please contact us if you have any suggestions.

Australian Melanoma Consumer Alliance Update

The AMCA is an alliance of individuals and organisations, all of which come from a consumer perspective, wishing to help provide a consumers view and related input into research, advocacy, prevention and the general care of patients with Melanoma.

Cam Rose presenting at the SKMRC consumer breakfast, Fremantle, October 2012

It does not have an exclusive membership and wishes to take an inclusive approach to all of its activities incorporating organisations such as, the Melbourne Melanoma Project Consumer Reference Group, Melanoma Patients Australia, ANZMTG, Melanoma Institute Australia and Melanoma WA.

For more information please visit their website:
http://melbournemelanomaproject.com/

Dr Cam Rose from ACMA has been invited to attend and present at the upcoming ANZMTG Annual Scientific Meeting which will provide an excellent opportunity for broad discussion. If you would like to know more, please contact Sonia Mailer at Sonia.mailer@petermac.org

2012 - 2013 Calendar of Events

Date	Name of meeting	Location	Secretariat contact details
November			
24	Melanoma Patients Australia (MPA) Symposium and Heath Expo	Brisbane, QLD, Australia	W: www.melanomapatients.org.au/
December			
10	Australia and New Zealand Melanoma Trials Group (ANZMTG) Annual Scientific and General Meeting	Sydney, NSW, Australia	W: http://anzmtg.org/
2013			
January			
17 - 19	EADO European School of Dermato-Oncology: Fundamentals of Cutaneous Oncology	Berlin, Germany	W: http://www.dermato-oncology2013.com/
26 - 27	Melanoma 2013: 23rd Annual Cutaneous Malignancy Update	San Diego, CA, USA	W:www.scripps.org/events/melanoma-2013
February			
21 - 24	Canadian Melanoma Conference	Banff, AB, Canada	E: melanoma@buksa.com W: www.buksa.com/melanoma/
26 Feb – 1 Mar	Trans-Tasman Radiation Oncology Group (TROG) Annual Scientific Meeting	Wellington, NZ	W: www.2013trogasm.com/
March			
2 - 3	2nd Annual CURE OM Eyes on a Cure: Patient and Caregiver Symposium	Houston, TX, USA	W: www.melanoma.org/get-involved/2nd-annual-cure-om-eyes-cure-patient-and-caregiver-
24	Melanoma March	Manly Beach, NSW, Australia	W:http://www.melanoma.org.au/get-involved/melanoma-march.html
April			
5	Melanoma Summit New Zealand 2013	Wellington, NZ	W:www.melanoma.org.nz/MelNet/News/Melanoma-Summit-2013/
7-10	12th National Rural Health Conference	Adelaide, SA, Australia	W: http://nrha.org.au/12nrhc/
11 - 13	2013 Comprehensive Course on Soft Tissue Tumors and Update on Melanoma	Phoenix, AX, USA	W:www.dermpedia.org/event/scottsdale2013
May			
6 – 8	Centre for Research in Evidence-Based Practice (CREB) Protocol Development Workshop	Gold Coast, QLD, Australia	W:www.crebp.net.au/?page_id=525
6 – 10	The Royal Australasian College of Surgeons – Annual Scientific Congress	Auckland, NZ	W: http://asc.surgeons.org/
22	Australian College of Dermatologists Annual Scientific Meeting	Sydney, NSW, Australia	W:www.dermcoll.asn.au/public/meeting_and_conferences.asp
31 May – 4 Jun	American Society of Clinical Oncology (ASCO) Annual Meeting	Chicago, IL, USA	W: http://chicago2013.asco.org/
June			
27 – 30	9th World Congress of Cosmetic Dermatology	Athens, Greece	W: www.wcocd2013.com/

Please contact the ANZMTG office if you know of any upcoming events you would like included in this calendar.