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Pharma Dispatch: 6 November, 2020

PHARMADISPATCH

6 November 2020

Australians Will Need to ‘Reconcile Themselves to this New Reality’

November 6, 2020 — Privately owned Australian pharmaceutical company Specialised Therapeutics Asia has signed an exclusive distribution agreement for a new therapy to treat advanced gastrointestinal stromal tumours (GIST).

The agreement with US-based Deciphera Pharmaceuticals covers the commercialisation of switch-control tyrosine kinase inhibitor QINLOCK (ripretinib) in a number of countries, including Australia, New Zealand, Singapore, Malaysia and Brunei.

The therapy, which was approved by the TGA earlier this year, was considered under Project Orbis. The project enables the concurrent review of oncology products by international regulators, including the TGA, FDA and Health Canada.

QINLOCK was approved in Australia 'for the treatment of adult patients with advanced gastrointestinal stromal tumours (GIST) who have received prior treatment with three or more kinase inhibitors, including imatinib'.

The approval was based on efficacy results from the pivotal global phase three INVICTUS study in patients with advanced GIST. It was also based on combined safety results from INVICTUS and a phase one study.

In INVICTUS, QINLOCK demonstrated a median progression-free survival of 6.3 months compared to 1 month in the placebo arm and significantly reduced the risk of disease progression or death by 85 per cent.

QINLOCK also demonstrated a median overall survival of 15.1 months compared to 6.6 months in the placebo arm and reduced the risk of death by 64 per cent.

One of the INVICTUS study authors, Professor John Zalberg, described QINLOCK as an important new agent for the treatment of GIST, saying it was the first TGA approved fourth-line therapy to treat the disease.

"QINLOCK represents another step forward to improve outcomes for patients who are affected by this rare cancer," said Professor Zalberg.

"This is an area of high unmet need because of the poor prognosis of patients whose tumours continue to grow on prior treatment.

"We are further encouraged by data demonstrating that QINLOCK is well-tolerated, with patient-reported outcomes (PROs) suggesting that patients who received QINLOCK therapy in the INVICTUS study were able to maintain their quality of life in contrast to the fact that quality of life deteriorated in patients not receiving QINLOCK."

STA CEO Carlo Montagner said QINLOCK would bolster the company's oncology portfolio and was synergistic with its mission to address areas of unmet clinical need.

"We are thrilled to introduce this valuable therapy to patients with GIST in our region, working in collaboration with our new international partner, Deciphera Pharmaceuticals," said Mr Montagner said.

"STA will expedite access to this important medicine, with a Patient Access

Program to open in Q1 2021. This will provide subsidised access for appropriate patients at the earliest opportunity, as we file for additional regulatory approvals in other key markets, including New Zealand, Singapore and Malaysia.”

STA said the Pharmaceutical Benefits Advisory Committee will consider QINLOCK for the PBS at its March 2021 meeting.

A submission to have QINLOCK reimbursed for eligible Australian patients has been lodged with the Pharmaceutical Benefits Advisory Committee in November for consideration at the March 2021 meeting. If successful, QINLOCK could be reimbursed for Australian patients in the latter half of 2021.

Deciphera president and CEO Mr Steve Hoerter added, “We are committed to ensuring QINLOCK’s global commercial availability and are proud to be executing on our plan to deliver this important medicine to patients with advanced GIST worldwide.

“We look forward to collaborating with STA as we bring a much-needed therapeutic option to patients living in locations where we do not anticipate setting up our own commercial activities near term.”

New Drug for Gastrointestinal Stromal Tumours (GIST) to be Launched in Australia, New Zealand and South East Asia Following Distribution Agreement

Singapore, 06 November 2020: A NEW therapy to treat advanced gastrointestinal stromal tumours (GIST) will be available to patients in Australia, New Zealand and in some parts of South East Asia, following an exclusive

distribution agreement.

Independent pharmaceutical company Specialised Therapeutics Asia (STA) has signed an agreement with US-based Deciphera Pharmaceuticals, Inc. (NASDAQ: DCPH) to commercialise the switch-control tyrosine kinase inhibitor QINLOCK (ripretinib) in key regions, including Australia, New Zealand, Singapore, Malaysia and Brunei.

The therapy was one of the first approved by Australia's Therapeutic Goods Administration (TGA) earlier this year under Project Orbis, which enables concurrent review of oncology products by international regulators, including the TGA, FDA and Health Canada.

It is indicated **“for the treatment of adult patients with advanced gastrointestinal stromal tumours (GIST) who have received prior treatment with three or more kinase inhibitors, including imatinib”**.

QINLOCK has also been approved by the US Food and Drug Administration (FDA) and Health Canada (HC) for the fourth-line treatment of GIST.

The TGA approval was based on efficacy results from the pivotal global Phase 3 INVICTUS study in patients with advanced GIST as well as combined safety results from INVICTUS and the Phase 1 study of QINLOCK. In INVICTUS, QINLOCK demonstrated a median progression-free survival of 6.3 months compared to 1.0 month in the placebo arm and significantly reduced the risk of disease progression or death by 85% (hazard ratio of 0.15; 95% CI 0.09-0.25; $p < 0.0001$). In addition, QINLOCK demonstrated a median overall survival of 15.1 months compared to 6.6 months in the placebo arm and reduced the risk of death by 64% (hazard ratio of 0.36; 95% CI 0.21-0.62).¹

One of the INVICTUS study authors, Professor John Zalcborg who holds the Tony Charlton Chair of Oncology and is Head of the Cancer Research Program in the School of Public Health at Monash University as well as a consultant medical oncologist at Alfred Health, described QINLOCK as an important new agent in the GIST treatment armamentarium, noting it was the first TGA approved fourth-line therapy to treat the disease.

“QINLOCK represents another step forward to improve outcomes for patients who are affected by this rare cancer,” Professor Zalcborg said.

“This is an area of high unmet need because of the poor prognosis of patients whose tumours continue to grow on prior treatment.

“We are further encouraged by data demonstrating that QINLOCK is well-tolerated, with patient-reported outcomes (PROs) suggesting that patients who received QINLOCK therapy in the INVICTUS study were able to maintain their quality of life in contrast to the fact that quality of life deteriorated in patients not receiving QINLOCK.”

STA Chief Executive Officer Carlo Montagner said QINLOCK would bolster the company’s already-robust oncology portfolio, and was synergistic with its mission to address areas of unmet clinical need.

“We are thrilled to introduce this valuable therapy to patients with GIST in our region, working in collaboration with our new international partner, Deciphera Pharmaceuticals,” Mr Montagner said.

“STA will expedite access to this important medicine, with a Patient Access Program to open in Q1 2021. This will provide subsidised access for appropriate patients at the earliest opportunity, as we file for additional regulatory approvals in other key markets, including New Zealand, Singapore and Malaysia.”

Deciphera President and Chief Executive Officer Mr Steve Hoerter commented: “We are committed to ensuring QINLOCK’s global commercial availability and are proud to be executing on our plan to deliver this important medicine to patients with advanced GIST worldwide.

“We look forward to collaborating with STA as we bring a much-needed therapeutic option to patients living in locations where we do not anticipate setting up our own commercial activities near term.”

A submission to have QINLOCK reimbursed for eligible Australian patients has been lodged with the Pharmaceutical Benefits Advisory Committee in November for consideration at the March 2021 meeting. If successful, QINLOCK could be reimbursed for Australian patients in the latter half of 2021.

Ends.

Further inquiries: STA Senior Manager Communications and Corporate Affairs Emma Power +61 419 149 525.

About Specialised Therapeutics Asia

Specialised Therapeutics Asia Pte Ltd (ST Asia) is an international biopharmaceutical company established to provide pioneering healthcare solutions to patients throughout South East Asia, as well as in Australia and New Zealand.

ST Asia and its regional affiliates collaborate with leading global pharmaceutical and diagnostic companies to bring novel, innovative and life changing healthcare solutions to patients affected by a range of diseases. ST Asia is committed to making new and novel therapies available to patients around the world targeting diseases where there remain unmet medical needs. STA's broad therapeutic portfolio currently includes novel agents in oncology, haematology, neurology, ophthalmology and supportive care.

Additional information can be found at www.STAbiopharma.com

About Deciphera Pharmaceuticals

Deciphera is a biopharmaceutical company focused on discovering, developing and commercializing important new medicines to improve the lives of people with cancer. Deciphera is leveraging its proprietary switch-control kinase inhibitor platform and deep expertise in kinase biology to develop a broad portfolio of innovative medicines. In addition to advancing multiple product candidates from the company's platform in clinical studies, QINLOCK is Deciphera's FDA-approved switch-control kinase inhibitor for the treatment of fourth-line gastrointestinal stromal tumor (GIST). QINLOCK is also approved for fourth-line GIST in Canada and Australia. For more information, visit www.deciphera.com and follow the company on [LinkedIn](#) and Twitter (@Deciphera).

About GIST

Gastrointestinal stromal tumor (GIST) is a cancer affecting the digestive tract or nearby structures within the abdomen, most often presenting in the stomach or small intestine. GIST is the most common sarcoma of the gastrointestinal tract, with approximately 4,000 to 6,000 new GIST cases each year in the United States and a similar incidence rate in European and other countries. Most cases of GIST are driven by a spectrum of mutations. The most common primary mutations are in KIT kinase, representing approximately 80% of cases, or in PDGFR α kinase, representing approximately 6% of cases. Current therapies are unable to inhibit the full spectrum of primary and secondary mutations, which drives resistance and disease progression. Estimates for 5-year survival range from 48% to 90%, depending on the stage of the disease at diagnosis.

About the INVICTUS Phase 3 Study

INVICTUS is a Phase 3 randomized, double-blind, placebo-controlled, international, multicenter clinical study evaluating the safety, tolerability, and efficacy of QINLOCK compared to placebo in patients with advanced GIST whose previous therapies have included imatinib, sunitinib, and regorafenib. Patients were randomized 2:1 to either 150 mg of QINLOCK or placebo once daily. The primary efficacy endpoint is progression-free survival (PFS) as determined by independent radiologic review using modified Response Evaluation Criteria in Solid Tumors (RECIST). The median PFS in the study was 6.3 months compared to 1.0 month in the placebo arm and significantly reduced the risk of disease progression or death by 85% (hazard ratio of 0.15, $p < 0.0001$). Secondary endpoints as determined by independent radiologic review using modified RECIST include Objective Response Rate (ORR) and Overall Survival (OS). QINLOCK demonstrated an ORR of 9.4% compared with 0% for placebo ($p = 0.0504$). QINLOCK also demonstrated a median OS of 15.1 months compared to 6.6 months in the placebo arm and reduced the risk of death by 64% (hazard ratio of 0.36).

About QINLOCK (ripretinib) Specialised

QINLOCK is a switch-control tyrosine kinase inhibitor that was engineered to broadly inhibit KIT and PDGFR α mutated kinases by using a dual mechanism of action that regulates the kinase switch pocket and activation loop. QINLOCK inhibits primary and secondary KIT mutations in exons 9, 11, 13, 14, 17, and 18 involved in GIST, as well as the primary exon 17 D816V mutation involved in systemic mastocytosis, or SM. QINLOCK also inhibits primary PDGFR α mutations in exons 12, 14, and 18, including the exon 18 D842V mutation, involved in a subset of GIST.

QINLOCK is approved by the U.S. FDA for the treatment of adult patients with advanced GIST who have received prior treatment with three or more kinase inhibitors, including imatinib. It is also approved by Health Canada for the treatment of adult patients with advanced GIST who have received prior treatment with imatinib, sunitinib, and regorafenib and by the Australian Therapeutic Goods Administration for the treatment of adult patients with advanced GIST who have received prior treatment with three or more kinase inhibitors, including imatinib.

Deciphera Pharmaceuticals is developing QINLOCK for the treatment of KIT and/or PDGFR α -driven cancers, including GIST, and maintains global development and commercial rights except for select geographies. Deciphera Pharmaceuticals has an exclusive license agreement with Zai Lab (Shanghai) Co., Ltd. for the development and commercialization of QINLOCK in Greater China (Mainland China, Hong Kong, Macau, and Taiwan). Deciphera Pharmaceuticals has an exclusive distribution agreement with Specialised Therapeutics Asia (STA) for the commercialization of QINLOCK in Australia, New Zealand, Singapore, Malaysia and Brunei.

- • Specialised Therapeutics Asia (STA) to make QINLOCK[®] (ripretinib) available to appropriate patients in Australia, New Zealand, Singapore, Malaysia and Brunei following exclusive distribution agreement
- • QINLOCK is already approved by the Therapeutics Good Administration (TGA) and US Food and Drug Administration (FDA)
- • In the INVICTUS study, QINLOCK reduced the risk of disease progression by 85% in advanced GIST patients who have received three

prior therapies¹

References

1. Blay J-Y et al. Ripretinib in patients with advanced gastrointestinal stromal tumours (INVICTUS): a double-blind, randomised, placebo-controlled, phase 3 trial. *Lancet Oncol.* 2020; 21: 923-934

STA Announces New US Partner

PHARMADISPATCH

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Australian Company Adds to its Oncology Portfolio with GIST Therapy

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A submission to have QINLOCK reimbursed for eligible Australian patients has been lodged with the Pharmaceutical Benefits Advisory Committee in November for consideration at the March 2021 meeting. If successful, QINLOCK could be reimbursed for Australian patients in the latter half of 2021.

Deciphera president and CEO Mr Steve Hoerter added, “We are committed to ensuring QINLOCK’s global commercial availability and are proud to be executing on our plan to deliver this important medicine to patients with advanced GIST worldwide.

“We look forward to collaborating with STA as we bring a much-needed therapeutic option to patients living in locations where we do not anticipate setting up our own commercial activities near term.”

Small Cell Lung Cancer: Fraser’s Story



LIVING WITH SMALL CELL LUNG CANCER: MEET FRASER STEWART

New lung cancer therapies bring hope to people like Fraser Stewart.

The 64-year-old father of two and retired diesel mechanic was diagnosed with Small Cell Lung Cancer in July 2019. Already he has endured rounds of chemotherapy, radiotherapy and immunotherapy. Now he hopes another new therapy will give him more time with his family and to enjoy life on his acreage outside Melbourne.

“I am still looking on the bright side,” Fraser says now. “I don’t know how long this treatment will give me and I am just really taking things week by week.

“But this is not the first time I have gone through cancer. I had melanoma about 15 years ago. I am living on the hope that I got through the melanoma. I have beaten the odds once and I hope to live past the odds again. The research is always improving, and different people have different outcomes.”

Fraser was “reasonably fit” when he was diagnosed for a second time but knew something was wrong when he became short of breath and began coughing blood.

An initial CT scan was misinterpreted. “The scan guy missed a 10-millimetre tumour. But I knew something was wrong. It took a month or more to be diagnosed.”

Around 12,000 Australians are diagnosed with lung cancer every year and Small Cell Lung Cancer accounts for around 15% of cases.

This disease usually begins in the middle of the lungs and spreads more quickly than non-small cell lung cancer.

Lung cancer symptoms may include shortness of breath, voice changes including hoarseness, chest pain, coughing or spitting up blood, a new cough that does not go away or recurring bronchitis or pneumonia. Some patients notice enlarged fingertips, a loss of appetite, unexplained weight loss or tiredness.

Fraser says it's impossible to know what has caused his cancer this time around.

"I was a smoker, and obviously through my work I was exposed to diesel fumes, and diesel oils and petroleums. I was also possibly exposed to asbestos. I have not lived the cleanest of lives, but I did give up smoking 27 years ago."

For now, he is just living "week by week". "I have got a lot to look forward to. I have got a little granddaughter Harriet, who is nearly four. And my daughter is having her first child due the day before my birthday on 29 November. My son and his wife are having their second child around Christmas. Also, I have not ridden my horse for nearly two years. That's one of my ambitions - to have another ride."

Fraser shared his experience in October 2020.

Lung Cancer Awareness Month: Brian's Story

73 year-old Brian Flynn loves a beer, his family and the St Kilda Football Club. The former industrial cleaner was close to retirement when first diagnosed with lung cancer five years ago. He had been a heavy smoker as a younger man, and was originally diagnosed after doctors investigated the source of his chest

pain.

Your Money and Breast Cancer



The following article features in Issue One of the ST BREAST magazine.

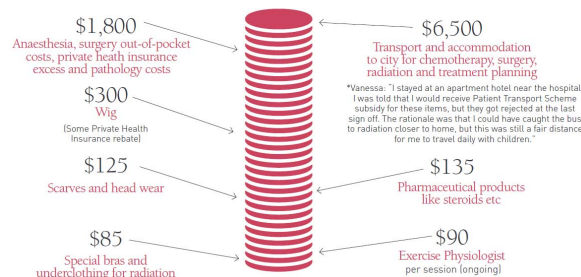
Vanessa was 43 years old and a single mum to two children aged five and three when she was diagnosed with breast cancer in 2016. She had a mortgage and took eight months off work, using all her accrued annual leave and sick leave and then taking leave without pay. Because she had private health insurance, her surgery was done in a private hospital, but her chemotherapy and radiotherapy treatments were in the public system. Three years post-diagnosis, she has tallied up the bills and now estimates she is already more than \$25,000 out-of-pocket - and this is not counting intangibles, like not being considered for promotion at work or other forms of professional development.

Vanessa says now, "Transport and accommodation expenses were my biggest spend. If I had known that the Patient Transport Subsidy scheme would not be applied in my case, I would have gone private for adjuvant therapies as well, and gone to a private oncology centre closer to home, allowing us to stay in familiar surrounds for the treatment period. Overall, I would say that we were fortunate, because I had critical illness insurance, and this paid out a lump sum soon after diagnosis. "I really recommend that people get this now. It meant that I could meet immediate expenses without stress and also, I didn't have to worry about things like mortgage payments, while in the gap between salary continuance and no pay.

"I wanted as little disruption as possible to the children so keeping them with me and acting like we were on a bit of a city holiday was really important and I am fortunate I was able to do this because of my financial situation.

"The most surprising expenses have been the ongoing costs - even now, three years post active treatment. Because of treatment side effects, I am paying for orthotics for my feet and having eyebrow tattoos because mine never properly returned. I am also having counselling for anxiety and am taking other ongoing medication. Even travel insurance is more expensive now. Yes, a breast cancer diagnosis is expensive."

Some of Vanessa's costs:



WITH ANNE GRAHAM
STORY WEALTH CEO

The out of pocket costs described by Vanessa on the previous page might seem hefty, but they're all too familiar when it comes to breast cancer, according to senior financial planner Anne Graham. The Melbourne-based CEO of Story Wealth Management says a cancer diagnosis can be financially crippling to young and growing families, particularly when women are still working, raising children, contributing to mortgages and other household expenses, as well as managing busy lives. She says breast cancer is expensive, with a Deloitte report recognising that the average patient pays around \$36,000 over a lifetime in out of pocket expenses - with most incurred in the first few years post-diagnosis.

"Obviously the out of pocket medical costs will vary patient to patient, depending on the treatment they have and whether they have private health insurance, Anne says.

"As a starting point, I would tell women to contact their private health insurance provider at the earliest opportunity after diagnosis and establish exactly what they are entitled to. "I would then look at whether some of the treatments required might be able to be covered as a public patient, even for a patient who has private health cover." It makes sense to get as much information as possible to enable you to make an informed decision.

A 2016 Breast Cancer Network Australia report noted that a woman with private health insurance will typically pay around double the out of pocket costs of a public patient. This higher financial burden for private health insurance holders results from expenses incurred during surgeries, chemotherapy, radiotherapy, breast MRI scans and other diagnostic tests, as well as specialist consultations.

"But the other things that go under the radar and can be crippling to families are loss of expected income, for both patients and carers, as well as additional costs of 'buying in' help with household tasks and childcare," Anne says.

"These are costs that are not actually related to medical expenses, but are part of the cost of cancer."

And it might be all the 'little things' that really add up. A study by Cancer Council Victoria in 2016 estimated that the average cancer patient in Victoria would spend \$1,128 on parking alone in their first year after a cancer diagnosis. Then there are costs of complementary therapies, wigs and turbans. Anne also warns that reconstructive surgery might be classed as elective if it is 'after the fact' and again, costs can blow out. "I would always advise women to do their homework and really investigate what they are going to be billed for.

"It's also really helpful if they have another set of ears when this information is provided because there is so much that they are trying to process."



Anne says there are a number of questions she would ask a woman upfront who had just been diagnosed with breast cancer in order to make a financial plan. These include:

How much do you have in the bank? Have you got access to money immediately?

Everyone should have a nest egg for situations like these. We typically say three months income or \$10,000. But everyone's expenses are different. It just provides you with an immediate buffer.

How much have you got in superannuation?

A woman who has been diagnosed with terminal disease and has a life expectancy of less than two years is able to get early access to their lumpsum benefits from their super fund, tax free. To do this, two medical practitioners must fill in documents noting that your life expectancy is less than two years. If you live longer, you are not obliged to repay the money and there is no penalty.

When breast cancer is not considered terminal, it is quite difficult to access superannuation early - and when we say early, we mean before age 55 at the earliest. You can access super these days for various treatments, but getting early release of super because you have breast cancer and need the money can be tricky. You need to demonstrate real financial hardship, but to do this you need to have been receiving an eligible Centrelink income support benefit for 26 continuous weeks to qualify.

A woman may be able to access her super under special provisions for a mortgage under difficult circumstances - when there is going to be a house foreclosure for example, but you can't access it to pay rent. That's just the way the rules are. If a woman is seeking access to super to pay for medical treatment, it needs to be signed off by a specialist, so it is quite a process.

And in the big picture, it is sometimes not the best thing to access super early. Depending on the prognosis, these funds might be better used later on. Have you got sick leave or annual leave accrued? Are you entitled to any time off work?

Even if a woman is planning to continue working through treatment there are going to be days that she will need to take off work, for treatment and/or the effects of treatment. It is important employers are flexible and patients are realistic about what they can achieve and manage. Having a frank conversation with an employer from the outset is important, so both parties are comfortable with how things are going to be managed. We find that even patients with resources behind them are reluctant to not work.

But I would also tell women to think about going part-time even in the short term, if it is not a financial necessity.

Can your partner afford to take time off work?

Women often need support at medical appointments and when they are recovering from the effects of treatment. If there is no other family support, a partner may need to take time off work to step in and help. We find women rely on family and friends a lot, through school communities and the kindergarten mums, things like that. The best of people comes through in times like this.

Can you approach your lender to ask for a freeze on payments for three months?

If you think you are going to be in real strife, you are better off being proactive. Sometimes lenders will allow a temporary freeze on mortgage payments and this might give you a bit of breathing space when some of the costs are rolling in. It's always worth asking the question sooner than later, and before things get out of hand.

Are you covered by insurance?

I think trauma insurance is right up there with income protection insurance - everyone should have it. How much it costs depends on age, gender and even whether you are a smoker.

But the reality is that most women don't have this kind of insurance in place, and don't even know about it. People tend to begrudge paying for insurance, because they don't see a return on investment. But there is very little to help women other than insurance when they face a breast cancer diagnosis.

Income protection insurance might cover you if you can't work. A total and permanent disability insurance might be paid out if you can't work again, but trauma cover has no relationship to your ability to work. What it is related to, is a diagnosis of a specified illness or injury. And the big ones that are typically covered under a trauma policy are heart attacks, stroke and cancer. It is a lump sum payment that is paid out on diagnosis. The beauty of a trauma insurance policy is that you get that paid provided the illness meets the definition in your policy. The lump sum payment can pay for treatment, or fill in the gaps when you have leave without pay, or your partner takes carer's leave. It is money that can replace income or be used for treatment or even a holiday. It really can see people through some very tough times.

Anne Graham

* For more information about Story Wealth Management or to speak with a financial advisor, please go to www.storywealth.com.au or phone 03 8560 3188

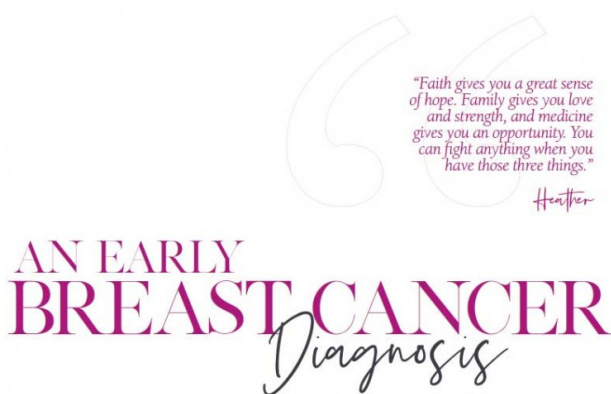
This information is of a general nature only and has been provided without taking account of your objectives, financial situation or needs. Because of this, we recommend you consider, with or without the assistance of a financial adviser, whether the information is appropriate in light of your particular needs and circumstances.

Start Moving

Dale Ischia is an accredited exercise physiologist and a cancer exercise specialist. She says it's now "beyond doubt" that exercise is vital before, during and after a breast cancer diagnosis, with the benefits not only physical.

An Early Breast Cancer Diagnosis

The following article features in Issue One of the ST BREAST magazine.



Heather Plaister clearly remembers the moment she found a breast lump. A woman of great faith, she had said a morning prayer before asking God if there was someone she should be praying for. "Then it was just like a thought process went through my head - 'you have not done a breast check for a while'." Heather was only 48 at the time but did a check and found a lump. Tests revealed she had a stage 3 aggressive breast cancer

that had spread to her lymph nodes. She and her husband David were devastated, and worried about how to break the news to their teenage daughter, Elenarose. Since her diagnosis in 2017, Heather has endured surgery, chemotherapy, radiotherapy, targeted therapy and a further year of therapy to try and reduce her risk of recurrence. Now, she says she has done all she can and “faith, family and medicine” help her to remain positive.

“Our daughter Elenarose was just about to go into Year 9 when I was diagnosed with an aggressive, advanced breast cancer. She was almost 14 and we all know that can be an incredibly difficult time for teenage girls.

Only weeks earlier we had given her a letter from us both as part of her birthday present, telling her all the things we would like her to achieve and talking about what makes her special. She read it and said, ‘Is one of you dying?’ And we said, ‘No, it’s a big year for you and we wanted you to know all of this’.

And then of course two weeks later we were sitting her down and telling her I was not well.

From the start, we decided to be very honest with her. Elenarose is a mature girl anyway and a great communicator.

We discussed what the approach was moving forward, and we talked about faith.

Through all of it, she has been incredibly calm. That doesn’t mean she hasn’t cried, because she has. But she has been positive and very aware. So, we would tell her everything that was going on, and I think that helped.

Her school was amazing. I went and spoke to them and they provided phenomenal support right from the start. They made sure all her relevant teachers knew and they spoke with all her close friends. Our wider family was also very caring, regularly checking in. My Mum also travelled from the country every few weeks to be there for us.

I did find the treatment very hard, particularly the 24 weeks of chemotherapy. I was always the person who got the very worst side effects that only 2-5% of women get. I was having double doses every three weeks and the first time, I was sick for a week. The second dose, it had extended to two weeks. By the third dose,

I was very unwell. I ended up with nasty anal fissures and various gastro issues which were exceedingly painful. Sometimes I would just sob into David's arms, but I am so grateful that although my body began to break down from the treatments, my heart and mind stayed strong.

Then, when you are thrown into early menopause with the hormone therapies, it is hard. I was having terrible hot flushes, waking every night.

We have since talked to Elenarose about how she managed, through those first few months in particular. She told us, 'I made a choice in that first week - I thought, 'I can get really angry and react badly, or I can have faith'. She chose faith and the 'cup half full' approach and seeing how she has handled everything makes me so proud.

As a family we have thrown everything we can at this cancer. I have done everything I can to fight it.

And Elenarose said the other day, 'You know what? One good thing came out of all of this - because of your hot flushes, we got ceiling fans!'

Heather Plaister

STA Named Employer of Choice in 2020 ABA Business Awards

Melbourne, Australia, 8 October 2020: Independent pharmaceutical company Specialised Therapeutics Australia (STA) has been recognised as an Employer of Choice in The Australian Business Awards 2020.

The prestigious awards recognize organisations demonstrating business innovation, product innovation, technological achievement and employee engagement via a set of comprehensive award categories.

The Employer of Choice (EOC) accolade in particular, recognises workplaces that help employees reach their full potential, via the introduction of policies and practices encouraging recruitment, engagement and retention.

STA Chief Executive Officer and co-founder Mr Carlo Montagner said STA had a long-standing commitment to recruiting and retaining outstanding employees, and further building and maintain a company culture consistent with its core values of Passion, Integrity, Teamwork, Courage and Humanity, or 'PITCH'.

"Since Bozena and I established STA 12 years ago, we have remained determined to embed these core values into all facets of our business," Mr Montagner said.

"We are an independent, family-owned pharmaceutical company that has grown from two employees in 2008 to more than 35 currently, commercialising our portfolio of specialist medicines in Australia, Singapore, Malaysia and New Zealand.

"Our independence sets us apart, not only in terms of our family values, but in how we nurture and build our workforce. We have introduced a range of initiatives to attract and retain a top-quality team who bring extensive experience in global pharma. STA is proud to be recognised by the ABA and will continue striving to remain an Employer of Choice in the Australian pharma industry."

Some of the workplace initiatives introduced by STA to encourage recruitment, engagement and retention of high calibre employees include flexible work arrangements, additional leave, Weekend Arvo Kick Start or 'WEAKS' leave, over-and-above the legally required employer superannuation contributions, outstanding health insurance benefits and ongoing training and development.

Mr Montagner added: "Workplace flexibility has been a pillar of our business to date, and will remain so moving forward. Currently, a majority of our employees are women. While we have not hired based on gender but on capability, we understand that female employees are frequently balancing work and life requirements. We have worked hard to achieve an inclusive and accommodating environment at STA that helps all team members fulfill their obligations outside work as well as enjoy career success."

ABA Program Director Ms Tara Johnston said: "Fifty-four organisations have been selected in this year's ABA Employer of Choice Awards. These organisations have

demonstrated adaptability in the workplace by utilising flexible and new ways of working and learning.

“The landscape of the workplace environment has changed rapidly, as technology has gained momentum, coinciding with businesses navigating a broad range of interrelated issues from the impact of the current challenges facing the global economy. The ability to work from anywhere, combined with the advances in connectivity tools makes us geographically neutral.

“Leading organisations have begun to implement an entirely new working environment that break down communication barriers, positioning organisations to harness the talent within their organisation, transform the employee experience and position businesses to be more resilient.”

Entrant organisations are required to demonstrate achievements across the key areas of Organisational Culture; Leadership & Strategy; Employee Education, Training & Development; Employee Health, Safety & Satisfaction; Performance Management; Recognition & Remuneration.

Organisational participation includes private companies, public companies, multi-national subsidiaries, non-government organisations, educational institutions, government departments, government agencies, local government and statutory bodies operating in Australia.

For more information visit <https://employerofchoiceawards.com.au/eoc-winners-2020/specialised-therapeutics-2020-eoc/>

Further Enquiries

Emma Power, Corporate Affairs and Communications Manager, Specialised Therapeutics Asia +65 3158 9940 or +61 419 149 525 or epower@stbiopharma.com

About Specialised Therapeutics Asia

Specialised Therapeutics is an international biopharmaceutical company established to commercialise new therapies and technologies to patients throughout Australia as well as in New Zealand and South East Asia. ST and its regional affiliates collaborate with leading global pharmaceutical and diagnostic companies to bring novel, innovative and life-changing healthcare solutions to patients affected by a range of diseases. Its mission is to provide therapies where there is an unmet need. The company's broad therapeutic portfolio currently includes novel agents in oncology, haematology, neurology, ophthalmology and supportive care.

Additional information can be found at www.stbiopharma.com