Cancer Nurses Society of Australia

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Perth Convention and Exhibition Centre

SUPER-ED Trial: Transforming care for Cancer Unknown Primary.

SUPER

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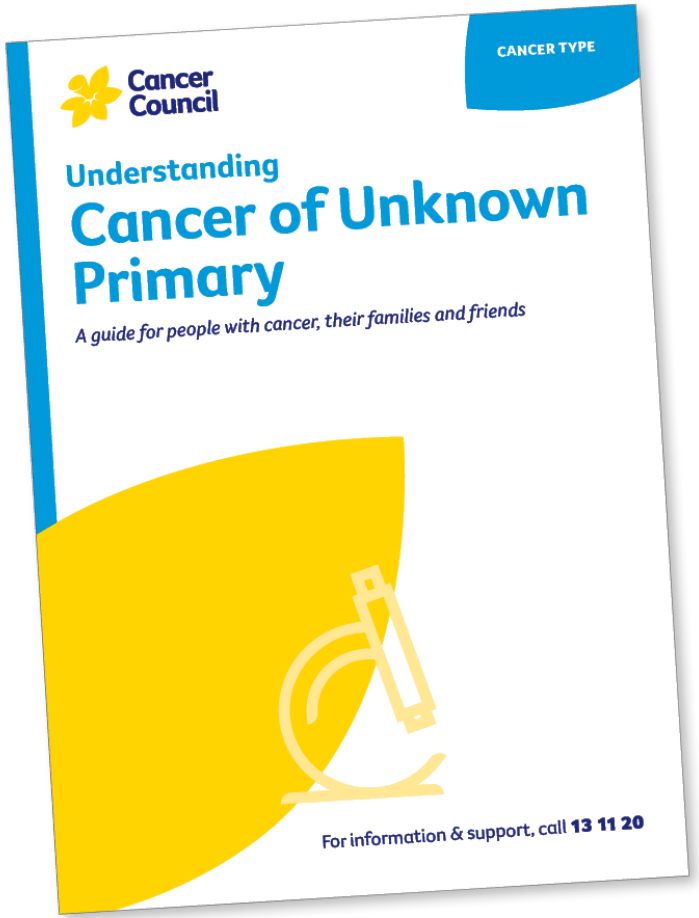
Australia

Disclosures

Travel Grant ANU Peter MacCallum Cancer Centre

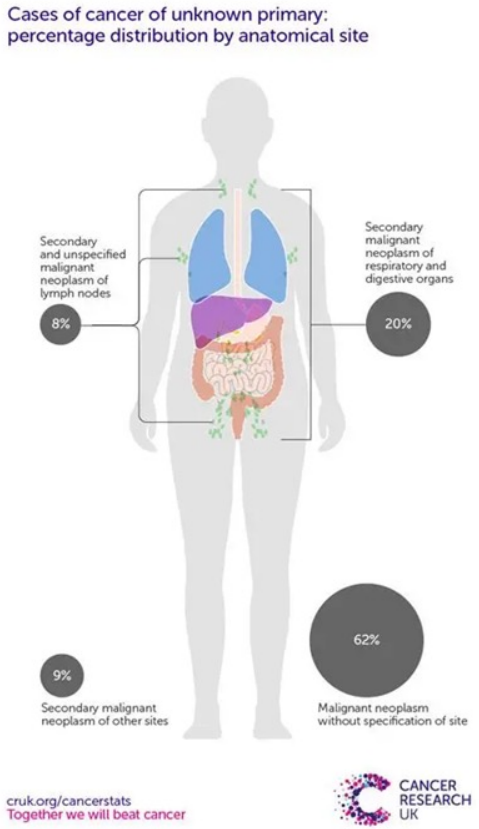
Presentation outline

- Introduction to Cancer Unknown Primary (CUP).
- Why this study matters.
- Aim.
- Design/Methods.
- Results.
- Conclusion.
- Case Study.



Introduction/Background

- Cancer of Unknown primary (CUP) is defined as diagnosis of metastatic disease, whereby following extensive investigation, a primary anatomical site cannot be identified.
- CUP accounted for 1.8% of all cancers diagnosed in 2019 and is the 4th most common cause of cancer death worldwide.
- CUP patients have a significantly lower overall survival compared to other metastatic cancers where a primary is known



Why This Study Matters?

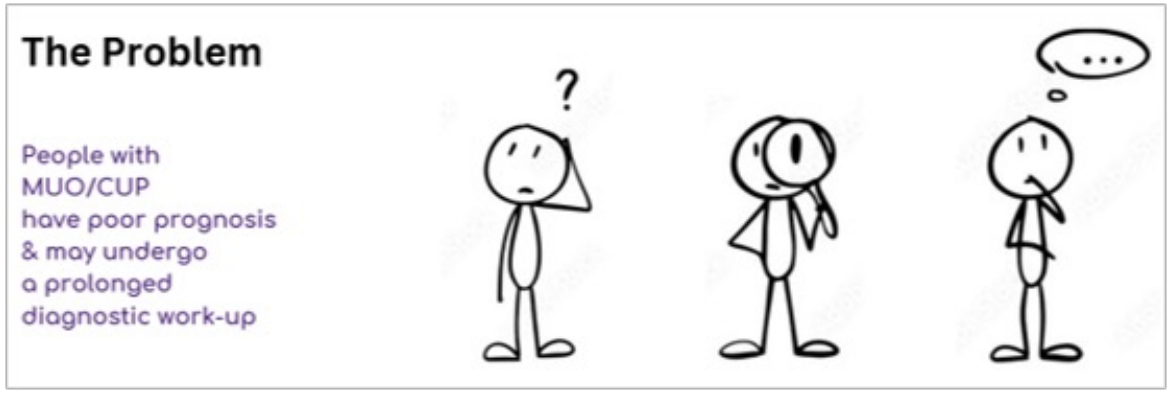
Limited access to CUP specific Australian online resources.

Limited support for patients with suspected cancer, with unclear primary.

No dedicated care coordination for CUP → patients lost in the system.

Absence of CUP-specific services or multidisciplinary teams. (like in the UK)

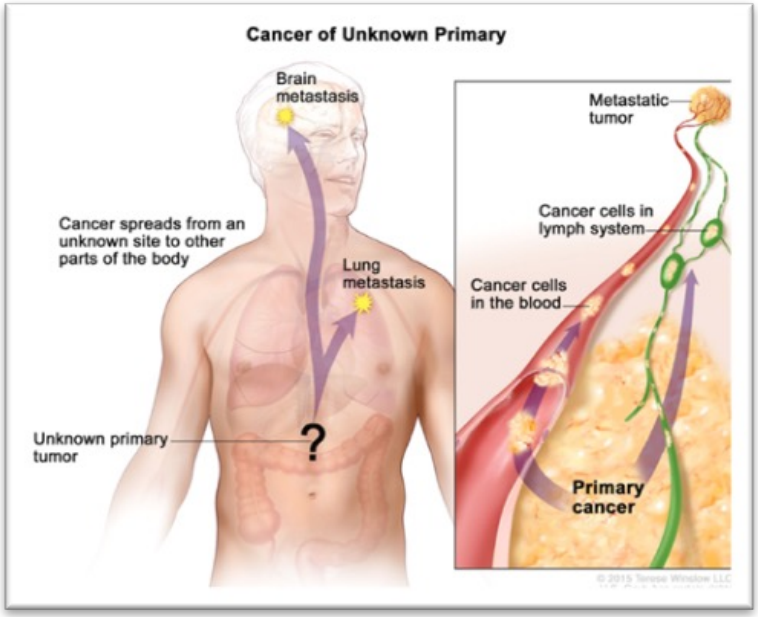
Distress and confusion for patients and families.



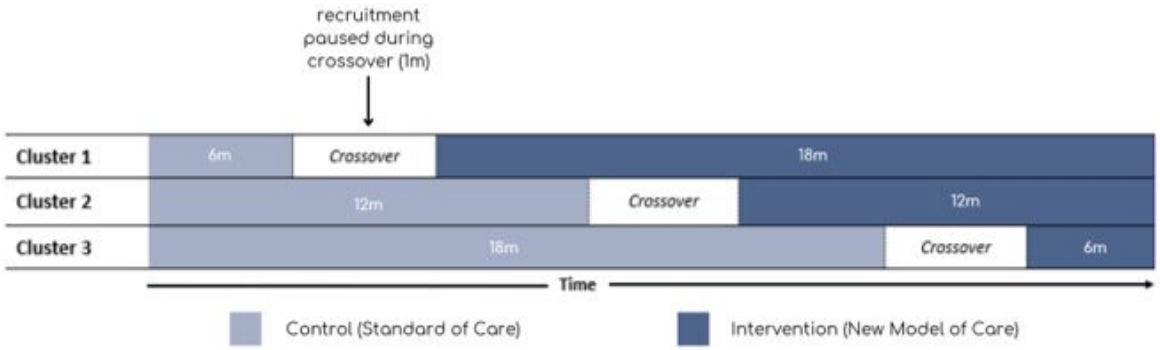
Aim

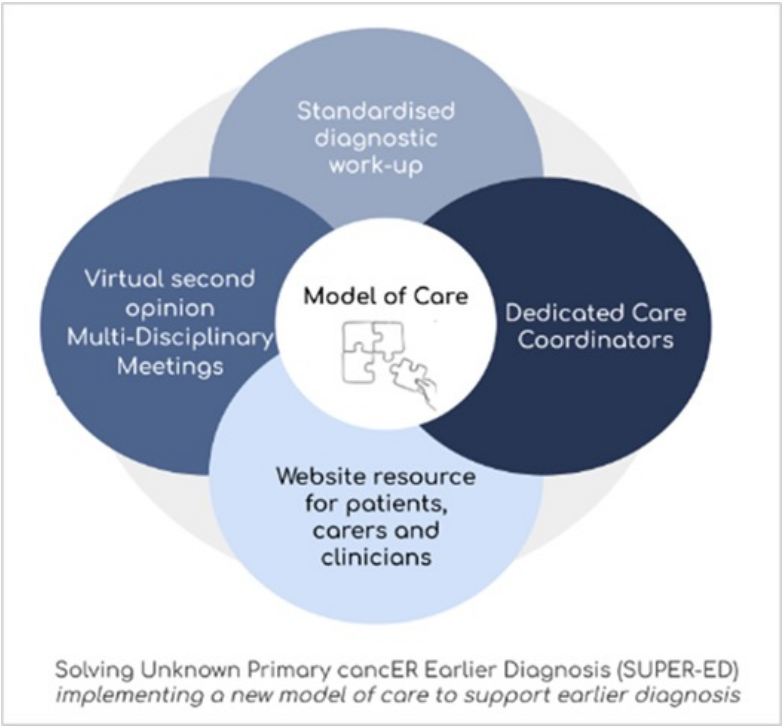
The SUPER-ED trial (Solving Unknown Primary Cancer-Earlier Diagnosis) was co-designed by consumers and clinicians to investigate and implement a new model of care (MoC).

This is to be implemented across a national network of oncology services, with the aim of improving time to diagnosis and outcomes for people with suspected CUP.



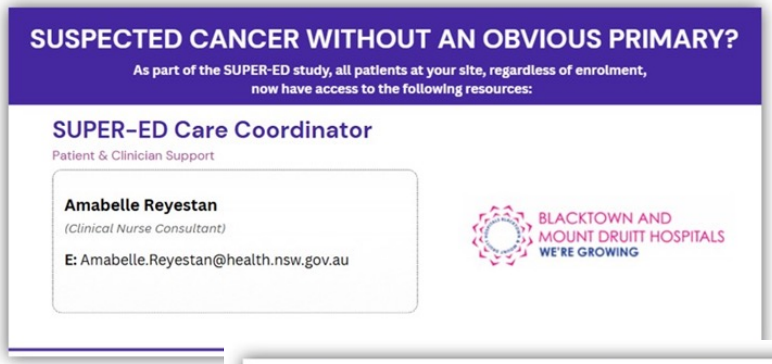
Design/Methods

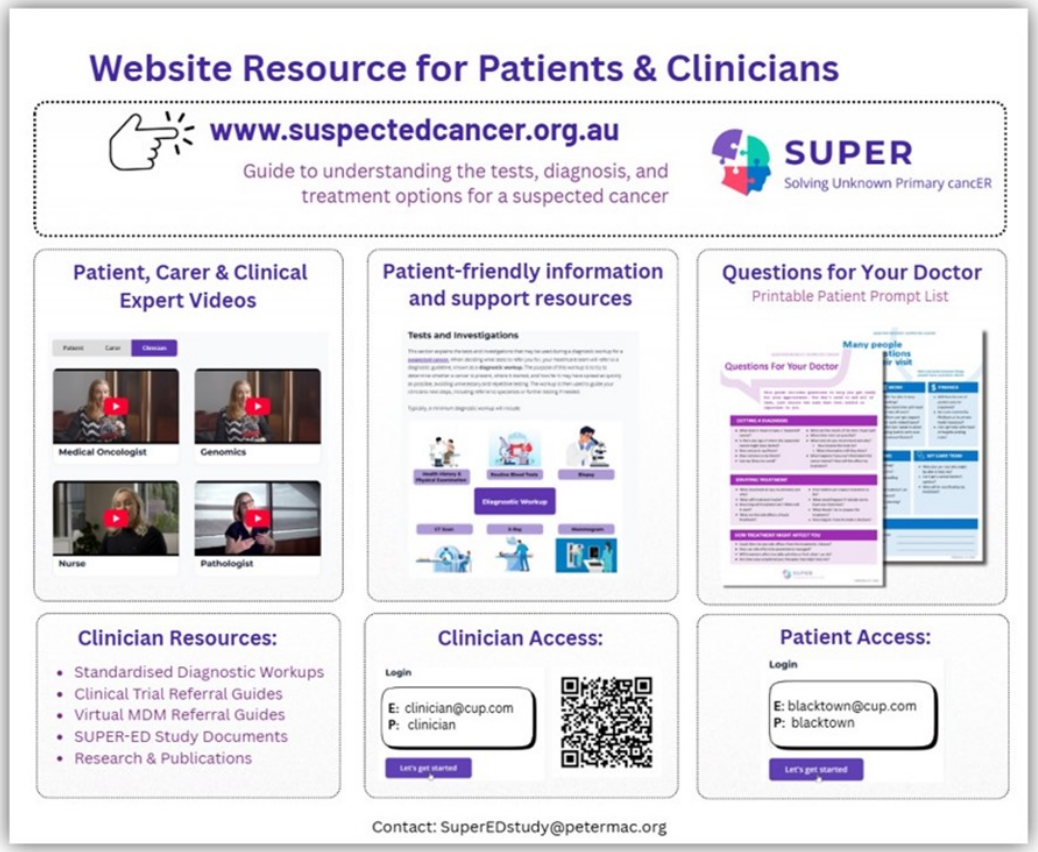




Solving Unknown Primary cancER Earlier Diagnosis (SUPER-ED)
implementing a new model of care to support earlier diagnosis

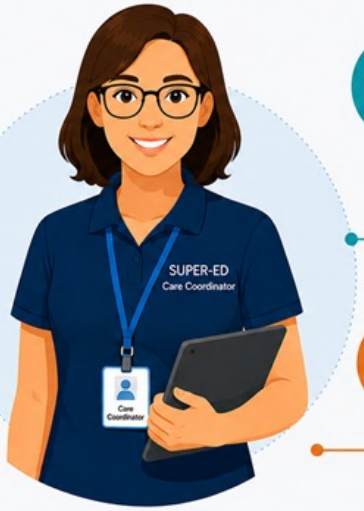
Design/Methods- MoC





SUPER-ED Care Coordinator

critical to the success of new model of care:



Health service Champion

Leads and advocates for the SUPER-ED model of care at the local health service.

Virtual MDM referrals

Facilitates referrals to the Virtual MDM for timely multi-disciplinary review and decision making.

Navigation and support

Coordinated navigation and support during a suspected cancer diagnostic workup.

Website access to patients & carers

Ensures patients and carers have access to information, resources and support via the SUPER-ED website.

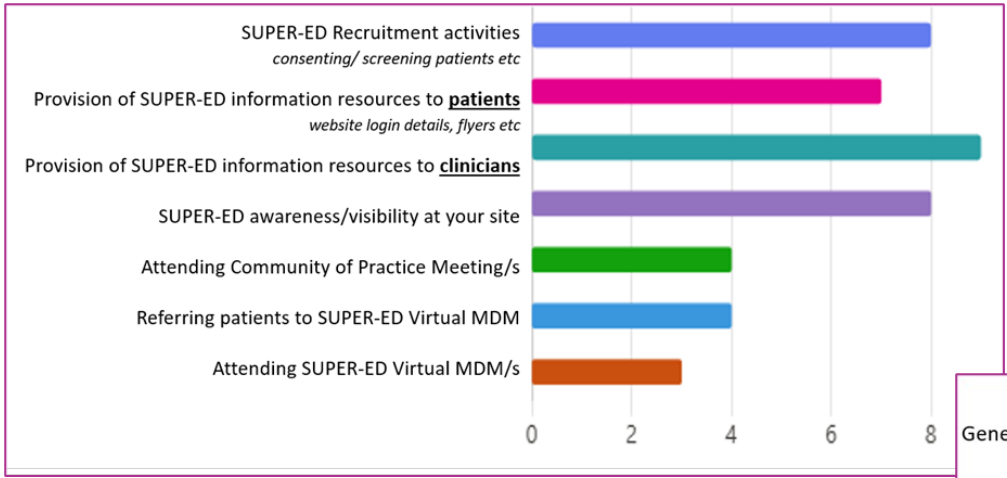
Collaborate, streamline, supporting patients through an uncertain cancer diagnosis

Funded 0.1 EFT

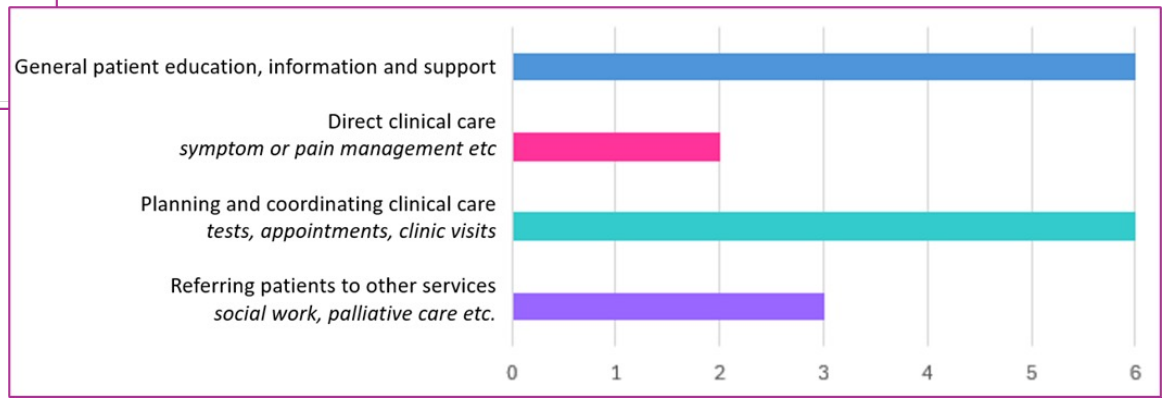
Care Coordinator Interactions Survey

Site:	Nurse Consultant Care Coordinator	Research Nurse	Time in Position:	SUPER-ED CARE COORDINATOR	SUPER-ED STUDY COORDINATOR	Shared CC?
Border	YES	-	3-6 m	YES	YES	-
Box Hill	-	YES		YES	YES	YES
Monash	YES	YES	< 3	YES	YES	-
Brisbane	YES	-	< 3	YES	-	-
Peter Mac	YES	-	12 +	YES	-	-
Barwon	-	YES	< 3 m	YES	YES	-
Westmead	YES	-	3-6 m	YES	YES	-
Blacktown	YES	-	< 3 m	YES	-	-
Southwest	-	YES	12 +	YES	YES	YES
Darwin	-	YES	6-12 m	YES	YES	YES
	6/10	5/10		10/10	7/10 *dual CC/SC role*	3/10

Task Tracker



Patient care activities



SUPERED activities

How is the model working?

Site	My colleagues understand my role	I feel well integrated into the team	I have enough support and resources to do this role well	I can fit this role into my usual workload	SUPER-ED resources are used in day-to-day practice as intended	Clinicians at my site are using the SUPER-ED Model
D	Neutral (N)	Agree	Agree	N	Agree	N
J	Agree	N	N	Disagree	N	Agree
M	Disagree	Disagree	N	Agree	Disagree	N
G	N	Agree	N	Disagree	N	Agree
A	N	Agree	N	Disagree	N	N
I	N	Disagree	N	Agree	Agree	Agree
K	N	N	Disagree	Disagree	N	N
B	Disagree	Disagree	Disagree	Disagree	N	Disagree
F	N	Agree	Agree	Agree	Agree	N
L	Agree	N	N	Agree	Disagree	Disagree
	20% agree	**40% agree**	**20% agree**	**40% agree**	**30% agree**	**30% agree**
	60% neutral	30% neutral/disagree	60% neutral	50% disagree	50% neutral	50% neutral

Care Coordinator Training

- Training for CUP Care Coordinators from external sites outside of Peter MacCallum Cancer centre (PMCC), run onsite at PMCC or virtually.
- CUP CC spent day at PMCC.




Community of Practice

SUPER-ED Community of Practice

Supporting Care Coordinators with peer advice, knowledge sharing, and collaborative learning opportunities for patients with suspected cancer without an obvious primary

Monthly Meetings

Barwon Health

Metro North Health | Queensland Government

Monash Health

Peter Mac
Peter MacCallum Cancer Centre Victoria Australia

Eastern Health

SouthWest Healthcare

Northern Territory Government | NT Health

Border Medical Oncology & Haematology

Blacktown and Mount Druitt Hospitals We're Growing

The Crown Princess Mary Cancer Centre, Westmead

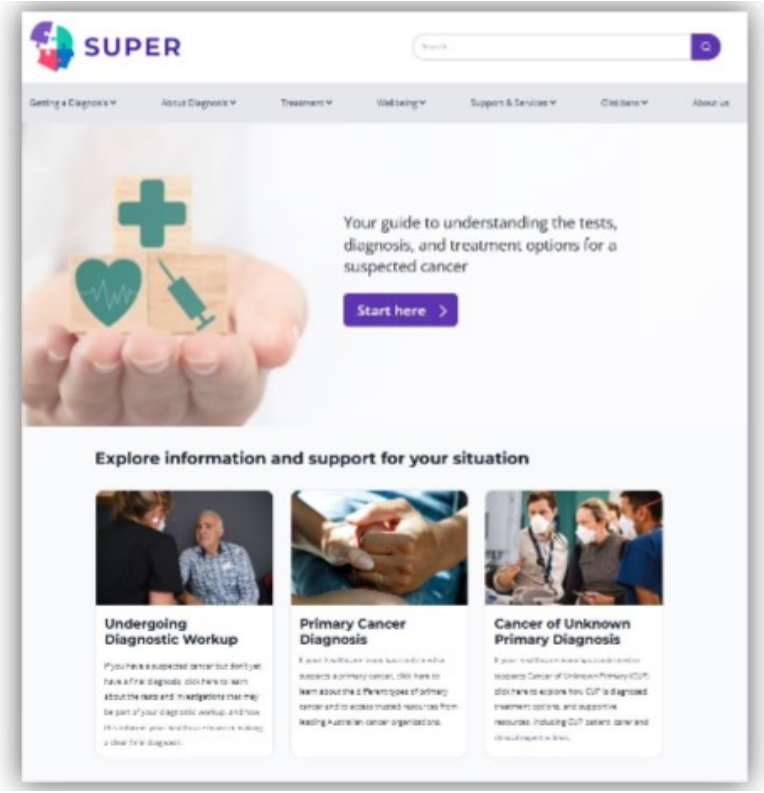
Chaired by:

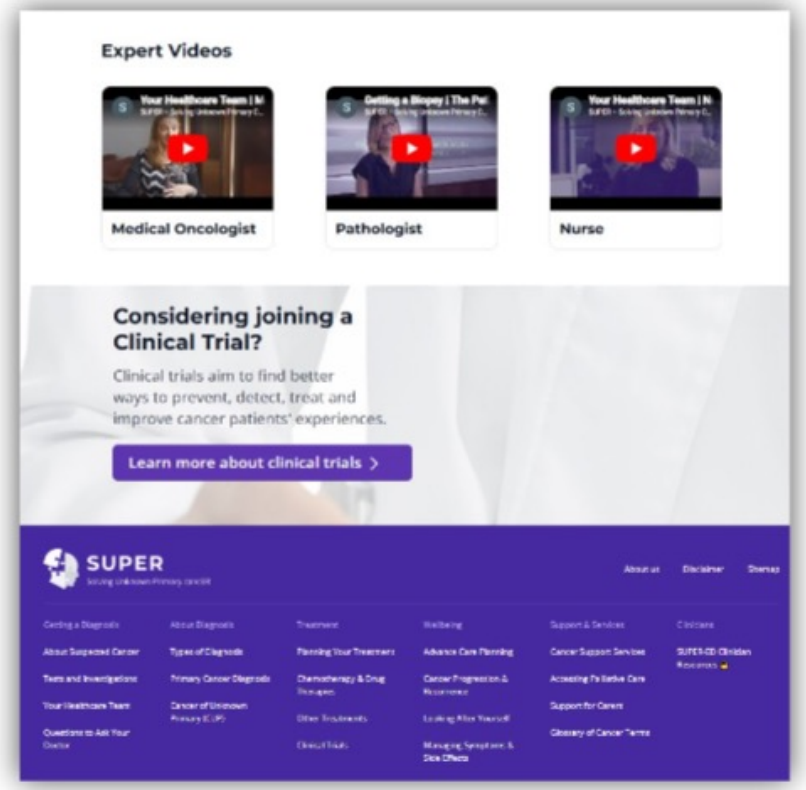
Ms Sarah McLean
Nurse Consultant

Collaborate. Streamline. Support Patients Through Uncertainty

• Recruitment & Intervention Tracking • Success Stories & Challenges in CC role • Professional Development • Complex and Interesting Case Discussion • Clinical Pathway & Process Improvement •

Website


SUPER
Your guide to understanding the tests, diagnosis, and treatment options for a suspected cancer
Start here
Explore information and support for your situation
Undergoing Diagnostic Workup
Primary Cancer Diagnosis
Cancer of Unknown Primary Diagnosis


Expert Videos
Medical Oncologist
Pathologist
Nurse
Considering joining a Clinical Trial?
Clinical trials aim to find better ways to prevent, detect, treat and improve cancer patients' experiences.
Learn more about clinical trials
SUPER

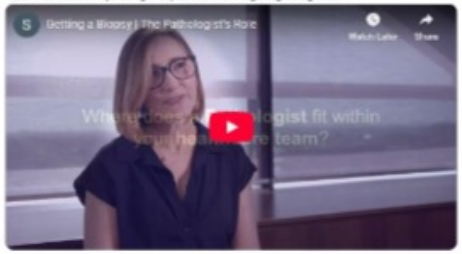
Website

1. Your Healthcare Team:

Nurse, Medical Oncologist, MDMs

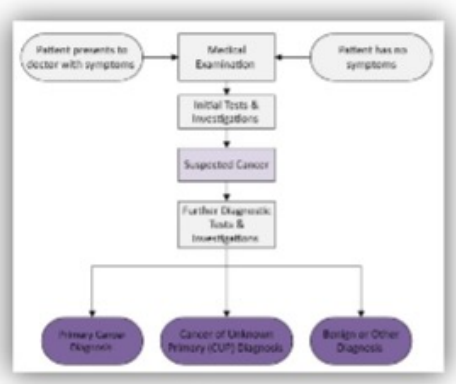
2. Tests & Investigations:

Genomic Testing, Getting a Biopsy, Interpreting Biopsy Results



Website


Health History & Physical Examination
Routine Blood Tests
Biopsy
Diagnostic Workup
CT Scan
Mammogram

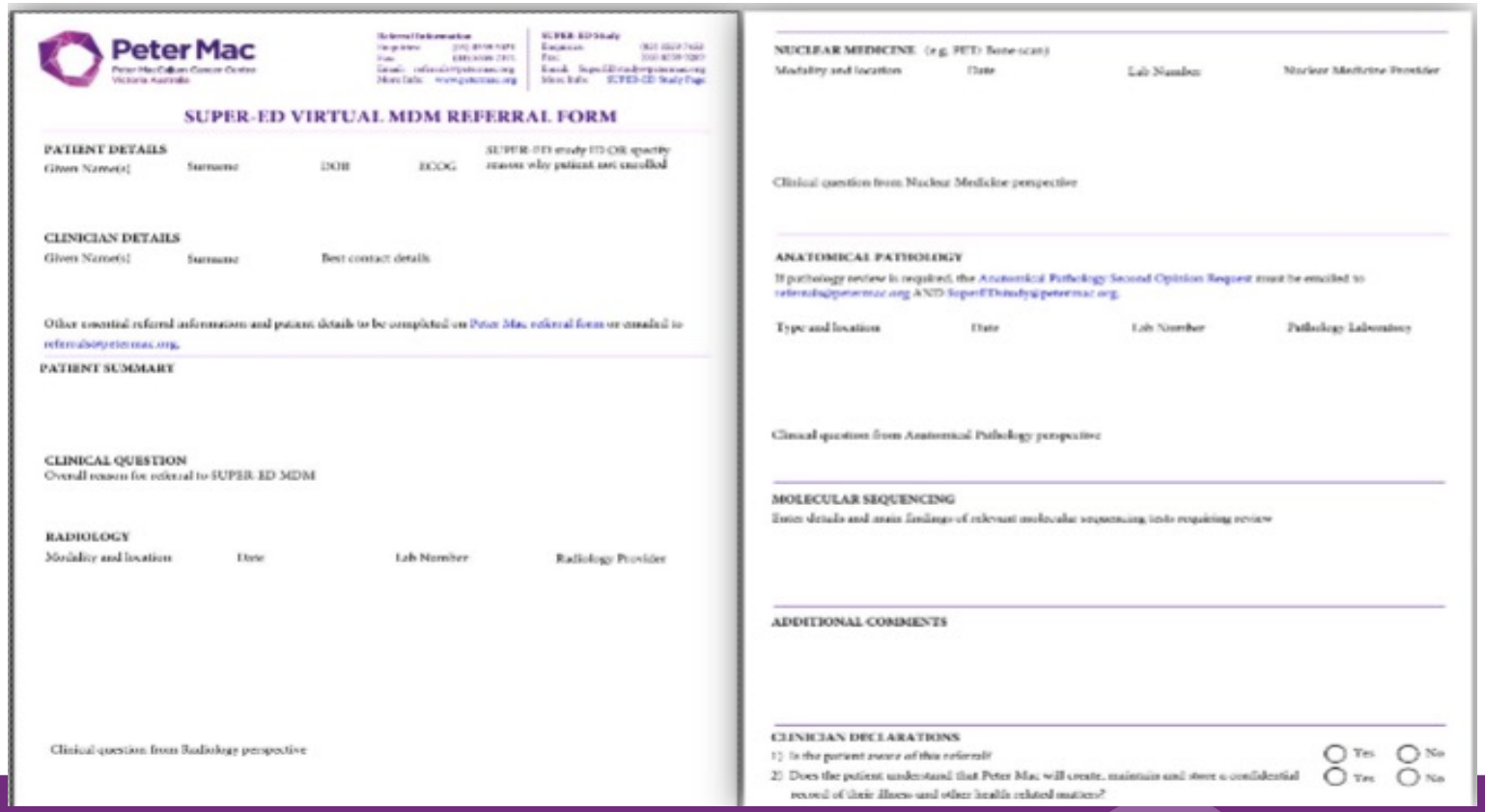

Patient presents to doctor with symptoms
Medical Examination
Patient has no symptoms
Initial Tests & Investigations
Suspected Cancer
Further Diagnostic Tests & Investigations
Primary Cancer Diagnosis
Cancer of Unknown Primary (CUP) Diagnosis
Benign or Other Diagnosis


Advance Care Planning:
Quick Facts


QUESTION BOOKLET: SUSPECTED CANCER
Questions For Your Doctor
This guide includes questions to help you get ready for your appointment. You don't need to ask all of them, just choose the ones that feel useful or important to you.
GETTING A DIAGNOSIS
What does it mean to have a "suspected" cancer?
Is there any sign of where the suspected cancer might have started?
How serious is my illness?
How common is my illness?
Can my illness be cured?
What are the results of the tests I have had?
What other tests are possible?
What tests do you recommend and why?
How invasive the tests be?
What information will they show?
What happens if you can't find where the cancer started? How will this affect my treatment?
STARTING TREATMENT
What treatment do you recommend and why?
What will treatment involve?
How long will treatment last? When will it start?
What are the side effects of each treatment?
How helpful can I expect treatment to be?
What would happen if I decide not to have any treatment?
What should I do to prepare for treatment?
How long do I have to make a decision?
HOW TREATMENT MIGHT AFFECT YOU
Could there be any side-effects from the treatments I choose?
How can side-effects be prevented or managed?
Will treatment affect my daily activities or limit what I can do?
Are there any complementary therapies that might help me?


QUESTION BOOKLET: SUSPECTED CANCER
Many people have questions during their visit
Here are some common things people have questions about:
FAMILY
What help is available for my family?
Will I still be able to care for my children?
How do I tell my family?
Who can support my children?
Can I still go on holiday?
WORK
Will I be able to keep working?
How much time will I need to take off work?
Where can I get support for work-related issues?
Who can I speak to about going back to work once treatment finishes?
FINANCE
Will there be out-of-pocket costs for treatment?
Are costs covered by Medicare or by private health insurance?
Can I get help with travel or hospital parking costs?
SUPPORT & WELLBEING
How can I get help with how I am feeling?
Are there any support groups in my area?
Is there psychological support or counselling available?
Are there brochures or other printed material I can have? What websites do you recommend?
Can you tell me about advance-care planning?
Who can help me plan for my future?
MY CARE TEAM
Who else can I see who might be able to help me?
Can I get a second doctor's opinion?
Who will be coordinating my treatment?
MY CONTACTS:
Use this space to note down any important contact details related to your care (e.g. Care Coordinator, Medical Oncologist):

Virtual MDM



Peter Mac

SUPER-ED VIRTUAL MDM REFERRAL FORM

PATIENT DETAILS
Given Name(s) Surname DOB ECOG

CLINICIAN DETAILS
Given Name(s) Surname Best contact details

Other essential referral information and patient details to be completed on Peter Mac referral form or emailed to referals@petermac.org.

PATIENT SUMMARY

CLINICAL QUESTION
Overall reason for referral to SUPER ED MDM

RADIOLOGY
Modality and location Date Lab Number Radiology Provider

Clinical question from Radiology perspective

NUCLEAR MEDICINE (e.g. PET/ Bone scan)
Modality and location Date Lab Number Nuclear Medicine Provider

Clinical question from Nuclear Medicine perspective

ANATOMICAL PATHOLOGY
If pathology review is required, the Anatomical Pathology Second Opinion Request must be emailed to referrals@petermac.org AND SuperEDstudy@petermac.org.

Type and location Date Lab Number Pathology Laboratory

Clinical question from Anatomical Pathology perspective

MOLECULAR SEQUENCING
Enter details and main findings of relevant molecular sequencing tests requiring review

ADDITIONAL COMMENTS

CLINICIAN DECLARATIONS
1) Is the patient aware of this referral? Yes No
2) Does the patient understand that Peter Mac will create, maintain and store a confidential record of their illness and other health related matters? Yes No

Referrals to virtual MDM

Referring Site	Clinical Question	Outcome	Tumour Markers	Molecular Sequencing	Imaging	Treatment	FU Path r/w with tumour markers
Darwin RDH-005 19/12/25	Primary site?	Tissue of Origin unresolved Confirmed lesion regression	YES	CaSP	-	-	YES
Darwin RDH-006 19/12/25	Primary site?	Tissue of Origin unresolved Differential diagnosis Breast, Upper Gastrointestinal, Lung	YES	CaSP	Breast	Chemo	YES
Barwon BWN-008 19/12/25	Primary site?	Tissue of Origin unresolved Widespread organ involvement	-	SUPER-NEXT rather than CaSP	-	Chemo continue	-
SWH SWH-001 27/03/26	Pattern of Disease & Primary Site ?	Tissue of Origin Consensus: Cholangiocarcinoma	-	Referred to Lifestrands	-	Continue current	-
Barwon BWN-010 27/03/26	Primary site?	Tissue of Origin Consensus: Neuroendocrine carcinoma with small cell carcinoma morphology. Lung primary favoured.	-	CaSP rather than SUPER-NEXT	Gatate PET with restaging	-	-

- Total patients referred to the MDM: 18
- Number of patients with confirmed primaries/diagnosis: 2/18 (*1 with two potential primaries)

*From reviewing can see main benefit is funnelling down potential primaries and guiding next steps of biopsy/imaging/MDM and Genomic tests.

RESULTS

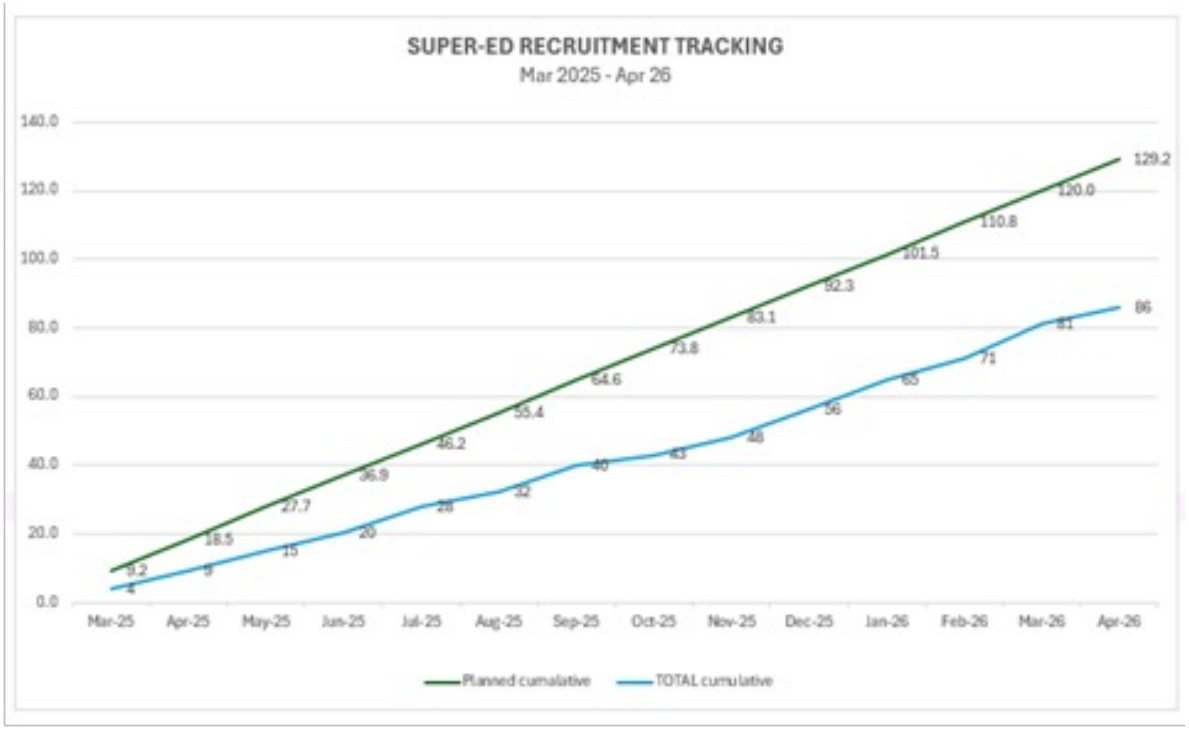
Results overview

- Recruitment commenced in March 2025.
- Ten out of fifteen sites currently in intervention phase.
- Number of patients recruited = 90

  Control phase: 53

  Intervention phase: 37
- Virtual MDM established. (runs fortnightly, hosted by Peter Mac)
- Care coordinator roles operationalised, supported by a Community of Practice and peer-based learning to build workforce capacity and capability.

Recruitment



Recruitment commenced March 2025

53 patients recruited to control phase to date

37 patients recruited to intervention phase

Recruitment Challenges

CHALLENGE	DESCRIPTION
Competing Priorities	Non-drug trial receives lower prioritisation from oncologists
Eligibility Confusion	Misconception that trial is only for confirmed CUP cases; unclear inclusion window.
Lack of Visibility	Staff rotations and low volumes lead to missed referrals
Episodic Cases	Clusters followed by gaps hinder routine screening
Control Phase Barriers	Limited perceived incentive when only standard care offered
Patient Barriers	Disease burden and distress reduce willingness to participate
Study Framing	CUP branding signals uncertainty and late-stage disease, causing hesitation

Case Study: SWH-001
Virtual MDM

Clinical History	MDM Discussion	MDM Management
❖ **Patient history:** 49-year-old female, ECOG 1, Nonsmoker. ❖ **Presentation:** Right upper quadrant (RUQ) abdominal pain and progressive jaundice ❖ **Diagnostic Workup:** ➢ **CT CAP & Abdo/ MRI Liver:** Multiple hepatic lesions, widespread metastases and enlarged liver. Pulmonary ground glass nodules. Poorly defined right pelvic mass ➢ **FDG PET:** Intense activity in adnexal pelvic mass and across liver, lung, supraclavicular, mediastinal & retroperitoneal metastases. ➢ **Tumour Markers:** CA 19-9: 74,400 (elevated) CA-125: 131, AFP: 73 ➢ **Liver Biopsy:** moderately differentiated adenocarcinoma ▪ **Immunohistochemistry:** Positive: CK7, patchy CDX2, Negative: TTF-1, CK20, SATB2. Consistent with upper GI / pancreatobiliary or gynae primary, lung and colorectal less likely ➢ **Gastroscopy and Mammogram:** Normal ❖ **Treatment:** ➢ Urgent Carboplatin + dose-reduced Gemcitabine for severe liver dysfunction ➢ Bilirubin improved and RUQ pain resolved --> Early treatment response ❖ **Family history:** ➢ Breast cancer in maternal first cousins (diagnosed in 30s) --> hereditary cancer syndrome	**Imaging review** **CT CAP:** multiple bilateral lung mets (~100), mediastinal LN, extensive metastatic + one bulky liver lesion (central). No ascites, Bulky uterus, soft tissue R adnexal mass; No omental/peritoneal mets **FDG PET:** FDG uptake in R adnexal - concentric and potentially follicle. Increased uptake in T12 (no correlative lesion); FDG avid hepatic and pulmonary lesions **Liver Biopsy review** Tissue Of Origin consensus: Cholangiocarcinoma	❖ Referred to Lifestrands ❖ Continue to current management

Conclusion/Next Steps

- Working toward our aim of implementing a new MoC.
- Recruitment continues until March 2027.
- Cluster 3 (final cluster) enter intervention phase in September 2026.
- Training continues for Cluster 2 sites.
- Actively working with sites to try and combat low recruitment.
- Data to support benefit of CUP CC.
- Publish data and support nurse led research.

Resources for health professionals

- https://www.cancervic.org.au/cancer-information/types-of-cancer/unknown-primary/cancer-of-unknown-primary.html
- https://www.cancer.gov/types/unknown-primary/patient/unknown-primary-treatment-pdq
- https://www.petermac.org/health-professionals/oncology-info-for-health-professionals/cancer-of-unknown-primary-cup-information-for-health-professionals
- https://www.petermac.org/research/health-services-research/current-studies/super-solving-cancer-of-unknown-primary
- https://www.petermac.org/research/health-services-research/current-studies/super-solving-cancer-of-unknown-primary/super-ed-solving-unknown-primary-cancer-earlier-diagnosis

References

Guccione L, Fisher K, Mileshkin L, Tothill R, Bowtell D, Quinn S, DeFazio A, Karapetis CS, Wilcken N, Singh M, Steer C, Gao B, Warren M, Collins IM, Karanth N, Bryant C, Schofield P. Uncertainty and the unmet informational needs of patients with cancer of unknown primary (CUP): a cross-sectional multi-site study. Support Care Cancer. 2022 Oct;30(10):8217-8229. doi: 10.1007/s00520-022-07228-7. Epub 2022 Jul 9. PMID: 35804177; PMCID: PMC9512714.

Dow E, Freimund A, Smith K, Hicks RJ, Jurcevic P, Shackleton M, James PA, Fellowes A, Delatycki MB, Fawcett S, Flowers N, Pertile MD, McGillivray G, Mileshkin L. Cancer Diagnoses Following Abnormal Noninvasive Prenatal Testing: A Case Series, Literature Review, and Proposed Management Model. JCO Precis Oncol. 2021 Nov;5:1001-1012. doi: 10.1200/PO.20.00429. PMID: 34994626.

Optimal Care pathway- Cancer unknown primary: Australian Government, Cancer Australia. Cancer council 2020.

Authors

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