

ARDEN CANCER RESEARCH NETWORK

October 2006 Newsletter

Last year saw the Arden Cancer Network achieve top recruiting position in the country based on it's percentage trial activity. This was achieved by an enormous amount of hard work by all involved, and was predominantly down to the enormous success of the BBC Genetics Trial in Breast Cancer. My sincerest thanks to all involved in this very significant achievement. Whilst this led to these impressive results, it does hide a very serious and worrying reduction in our recruitment to randomised clinical trials.

In 2008 it will be necessary for the Research networks to achieve set targets, mainly 6% in randomised clinical trials and 10% overall recruitment to continue to receive 100% funding. If we do not achieve this then only 90% of our core funding will be guaranteed. This year our current figures for recruitment are significantly down due to the closure of some important studies and also the severely limited chemotherapy capacity in the Cancer Centre and all the Cancer Units. Until recently we have had a number of chemotherapy trials open and have had impressive recruitment to these, however we are now having to concentrate on radiotherapy, hormonal, genetic and diagnostic studies rather than the chemo studies due to these limitations. We are attempting to address this by employing a chemotherapy nurse at the Cancer Centre solely for chemotherapy in clinical trials, but this will not solve the problem on it's own and we do need extra chemotherapy capacity throughout the Network, and also to look at ways of trying to increase commercial activity to help fund such additional nurses.

This is going to be a very important year for the Network, if we do lose funding then the inevitable consequence of this will be a reduction in nursing support. We are clearly very anxious to avoid this by introducing suitable studies as quickly as possible. Please continue to recruit as enthusiastically and energetically as you have done in the past three years. The continual success of the Network is dependant on this activity, and if there are any suggestions about ways to further inspire our activity do please contact us at the Trials Centre.

Dr. R. J. Grieve
Clinical Lead



Arden
Cancer
Research
Network

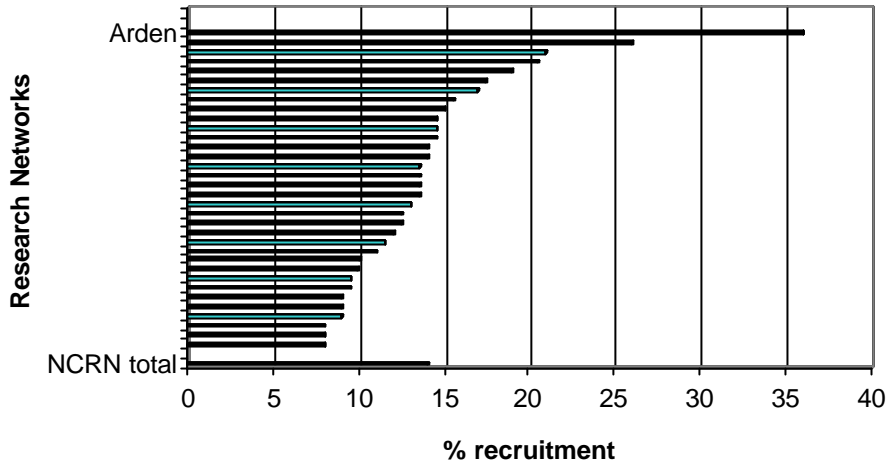
| | |
|-----------------------------------|----------|
| Network Success Stories | 2 |
| Network Recruitment | 3 |
| Studies in the Spotlight | 4 |
| Studies Recently Activated | 5 |
| Studies Coming Soon | 5 |
| Studies Closed | 6 |
| Network Developments | 6 |

"We, the Arden Cancer Research Network team, are committed to the provision of an equitable and comprehensive clinical trials service for individuals affected by cancer.

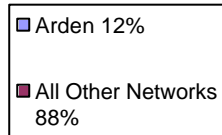
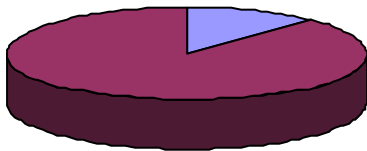
We offer individuals and their families the opportunity to participate in research with the ultimate aim of improving cancer care for the future."

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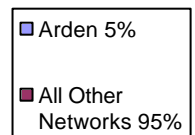
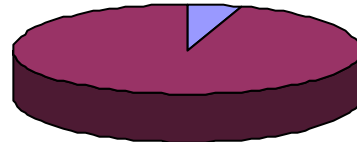
Network Success Stories



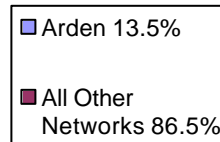
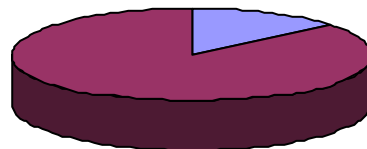
As is ably demonstrated above, the Arden Network recruited 36% of patients into studies, compared with the NCRN average of 14%, making us the top recruiter in the country. The charts below show some of the studies which have helped us achieve this incredible success:



CR07 recruitment. WGH top national recruiter with 157 patients. (Nationally 1350 patients)



Azure recruitment. 3rd national recruiter with 73 patients at Walsgrave. (Nationally 3360 patients)

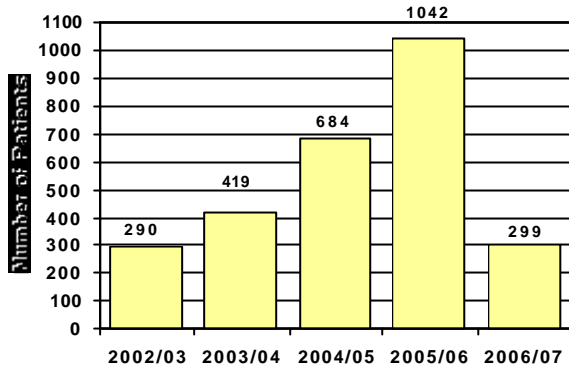


BBC recruitment. Top national recruiter to date with 770 patients. (Nationally 11000 patients so far)

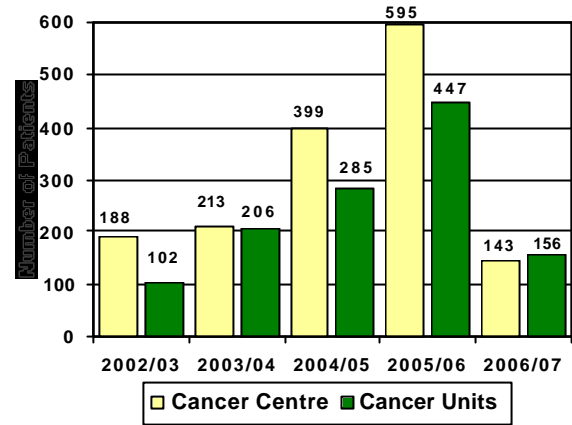
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Network Recruitment

Overall Yearly Network Recruitment

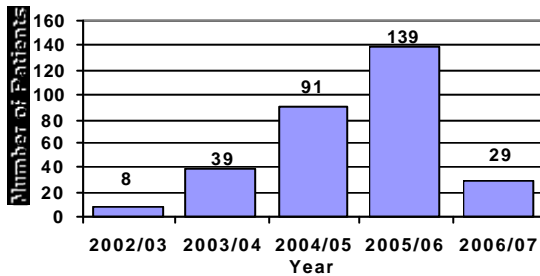


Yearly Recruitment by Cancer Centre and Units

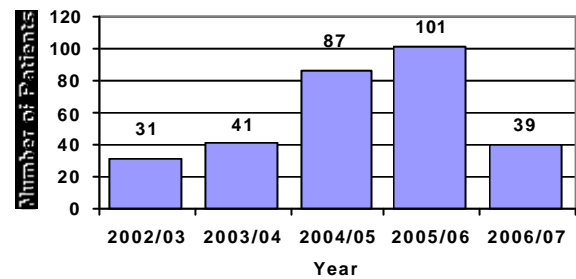


These graphs all represent total number of patients recruited per year, and for the first six months of 2005/6.

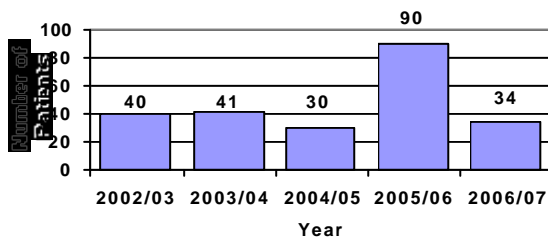
Recruitment Annually for Alexandra Hospital



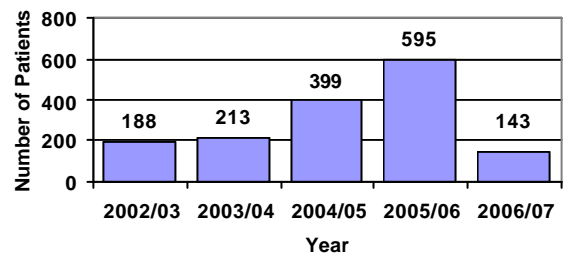
Recruitment Annually for George Eliot Hospital



Recruitment Annually for Solihull Hospital

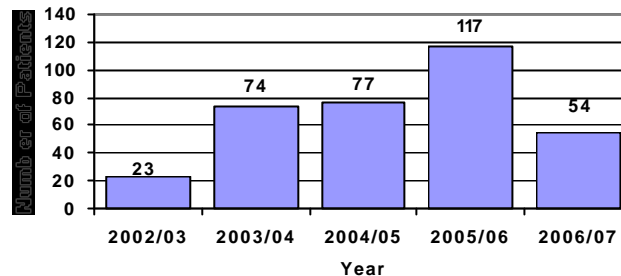


Recruitment Annually for University Hospital



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Recruitment Annually for
Warwick Hospital



Studies in the Spotlight

SCOTROC 4 — has just opened. It is a randomised trial of Carboplatin flat dosing vs. Intra-patient dose escalation in first line chemotherapy of Ovarian, Fallopian Tube and Primary Peritoneal Cancers

Eligible patients include:

- Ladies unwilling or unsuitable for platinum/taxane combination.
- FIGO stage Ic, II, III or IV with or without cytoreductive surgery at staging laparotomy.
- Intention to treat within 8 weeks from initial surgery.
- ECOG performance >3.
- No concurrent/severe comorbid medical condition.

FoRT—(Follicular Radiotherapy Trial)

A phase III multi-centre randomised controlled trial of low dose palliative radiotherapy for follicular lymphoma.

Open to anyone over the age of 18 whose predicted prognosis is not less than 3 months and who does not have chemotherapy planned within 4 weeks of radiotherapy.

This trial aims to compare the standard treatment of 24 Gy over 12 treatments with an experimental arm of 4Gy over 2 treatments.

If this trial is successful it is hoped that not only will there be a reduction in side effects and possibly improved quality of life but also it may free up resources, leading to shorter waiting times in radiotherapy.

Studies Recently Activated

ZICE - A randomised phase III, open-label, multicentre, parallel group clinical trial to evaluate and compare the efficacy, safety profile and tolerability of oral Ibandronate versus intravenous Zoledronate in the treatment of breast cancer patients with bone metastases.

QUASAR 2 - Multicentre international study of 5-Fluorouracil and Folinic Acid, vs. Capecitabine plus Irinotecan as adjuvant treatment of colorectal cancer.

TOPICAL - Tarceva or placebo in clinically advanced non-small cell lung cancer

Familial TGCT - Identification, epidemiologic and molecular analysis of families with susceptibility to Testicular Germ Cell Tumour

R-CHOP 14 vs. 21 - A phase III multicentre randomised clinical trial comparing Rituximab with CHOP given every 14 days and Rituximab with CHOP given every 21 days for the treatment of patients with newly diagnosed diffuse large B cell non-Hodgkin's lymphoma.

FORT - A phase III randomised controlled trial of low dose palliative radiotherapy for follicular lymphoma

MERIT - A randomised controlled trial of adjunctive plasma exchange in patients with newly diagnosed multiple myeloma and acute renal failure

COMICE - Multi-centre randomised controlled trial examining the cost-effectiveness of contrast-enhanced high field magnetic resonance imaging in women scheduled for wide local excision.

Studies Coming Soon

REACT - A phase III multicentre double blind randomised trial of celecoxib versus placebo in primary breast cancer patients.

BISMARK - Cost-effective use of bisphosphonates in metastatic bone disease - a comparison of bone marker directed zoledronic acid therapy to a standard schedule.

SUPREMO - Selective use of post mastectomy radiotherapy after mastectomy.

Mobile Phone Project - Using GPRS mobile technology for managing symptoms associated with chemotherapy for colorectal cancer.

TACT 2 - Trial of accelerated adjuvant chemotherapy with capecitabine in early breast cancer.

PARSPORT - A multi-centre randomised study of parotid sparing intensity-modulated radiotherapy in patients with head and neck cancer.

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Studies Closed

AZURE - Does adjuvant Zoledronic acid reduce recurrence in patients with high risk localised breast cancer?

WWW - A randomized 2-arm, prospective, multi-centre, open label Phase III trial comparing the activity and safety of a weekly versus a 3-weekly Paclitaxel treatment schedule in patients with advanced metastatic breast cancer

GRIN - A Phase III Study of Radical Radiotherapy with or Without Gemcitabine in Patients with T1-2NO-1 MO Non-Small Cell Lung Cancer

Study 12 - A Phase III randomised, double-blind, placebo controlled trial of Carboplatin/Etoposide with or without Thalidomide in small cell lung cancer

MS01 - A randomized controlled trial of active symptom control with or without chemotherapy in the treatment of patients with malignant pleural Mesothelioma

MCD vs. FMD - A randomised controlled trial to compare the efficacy of adding Fludarabine or Chlorambucil to a mitoxantrone and dexamethasone combination in Follicular low grade lymphoma

AML 14 - A randomised trial for patients with Acute Myeloid Leukaemia or High Risk Myelodysplastic Syndrome aged 60 or over.

BAP in AML - The use of Bezfibrate and Medroxyprogesterone Acetate in Acute Myeloid Leukaemia and RARB type 2 – A phase II non-randomised trial

Network Developments

Donna Halliman has returned from maternity leave, and she and Judith Lake are now doing a job share so enabling the team to have full time Network Manager support. Two new positions have been created, a clinical trials nurse and a clinical trial officer. Rachel Bazeley has been appointed to be the trials nurse, and she will be administering trial treatments which otherwise would not be able to be done due to resource and capacity issues within the chemotherapy service, thereby enabling more studies to be opened. The trials officer will be assisting with the paperwork associated with trial recruitment and working with our current data manager, there now being more than 4500 patients on study. The appointment to these two new positions will enable the existing research nurses to concentrate on recruiting new patients into studies. Jackie McKay, the clinical trials clerk has recently left and her position has been replaced by Sandra Glover, both Rachel and Sandra will be joining the team about mid-November.

Once Rachel is in post, the clinical trials centre will have longer opening hours, thus enabling us to deliver more trial treatments, so if you have any studies you wish to put forward, either academic or commercial (particularly those that previously may have been difficult due to capacity issues), please let Judith know or telephone: 02476 967151.