

Cancer Trials Newsletter

Welcome to the second issue of the Oncology and Haematology Clinical Trials (OHCT) Newsletter!

Developed by the Collaborative Quality Improvement Group, a group where patients and clinical trials staff work together to improve the cancer clinical trials service, this is a quarterly newsletter highlighting advances in cancer research based on trials run at Guy's and St Thomas', telling patients' stories and keeping you updated on the latest news from the research team. If you would like to contribute or suggest any content you would like to see, please email us on askOHCT@gstt.nhs.uk - Thanks for reading!

Also available online: www.guysandstthomas.nhs.uk/OHCT



My Story - A patient's perspective

I was first diagnosed with stage III ovarian cancer in June 2009, the cancer having already spread to my stomach lining and liver. Even at the outset of treatment I embarked on a clinical trial. This was not a drugs trial but actually a trial investigating the two methods of treating ovarian cancer; initial surgery followed by six cycles of chemotherapy (the most common at that time) or three chemo cycles, then surgery, followed by the final three cycles of chemotherapy. My treatment followed the latter course and was completed in January 2010.



In 2013, my oncologist suggested we might try a Phase I trial for the new drug Olaparib. Sadly, after completing a full week of tests at hospital, I could not be considered for the trial due to my abnormal liver function. So we embarked on another series of chemo, this time with a different combination of drugs – Carboplatin and Gemcitabine.

Then, in 2014, a scan showed more metastases in the liver and it was suggested I apply for another Phase I trial, this time for the drug Pazopanib. The trial was launched at Hammersmith hospital and extended to patients from Guy's. Again I would undergo blood tests and scans, all carried out at Hammersmith hospital and reviewed by the senior doctor in charge of the trial. This time I was accepted, my liver function having greatly improved following the earlier chemo, and my treatment would commence at Guy's.

I have been assigned a special research nurse, who makes sure I have every bit of information available and, in conjunction with my oncologist, co-ordinates all my various appointments for blood tests, ECGs, scans etc. You are monitored very closely throughout, which of course does entail numerous hospital appointments, but you are made fully aware of all these facts when making your decision whether or not to partake in the trial.

The research for new drugs to treat the various forms of cancer is constantly ongoing and even I have noticed the advancement since I was first treated in 2009. I am thankful to have had the opportunity of trying this new drug and that, with appropriate authorisation from NICE, it may be of help to other cancer sufferers in the future.

Your Story

If you would like to share your story in our newsletter, please email askOHCT@gstt.nhs.uk. Each story should be around 200-300 words and we will send you an edited version to approve before using. Unfortunately, we may not be able to share all stories.

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Patient recruitment in haematology trials

Top UK recruiter for the **PERSIST-2** study looking at Oral Pacritinib Versus Best Available Therapy to Treat **Myelofibrosis** With Thrombocytopenia.

Top global recruiter for the **ACE-MY-001** study. This is a Phase 1b Clinical trial testing a new experimental drug, called ACP-196 in adults with **Multiple Myeloma** (MM). MM is a type of bone marrow cancer. - See more at: <http://www.hra.nhs.uk/news/research-summaries/>

For more details about haematology clinical trials at Guy's and St Thomas' contact askOHCT@gstt.nhs.uk.

#OHCTandMe

“What does OHCT mean to you?” This was the question we asked at the **National Cancer Research Institute (NCRI)** Conference in November. The conference showcased the work that we do at Guy’s and St Thomas’ to various clinical trial stakeholders focusing on how we impacted these groups.

To promote our work we set up a twitter campaign using **#OHCTandMe** to ask the question of how the work we do impacted our colleagues and patients.

The OHCT team includes research nurses, co-ordinators and practitioners. Our work brings us into contact with colleagues from different areas and backgrounds, including clinicians, pharmacists and scientists. We asked our team and colleagues what they thought of working within the team and why they believe our work is important. Before the conference, we interviewed our internal staff, taking photos and videos using the **#OHCTandMe** hashtag with the idea to spread the word around attendees of the NCRI

conference about our activities and understand from them, their views, how we affected them and how they could get involved.

Most importantly, we wanted to hear what our patients had to say and what they thought of the work that we do and how this has impacted on them. Our patients are at the heart of what we as a team do, we strive to provide the best treatments for them with high standards of care. Hearing that we were important in helping them go through their cancer journey, providing them with support and kindness made us more determined to showcase our team and work at the NCRI.

By using the **#OHCTandMe** we were able to ask the attendees what they thought of clinical trials. The response to our campaign was astonishing and we managed to be one of the top influencers of the conference, generating the most tweets during the conference. If you would like to find out more about the **#OHCTandMe** hashtag, please visit www.twitter.com/hashtag/OHCTandMe.



The research behind clinical trials St John’s Institute of Dermatology



Before new medicines are tested in clinical trials, laboratory research has to show that these new potential medicines are likely to work and unlikely to cause serious side effects. The medicines will often be tested on cells taken from living tissue that are grown and maintained artificially (cell cultures). Research using cell cultures is often called "in vitro" research. Cell cultures may, for example, be used to assess the effects of possible drug treatments on cancer cells.



The St John’s Institute of Dermatology is an internationally recognised centre of research in dermatology with ongoing studies involving both patients and healthy volunteers.

One of our most important facilities is the St John’s Research Tissue Bank (RTB). This project is helping researchers to make new and exciting discoveries with improving patient care and treatments at the forefront of our minds. Patients consenting to RTB agree to donate any surplus (left over) samples from any tests or procedures that their doctor may recommend for them. By collecting this material, the tissue bank represents an invaluable resource by helping scientists making scientific progress and discoveries. This is also known as ‘bench-to-bedside’ research. What is gained at the laboratory ‘bench’ can be translated to the ‘bedside’ of patients, and into the clinics and pharmacies.

One of the major aims behind the translational studies currently ongoing at St John’s is to identify new ways to detect and treat melanoma. Cancer research has definitely produced many successes, but the problem remains that chemotherapies and radiotherapy may also cause damage to healthy parts of the body whilst killing the tumour, causing a lot of side effects.

Consequently, researchers have been working tirelessly to uncover a treatment which only destroys cancer cells. A very promising solution is an antibody, a protein that recognises and suppresses an alien presence in the body, and then signposts other cells to destroy it. This study aims to provide the basis for the development of novel tools to diagnose and treat melanoma,

based on the use of antibodies. Using sophisticated techniques, we can now produce antibodies to target specific cancer antigens. Antibodies engineered in this way are called monoclonal antibodies. These have proven successful in some types of cancer, for example Herceptin, a monoclonal antibody used in treating breast cancers.

A major advantage of using monoclonal antibodies is that because they are so specific to targeting cancer cells, they cause fewer side effects than some other cancer treatments. Our ultimate aim is to discover new methods of successful treatment, improving treatment and quality of life for patients and to make cancer a preventable, controllable, survivable, and even curable disease for all.