CANCER RESEARCH UK CLINICAL TRIALS UNIT

NEWS @CRCTU

UNIVERSITY OF BIRMINGHAM

CANCER RESEARCH UK

SUMMER 2011

THE CHILDREN'S CANCER TEAM: ONE YEAR ON

The Children's Cancer Trials Team (CCTT) has just reached its first anniversary! Since taking over responsibility for the national children's cancer and leukaemia trials portfolio on 1st April 2010, it has been a busy but very successful year for the CCTT. The University acknowledged the extraordinary achievement of the Project Team who delivered the transfer of the trials from the CCLG Data Centre in Leicester to CRCTU by awarding them a 'BUAFTA' (see page 3)!
In April 2010, the CCTT was very under-staffed, however, following a major recruitment drive, the team has grown significantly. With

The Children's Cancer Trials Team at the CRCTU

Sarah Dewberry and Nicki Graham leading the late phase and early phase trial portfolios respectively and Hugh Jarrett as the CCTT's Team Leader, the team are managing 22 open trials in a network of 21 paediatric oncology centres across the UK. With the energetic support of Professor Keith Wheatley, the team are actively expanding the portfolio to cover new disease areas. The CCTT have been successful in securing grant awards on 4 trial extensions and funding for 5 new trials (1 LLR and 4 CTAAC). Four new trials are currently in set up to open in 2011, notably including a National Phase III trial for acute lymphoblastic leukaemia and lymphoblastic lymphoma in children and young adults. This is an important trial as it will be open to the commonest type of malignancy in children and is anticipated to recruit over 90% of eligible patients.

The CCTT trials portfolio in 2011 will provide access to a clinical trial for the majority of all newly diagnosed childhood cancers.

Trials in the House of Lords

For the last 3 years University of Birmingham has held an annual evening reception for Alumni at the House of Lords and this year Hugh Jarrett was fortunate enough to get a ticket for this hugely over-subscribed event and reports as follows.

The evening was hosted by Lord Hannay of Chiswick, with a speech by the Vice-Chancellor, Professor David Eastwood and attended by many distinguished leaders in their fields. After the introductory comments, the Vice Chancellor highlighted the CRCTU as an example of excellence within the University and, indeed, nationally and internationally. He mentioned the breadth of our portfolio from the prevalent cancers such as breast, lung and prostate, to the rarer cancers and our recent incorporation of the Children's Cancer Trials Team.

The event itself was well received and attendees were left in no doubt of the esteem with which the CRCTU is held by the University.

Inside:

CANCER RESEARCH UK CLINICAL TRIALS UNIT (CRCTU) NEWS

LEUKAEMIA AND LYMPHOMA RESEARCH'S THERAPY ACCELERATION PROGRAMME (LLR TAP)

In December 2010 the CRCTU was chosen to host the trial management team for Leukaemia and Lymphoma Research's Therapy Acceleration Programme (TAP). TAP has been established to facilitate recruitment in to high quality early phase clinical trials in haematological-oncology and lymphoma within the UK. This will be achieved by a central clinical trials office at the CRCTU supporting a network of clinical centres.

The UK has a distinguished record in clinical trials in haematological-oncology and lymphoma but there is a compelling case for increased investment in the infrastructure required for early phase studies. Currently less than 7% of adult patients with a blood cancer are entered into a trial of any sort*, with the majority entering Phase III trials. TAP aims to add 4-5 early phase trials to the current NCRI portfolio activity each year. Recruitment will be accelerated through the appointment of dedicated trial management staff both at the CRCTU and within the network of clinical centres, which serve a potential catchment area of 20 million people.

The first TAP trials will be developed during spring-summer 2011 and will begin recruitment in early 2012. This exciting initiative will build upon the LLR's Early Phase Trials Team that is also hosted by the CRCTU, which has been helping Investigators obtain funding for haematology trials since 2008.

The success of the TAP bid was also picked up by the BBC, Sky News and Central News.

LEUKAEMIA & LYMPHOMA RESEARCH

For further details contact:

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*Figures taken from www.hmrn.org

LOOK AT OUR NEW ACCOMMODATION!

UNIVERSITY OF BIRMINGHAM

In November 2010, the majority of CRCTU moved to a newly refurbished suite of offices. The refurbishment of the Robert Aitken Institute benefited from a £1.8M investment by Advantage West Midlands, which is part of Birmingham Science City and from a donation of £120K from Children with Leukaemia.

TRAINING DAYS

On 17th February the CRCTU, in combination with the MRC Midland Hub for Trials Methodology Research and the ECMC Early Phase and Translational Research Nurse Network, hosted the first Quality of Life Assessment in Cancer Research day. The training day was aimed at research nurses, clinicians, data managers and trial co-ordinators as well as patient representatives involved in steering committees and/or clinical trial processes. Topics on the day included:

- How Quality of Life is measured in clinical trials?
- How to measure Quality of Life in clinical trials?
- Ways to analyse and report on the Quality of Life data captured in clinical trials
- Practicalities of collecting Quality of Life data in clinical trials
- The NICE perspective on Quality of Life data

This joint meeting was very successful and plans are now in development for a second day which is provisionally booked for the 17th November 2011.

Please contact Karen Doyle for more information:

☎: 0121 414 6788
✉: k.doyle@bham.ac.uk

OUR DIRECTOR TAKES ON NEW ROLES

Prof Philip Johnson, Director of the CRCTU

Professor Philip Johnson has recently been appointed an Associate Director of the National Cancer Research Network (NCRN). In this role, he joins the senior leadership team at the NCRN Co-ordinating Centre and will become a member of the Executive Management Team and Operational Steering Group, in addition to being a member of the NCRI Board Sub-Group for Clinical and Translational Research.

More specifically, he will Chair the NCRI Accredited Trials Unit Heads Committee and the Chemotherapy and Pharmacy Advisory Service Committee (CPAS). He will also have responsibility for chairing committees that appoint panel members and chairs to the NCRI Clinical Studies Groups as well as committees that review their progress. These duties will occupy one day per week but he has also taken on additional roles at Cancer Research UK in particular becoming a member of the Training Board and Chairing the Senior Clinical Fellowships Awards Panel.

BUAFTA SUCCESS

The Project Transfer Team of the Children's Cancer Trials Team celebrated success in February when they won the 2010 BUAFTA (Birmingham University Awards For Tremendous Achievement) for Team of the Year. The Project Transfer Team was a multidisciplinary team comprising of staff with expertise in trial management, quality assurance, programming and IT. The team was responsible for the ambitious and complex task of transferring the national Children's Cancer and Leukaemia Group (CCLG) clinical trial portfolio to the University of Birmingham's Cancer Research UK Clinical Trials Unit (CRCTU). On the 1st April 2010 a portfolio of 131 closed trials, 12 trials in follow-up and 9 trials that were open and recruiting transferred to the CRCTU making it the principal clinical trials unit for children's cancer trials in the UK. The successful transfer followed more than 8 months of dedicated hard work from the Project Transfer Team who, in collaboration with the staff of the CCLG Data Centre, the Chief Investigators, our International colleagues and the network of participating centres, ensured that a smooth transfer was delivered without interruption to any of the recruiting trials. This achievement was due to the diligence and professionalism of the team and has been openly praised by the National Cancer Research Institute and Cancer Research UK.

The winning team
Jenny Barnwell, Anthony Steer, Sarah Dewberry, Nicola Fenwick, Gresham's Representative, Sarah Bowden and Wilma van Riel (and Paul Mason in absenteeism)

CRCTU WELCOMES NEW BUSINESS

New proposals for trials are welcomed, especially at an early stage in development.

Proposals are discussed at regular New Business Committee meetings to determine if the proposal fits into the strategy of the CRCTU.

This is also the opportunity to plan resource use and to identify a route to application for grant funding.

The New Business Committee holds trial methodology workshops to help investigators develop an appropriate trial design.

These are open to all CRCTU staff and clinical staff from local Trusts and serve as an academic focus for the unit.

A workshop is led by the investigator and facilitated by a clinician and a statistician. The contributions of our experienced trials staff are invaluable.

The workshop is designed to rapidly achieve an output in terms of either a preliminary design or by identifying the issues that need to be addressed before preparing a design.

The workshops prove particularly useful in projects involving the translation of laboratory science to the clinical environment.

Do you have an idea for a new trial?

If so, please get in touch using the contact details provided on the back page.

NEW AREAS OF INTEREST

Skin cancer trials

Melanoma is probably the skin cancer that most people are aware of, but non-melanoma skin cancer is much more common and may be equally serious. Rarer skin cancers are frequently seen at University Hospital Birmingham, a tertiary referral centre, and are often difficult to manage because of their tendency to spread, and lack of clarity about effective treatment. Because of their rarity, these diseases have not previously been considered priorities for clinical research and very few, if any, good trials have been conducted.

CRCTU is starting to put this right by opening up a new portfolio of trials in under-researched skin cancers. Further research into a common skin cancer – squamous cell carcinoma – is required to clarify whether commonly used treatments for early disease are effective in preventing progression. Currently, three trials are funded:

LIMIT-1: A single-arm Phase II trial to assess the response rate of lentigo maligna to imiquimod cream. This trial is open and has recruited about half of the planned 40 patients.

UKMCC-01: Phase II trial that will accrue 25 patients to evaluate Pazopanib in Merkel Cell Carcinoma (MCC).

SPOT: This recently approved trial will be a randomised pilot study (sunscreen only v. imiquimod v. 5-FU) of 60 patients to assess the feasibility of a large Phase III trial for patients with actinic keratoses; these can lead to squamous cell carcinoma (SCC), which is very common with 30,000 new cases annually in the UK.

It is hoped that all three of these trials will lead on to larger randomised trials that will provide reliable evidence on how to treat these diseases.

Dr Jerry Marsden, Prof Neil Steven and Prof Keith Wheatley are leading this new portfolio of trials at the CRCTU.

Paul Moss
Head of the School of Cancer Sciences and Professor of Haematology

Immunotherapy Trial

The CRCTU has actively supported pioneering trials in immunotherapy and is continuing this work by setting up an exciting new clinical trial investigating DNA vaccination in a phase I trial in healthy adult volunteers.

"A phase I clinical trial of the vaccination of healthy human volunteers against the minor histocompatibility antigen (mHAg) HA-1 using a DNA and MVA 'prime/boost' regimen (HA-1)"

The aim of this trial is to determine whether a combination of DNA vaccination combined with a classical viral vaccine is able to induce an immune response against a protein that could be a useful target in patients who undergo stem cell transplantation.

This trial is led by Professor Paul Moss, Head of the School of Cancer Sciences, and will build upon years of scientific studies in the areas of immunotherapy and transplantation biology.

The Investigators and research scientists are working closely with vaccine manufacturers to develop the vaccines to cGMP grade and plan to open the trial to recruitment in early 2012, with a view to move into a phase II trial in early 2014.

Radiotherapy trials

The CRCTU has a long standing interest in the conduct of radiotherapy trials which continues to this present day with Professor Lucinda Billingham co-chairing the Phase III trials workstream of the CTRad group.

The oldest active study is BR3002, a prospective multicentre randomised trial evaluating the role of radiotherapy in the conservation management of breast cancer. The 20-year follow up results of this study have recently been presented.

The result of the two large Phase III trials, SECRAB (Sequencing of Chemotherapy and Radiotherapy in adjuvant Breast cancer) and BC2001 (a multicentre Phase III randomised trial of radiotherapy with and without synchronous chemotherapy in muscle invasive bladder cancer) have also recently been presented.

The CRCTU also coordinates VORTEX, a randomised trial of volume of post-operative radiotherapy given to adult patients with extremity soft tissue sarcoma, which is still open to recruitment.

The most recent additions to the portfolio are TUXEDO, a multicentre Phase I/II feasibility study of cetuximab with 5FU and mitomycin C or cisplatin given with concurrent radiotherapy in muscle invasive bladder cancer, and ArCgIMEDEs-Op, a small single centre Phase II head and neck radiotherapy trial.

The CRCTU is actively seeking to extend its radiotherapy portfolio and welcomes interest from external collaborators.

RESULTS

BTOG2

AN INTERNATIONAL MULTI-CENTRE PHASE III TRIAL IN NON-SMALL CELL LUNG CANCER

BTOG2 is a classic example of an academic clinical trial. The drugs under investigation, carboplatin, cisplatin and gemcitabine were not novel agents and were used in standard practice for first -line treatment of advanced non-small cell lung cancer. However, there was no consensus about the optimum dose of cisplatin and there was a perception that the alternative, carboplatin, was preferable on the grounds that it was easier to administer, and was felt to have a lower toxic profile. During the course of BTOG2 some large meta-analyses were published but the evidence as to which platin was best remained equivocal.

In trial management terms, there were a number of confounding and technical issues that had to be overcome which were not directly related to the trial question. Firstly, the way in which cisplatin was given. Both types of platin were normally given as intravenous treatments, but cisplatin was administered as an overnight admission due to the belief that a protracted hydration regimen was required to negate nephrotoxicity. Secondly, although the dose of carboplatin was not under investigation, it was a requirement that dose was calculated using the Wright equation, as opposed to the more familiar Cockroft-Gault formula. BTOG2 turned both of these technical difficulties into advantages.

Firstly, the BTOG2 protocol took the bold step of mandating a hydration regimen that could be given as a day case. This involved a considerable amount of additional work whilst each of the 90+ individual centres argued that their own cisplatin hydration regimen should be an exception. However, for them to justify their case the BTOG2 Study Office requested that they provide a full description of their proposed regimen and thus achieved an audit of current practice within the UK. This, in itself, has resulted in a publication in which it was possible to demonstrate a change in practice, as a direct result of BTOG2 participaiton, as hospitals switched from overnight admission to day case. By using figures from the National Lung Cancer Audit and the National NHS Tariff it was also possible to approximate a saving of 60% of treatment costs. For the BTOG2 cohort alone this equates to £67,000 and if expanded to the patient population as a whole is in the region of £300,000 per annum. Comfortably enough to fund a large scale phase III trial!

Secondly, when it became apparent that a tool was required to help hospitals with the Wright formula, Professor Cindy Billingham devised a spreadsheet to calculate this which has since been used by several other trials and is currently being assessed by CPAS with a view to adoption as a standard tool for any trial dosing on the basis of estimated GFR.

Despite these successes, a trial which failed to find answers to its key questions is unlikely to be remembered fondly. BTOG2 did answer its key questions. A higher dose of cisplatin was found to be better than a lower dose, and carboplatin was shown to be as good as the best cisplatin dose – carboplatin could safely replace the best cisplatin dose. Furthermore, by virtue of the largest ever quality of life study in lung cancer patients, it was shown that carboplatin gave an equivalent quality of life.

These findings were accepted for oral and poster presentations at the World Conference on Lung Cancer in July of this year, with the main presentation being included the Presidential Selection.

It is often the case that by the time a trial is presented, the team running it can forget how important the findings can be and how relevant it is to current practice. In the case of BTOG2, the presentation itself was so well attended that all aisles were blocked and the balcony sections had to be opened to accommodate those waiting outside. Comments from attendees included "I'm going to have to think about changing my treatment paradigm" and from the discussant at Cindy's Quality of Life presentation "BTOG2 is an excellent example of the work which we should be aspiring to".

The success of a clinical trial can be measured in several ways; publications is the most obvious measure but changes in practice are frequently an ill-defined secondary measure. In this case, with a request by a prestigious journal to place the findings with them, it is fair to say that BTOG2 has been a success by either measure.

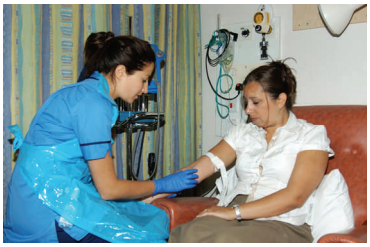
@CRCTU

The CRCTU has a small team based at Birmingham City Hospital.

Assuming the role of an investigational site, this team runs both academic and pharmaceutical phase II and III studies in several disease sites including breast, colon, gynaecology, urology and lung.

The team works with three Principal Investigators: Dr Daniel Rea, Dr Daniel Ford and Dr Sarah Williams.

The City group have a wide range of skills including study management, administration of novel compounds. PK sampling, Biomarker studies and RNA & DNA sampling.



CRCTU Research Nurses also take on the responsibilities of a clinical investigational site.

Trial News! Trial News! Trial News!

NOW RECRUITING!

TACE-2

TACE-2 is randomised placebo-controlled, double-blinded, phase III trial evaluating sorafenib in combination with transarterial chemoembolisation (TACE) in patients with unresectable hepatocellular carcinoma (HCC).

TACE-2 is now open to recruitment and has so far recruited 35 patients.

For more information please contact the TACE-2 Trial Team on
☎: 0121 414 3973
✉: TACE2@cancertrials.bham.ac.uk

PICLLe

Phase I/II clinical trial to assess the efficacy and safety of olaparib, a PARP-inhibitor, in relapsed and refractory Chronic Lymphocytic Leukaemia patients with an 11q deletion or ATM mutation and relapsed/refractory patients with T-Prolymphocytic Leukaemia and Mantle Cell Lymphoma

PICLLe is now open to recruitment and has so far recruited 3 patients.

For more information please contact the PICLLe Trial Team on
☎: 0121 415 8782
✉: piclle@trials.bham.ac.uk

LenaRIC

Phase II Study of the Adjunctive Use of Lenalidomide in Patients Undergoing Reduced Intensity Conditioning Allogeneic Transplantation for Multiple Myeloma

The LenaRIC trial is now open and the first patient has already been recruited! For more information contact the LenaRIC trial team on ☎ 0121 371 4365 or ✉: lenaric@trials.bham.ac.uk

HYMN

A randomised controlled phase III trial comparing hyperthermia plus mitomycin to a second course of bacillus Calmette-Guérin or standard therapy in patients with recurrence of non-muscle invasive bladder cancer following induction or maintenance bacillus Calmette-Guérin therapy.

In February, an enthusiastic local Principal Investigator created a local press release to highlight the innovative work her team were conducting as part of the HYMN trial. This lead to articles in local newspapers. The NIHR Clinical Research Network also devoted a double page article to the trial in their June edition.

As a direct result of this publicity, the trial was asked to give a "Masterclass Session" at the Innovation in Healthcare meeting in early May. This meeting is a unique event supported by the Department of Health to showcase the best in healthcare innovation from the public, private, voluntary, academic and scientific communities. Here, the HYMN trial was presented to a mixed audience of NHS managers, patient interest groups and clinicians.

It is hoped that this recent publicity has highlighted the importance of new innovations and clinical trials in bladder cancer management..

For more information please contact the HYMN Trial Office. ☎: 0121 414 9524
✉: HYMN@cancertrials.bham.ac.uk

NEW TRIALS!

STOMP

Small cell lung cancer **T**rial of **O**la**p**arib (*AZD2281*) *as* **M**aintenance **P**rogramme: a randomised, double blind, multicentre phase II trial

This trial is due to open in October 2011.
For more information, contact Helen Hancocks on
☎: 0121 414 5102
✉: STOMP@trials.bham.ac.uk

TUXEDO

Phase I/II feasibility study of cetuximab with 5FU and mitomycin C or cisplatin with concurrent radiotherapy in muscle invasive bladder cancer

This trial is due to open in Autumn 2011
For more information, contact Carey Hendron on
☎: 0121 414 6453
✉: c.hendron@bham.ac.uk

NOURISH: Phase II Trial

Improving the management of cachexia in patients with advanced lung cancer: Does the introduction of beta-hydroxy beta-methylbutyrate / arginine / glutamine (HMB/ARG/GLN) supplementation maintain lean body mass and quality of life?

This trial is due to open in October 2011
For more information, contact Claire Gaunt on
☎: 0121 414 3057
✉: NOURISH@trials.bham.ac.uk

Trial News! Trial News! Trial News!

The results are in! Trials presented at 2010/11 meetings

BC2001
BLADDER CANCER 2001

BC2001: a multicentre phase III randomised trial of radiotherapy with and without synchronous chemotherapy in muscle invasive bladder cancer (MIBC).

BC2001 recruited 458 patients to test whether concomitant chemotherapy (CT) improves loco-regional control and whether radiotherapy (RT) volume modification reduces late toxicity without detriment to tumour control.

Prof Nick James: "We found that synchronous chemotherapy with 5-FU/mitomycin C significantly improves outcomes for bladder cancer patients receiving primary radiotherapy, with no significant increase in late toxicity. We believe chemo-radiotherapy should be considered as optimal treatment in conservatively managed patients with MIBC".

VAL-AZA

Phase II Study of the Tolerability and Efficacy of the Histone Deacetylase Inhibitor Sodium Valproate Administered in Conjunction with 5-azacitidine, Theophylline and ATRA (all trans retinoic acid) in Patients with Acute Myeloid Leukaemia and High Risk Myelodysplasia

The VAL-AZA trial recruited 79 patients across 3 centres in the UK and investigated whether combined epigenetic therapies in the form of demethylating agents and histone deacetylase inhibitors are effective and safe in the treatment of patients with relapsed/refractory Acute Myeloid Leukaemia (AML) and/or high risk myelodysplasia (MDS). The trial was particularly challenging given the particularly poor prognosis of the patient population recruited to the study and often for whom there was no other alternative treatment option. However, the results demonstrated a significant response rate in patients treated with the combination therapy. Adjunctive scientific studies in collaboration with the School of Cancer Sciences and Weatherall Institute of Molecular Medicine have also demonstrated important changes seen at the molecular level when treated with these agents, and which may guide us in future use of epigenetic therapies. These adjunctive scientific studies will be continued in the setting of a randomised Phase II trial due to open in early 2012.

San Antonio Breast Cancer Symposium

Several trials managed by the CRCTU Breast Group had oral and poster presentations at the San Antonio Breast Cancer Symposium (SABCS) in December 2010.

SECRAB

The 5-year loco-regional recurrence rates of the SECRAB trial were presented by Dr Indrajit Fernando. Toxicity data being presented in poster format. SECRAB is designed to determine the optimal sequencing of chemotherapy and radiotherapy in women with early stage breast cancer and it is the largest trial conducted to date addressing this important question. Exciting additional analyses will be presented at the European Cancer Congress in Stockholm in September.

TEAM TRIAL

Eight abstracts were presented for the TEAM study. The most notable of these was presented by Professor John Bartlett on a prospectively planned analysis of the utility of HER1-3 as predictive markers of benefit from early treatment with an aromatase inhibitor.

AZURE

Professor Robert Coleman presented the much awaited results of the AZURE trial. The CRCTU being one of four regional coordinating centres for this important study addressing whether the addition of zoledronic acid to (neo) adjuvant chemotherapy and/or adjuvant hormonal therapy improves bone metastasis and overall disease-free survival in breast cancer.

TacT 2
Trial of Accelerated ChemoTherapy

Finally, but by no means least, toxicity and quality of life data for the TACT2 trial were presented in poster format.

For more information about the results of these important trials refer to the SABCS website www.sabcs.org

RICAZA

Phase II Study of the Tolerability of Adjunctive Azacitidine in Patients Undergoing Reduced Intensity Allogeneic Stem Cell Transplantation for Acute Myeloid Leukaemia

The RICAZA trial has now closed to further recruitment and preliminary findings are due to be presented at the Annual Society of Hematology (ASH) conference in December 2011.

TRIALS STAFF @ RELAY FOR LIFE

Some of the 'Bees' Knees' Team at The Relay for Life

The School of Cancer Sciences staff have been busy supporting fundraising events for CR UK.

The CRCTU have a history of actively contributing to fundraising and 2010 saw "The Bees' Knees" team raise over £5,000 for CR UK.

The Relay for Life Event was held on a sunny June day at the University of Birmingham running track. The team had to ensure that at least one member was on the track for 24 hours. Fundraising was via sponsorship, cake sales and even a specially organised gig night with a selection of local bands.

The Birmingham event managed to raise £31,702 in total.

CANCER RESEARCH UK

LOCAL ENGAGEMENT

Senior CRCTU Research Nurse, Karen Doyle, is actively involved in engaging the local community and discusses her recent activities below.

"I have been working with the Cancer Research UK mobile Cancer Awareness Road show (CAR) visiting locations in and around the region to help encourage people to make informed choices that will reduce their risk of cancer and increase their chances of early detection. The road show team consists of specially trained nurses and staff to deliver key health messages to some of the regions most deprived communities". More information on the road show can be found at: http://info.cancerresearchuk.org/healthyliving/cancerawarenessroadshow/.

"Nationally I have been liaising with Cancer Research UK Cancer Awareness Road show team to deliver a series of training days in Sandwell Primary Care Trust. There have now been over 10 pilot sessions delivered to workers and volunteers in Sandwell since Sept 2010 and March 2011 with 120 participants. The trainees complete pre and post training questionnaires and are followed up at 1 and 3 months to capture whether they are using the information learnt from the training. The results so far have showed that only 18% had received any prior cancer awareness training with only 60% believing that smoking influenced cancer (this increased to 100%!). Along with a marked increase in their confidence in talking about cancer in general, signs and symptoms, risk factors and NHS screening programmes. The programme is particularly exciting as the attendees are able to train other colleagues and spread the information into hard to reach areas of the community".

In addition to this, Karen has also attended schools and numerous events to promote the work of CR UK and educate people on cancer and the role of clinical trials.

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DR PAM KEARNS GOES THE EXTRA MILE FOR CR UK

Dr Pam Kearns, Head of the Children's Cancer Trials Team at the CRCTU has signed up to run ten Race For Life events across the West Midlands region this summer.

Pam's team coordinates groundbreaking clinical trials in 21 centres across the UK, including Birmingham Children's Hospital, where she works as a paediatric oncologist.

Pam says: "Although over 75% of children now survive cancer, more research is still needed in our goal to increase this to 100% survival. Clinical trials play a pivotal role in improving treatments for all kinds of cancers, and Cancer Research UK is currently investing over £1 million a year in our children's cancer trials to help us achieve this goal."

Pam's fantastic fundraising challenge starts in Bromsgrove on 29th May, and includes Races in Worcester, Solihull, Stratford Upon Avon, Dudley, Stafford, Stoneleigh Park, Weston Park, Redditch, and ends in Rugby on 31st July - a total of 60km!

Pam can be sponsored by visiting: http://www.raceforlifesponsorme.org/drpamkearns/