



*Welcome* to the third issue of the Cancer Trials New Zealand (CTNZ) newsletter.

It seems it has been little time since I was writing in our last newsletter about our new year being underway – now it looks like we are accelerating to the end of 2006. CTNZ has been active in clinical trial development, initiation and recruitment, has secured some ongoing core funding, is in the process of organising a national symposium and has taken time out to critically review structure and strategy.

One of the key challenges this year was to recruit sufficient numbers of patients to the trials we presently have open. Leading the charge in this area has been Vernon Harvey, Blair Dickman and the CycloX study team around New Zealand. There are only 13 patients of a planned 80 to go – this means only 1 patient per centre per month before the end of November 2006. Also on the move with recruitment is the CYP2C19 which seems to have made rapid progress since opening a second site in Wellington – nothing like a bit of regional rivalry!

Through the fantastic effort from the XEN study sites 19 patients have been recruited in three months with a similar number in screening. This study was opened in June after a very short development and funding search period.

In addition to the current trials, exciting new concepts are coming along – such as the translational research project looking at the PI-3 Kinase pathway in patients with Acute Myeloid Leukaemia which has been successful in securing some pilot funding to enable Peter Browett and his colleagues to make a start. Promising work has also

been done on a translational concept from Bruce Baguley aimed at predicting outcome of brain tumour treatment with radiation and temozolomide chemotherapy and another proposal has come from Michael Jameson on the use of selenium to increase the therapeutic ratio of chemotherapy for small cell lung cancer.

CTNZ has also spent time recently looking at the clinical cancer research environment in New Zealand. We are working on a symposium entitled 'Research-Driven Cancer Care – a clinical trials strategy for New Zealand?' to be held in Auckland on February 16th 2007. Professor Peter Selby from Leeds will speak on his experiences in the development of the UK national clinical trials research framework. We will complement his experiences with Jim Bishop who has recently successfully made the case for increased funding for clinical trials research. So, put this date in your diary – we will be sending out a preliminary notice on the meeting soon.

The Auckland Division of the Cancer Society of New Zealand has generously committed a further three year grant of core funds. With this underpinning the financial support we also have had from Roche Products (NZ) Ltd and Novartis Pharmaceuticals (Australia) PLC plus the support from the Big Hearts Charity Ball, we are in a strong position to continue our work.

Professor Michael Findlay  
Director, CTNZ

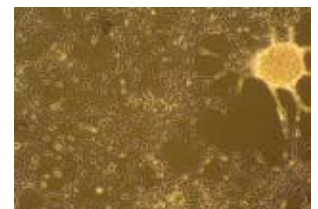
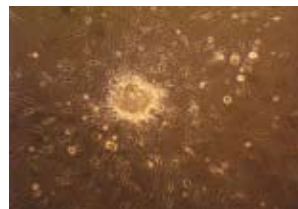
## ► NZ RESEARCH UPDATE

### CAN CULTURED CANCER CELLS FROM INDIVIDUAL PATIENTS TELL US NEW FACTS ABOUT CANCER AND TREATMENT?

**Bruce Baguley, Auckland Cancer Society Research Centre**

One undeniable feature of cancer is that its appearance and course is different in individual cancer patients. Every cancer has its individual signature of gene activity, which is potentially very important for its response to therapy.

Over the last twenty years a team of researchers at the Auckland Cancer Society Research Centre has been growing cancer cells in the laboratory from patients who gave their permission. The samples are broken down into very small fragments and then placed in growth medium in a specialised low-oxygen incubator that mimics the original environment. Two types of culture procedure are adopted. The so-called "primary culture" takes 7 days, providing a rapid read-out of data that are potentially useful for clinical treatment. With the production of a "cell line", the tumour material is painstakingly cultured for a



*Examples of the appearance under the microscope of cultures from two different brain cancer patients. Each photo includes scores of individual cancer cells, together with a "colony" of cancer cells growing together.*

long time, generally 6-12 months, providing material for genetic and other studies. These cell lines can tell us a lot about the properties of individual cancers, and about their response to treatment. Like the original cancers, the cell lines all have their own individuality.



Can the information obtained using these cultures be used for benefit to cancer patients? One recent example concerns the drug temozolomide (Temodal), which has recently been approved by Pharmac for use in patients with glioblastoma, a type of brain cancer. Temozolomide has been found to provide excellent responses in some patients with glioblastoma but not in others. It has also been found to produce responses in some melanoma patients but not in others. We now have the results of studies on the effects of temozolomide on "primary cultures" of surgical samples from 16 patients with glioblastoma, as well as from 33 patients with metastatic melanoma, six of which were growing in the brain. Cultures of five of the glioblastomas, and seven of the melanomas, were found to be sensitive to temozolomide. We have also examined "cell lines" that have been grown from glioblastomas and melanomas, and again found that about one quarter of these were sensitive to temozolomide. Thus, the evidence is quite suggestive that the cultures are telling us something about the response characteristics of individual tumours.

Does this mean that we can screen patients using these culture methods and decide on whether temozolomide will be effective for individual patients? The answer is that we do not know without a proper clinical trial to establish whether the culture results relate to clinical results. Could we design a trial to answer this question? How many patients would be required for a statistically significant result? Can we collect sufficient samples within New Zealand for such a study? How long would it take? How much money would be required? These and other questions are the ones that are currently being addressed by Cancer Trials New Zealand, which is the ideal organisation in which to answer these questions. If the culture methods can be shown to provide a valid indication of response to treatment with temozolomide, it is likely that they will have application to other drugs as well, with important implications to both the individualisation of present cancer treatment and the development of future treatment.

## ► DID YOU KNOW?

### STUDY FOR WOMEN WITH EARLY BREAST CANCER OPENED FOR RECRUITMENT IN NZ IN MAY

The SNAC2 Trial is comparing two operations for detecting cancer cells in lymph nodes of women with early breast cancer, axillary clearance and sentinel node biopsy (SNBM). Just over one thousand women from around Australia and New Zealand are expected to take part in this study. SNBM results in fewer side effects, and in particular less arm swelling or lymphoedema than axillary clearance. The aim of the SNAC2 trial is to determine the long-term safety of sentinel node based management, especially in women with larger or multiple tumours. If you want to find out more about this study, please contact the NZ SNAC2 Trial Coordinator Cathy McBride, Tel: 07 839 8726 ext 7945

### NZSO ANNUAL CONFERENCE

The New Zealand Society for Oncology's annual conference for 2006 was held at the Novotel, Hamilton from Thursday 4th to Friday 5th May.

There was excellent representation from a range of specialties from radiation and medical oncologists, scientists, oncology nurses and data managers. Topics presented included new innovations in radiation therapy and treatment delivery optimisation, high dose rate Brachytherapy in prostate and endometrial cancer, drugs and therapy development (preclinical translation) and other laboratory-based research developments. A number of concurrent sessions were also very well attended by the nursing and data managers groups.

A warm thanks must go to Michael Jameson and Leanne Tyrie for organising a very successful meeting of which the social highlight would have to have been the evening at Vilagrad Winery. Great music and wine, the perfect accompaniment to such a meeting!

And so, we can now look forward to next years meeting, to be held in Dunedin on Wednesday 9th and Thursday 10th May. Best pack those winter woollies everyone!

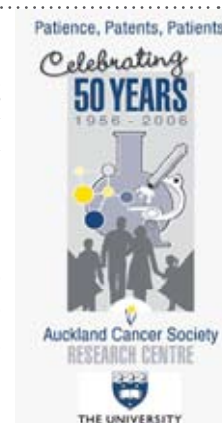
### NZACres 2006 CONFERENCE

The 3rd New Zealand Association of Clinical Research conference 'Science to Health' was held at the Langham Hotel, Auckland on 25th May 2006. About 200 delegates attended a comprehensive conference covering a wide range of topics.

The morning sessions about the new regulatory authority ANZTPA, cancer research in NZ, and xeno-transplantation were followed by two main streams on topics like informed consent, phase I and II clinical research and work on devices. After lunch a panel discussion on 'The Tissue Issue' and a role-play on the conduct of clinical trials kept everybody's interest and attention up. The conference ended with a timely warning on avian flu and the possibility for networking with background jazz. Most of the presentations can be downloaded from the NZACRes webpage [www.nzacres.org.nz](http://www.nzacres.org.nz). The conference was rated good or very good by 96% of the delegates attending. The next conference will be held on the 5th and 6th July, 2007, in Auckland.

### ACS 50TH SYMPOSIUM

Celebrating 50 years of research in cancer drug development, the Auckland Cancer Society Research Centre (ACSRC) is holding a two-day symposium at the Langham Hotel in Auckland, on November 20-21 2006. Major themes of the meeting will be on areas of particular interest including antivasular agents, molecular cancer therapies, and prodrugs targeted at cancer physiology. The meeting will end with a forward-looking major session on new targets and technologies.



The symposium will be preceded by a Public Information Day at the University of Auckland Medical School Cafe, 85 Park Rd, Grafton on Sunday November 19 from 10.30am to 2pm.



### BIG HEART CHARITY BALL

The inaugural staging of the Big Hearts Charity Ball was so successful that planning has already started for a repeat next year. The 2007 beneficiary will once again be CTNZ. We gratefully acknowledge this support and generosity and are looking forward to meet you on the 14th February 2007 in Hamilton.

## ► CTNZ STUDIES

<b>COLORECTAL CANCER</b>	<p><b>Hi 5 Study—Professor Bruce Baguley, Dr Russell Petty</b>  <b>Funding—Genesis Oncology Trust</b>            This is a pilot study where scientists and clinicians are exploring the clinical application of blood markers (serum 5HIAA) associated with endothelial damage during anti-cancer therapy.            CONTACT Melissa Murray, email m.murray@auckland.ac.nz (Trial open, Auckland Hospital)</p>
	<p><b>XEN – Professor Michael Findlay</b>  <b>Funding - Roche Products (NZ) Ltd</b>  <b>A multicentre feasibility study using the chemotherapy combination of Bi-monthly Xeloda and Eloxatin, with the addition of Avastin, in patients with advanced colorectal cancer</b>            This study is investigating the feasibility of a new treatment schedule for use in colorectal cancer using the drugs Capecitabine (bi-monthly dose intensified) and Oxaliplatin with concurrent Bevacizumab            CONTACT Blair Dickman, email b.dickman@auckland.ac.nz (Trial open: five centres)</p>
<b>BREAST CANCER</b>	<p><b>CYCLOX II - Clinical Assoc Prof Vernon Harvey, Professor Michael Findlay</b>  <b>Funding, Research Grant - Roche Products (NZ) Ltd</b>  <b>A Randomised Phase II Study Comparing Capecitabine with Capecitabine &amp; Oral Cyclophosphamide in Patients with Advanced Breast Cancer. ISRCTN68662102, Protocol CTNZ 01-03</b>            This trial is a phase II study comparing two chemotherapy treatments for advanced breast cancer (capecitabine and capecitabine with cyclophosphamide). Both drugs used are taken orally and are already used to treat breast cancer in other combinations. Seven NZ hospitals, and 67 patients are now taking part in this trial.  <a href="http://www.ctnz.auckland.ac.nz/trials/Cyclox+II.html">http://www.ctnz.auckland.ac.nz/trials/Cyclox+II.html</a></p>
<b>MELANOMA</b>	<p><b>Melanoma Vaccine Study - Ludwig Institute for Cancer Research, Dr Mike McCrystal Assoc Prof Rod Dunbar</b>  <b>Funding—Ludwig Institute for Cancer Research &amp; Genesis Oncology Trust</b>            A study of NY-ESO vaccine in resected advanced melanoma. <a href="http://www.ctnz.auckland.ac.nz/trials/meMelanoma.htm">http://www.ctnz.auckland.ac.nz/trials/meMelanoma.htm</a> (North Shore Hospital)</p>
<b>ADVANCED CANCER</b>	<p><b>CYP2C19 study – Dr Nuala Helsby</b>  <b>Funding—Cancer Society</b>            This study is looking at the effect of cancer and genetic profiles in patients with advanced cancer, on the function of an enzyme involved in the metabolism of the chemotherapy drug cyclophosphamide.            CONTACT Dr Nuala Helsby, email n.helsby@auckland.ac.nz (Open, Auckland Hospital, Wellington Hospital)</p>

## ► FUNDING ALERTS for 2006

Remember these dates for funding applications <http://www.ctnz.auckland.ac.nz/research/funding.html>

### Health Research Council

Project, Strategic Development  
and Programme Grants–

**Final Submission** 1 Nov [www.hrc.govt.nz/](http://www.hrc.govt.nz/)

## ► THINGS TO REMEMBER ...

If your thinking about a new study concept and want to know how to get started, visit our website at [www.ctnz.auckland.ac.nz](http://www.ctnz.auckland.ac.nz) and download our specifically designed concept development template on the “Research and Development” webpage, or contact the CTNZ operations office through Greta Riley or Professor Michael Findlay, Director of CTNZ, or a member of our Steering Committee. Contact details can be found on our website and on this newsletter.

To register as a CTNZ supporter (which includes password access to relevant webpages and documents), simply complete the registration form on our “Contact us” page at [www.ctnz.auckland.ac.nz/contact.html](http://www.ctnz.auckland.ac.nz/contact.html).

We hope you find this third newsletter informative and interesting with topics relevant to you and your area of work in the cancer field.

Should you wish to suggest an item of interest for our next newsletter or you require any additional copies, please let us know.

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## ► MEETING ALERTS

Date 2006	Meeting	Venue	Contact details
November 7-10	The European Organisation for Research and Treatment of Cancer. (EORTC-NCI-AACR) International Conference on "Molecular Targets and Cancer Therapeutics"	Prague, Czech Republic	<a href="http://www.eortc.be">www.eortc.be</a>
<b>Date 2007</b>			
January 14-18	4th Mayo Clinic State of the Art Symposium: Hematologic Malignancies	Wellington	<a href="http://www.mayo.edu/cme">www.mayo.edu/cme</a>
January 18-20	2007 Multidisciplinary Head and Neck Cancer Symposium	Rancho Mirage	<a href="http://www.asco.org">www.asco.org</a>
January 19-21	2007 Gastrointestinal Cancer Symposium	Orlando	<a href="http://www.asco.org">www.asco.org</a>
February 22-24	The Prostate Cancer Symposium - A Multidisciplinary Approach	Florida	<a href="http://www.ASCO.org/prostate2007/">www.ASCO.org/prostate2007/</a>
May 9-11	NZSO Conference	Dunedin	
June 1-5	43rd ASCO Annual Meeting	Chicago	<a href="http://www.asco.org">www.asco.org</a>
July 5-6	NZACres Conference - "Working Together"	Sky City, Auckland	<a href="http://www.nzacres.org.nz">www.nzacres.org.nz</a>
July 5-8	ESMOO Conference	Lugano	<a href="http://www.esmo.org">www.esmo.org</a>
Please visit our website for continuous updates			

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Novartis



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