

# CLINICAL TRIALS AWARDS AND ADVISORY COMMITTEE (CTAAC) AND TRANSLATIONAL RESEARCH IN CLINICAL TRIALS (TRICC) NEWSLETTER

CTAAC & FSC Merger - Streamlining the Review of Clinical Trials • CR UK Senior Research Nurse Update • Leukaemia Research Fund Trial Funding Opportunities • Integrated Research Application System (IRAS) • Report on the EMEA Conference • Welcome to..... CRUK • Clinical Research Training Fellowships • National Institute Health Research (NIHR) and Services Support Costs • Local Engagement and Development (LEAD)

## CTAAC News in Brief

**For the June 2008 meeting of CTAAC we had...**

- 3 full applications
- 1 extension application
- 3 endorsement applications
- 6 outline applications
- 11 feasibility applications
- 3 feasibility applications for endorsement.

**The next CTAAC deadlines are:**

**Outline Applications:**

15th Dec 2008

**Feasibility Applications:**

15th Dec 2008

**Endorsement Applications:**

15th Dec 2008

**Full Applications:**

22nd Dec 2008

**We would like to welcome the following new ICAP members:**

- Dr Peter Schmid
- Prof Ida Ackerman
- Dr Lena Specht
- Dr Iain McNeish
- Prof Michael O'Donnell
- Dr Mark Litzow
- Prof Stefan Bielack
- Dr Rav Murthy
- Prof John Crown
- Prof Axel Hauschild

For more information on CTAAC, including application forms and closing dates, please visit our webpage: <http://science.cancerresearchuk.org/gapp>

*Continued on page 2*

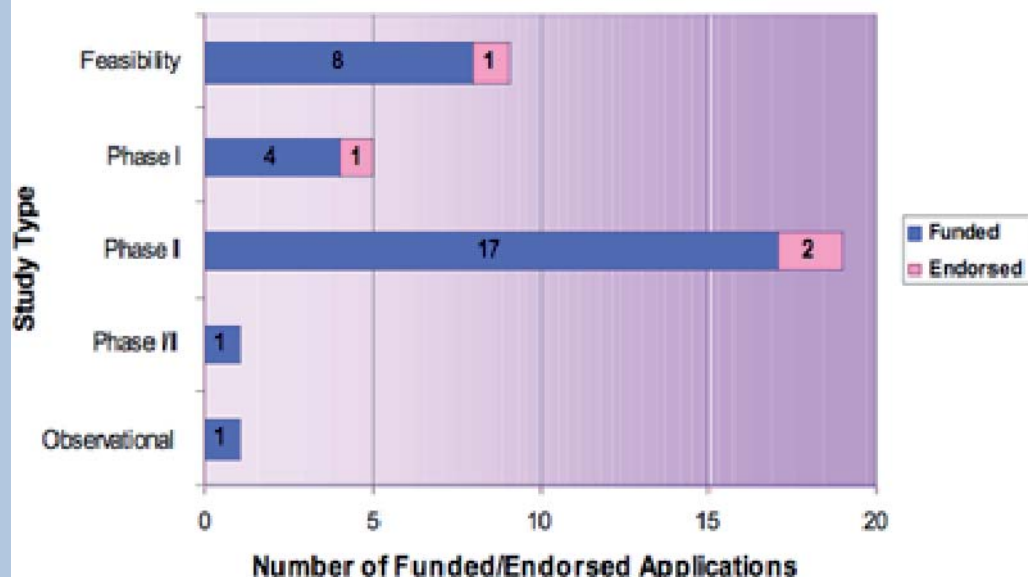
## CTAAC & FSC Merger – Streamlining the Review of Clinical Trials

Two-year project grants for feasibility or phase II studies will now be assessed by the Clinical Trials Awards & Advisory Committee (CTAAC). The recent integration of the Feasibility Study Committee (FSC) into CTAAC will allow the review of all clinical trials (except first-in-man studies) by one Committee. This will also facilitate the migration of successful early phase studies into definitive national studies.

The expertise on CTAAC now includes some former members of FSC. Separate application forms are being maintained and, along with the Guidelines for

applicants, these are currently being updated.

Over the first 2 years since the inception of FSC 76 applications were reviewed and of these 35 new studies were supported with either funding or endorsement. 17 of the studies are being led by new clinical investigators who have not previously received grants from CR UK. A summary of the types of study supported is given in the figure below. We would like to thank all the former FSC members for their hard work in reviewing these.



**We would like to welcome the following new CTAAC Members:**

Prof Will Steward  
Mr Corneel Coens  
Prof John Liu Yin  
Dr Michael Cullen  
Dr Tim Perren  
Dr Pippa Corrie  
Prof Dion Morton  
Prof John Gribben  
Dr Nick Reed  
Prof Richard Grundy  
Ms Sharon Love  
Prof Malcolm Mason  
Mrs Diana Robinson  
(consumer representative)

**Members Leaving CTAAC:**

David Dodwell  
Gareth Morgan  
Laurence Collette  
John Radford  
Derek Alderson

**On behalf of the office we would like to thank you once again for all your hard work and invaluable contribution to CTAAC.**

## CR UK Senior Research Nurse update

There are now 11 CR UK Senior Nurses in post and they had their third bi-annual meeting on 11th July 2008. At the meeting the nurses each gave an update of the activities they had taken part in over the previous 6 months, including Race for Life, Relay for Life, Lab tours, Big breakfast event and Sun Smart campaigns. They have developed strong links with local press and fund raising teams and provide a valuable interface between the science and the public facing activities of the Charity.

dass (Lead Nurse); Chloe Cowan (Glasgow); Helen Jones (Mount Vernon/UCH); Jac Tambellini (Southampton); Karen Doyle (Birmingham); Barbara Moore (Wales); Helen Ferns (Manchester) and Sophie Lewis (Cambridge)

All appointments have been made, with Kelly Gleason and Marylyn Pilkington waiting to take up posts at Imperial College and Newcastle respectively.

For more information about the Senior Nurse scheme, please contact Anne Croudass (Anne.croudass@cancer.org.uk)

Pictured from Left to Right are: Ruth Boyd (Belfast); Debbie Beirne (Leeds); Anne Crou-



## Leukaemia Research Fund – trial funding opportunities

The CR UK Clinical Trials Team provides administrative assistance to one of our NCRI partner organisations, the Leukaemia Research Fund, in running its Clinical Trials Advisory Panel (CTAP). This panel considers:

1. Early stage trials to assess the effectiveness and safety of new drugs or other therapeutic agents in haematological malignancies prior to evaluation in national and international studies
2. Applications for measurement of biological

end points as integral components of haematological trials.

For further details visit the web site at <http://www.lrf.org.uk/en/1/sciapp.html>, contact Dr David Grant, Scientific Director on 020 7405 0101 or email [ctap@lrf.org.uk](mailto:ctap@lrf.org.uk) for an application pack. Deadlines for applications are 1st June and 1st December every year.



## Integrated Research Application System

A streamlined system that is expected to bring some welcome relief to a large number of UK health researchers was launched on 29 January 2008. IRAS (Integrated Research Application System) is an online system which is designed to make the process of applying for approval to conduct research in the health sector easier and less bureaucratic (see box).

A long-held criticism from researchers has been that applying for approvals to conduct a piece of research in the UK health service involves grappling with a bewildering array of forms, many of which require the same details. It has been up to the researcher to duplicate this information on each separate review body's application form, which has been a time-consuming and frustrating process. IRAS combines seven review bodies' applications, so researchers only need to enter their study information once. Once the information is entered into IRAS, it will populate the applications relevant to the type of research being undertaken.

You can use IRAS to capture the information needed for the relevant approvals from the following review bodies:

- Administration of Radioactive Substances Advisory Committee (ARSAC)
- Gene Therapy Advisory Committee (GTAC)
- Medicines and Healthcare products Regulatory Agency (MHRA) - Devices
- Ministry of Justice (National Offender Management Service)
- NHS / HSC research offices
- NRES/ NHS / HSC Research Ethics Committees
- Patient Information Advisory Group (PIAG)

In addition, IRAS provides a simple import/ export mechanism with EudraCT. This covers information needed for applications to Medicines and Healthcare products Regulatory Agency (MHRA) for clinical trials of investigational medicinal products. The information can now be completed in IRAS and exported to the EudraCT system.

Led by the National Research Ethics Service (NRES), a division of the National Patient

Safety Agency, this project has been run under the umbrella of the UK Clinical Research Collaboration (UKCRC). This UK-wide initiative is also supported by the NHS R&D Forum, the major regulatory and governance bodies, the UK Health Departments, the UK Clinical Research Network, the Forum of NHS Wales for R&D Management in Health & Social Care and funders of research. This collaboration is a crucial part of the Government's strategy to have an integrated programme of improvement in health research.

The intention is that the application process should be:

- relevant to your research
- technically easy to use
- supported by accessible guidance and sources of advice.

At this time IRAS is available and can be accessed at [www.myresearchproject.org.uk](http://www.myresearchproject.org.uk). The traditional systems will still be available for those researchers who want to use them but they will be phased out later in the year.

### The Integrated Research Application System (IRAS):

- Is a single system for applying for the permissions and approvals for health and social care/ community care research in the UK
- Enables you to enter the information about your project once instead of duplicating information in separate application forms
- Uses filters to ensure that the data collected and collated is appropriate to the type of study, and consequently the permissions and approvals required.
- Helps you to meet regulatory and governance requirements
- Retains familiar aspects of the application system provided at [www.nresform.org.uk](http://www.nresform.org.uk)

# Report on the EMEA Conference on the Operation of the Clinical Trials Directive and Perspectives for the Future, 3rd October 2007, EMEA, Canary Wharf, London, UK

CR UK, along with European clinical investigators, EU Member State Competent Authorities, and DG Enterprise were invited to this meeting convened by the European Medicines Agency (EMA). All participants prepared written submissions and a range of excellent speakers provided their perspective on four areas.

1. What aspects of Directive 2001/20/EC and its implementing rules work well?
2. What does not work well?
3. What can be remedied within the present legal framework?
4. What should a new legal framework look like?

The striking aspect of the meeting was that the views of the commercial and non-commercial investigators were very much aligned, with the key concerns as follows:

- Excessive reporting of SUSARs (suspected unexpected serious adverse reactions)
- Lack of clarity of Annual Safety Reports
- The definition of Substantial Amendments was disproportionate to need
- Excessive paperwork
- Problems with sponsorship of international trials
- Harmonisation had not been achieved
- No clear evidence that the quality of trials or patient safety had been improved

The views of the Competent Authority speakers, particularly the representatives of the Clinical

Trials Facilitation Group (CTFG), were that the Directive had improved the quality of research and patient safety and that there was probably no need to change the Directive and individual country legislation, but that more guidance would lead to better harmonisation and clarity. Other delegates argued that the Directive did need changing, rather than multiplication of guidance notes by individual Member States. The CFTG felt that they could work more quickly to provide guidance whereas changing law would take significantly longer to effect.

To date, the database for reporting SUSARs electronically was not being used by all investigators, but this data had not been reviewed and this was a concern to a number of delegates.

The delineation of responsibilities between the Competent Authorities and the Ethics Committees was also raised as an area that needs clarification. Central sign-off by one Member State for an international trial was proposed by investigators.

There was strong support for a risk-based assessment of studies, whether first-in-human or of agents with an existing Marketing Authorisation, to determine the level of monitoring etc. It was proposed that, as in Italy, a definition of 'Independent' study could be used for anything other than commercially sponsored early phase trials.

It was concluded by the organisers that, since any change to the legislation was likely to take some time, work should begin immediately on tackling issues that could be resolved without such a change. The main areas in which efforts would be focused were multinational clinical trials, safety reporting and monitoring, non-commercial sponsorships/trials, CTA dossier and process, and IMP-related issues. A full report of the meeting can be found on the web site [www.emea.europa.eu/meetings/conference2007.htm](http://www.emea.europa.eu/meetings/conference2007.htm)

A European Commission funded project called 'Impact on Clinical Research of European Legislation' or ICREL, is now underway that aims to measure and analyse the direct and indirect impact of Clinical Trials Directive 2001/20/EC and EU related legislation on all categories of clinical research and on the different stakeholders: commercial and non-commercial sponsors, Ethics Committees and Competent Authorities.

The EORTC (European organisation for research and treatment of cancer) is co-ordinating the input from the non-commercial sector ([stephane.lejeune@eortc.be](mailto:stephane.lejeune@eortc.be)) and CR UK has submitted data from its Drug Development Office.



**CTAAC Members:** JON COHEN (CHAIR) • MATTHEW SEYMOUR (VICE CHAIR) • NEIL BURNET (VICE CHAIR) • MALCOLM MASON (VICE CHAIR) • ROGAR A'HERN • MICHAEL AITCHINSON • NIGEL BUNDRED • NEIL BURNET • RICHARD CLARK • STEPHEN FALK • CHRIS GALLAGHER • ALLAN HACKSHAW • DUNCAN JODRELL • ALISON JONES • MARK MIDDLETON • MARIANNE NICOLSON • JIM PAUL • HEATHER PAYNE • CHRIS POOLE • KATHY PRITCHARD-JONES • WILL STEWARD • CORNEEL COENS • JOHN LIU YIN • MICHAEL CULLEN • TIM PERREN • PIPPA CORRIE • DION MORTON • JOHN GRIBBEN • NICK REED • RICHARD GRUNDY • SHARON LOVE

## Clinical Trials Advisory and Awards Committee (CTAAC) Applications Funded in Principle\* between June 07 - June 08

\*Applications pending feedback from applicants and final approval from CTAAC

### APPLICATIONS FUNDED

Lead Investigator	Trial Acronym and Title
Dr E Hall	COSTAR: A Multicentre Randomised Study of Cochlear Sparing Intensity Modulated Radiotherapy Versus Conventional Radiotherapy In Patients With Parotid Tumours.
Prof N Bundred	EPHOS B: Effect of perioperative anti-HER2 therapy on early breast cancer study – biological phase.
Prof J Neoptolemos	ESPAC 4: European Study Group For Pancreatic Cancer – Trial 4. Combination versus single agent adjuvant chemotherapy in resectable pancreatic cancer
Mr J Hill	CReST: The role of endoluminal stenting in the acute management of obstructing colorectal cancer.
Prof A Green	COSMYD: A Collaborative Study of Myeloproliferative Disorders.
Dr H Wallace	EuroNet-PHL-C1: First international Inter-Group Study for classical Hodgkin's Lymphoma in Children and Adolescents.
Prof K Pritchard-Jones	SIOP WT 2001 International Society of Paediatric Oncology Wilms Tumour 2001 Clinical Trial and Study
Dr C Nutting	PARSPORT: A multicentre randomised study of parotid sparing intensity modulated radiotherapy versus conventional radiotherapy in patients with head and neck cancer
Dr S Agrawal	REGiM: A randomised controlled trial of prolonged treatment with Darbepoetin alpha, with or without recombinant human G-CSF, versus best supportive care in patients with low-risk Myelodysplastic syndromes.
Dr A Fielding	UKALL 14: An international randomised trial for adults with newly diagnosed acute lymphoblastic leukaemia.
Prof P Johnson	RATHL (Response adapted therapy in advanced Hodgkin Lymphoma): A randomised trial to assess Response Adapted Therapy using FDG-PET imaging in patients with advanced Hodgkin Lymphoma.
Prof M Gore	mEOC-1: A multicentre randomised trial comparing oxaliplatin + capecitabine versus carboplatin + paclitaxel in patients with previously untreated advanced mucinous epithelial cancer of the ovary.
Prof J Yarnold	HOT II: Randomised double-blind controlled phase III trial of hyperbaric oxygen therapy in patients suffering long-term adverse effects of radiotherapy for pelvic cancer.
Prof S Burchill	HR-BBL1/ESIOP – MRD: High risk NBL study 1 of SIOP – Europe. Detection of MRD.
Prof A Pettitt	PACIFICO (previously RiCh FLO): Phase III multi-centre trial comparing two different Rituximab-Chemotherapy induction regimens for Follicular Lymphoma in Older patients.

Dr E Hall	111 Testis: A single arm multi-centre study evaluating a single cycle of BEP as adjuvant chemotherapy in high risk, stage 1 non-seminomatous germ cell tumours of the testis (NSGCTT).
Mr J Kelly	HYMN: A randomised controlled trial comparing hyperthermia plus mitomycin to a second course of bacillus Calmette-Guérin in patients with recurrence of non-muscle invasive bladder cancer following BCG induction.
Dr D Sebag-Montefiore	ARISTOTLE: A phase III trial comparing standard versus novel CRT as pre-operative treatment for MRI defined locally advanced rectal cancer.
Prof A Burnett	AML 17: A Trial for Acute Myeloid Leukaemia and High Risk Myelodysplastic Syndrome in Younger Patients.
Dr H Earl	Neo-tAnGo (former NEAT-2): A neo-adjuvant study of sequential epirubicin + cyclophosphamide and paclitaxel +/- gemcitabine in the treatment of high risk early breast cancer with molecular profiling, proteomics and candidate gene analysis.
Dr S M Lee	ET Trial: A multicentre, randomised, phase III, trial of platinum-based chemotherapy versus non-platinum chemotherapy, after ERCC1 stratification, in patients with advanced/metastatic non-small cell lung cancer.
Prof J Cuzick	LT-ATAC – Long Term follow-up from the Arimidex, Tamoxifen Alone or in Combination (ATAC) trial
Prof G Morgan	Myeloma XI: A randomised comparison of thalidomide and lenalidomide combinations in Myeloma.
Dr D Bowen	CMML201: A phase 2 study of 5-azacytidine in chronic myelomonocytic leukaemia (CMML)
Mr A O'Bichere	ISAAC: A randomised trial of Initial Surgery in Advanced Asymptomatic Colorectal cancer patients receiving chemotherapy for metastatic disease
Mr J Kelly	BOLERO Trial (Bladder cancer: Open versus Laparoscopic or Robotic cystectomy): A study to determine the feasibility of randomisation to open versus minimal access cystectomy in patients with muscle invasive bladder cancer.
Dr D Landau	IDEAL-CRT: A phase I Isotoxic Radiotherapy Dose Escalation Study in Non Small Cell Lung Cancer

#### **APPLICATIONS ENDORSED**

Lead Investigator	Trial Acronym and Title
Prof W Arlt	FIRM-ACT: First International Randomised trial in locally advanced and Metastatic Adrenocortical Carcinoma Treatment
Prof C Boshoff	DORA: A phase I and randomised phase II study of docetaxel and RAD001 (everolimus) in advanced/recurrent or metastatic squamous cell carcinoma of the head and neck
Professor I Smith	ALTTO: Adjuvant Lapatinib and/or Trastuzumab Treatment Optimisation Study

Prof D Cameron	BEATRICE: An international multi-centre open-label 2-arm phase III trial of adjuvant bevacizumab in triple negative breast cancer.
Dr P Hillmen	CLL8: A randomised, phase III study to assess alemtuzumab consolidation therapy in patients with CLL who have responded to previous therapy.
Dr T Meyer	TACE 2: A randomised placebo-controlled, double blinded, phase III trial of sorafenib in combination with transarterial chemoembolisation (TACE) in hepatocellular cancer.
Dr T Powles	LaMB: A phase II randomised trial comparing maintenance lapatinib versus placebo after first-line chemotherapy in patients with HER1 / 2 overexpressing metastatic bladder cancer
Dr S O'Brien	SPIRIT 2: A phase III, prospective randomised comparison of imatinib 400mg daily versus dasatinib 100mg daily in patients with newly-diagnosed chronic phase chronic myeloid leukaemia
Dr K Peggs	PAIReD (Pilot of Allogeneic Immunotherapy in Refractory Disease): Phase II Study Of Reduced Intensity Allogeneic Transplantation For Chemorefractory Hodgkin Lymphoma
Dr K Peggs	ReACH (Reduced intensity Allografting for Chemosensitive Hodgkin Lymphoma): Phase II Study Of Reduced Intensity Sibling Allogeneic Transplantation For Relapsed Chemosensitive PET+ Hodgkin

## Welcome to.....

### Rowena Sharpe

Joined in 2008 as the Clinical Trials Research Manager looking after Feasibility Studies.



### Amanda Fry

Joined in November 2007 as the Clinical Trials Research Officer, working on CTAAC & CTRC.



### Tasneem Ahmed

Joined in March 2008 as the tissue resources Research Manager. Taz is involved in implementing the Tissue Resources Science Plan.



### Natalie Reeve

Joined in March 2008 as the Translational Research Officer, working on TRICC.



# CRUK Clinical Research Training Fellowships

Would you like to work with one of the world's leading cancer research organisations? Are you seeking to work at the interface between research and clinical therapy? Do you wish to undertake training for a PhD or MD? Cancer Research UK believes in the importance of taking discoveries from the bench to the bedside, and is committed to generating the next generation of leaders in cancer research. If this is the opportunity you are looking for then our fellowship scheme can help you achieve your

goals.

We will provide:

- 3 years' support\*
- your salary
- research expenses and university tuition fees

About you:

- aiming to develop a long-term career path in academic cancer research .
  - wish to undertake training for a PhD or MD
  - registered and ideally have a specialist training post.
- The deadline for receipt of ap-

plications is Monday 8th September 2008.

You must check your eligibility for this award on our website at: [fellowships.cancerresearchuk.org](http://fellowships.cancerresearchuk.org) You will also find the application form and guidance notes here.

If you would like to discuss your eligibility for any of these fellowships, or have any other questions, please contact Mr Sakib Moghul: [sakib.moghul@cancer.org.uk](mailto:sakib.moghul@cancer.org.uk), 020 7438 5334



## National Institute for Health Research (NIHR) and Services Support Costs

It is important to note that in future the NIHR Comprehensive Research Network (CRN) will be the only route for access to NHS Service Support Costs in England.

NHS 'Support for Science Funding' allocations to organisations providing NHS services will no longer exist. Studies that are accepted for inclusion in the UKCRN Portfolio of trials will therefore have automatic access to both NHS Service Support Costs via the NIHR CRN, and to Treatment Costs

via the normal arrangements for commissioning patient care. Studies that are automatically eligible and that have a high priority for NIHR CRN support are studies that have the majority of their research funding provided by the NIHR, other areas of Government, and NIHR non-commercial Partners, including cancer studies agreed by CTAAC. CRUK as an NIHR partner must ensure that studies it reviews and funds/approves are as a result of:

- a) open competition across England with high quality peer

- review; and
- b) are of clear value to the NHS; and
- c) take account of DH and NHS priorities and needs in their research funding strategies

The Government is committed to providing the necessary NHS Service Support Costs of its Partners' research. There should, therefore, be no need for any prioritisation of NIHR Partner's studies on the basis of the necessary costs of support.

## Local Engagement and Development (LEAD)

In 2006, a six month project was undertaken at Cancer Research UK to explore whether there was potential to raise more money to fund more research by making clearer links between communities and their local Cancer Research UK scientific activities.

This initiative, dubbed 'Project Local', discovered that 90% of the UK population lived within a 30 mile radius of a Cancer Research UK funded site. It was also clear that cancer patients, supporters and the general public are often unclear about the explicit role Cancer Research UK plays in the prevention, diagnosis and treatment of cancer.

In an increasingly 'globalised' world, the public is, conversely,

more motivated by local causes and experiences closer to home. So by connecting cancer patients and supporters more effectively to our work in their local area, we will better demonstrate our relevance to their lives and bring people closer to our cause.

In March 2007, the project became a permanent department called Local Engagement and Development. The team has continued to work on making our local presence visible, but we need your help! Cancer Research UK's supporters give their money to support our work to beat cancer. If you are a recipient of Cancer Research UK funding you are one of the people who inspire these supporters. We want them to know who you are and what you do

so whenever you submit articles for publication, produce posters or give talks we'd like you to use the Cancer Research UK logo and colours.

Keeping our identity consistent is important so that people recognise us and trust us. You are an important ambassador for us and promoting the work done by Cancer Research UK to those you come into contact with will really help us to raise more money to fund more research. The more people we reach, the more money we can raise to fund research and have an even greater impact on beating cancer. If you would like to get more involved in helping out at fundraising events or with other activities, please contact [Nicola.Horne@cancer.org.uk](mailto:Nicola.Horne@cancer.org.uk).

### Our Logo



Either logo can be used on all publications and should be positioned to the bottom right or bottom left. Please use the logo as provided and maintain an exclusion zone around it as shown.

### Our Vision

*Together we will beat cancer*

This should be placed on the bottom left or top left to balance out the logo. As a colour scheme, we use Blue (Pantone 072) and Magenta.

In order to help you we've created templates that you can use for PowerPoint and Letterheads.

All the above elements can be downloaded from <http://www.cancerresearchuk.org/branding/>.  
Username: external, Password: Brandsite.

If you would like any more help or have any questions, please email [brand@cancer.org.uk](mailto:brand@cancer.org.uk).

N.B. If you are funded by more than one organisation, you may need to acknowledge them in your work too.

## TRICC News in Brief

### Chair of TRICC

Professor Peter Parker will shortly be stepping down after completing his term as Chairman of TRICC. We would like to thank him for his hard work and invaluable contribution to the work of the Committee. The role of Chair will be taken over from February 2009 by Professor Andy Hall.

Andy Hall is Professor of Experimental Haematology and Scientific Director of the Northern Institute for Cancer Research in Newcastle, and Director of the LRF Molecular Pharmacology Programme.

### We would like to welcome the following new TRICC members:

Dr Jude Fitzgibbon  
Professor John Griffiths  
Professor Andy Hall  
Dr Andrew Hughes  
Professor Sarah Pinder  
Dr Jorge Reis Filho  
Dr Curzio Ruegg

### We would like to thank the following for their valued contribution to TRICC:

Professor Adrian Harris  
Professor Gareth Morgan

### On behalf of the office we would like to thank the following for their hard work and invaluable contribution to ICAP:

Professor Sarah Pinder  
Dr Richard Simon

### The following have joined the ICAP panel:

Dr Jiale Dai  
Prof Richard Drake  
Dr James Going  
Dr Simon Langdon  
Dr Andy Lynch  
Dr Hans-Guido Wendel

### For the June 2008 meeting of TRICC we had...

4 Full Applications, 7 Sample Collection Applications and 15 Outline Applications

**TRICC Members:** PETER PARKER (CHAIR) • JOHN PRIMROSE (VICE CHAIR) • LUCINDA BILLINGHAM • JAMES BRENTON • ROBERT BROWN • JUDE FITZGIBBON • JOHN GRIFFITHS • ANDREW HALL • ANDREW HUGHES • MARK MIDDLETON • KARIN OIEN • SARAH PINDER • JORGE REID FILHO • CURZIO RUEGG • CATHERINE WEST • BRYAN YOUNG • MITCH DOWSETT (OBSERVER)

### June 07 - June 08

#### APPLICATIONS FUNDED

Lead Investigator	Trial Acronym and Title
Dr H Grabsch	OE02: Prognostic and predictive factors in randomised controlled clinical trial of preoperative chemotherapy in respectable oesophageal cancer.
Prof M Dowsett	POETIC: Translational research studies in the perioperative Endocrine Therapy for individualising care trial.
Prof P Rabbitts	RESEARCH: A biorepository to provide REagents for the discovery of molecular predictors of lung tumour development, collected in the Lung-SEARCH trial.
Prof J Jankowski	HANGEL: Histological Assessment Determining Epithelial response Trial.
Dr H Gabra	Trans-SCOTROC: A prospective, molecular analysis of the clinical effect of single agent carboplatin in serous ovarian cancer.
Dr J Shaw	Development of a cell-free plasma DNA-based method to predict metastatic progression in breast cancer patients: the application of SNP arrays(S) to monitor the post-adjuvant (A) period (P): the SAP study.
Prof C Caldas	Trans-PERSEPHONE and Trans-PERSEPHONE-SNPs: the pharmacogenomics and pharmacogenetics of adjuvant trastuzumab.
Dr H Grabsch	Biological Sample collection from patients entering the UKCRN OE05 clinical trial.
Dr H Grabsch	Biological sample collection from patients entering the UK NCRI ST03 clinical trial.
Dr J Green	Translational Research in Clear cell cancer of the ovary: CCC- 1 TRANS.
Dr G Cook	The study of key genetic and biological variables associated with clonal progression and systemic manifestations of relapsed Multiple Myeloma (MM).

**The next TRICC deadlines are:**

**Outline applications:**

17th October 2008

**Full Applications:**

5th November 2008

**Sample Collections:**

21st November 2008

**Annual Renewals:**

17th December 2008

**Changes to Committee Remit**

Planned changes arising from the Science Plan Review in Biomarkers are currently being put to the Scientific Executive Board. Further information will be given in subsequent editions of the Newsletter.

For more information on TRICC, including application forms and closing dates, please visit our web page:

<http://science.cancerresearchuk.org/gapp/clinicaltrialsfund/tricc>



**FREE Memory Sticks** with information about all CRUK funding schemes are available from Nicola Keat or Amanda Fry.

Mr G Griffith	T-VIN: Collection and storage of tissue and blood samples from patients with vulval intraepithelial neoplasia receiving tropical treatment, for future translational research.
Dr R Huddart	SPARE-T: a bladder cancer biorepository for investigational translational research associated with the SPARE trial of selective bladder preservation versus cystectomy.
Prof R Leonard	TransAction Collection and storage of biopsy and blood samples from patients with breast cancer from the ACTION Clinical Trial (Adjuvant Cytotoxic Chemotherapy In Older Women).
Mr H Mehanna	Head and neck squamous cell carcinoma Tissue Collection for the PET NECK trial (PET NECK COLLECT).
Dr D Berney	Processing of Blood Samples to Extract Plasma and Serum.
Prof C Cooper	The NCRI prostate cancer collaborative 'Prostate Cancer map project.
Prof T Illidge	Application of serum rituximab assay to follicular lymphoma.
Prof A Pettitt	Analysis of stored samples from the UK CLL4 trial for p53 dysfunction and karyotypic complexity.
Dr J Shipley	Identification of prognostic markers and therapeutic targets for childhood rhabdomyosarcomas.
Dr S Coupland	Biosample collection from the ITEM trial in Uveal Melanoma.
Prof D Morton	Biological Sample Collection from Patients entering the FOxTROT clinical trial.
Prof J Primrose	Trans EPOC - Investigating the molecular predictors of response in metastatic colorectal cancer.

CTAAC Meeting June 2008



## CTAAC and TRICC Contacts

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### Editorial Team

**Editor** Miss Dominique Parr **Editorial Team** Miss Nicola Keat, Ms Kate Law, Ms Julie Hearn, Miss Natalie Reeve, Dr Maria Lioumi