

DSSG *Digest* Spring 2019

The DSSG Digest has the most up to date news and listing of cancer trials and studies underway in Ireland.

**Finding cancer
cures is a global
team effort!**



Pictured at the Australian Embassy to discuss current and future collaborations on cancer trials were Margaret McJannett (right), CEO of ANZUP; the Australian and New Zealand Urogenital and Prostate Cancer Trials Group, Ambassador Richard Andrews, the Australian Ambassador to Ireland and Eibhlin Mulroe, CEO of Cancer Trials Ireland. (See page 4)



*Together, we're finding
answers to cancer.*



Extract from presentation by Prof Bryan Hennessy to the Joint Oireachtas Committee on Health on 13th March 2019.



Prof Bryan Hennessy, Clinical Lead, Cancer Trials Ireland, and Consultant Oncologist, Beaumont Hospital.

Ireland has the potential and the know-how to do more trials.

By increasing investment in cancer trials infrastructure, we could be offering Irish cancer patients more options and potentially better outcomes.

Cancer trials can extend lives and give people a better quality of life. When I am in the clinic with a cancer patient, there are times I want to be able to offer more than the standard of care treatment and that's where a trial can help. At the moment, due to the resource constraints in our cancer units and at our head office, there are trials we simply cannot do at present.

Cancer Trial Landscape

Cancer is a genetic disease—that is, it is caused by changes in DNA that control the way cells function, especially how they grow and divide. These changes can be inherited, but most arise randomly during a person's lifetime.

Globally, the landscape of cancer trials is changing as we move away from treatments based on tumour site of origin (for example lung, breast, pancreatic cancers) and more towards targeted studies where we look for the same mutation in a variety of tumour sites.

These trials are very specific, with smaller patient numbers and are replacing the large 'one-size fits all' trials. Ireland can and does participate in these types of trials which are important for patients. We are testing whether certain targets respond to specific treatment in the context of a trial where the patient is monitored at the highest level.

Since 2014 we have dropped to 1.5% on therapeutic trials, we have gone backwards.

Recommendations

We need to take steps to implement the National Cancer Strategy published in 2017. The previous strategy in 2006 was a game changer for cancer care. We in Cancer Trials Ireland believe this one could be a game changer for cancer research.

As many of you on this Committee are aware, we need to be ready to take on the challenge of a two-fold increase in the

incidence of cancer on the island of Ireland over the next twenty years.

In that context, fostering a research culture in our hospitals is important and will create more options for patients through our activity. The target (KPI 20) in the National Cancer Strategy to double the number of people with cancer who can access therapeutic cancer trials, from the estimated 3% to 6% by 2020 would not only have saved the HSE millions of euro in drug costs (€6.5 million 2016), it would provide more patients with access to promising new treatments that would otherwise not be available.

In 2018 the numbers we have collected so far suggest only 348 patients were newly recruited to therapeutic clinical trials in 2018 and according to the last report by the NCRI there were 22,321 new cases of cancer in the same year. In 2014, the equivalent figure was 664 patients and an incidence of 21,380 which led to calculations of 3% baseline figure. Since 2014 we have dropped to 1.5% on therapeutic trials, we have gone backwards.

We need protected time for clinicians and medical teams.

In order to support the National Cancer Control Programme (NCCP) achieving this KPI and other research related KPIs, Cancer Trials Ireland is calling for support from this Committee to reverse the 20% funding cut to its HRB Grant which supports its Cancer Trials Research Units and General Central Office.

We need an additional €1.2 million per year for Cancer Trials Ireland Research Units and General Central Office over the next 3 years to increase activity and patient numbers up and above the 3% recruited to clinical trials.

We need protected time for clinicians and medical teams so they can do more research and foster a culture of research.

We recommend that the NCCP makes available a ring-fenced fund to which Cancer Trials Research Units can apply for multi-year funding for staff and capital to ensure continuity and build up human capital in each unit. While the HRB Grant covers costs it is not sufficient funding to provide a stable platform for individual research units to do more.

Extract from presentation by Eibhlin Mulroe to the Joint Oireachtas Committee on Health on 13th March 2019.



Eibhlin Mulroe, CEO, Cancer Trials Ireland.

The implementation of the current National Cancer Strategy could take us significantly closer to achieving more options for patients. To date we have been enabled through funding received from the Irish Cancer Society which contributes €485,000 annually and the Health Research Board (HRB) which contributes €3 million annually; €2 million of this is distributed directly to 11 hospital based research units to enable them employ specialists. In 2006, the figure from the HRB for these hospitals was €3.8 million, almost double the amount provided today. We also receive support from the St Luke's Cancer Research Fund (€165,000 annually).

Due to our reduced funding, we have had to decline opening clinically important academic trials in Ireland.

The other half our income is generated through sponsoring our own Investigator Initiated Trials funded by pharmaceutical companies and working with international not-for-profit research groups like ours to bring their global studies to Irish patients. Funding raised is solely used to pay staff and hospital research units for work on cancer trials.

Patient Involvement

Cancer Trials Ireland makes a direct impact on patient lives and it is important for this Committee to reflect on that in the context of the cancer strategy commitments. There are many stories of people who have lived longer and with improved quality of life because of their participation in a trial. They have been there for family, major life events and most importantly for their children and grandchildren.

There are many misconceptions concerning participation on trials and we try to stimulate public conversations about trials through our "Just Ask Your Doctor" campaign. We are humbled that so many patients are willing to advocate for cancer trials on our behalf. We have established a Patient Consultant's Committee which is a subcommittee of our Board. Patient involvement in the decisions we make, and the research we do is of strategic importance to our organisation.

Operational Challenges

As outlined by Prof Hennessy, we can report little movement with regard to implementation of the research KPIs outlined.

Due to our reduced funding, we have had to decline opening clinically important academic trials in Ireland. These trials would benefit people with a range of cancers including lymphoma, testicular and endometrial cancer. We are unable to be proactive in exploring opportunities to open new trials in areas such as pancreatic, lung, testicular and cervical cancer. This is as a direct result of reduced funding.

The work at our office and at hospital research units is highly specialised and subject to a detailed quality management system in line with best practice. Patients in Ireland on clinical trials can take comfort in the knowledge that their welfare is monitored at the highest level in healthcare. But it costs to do more and to maintain quality standards, therefore we need increased funding from the Department of Health through the Health Research Board and a budget commitment for the NCCP for trials research.

There are people on trials today who would not be alive if they did have access to one of our trials.

In conclusion

The medium-term objective of Cancer Trials is to test and prove treatments that kill cancer and stop it in its tracks.

One very important difference between cancer trials and all other cancer research is that it is having a profound impact on the lives of people with cancer today. Trials deliver in the medium and immediate term.

Today our trials are providing patients with access to proven but not yet available treatments that can save their lives.

There are people on trials today who would not be alive if they did have access to one of our trials.

So it is really important for decision makers to understand that when the funding for trials is reduced, life-saving treatments for patients today can be removed. Their options are reduced. Is this a wise approach? We believe not.

We would like to take this opportunity to thank the 15,000 Irish patients who have volunteered on our trials over the last 20 years.

They have made a difference for future generations of cancer patients.

Global collaboration

(Continued from front page)

Cancer Trials Ireland has worked for many years with ANZUP opening some of their trials in Ireland and the UK, bringing novel life-enhancing treatments to Irish and UK prostate cancer patients.

We opened the Enzamet and Enzarad cancer trials in Ireland and the UK which brought new and important treatment options to hundreds of patients. The trials tested the efficacy of enzalutamide to improve survival and quality of life for men with prostate cancer. The partnership has also created jobs and expertise in Ireland in this area of cancer research.

Participants in the recent meeting at the Australian Embassy with Margaret McJannett, CEO of ANZUP, and Ambassador Richard Andrews, the Australian Ambassador to Ireland, were representatives from Cancer Trials Ireland, HRB, Department of Health and Irish Cancer Society.



Prostate trial opens at Beacon

A trial to determine if stereotactic body radiation therapy (SBRT) is superior to hypofractionated intensity modulated radiation therapy (IMRT) in the treatment of localised intermediate risk prostate cancer has opened at the Beacon Hospital in Dublin.



The trial is sponsored in Ireland by NRG Oncology (International) and Cancer Trials Ireland and will recruit 6 to 10 patients per year. The global recruitment target is 622 participants.

Radiation therapy is a treatment option for many cancers, including prostate cancer. There are different methods/techniques used to deliver radiation therapy, two of which are IMRT and SBRT.

This trial aims to discover if SBRT is superior to IMRT in the treatment of localised intermediate risk prostate cancer in terms of genitourinary and gastrointestinal side effects or toxicities. Patients who are eligible for this study will be assigned into either the IMRT or SBRT group on a 1:1 basis. Patients in both groups will be asked to fill out quality of life questionnaires at certain points during the study.

The official title is: NRG GU005 Phase III IGRT and SBRT vs IGRT and Hypofractionated IMRT for Localized Intermediate Risk Prostate Cancer. The Principal Investigator in Ireland is Dr Alina Mihai.

Further information on this and all other cancer studies and trials open in Ireland is available at cancertrials.ie.



This year's public information campaign will build on previous years and be expanded to recognise the huge number of professionals and teams across the country behind each cancer trial and study.

These teams contribute enormous experience and expertise that's not often acknowledged.

Called *Just Ask Your Team!* it will be launched on 16th May—just before International Clinical Trials Day which will be on 20th May. It will be supported by a host of profile raising activities and events in research units around the country.

We greatly appreciate the support of our partners MSD, Pfizer, Bayer, Novartis and Abbvie.

Cancer Trials Ireland opens study to enable upfront and streamlined germline and somatic BRCA1/2 mutation testing in women with ovarian cancer

Dr Roshni Kalachand, Co-Investigator, Royal College of Surgeons in Ireland, **Prof Bryan Hennessy** Chief Investigator, Cancer Trials Ireland, **Dr Anne-Marie Byrne**, PhD, Trial Coordinator, Cancer Trials Ireland & **Dr Orla Casey**, PhD, Translational Project Manager, Cancer Trials Ireland.

Cancer Trials Ireland is to open the t-BRCA study (CTRIAL- IE 18-01), which will assess the feasibility of a novel oncology provider-led pathway that involves routinely testing the tumours of women with high-grade serous/endometrioid ovarian, fallopian tube or primary peritoneal cancer (HGSEC) for mutations in the BRCA1 and BRCA2 genes.

In Ireland, ovarian cancer is the 6th commonest cancer diagnosed in women, yet it is the 4th commonest cause of female cancer deaths in Ireland (National Cancer Registry). HGSEC is by far the most common, aggressive and lethal form of ovarian cancer, accounting for about 70% of cases. Anatomical location and a poorly understood latent phase of disease means ovarian cancer presents at a late stage (stage III and IV), when outcomes are poor despite aggressive surgery and chemotherapy, with cure achievable in up to 30% of cases.

Women with HGSEC who are newly diagnosed or in the first relapse of their disease are eligible to participate in the study. It aims to recruit 200 women over 18 months in up to six cancer trials units in hospitals in Ireland. The study is sponsored by Cancer Trials Ireland, and funded by Astra Zeneca, the Emer Casey Foundation and Ovacare.

Recent therapeutic developments are significantly benefiting some women with ovarian cancer: polyadenoribose polymerase (PARP) inhibitors are a novel class of biological agents that target BRCA1/2-mutated ovarian cancers. PARP inhibitors, given as a daily continuous oral therapy, significantly improve progression-free survival in BRCA1/2-mutated ovarian cancer, when given as maintenance treatment after platinum-based chemotherapy in patients with newly diagnosed disease, or with ovarian cancer recurring later than 6 months after completing primary platinum-based chemotherapy. In 2017, the PARP inhibitor olaparib was approved for use in Ireland in the maintenance setting following platinum-based chemotherapy in patients with platinum sensitive relapsed disease. Approval for olaparib in the first line maintenance setting is under review at the European Medicines Agency.

BRCA1/2 mutations are observed in up to 25% of cases of HGSEC. In approximately 2/3 of these cases, the mutation is inherited, or germline. Germline BRCA1/2 mutations confer up to 40-80% and 40-60% lifetime risks of breast and ovarian cancers, respectively. There are thus implications in terms of breast cancer prevention for the patient, as well as cancer prevention for male and female relatives who may also carry this mutation. Somatic BRCA1/2 mutations are observed in 5-7% of ovarian cancers, are found solely in the patient's tumour tissue and thus aren't inherited (Figure 1). Recent studies show that patients with somatic BRCA1/2 mutations derive similar clinical benefits from PARP inhibitors as those with germline mutations.

Up to recently, pathways for the identification of BRCA1/2 mutations amongst patients with

ovarian cancer in Ireland involved a clinical risk assessment usually done in the oncology clinic, based on a patient's age, cancer diagnoses, and pattern of family history of cancer, to select patients who should be referred to a clinical geneticist for full genetic counselling prior to germline BRCA1/2 mutation testing using a blood sample. The current waiting list for a patient referred for suspected hereditary breast and ovarian cancer syndrome, the majority of which are due to germline BRCA1/2 mutations, ranges from 6-18 months in Ireland. Given the prevalence and therapeutic implications of germline BRCA1/2-mutated ovarian cancer, international guidelines now recommend testing all patients with non-mucinous ovarian cancer for germline BRCA1/2 mutations, thereby significantly increasing referrals to the clinical genetics service. Together with the approval of olaparib, germline BRCA1/2 mutation testing performed in the oncology setting is available through the National Cancer Control Programme for patients meeting this indication. This pathway, however, excludes patients with HGSC who do not meet the indication for olaparib. Finally, none of the current testing pathways test for somatic BRCA1/2 mutations.

The t-BRCA study aims to evaluate the feasibility of a routine upfront systematic ovarian cancer tumour tissue BRCA1/2 mutation testing pathway initiated in the oncology clinic for women with ovarian cancer in Ireland, regardless of their personal or family history of breast/ovarian cancer. Brief genetic counselling by a trained medical/surgical oncologist will be done ahead of BRCA1/2 mutation testing. Tumour tissue will be tested, followed by reflex germline testing using a blood sample, should a tumour mutation be identified. An integrated somatic and germline BRCA1/2 mutation report will be then be issued to the requesting clinician. Only patients with a germline mutation will be referred to the clinical genetics service for full genetic counselling, thereby streamlining genetic counsellors' time to patients who need it most.

In addition to routinely testing the tumours, this study will evaluate the feasibility of this novel oncology provider-led pathway by using questionnaires to assess patients' and clinician's experience and satisfaction, and to evaluate the impact on patient management. A health economic analysis will also be performed. The study will also examine the patterns of germline and somatic BRCA1/2 mutations and the clinical characteristics of BRCA1/2-mutated HGSEC in Ireland.

Further information on this and all other cancer studies and trials open in Ireland is available at cancertrials.ie.

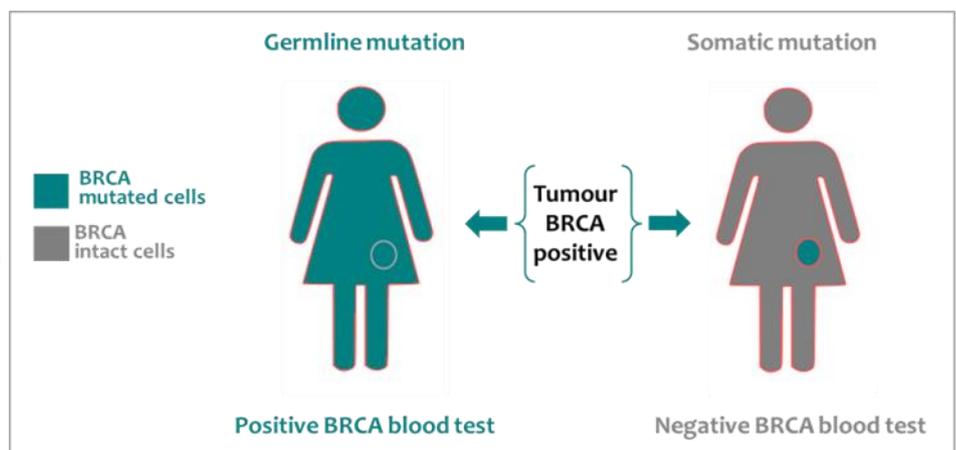


Figure 1. Tumour and blood test results for germline and somatic BRCA1/2 mutations

BIG PALLAS trial in early breast cancer reaches global accrual target

The Breast International Group (BIG) PALLAS study successfully closed to recruitment in November 2018, randomising nearly 6,000 patients across 244 participating sites internationally. Nine research units in hospitals in Ireland took part and exceeded the original recruitment goal almost 3-fold by randomising a total of 132 patients and reaching the top 6 European countries in terms of number of patients recruited. Ireland was commended by the lead group, the Austrian Breast and Colorectal Cancer Study Group (ABCSCG) for the excellent recruitment average per research unit achieved by global standards.

The PALLAS Study is a randomized phase III trial of Palbociclib with standard adjuvant endocrine therapy versus standard adjuvant endocrine therapy alone for hormone receptor positive (HR+) / human epidermal growth factor receptor 2 (HER2)-negative early breast cancer.



The primary aim is to evaluate disease free survival (iDFS) for the combination treatment of at least 5 years endocrine therapy and 2-years of palbociclib treatment versus at least 5 years endocrine therapy alone in patients with histologically confirmed HR+/HER2- invasive early breast cancer.

The trial is led in Ireland by Dr Patrick Morris, Consultant Medical Oncologist, Beaumont Hospital, Dublin.

First patients join DICE prostate cancer trial which will open in 7 hospitals

A Cancer Trials Ireland study led by Chief Investigator Ray McDermott, the 17-17 DICE Study entitled 'A Phase II study of Denosumab In Combination with Enzalutamide in progressive metastatic castrate-resistant prostate cancer and bone metastases' has recently opened.

To date, 3 Irish hospitals have been initiated and activated: Prof Ray Mc Dermott, Tallaght University Hospital, Dr Miriam O' Connor, University Hospital Waterford and Dr Greg Korpany, University Hospital, Limerick, with 4 more to follow: Dr Richard Bambury, Cork University Hospital, Dr Paul Donnellan, Galway University Hospital, Dr Ala Yousif, Sligo University Hospital, and Prof Ray Mc Dermott, St Vincent's University Hospital.

The first patient was enrolled at Tallaght University Hospital in February 2019 and 1 more patient at University Hospital

Waterford in March. The target number of patients is 88, to be accrued within 18 months.

Denosumab is used for the prevention of skeletal related events in adults with bone metastases from solid tumours. Significant symptomatic and survival benefits have also been demonstrated with the use of anti-androgens e.g. enzalutamide in patients with advanced castration resistant prostate cancer.

This trial aims to evaluate the progression free survival of patients treated with a combination of Denosumab and Enzalutamide after 12 months with results compared to historical rPFS in enzalutamide.

Secondary objectives include overall survival, skeletal related events and safety of the treatment

Safety Monitoring Committee (SMC) invites new members

The Safety Monitoring Committee (SMC), one of Cancer Trials Ireland's governance committees, is responsible for reviewing and assessing the continuing risk/benefit balance of studies and trials that are sponsored by Cancer Trials Ireland or those where Cancer Trials Ireland acts as the local sponsor.

The SMC has the authority to make recommendations and to put those recommendations into effect.

This Committee comprises professionals with clinical and scientific expertise providing scientific and medical oversight and continuing risk/benefit monitoring of the studies and trials under review. The membership of the Committee reflects the disciplines and medical specialties necessary to interpret the

available data and to fully evaluate patient safety.

The Committee meets approximately 6 weeks prior to DSSG meetings and attendance can be in person or by teleconference. Committee members should attend at least two meetings per year.

SMC is planning to bring on board new members to represent Surgery, Radiation Oncology and Medical Oncology.

Therefore, we would like to invite members of Cancer Trials Ireland to consider joining this committee.

If you are interested, please email Dr Patrick Morris, SMC Chair (via SMC Coordinator Andres.Hernando@cancertrials.ie).

Over 300 patients on Neo-AEGIS trial

Over 300 patients have now been enrolled on the Neo-AEGIS trial. Castle Hill Hospital in Hull (UK) enrolled the 300th patient on 31st Dec 2018. By 12th March this had increased to 313 patients; UK (162); Ireland (114); Denmark (34) France (3).

A futility analysis was performed in December and this determined that the trial should continue but has allowed a recalculation and a reduction in the total number of patients required, from 628 to 540 patients; 227 patients therefore remain to be enrolled on the trial.

A protocol amendment has recently been finalised which will allow the use of FLOT as a chemotherapy option in the UK; this is already an option in Ireland and Denmark (pending in France). FLOT is now standard of care at a number of UK sites and so this amendment should improve the UK accrual rate.

This high quality phase 3 trial is a great opportunity to specifically analyse the role of chemoradiotherapy in oesophageal adenocarcinoma. Even if no difference in long term survival is demonstrated, the decision regarding future care may come from secondary measures.

Further information on this and all other cancer studies and trials open in Ireland is available at cancertrials.ie.

Susan scoops top staff award



Susan Nagle, Cancer Clinical Trials Research Nurse at University Hospital Limerick, has been awarded The Research Support Staff of the Year award in the 2019 Irish Cancer Society Research Awards. The awards recognise the vital work of cancer researchers and support staff.

Susan was nominated by her Cancer Trials Ireland colleagues for her work in bridging the gap between patients and clinical trials, and was acknowledged for going 'above and beyond' in striving for patient care and well-being. They highlighted that her dedication to her work 'proves that despite working in a tough and under-resourced environment, you can continue to strive for patient care and wellbeing'.

Pictured at the award ceremony were Susan Nagle (centre) with Maureen O'Grady, Clinical Nurse Manager, University Hospital Limerick, and Dr Linda Coate, Consultant Medical Oncologist, University Hospital Limerick and Chair of Cancer Trials Ireland's Lung Cancer DSSG Group.

Academic publications from Cancer Trials Ireland Investigators

Dr Orla Casey, Translational Project Manager, Cancer Trials Ireland

Below is a list of articles about clinical trials published in academic peer reviewed journals since the last DSSG Digest (Winter 2018) in which Cancer Trials Ireland investigators participated. If you would like your publications included in our next listing please contact orla.casey@cancertrials.ie.

Breast

Cancer Trials Ireland Study Number: short name. 06-32: NSABP 42

Mamounas, E. P., H. Bandos, B. C. Lembersky, J. H. Jeong, C. E. Geyer, P. Rastogi, L. Fehrenbacher, M. L. Graham, S. K. Chia, A. M. Brufsky, J. M. Walshe, G. S. Soori, S. R. Dakhil, T. E. Seay, J. L. Wade, E. C. McCarron, S. Paik, S. M. Swain, D. L. Wickerham and N. Wolmark (2019). **"Use of letrozole after aromatase inhibitor-based therapy in postmenopausal breast cancer (NRG Oncology/NSABP B-42): a randomised, double-blind, placebo-controlled, phase 3 trial."** [Lancet Oncol](https://doi.org/10.1016/S1473-3099(19)30111-1) 20(1): 88-99.

Head and Neck

Cancer Trials Ireland Study Number: short name. 12-39: De-ESCALaTE HPV

Mehanna, H., M. Robinson, A. Hartley, A. Kong, B. Foran, T. Fulton-Lieuw, M. Dalby, P. Mistry, M. Sen, L. O'Toole, H. Al Booz, K. Dyker, R. Moleron, S. Whitaker, S. Brennan, A. Cook, M. Griffin, E. Aynsley, M. Rolles, E. De Winton, A. Chan, D. Srinivasan, I. Nixon, J. Grumett, C. R. Leemans, J. Buter, J. Henderson, K. Harrington, C. McConkey, A. Gray, J. Dunn and D.-E. H. T. Group (2019). **"Radiotherapy plus cisplatin or cetuximab in low-risk human papillomavirus-positive oropharyngeal cancer (De-ESCALaTE HPV): an open-label randomised controlled phase 3 trial."** [Lancet](https://doi.org/10.1016/S1473-3099(19)30111-1) 393(10166): 51-60.

Lung

Cancer Trials Ireland Study Number: short name. 14-13: MK3475-024 / KEYNOTE-024

Reck, M., D. Rodríguez-Abreu, A. G. Robinson, R. Hui, T. Csőszi, A. Fülöp, M. Gottfried, N. Peled, A. Tafreshi, S. Cuffe, M. O'Brien, S. Rao, K. Hotta, K. Vandormael, A. Riccio, J. Yang, M. C. Pietanza and J. R. Brahmer (2019). **"Updated Analysis of KEYNOTE-024: Pembrolizumab Versus Platinum-Based Chemotherapy for Advanced Non-Small-Cell Lung Cancer With PD-L1 Tumor Proportion Score of 50% or Greater."** [J Clin Oncol](https://doi.org/10.1016/j.jco.2019.07.015) 37(7): 537-546.

Cancer Trials Ireland Study Number: short name. 15-05: UPCI 10-028 / Oligo recurrent Stereotactic

Sutera, P., D. A. Clump, R. Kalash, D. D'Ambrosio, A. Mihai, H. Wang, D. P. Petro, S. A. Burton and D. E. Heron (2019). **"Initial Results of a Multicenter Phase 2 Trial of Stereotactic Ablative Radiation Therapy for Oligometastatic Cancer."** [Int J Radiat Oncol Biol Phys](https://doi.org/10.1016/j.ijro.2019.07.001) 103(1): 116-122.

Cancer Trials Ireland trials and studies open to accrual

Purple = Industry studies

Green = Cancer Trials Ireland studies

Orange = Collaborative

DSSG	General Group	Cancer Trials Ireland No:	Study Name:
Breast	Trans	09-07	Breast Cancer Proteomics and Molecular Heterogeneity
Breast	Trans	10-11	Circulating miRNA
Breast	Trans	10-16	Ovarian Reserve
Breast	Trans	12-09	CharactHer
Breast	Trans	15-34	Recurrence Score
Breast	Clinical	15-17	PALLAS
Breast	Clinical	15-49	NeoTRIP
Breast	Clinical	15-02	PantHER
Breast	Radio	15-03	NSABP B-51
Breast	Clinical	15-16	FLIPPER
Breast	Clinical	16-20	POSITIVE
Breast	Clinical	17-08	KEYNOTE-522
Breast	Clinical	17-15	IMpassion030/ALEXANDRA
Breast	Clinical	17-33	VIOLETTE
CNS	Trans	08-13	Serum Protein Markers for Glioma
CNS	Radio	15-41	ROAM
GI	Clinical	10-14	Neo-AEGIS
GI	Trans	12-27	CRAC Plasma Biomarkers
GI	Trans	12-31	PDAC Plasma Biomarkers
GI	Radio	12-38	TRI-LARC
GI	Clinical	14-19	BMS CA209-142 (CheckMate 142)
GI	Clinical	14-20	GERCOR STRATEGIC-1
GI	Clinical	16-73	BMS CA209-577
GI	Clinical	16-77	ARMO Artist
GI	Clinical	16-58	MErCuRIC
GI	Trans	17-26	COLOSSUS
GU	Clinical	11-34	TIGER
GU	Clinical	13-09	PEACE-1 (closed to accrual 20-Dec-2018)
GU	Clinical	13-23	Neo-adjvant Abiraterone prostate
GU	Trans	14-04	iPROSPECT
GU	Clinical	15-19	CARD (closed to accrual 14-Nov-2018)
GU	Trans	16-07	IPCOR
GU	Clinical	16-21	PEACE III
GU	Clinical	16-63	Roche IMmotion010
GU	Clinical	16-69	Eisai E7080-G000-307
GU	Clinical	16-70	BMS CA209-274
GU	Clinical	17-03	Roche CO39303
GU	Clinical	17-04	Bayer 17403/ FORT-1
GU	Clinical	17-17	DICE
GU	Radio	18-02	NRG GU005
GU	Clinical	18-31	Keynote-564

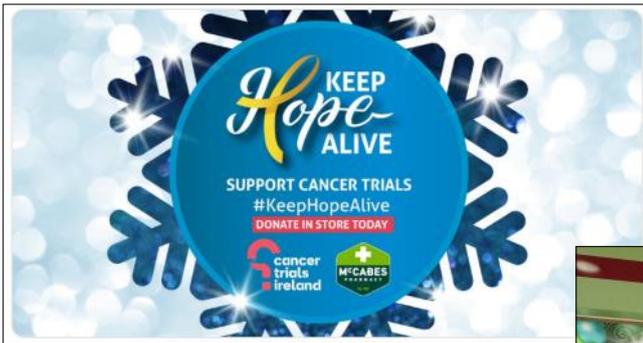
Cancer Trials Ireland trials and studies open to accrual

Purple = Industry studies

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DSSG	General Group	Cancer Trials Ireland No:	Study Name:
Gynae	Radio	09-06	Endometrial - IMRT v 3D RT
Gynae	Clinical	11-29	ICON8B
Gynae	Clinical	14-02	SHAPE
Gynae	Clinical	16-04	PRIMA
Gynae	Clinical	16-68	FORWARD 1
H & L	Clinical	15-38	CHRONOS-3
H & L	Clinical	15-36	Protocol 04-30 (INSPIRE)
H & L	Clinical	16-60	CLL13
H & L	Clinical	17-06	CHRONOS 4
H & L	Clinical	17-07	CheckMate 744
Head & Neck	Clinical	17-20	BMS CA209-651
Head & Neck	Clinical	17-22	JAVELIN 100 Head and Neck
Lung	Radio	15-47	INTENSE (study reopened)
Lung	Clinical	16-61	ETOP BOOSTER
Lung	Clinical	15-40	MK3475-091 (PEARLS)
Lung	Clinical	16-25	Roche MO29872
Lung	Clinical	16-80	Abbvie Meru M16-298
Lung	Clinical	17-23	BMS CA209-9LA (closed to accrual since last DSSG)
Lung	Clinical	16-59	ALERT-Lung
Lung	Clinical	17-09	MK3475-598
Lung	Clinical	18-14	EMPOWER 16113
Lung	Clinical		MK3475-671
Melanoma	Trans	17-25	DESCRIBE (closed to accrual since last DSSG)
Basket	Trans	08-40	SNP Study
Basket	Clinical	15-42	LOXO-101
Basket	Clinical	16-19	Add-Aspirin
Paeds	Trans	16-30	AALL08B1
Paeds	Clinical	16-31	AALL0932
Paeds	Clinical	16-32	AALL1131
Paeds	Clinical	16-33	UKALL 2011
Paeds	Trans	16-34	LLR Leukaemia Cell bank
Paeds	Clinical	16-36	EuroNet PHL-C1 (HD 2007 10)/ HD Interim Study
Paeds	Clinical	16-37	EWOG-MDS-2006
Paeds	Clinical	16-38	SIOP Europe
Paeds	Clinical	16-39	LTI Study
Paeds	Clinical	16-40	NBL BEACON
Paeds	Clinical	16-41	LINES
Paeds	Trans	16-42	IMPORT
Paeds	Trans	16-43	Tumour Banking Study
Paeds	Registry	16-44	EU-Rhabdoid Registry
Paeds	Trans	16-45	FACT
Paeds	Trans	16-46	EWOG-SAA 2010
Paeds	Clinical	16-47	STS 2006 04 - RMS 2005
Paeds	Clinical	16-52	EURO EWING 2012
Paeds	Clinical	16-53	Interfant 06
Paeds	Clinical	18-19	MAPPYACTS



Big thanks to McCabes Pharmacy, your teams and generous customers

McCabes Pharmacy launched the 'Hope for Life' campaign just before Christmas to raise funds exclusively for cancer trials.

We extend a huge thanks to all at McCabes Pharmacy and to your customers for your fantastic support - we really appreciate it. The 'Keep Hope Alive' fundraiser was launched in 27 McCabes Pharmacies nationwide.

Pictured at the launch of the campaign with Eibhlin Mulroe, CEO, Cancer Trials Ireland (right) were (l to r) Marina, Cormac, Elaine and the team at McCabes Pharmacy at Swords Pavilions Shopping Centre, Co Dublin.



Huge turn out, great fun and enormous generosity at inaugural fundraising lunch organised by Friends of Cancer Trials Ireland

The inaugural Friends of Cancer Trials Ireland lunch held in November, organised by the energetic voluntary organising committee, was a huge success. We hear there's a waiting list for this years event. We greatly appreciate the generosity of all who attended and particularly those who embraced the spirit of 'giving until it hurts' during the lively auctions!

Clockwise: 1. Mary Fitzgerald, Maureen Carolan and Orla Holohan; 2. Liz O'Donnell and Orla Larkin; 3. Evelyn O'Rourke; 4. Sean O'Rourke and Stephanie Preissner; 5. Ray and Grace McDermott; 6. Helen Cody and Paula McClean; 7. Eibhlin Mulroe.

