

# Collaborative Trials:

# Better Together ?

Prof David Cameron

Professor of Oncology, University of Edinburgh

CSO Clinical Cancer Research Champion, Scotland

Chair Executive Board, Breast International Group

**bettertogether**



A stronger Scotland, **a United Kingdom**

**Better Breast Cancer Research in Europe, BETTER OUTCOMES**

# Potential Conflicts of interest

## Committed internationalist

*Former chair EORTC breast cancer group*

*Former member of the NCRI breast cancer studies group & Anglo-Celtic Group*

*Current chair Executive Board of Breast International Group*

*Current member of the Scottish Breast Cancer Trials Group*

*Cancer Grant committees in Scotland, UK (EME & CRUK) and France (INCA, La Ligue)*

*DIDN'T vote for Scottish Independence.....*

## Commercial

*All non personal – AZ, BMS, Bioensis, GSK, Immutop, Lilly, Novartis, Pfizer, Puma, Seattle Genetics, Synthon,*

# Small is beautiful

Pivotal Breast Cancer Research

BEATSON - One man and his sheep....Glasgow

Trans Med Chir Soc Edinb. & Lancet 1896

Scottish tamoxifen trial

Lancet 1987

Scottish-Guys CMF vs Oophorectomy

Lancet 1993

Scottish Breast Conservation study

Forrest Lancet 1996

BASO I (David George, Glasgow, Houghton, Cuzick)

Lancet 2003 : DCIS trial – UK, ANZ group

# UK

Many many pivotal laboratory and clinical research findings

Drove endocrine therapy including pre-operative use

*IMPACT, POETIC, and smaller studies in Edinburgh, London, Nottingham*

Radiotherapy studies

*IMPORT, START, TARGET*

Bisphosphonates

*AZURE*

Surgery

*Sentinel node- ALMANAC*

OXFORD META-ANALYSES : brought the worlds early breast cancer clinical trialists together  
Heathrow airport then Oxford

# Laboratory Expertise

Sanger sequencing

Elston-Ellis Breast Cancer Grading (Nottingham)

Cancer Genomic work in Cambridge & London

Trials methodology

# Where are we going now?

## De-escalation

*Not a new concept in breast cancer*

*Halstead – Patey - Breast Conserving Surgery*

+ Whole breast XRT – PBI

## Systemic therapy

Mostly escalation

Better endocrine agents

Adding targeted therapies

## Salami-slicing the cancers genomically

How do you recruit to a definitive study in 1% of the breast cancer population?

# How do we do this?

Define the subgroups of patients

Harness our clinical observations to outcome data and translational science

Work with methodologists to work out HOW to answer the questions

What frequency of extreme outcomes is unusual... we all have patients who did better or worse than expected...but when does that tell you more than just cancers being individual

Design the prospective studies

HOW many patients do we need – and where can we find them?



# Plasma-MATCH

Led from ICR – Nick Turner, Alastair Ring, Judith Bliss

Using circulating cell-free tumour DNA to identify mutations in metastatic breast cancer and then offer patients drug therapy based on the identified genomic abnormalities

Presented at SABCS Dec 2019, manuscript in preparation

~1000 patients enrolled with identified ctDNA

43 with AKT1 mutations of whom 18 enrolled in cohort C.....

36 with HER2 mutations of whom 21 enrolled in cohort B.....

How can we do a phase III trial in these tiny subgroups??

Meanwhile AURORA programme based on tumour genomics (and now ctDNA) has also enrolled ~1000 patients from several European countries including UK.....

?? Better Together ??

# Opportunities

Many current collaborations between UK and other groups

What do we have to offer?

One of the highest rates of recruitment to breast cancer trials worldwide

*National infrastructure – NIHR/CSO etc. CRUK and other funders*

*NHS – connectivity, longitudinal data, committed clinical teams*

Excellent ideas

# World Leading

Patient engagement

Clinical studies groups

Trial management groups

Patient engagement in clinical research

Influencing BIG...a patient came and talked at our last retreat



# Don't live in a silo

Build your collaborations and help lead clinical research locally, regionally, internationally.

Patients will benefit from your insights, findings and ideas....

....but sorry, it isn't as easy as it should be



# Conclusions

Breast cancer patients deserve our best efforts

Laboratory and Clinical Observation tells us that breast cancer isn't 1 disease

*Each patient is different, but there are themes....*

Clinical research is TEAM SCIENCE

*Clinician, Methodologist, Data Scientist, Laboratory Scientist, Patient....*

Targetted subpopulations need broader populations from which to recruit

Lets build collaborations where they are needed

*In our hospitals*

*Regions*

***Internationally***



Your patient needs you to get involved  
with researchers around the globe