

## **Report for the Alison Fracella Research Trust**

*December 2018*

Thank you for your generous support of neuro-oncology research at The Royal Marsden under the leadership of Dr Liam Welsh. Your funding enables Dr Welsh's team to run a Clinical Research Fellowship, supporting clinical research goals while also providing an additional doctor to ensure patients on trials are well cared for. The Fellowship also helps to develop the neuro-oncology experts of the future.

### **Update report from 2018 Fellow Dr Marcus Tomasson**

I am writing to thank you for your support as I am now about to finish my 12 month Clinical Research Fellowship. It has been an honour and a privilege to have been able to work with the neuro-oncology team and the Drug Development Unit (DDU) at The Royal Marsden. I have gained a valuable insight into providing care for brain tumour patients working with the team under the direction of Dr Welsh and Dr Saran.

Whilst at The Royal Marsden, I performed an evaluation of patients with high grade gliomas receiving short courses of palliative radiotherapy. This treatment approach has been used at the hospital since the mid-90s for high grade glioma patients who are too poorly to receive the standard therapy of chemotherapy and six weeks of radiotherapy. We wanted to determine whether this is still a good treatment for this group of patients. The evaluation included 309 patients treated over a period of 20 years (1998-2017).

My findings showed that on average these patients survived for six months after diagnosis. This is longer than would be expected for these patients if they had received no treatment, and the brevity of the short course of palliative radiotherapy (six sessions over two weeks) minimised the time they had to spend in hospital. These findings are in line with the small study performed in the 90s when this treatment style was established. By confirming this in a larger population, this study means that clinicians can feel confident that this treatment approach provides these patients with more time whilst also maximising quality of life. We plan to publish the results of this study in the coming months.

I have also been able to participate in the ongoing clinical studies available for brain tumour patients within the neuro-oncology team. Your support for a Clinical Research Fellow ensures that the trial patients have a dedicated doctor to discuss all aspects of the trial and maintain consistency in care. Our trial patients tell us that they find this extremely valuable.

I helped to recruit patients into several trials, including the Checkmate-548 study which evaluated the addition of immunotherapy drug nivolumab to the standard treatment of radiotherapy and chemotherapy for patients with glioblastoma. This was a large phase III study which is now complete and we await the outcome of the findings.

I also recruited patients to the Intellance I trial for glioblastoma patients, which evaluated ABT-414 (depatux-M), a combination of a targeted antibody directed toward a cell surface receptor, and a substance which kills tumour cells. This drug has shown some promising data, and we are hopeful this trial may lead to further treatment options for glioblastoma patients.

Further to this, I was involved in setting up the ReoGlio trial and treating two patients who were enrolled. ReoGlio investigates the addition of reolysin, a virus which breaks down tumours, to the standard treatment for glioblastoma patients. The study will expand into a further cohort once the appropriate reolysin dose has been selected. The expansion phase will provide crucial safety and efficacy data and help determine whether this treatment can be evaluated in a larger patient population.

Working within the DDU I have also been involved in early phase I trials including one aimed at treating high grade gliomas. Dr Welsh's team plan to continue collaboration with the DDU in 2019, with the aim of taking forward phase I studies into phase II in the neuro-oncology team in order to provide more treatment options for our patients. Donations from charities such as your Trust are crucial in helping us to move this forward and to provide the best opportunities for patients with this devastating disease.

I will now return to Umea, Sweden, where I hope to put my neuro-oncology experience at The Royal Marsden to good use. I am very grateful for this opportunity that your support has made possible, and hope that I have been able to make a useful contribution to the neuro-oncology team's work and research to the benefit of patients with brain tumours.

### **Thank you**

Your ongoing support has enabled Dr Welsh's neuro-oncology team at The Royal Marsden to benefit from the work of Clinical Research Fellows since 2014. This extra resource pushes research forward faster, bringing meaningful results to cancer patients sooner.

This year, thanks to you, Dr Tomasson worked on a number of pioneering projects which will help clinicians to improve the treatment and care that glioblastoma patients receive. He was also able to spend time with patients who are on trials, supporting them through the treatment and alleviating any concerns they may have.

Thank you for helping to make this important work possible. The generosity of the Alison Fracella Research Trust is having a real impact on the lives of people who have gliomas.