

**MINUTES OF THE 21st MEETING OF  
ANGLO CELTIC COOPERATIVE ONCOLOGY GROUP  
INTENSIVE CHEMOTHERAPY FOR HIGH RISK BREAST CANCER**

Friday 7<sup>th</sup> May 2004

**PRESENT:**

**Prof RCF Leonard**

**Chair**

Dr J Bartlett  
Dr A Bowman  
Dr D Cameron  
Dr P Canney  
Dr C Gallagher  
Dr M Highley  
Dr J Mansi  
Dr P Neven  
Dr T Perren  
Dr P Simmonds  
Dr G Thomas  
Dr M Verrill  
Dr A Yellowlees

Glasgow  
Edinburgh  
Edinburgh  
Glasgow (Beatson)  
St Barts, London  
Dundee  
St Georges  
Leuven, Belgium  
Leeds  
Southampton  
Swansea  
Newcastle  
Quantics

Dr J Dunlop  
Dr L Foster  
Miss M McLinden  
Mrs K Murray

ISD Edinburgh  
ISD Edinburgh  
ISD Edinburgh  
ISDEdinburgh

Peter John Davies  
Mike King  
Tom Lillie  
Claire Madden  
Steve Marsh  
Ian Smith

Aventis  
Aventis  
Amgen  
Lilly  
Aventis  
Lilly

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Friday 7<sup>th</sup> May 2004, Edinburgh

**Note to Meeting** – RL was concerned that the Group Chairs had not been elected democratically. It was agreed that RL and JC should stand for re-election. **Forms for nominations for other candidates may be obtained from LF on request.**

	<b>ACTION</b>
<p><b>1. Apologies.</b> RL conveyed apologies to the meeting. A list of these may be obtained, if required, from LF.</p>	<b>LF</b>
<p><b>2. Minutes of the last meeting, and Matters Arising</b> The minutes of the last meeting were adopted.</p>	
<p><b>3. Pharmaceutical Company Support</b> RL thanked all the <i>Pharmaceutical</i> Companies who were involved in supporting the Group and especially to Aventis who agreed to fund this meeting at very short notice. As previously noted Astra Zeneca have offered an unrestricted grant for an educational meeting. This will now be held on <b>Friday 19 November 2004</b>. The meeting will focus on Translational Research and will be held in the Scottish Health Service Centre, Edinburgh. The Group were fully supportive, a draft programme had been prepared and speakers will be invited ASAP. <b>Please note this date in your diary, this will be in place of the usual Autumn meeting of the Group.</b></p>	<b>ALL</b>
<p><b>4. IBDIS II</b> John Crown's IBDIS trial is showing an advantage for high-dose chemotherapy. JC would like to develop this further. Multiple cycles of high-dose with some support between cycles.</p>	
<p><b>5. ACCOG I</b> Paper submitted to JNCI. Gone through first appraisal and fed back for corrections.</p>	
<p><b>6. COX2 inhibitor trial</b> A prospective randomised phase III trial of Exemestane (Aromasin) with or without the COX2 inhibitor 'Celecoxib' in postmenopausal patients with advanced breast cancer.</p>	

<p>This has now been transformed into a neo-adjuvant study. Operable tumour &gt; 2cm. Exemestane +/- anastrozole +/- celecoxib. Tissue at each stage. Need 1000 patients – draft outline has gone to CTAAC. Hoping for support from Pfizer, AZ and CTAAC. Needs extra support for the biology.</p>	
<p><b>7. OPTION – Anglo Celtic V</b></p> <p>There have been problems with the University of Swansea requiring insurance. There will be presentations in Birmingham by Richard Anderson and RL. Rob Coleman will talk about the bone study which needs extra funding. JM asked if GPs could give goserelin but PS noted that this would need Ethics approval.</p>	
<p><b>8. Neo-Tango</b></p> <p>HE not present but has been submitted to CTAAC.</p>	
<p><b>9. AZURE</b></p> <p>Going well.</p> <p>Trial examines the benefit of adding zoledronate to adjuvant chemotherapy.</p> <p>Discussion then focussed on what to do with patients who had pre-op FECx6 who were still N+ or N- and poor response. ? post-operative taxane.</p> <p>JM, CG and PC would take this forward using FEC100 or FAC. Any others interested let LF know.</p>	<p><b>JM</b> <b>CG</b> <b>PC</b>  <b>LF</b></p>
<p><b>10. WHETHER</b></p> <p>A focus meeting will be arranged for WHETHER, including PS, MV and RL and also invite Nick Murray, Andreas Makris and John Robertson to attend. Any others interested let LF know.</p> <p>This is a trial of maintenance Cyclo/mtx [‘metronomic’]chemotherapy after first line chemotherapy for ER negative /her 2 negative and possibly ER positive disease</p>	<p><b>LF</b></p>
<p><b>11. TACT II</b></p> <p>CTAAC and Pharmaceutical company funding. Sponsorship by ICR. DC is Chief Investigator. Protocol and Ethics etc by the University of Edinburgh. Some debate as to who is responsible for the PIS. Pharmacovigilance will be dealt with by ICR. SUSAR’s noted by DC. May open in the Autumn.</p> <p>An application has been sent to the CSO in Scotland for a neo-adjuvant study Epi/CMF or accelerated Epi followed by Xeloda, for a small</p>	

number of centres. Need fresh material ? meta-analysis with other studies.	
<p><b>12. Bio-Studies Sub-Group</b></p> <p>Block collection had started for ACCOG I and II. ACCOG II have received 104 blocks with 80 matched pairs. ACCOG I letters have just been sent out to investigators. TP had not seen his letter so this will be re-sent .The ACCOG II investigators will be prompted in about one month from now and this will be followed up by phone calls from GT or JB.</p> <p>ACCOG II core samples too small to TMA so need to prioritise sections. TMA from post op samples only.</p> <p>The first 100 cases would be used as a training set and results reviewed before deciding to extend to remainder.</p> <p>A query was raised by TP about the blood samples sent to Sophie Barrett as Leeds had sent in a lot of these. JB will check this with Jeff Evans</p>	<p><b>LF</b></p> <p><b>JB</b></p>
<p><b>13. WWW</b></p> <p>DMC went well and the trial was to continue. ASCO presentation on an American study – weekly versus 3 weekly. May present to DMC again. Over 100 blood samples in.</p>	
<p><b>14. SPROG</b></p> <p>Pegfilgrastim more costly. JM turned down on costs.</p> <p>PC nurse-led chemo means loss of many patients.</p>	
<p><b>15. ACCOG II</b></p> <p>Abstract at ASCO. Paper nearly finalised. Plan to send to JCO.</p>	
<p><b>16. HERA</b></p> <p>Recruited very fast 230/240 per month. May close at end of Summer.</p> <p>Concern at size of current trials – analysis may release data while patients on trial. May be a follow-on study. Neo-adjuvant? Letrozole/herceptin/tamoxifen.</p> <p>TRANS – HERA will be block retrieval in high recruiting countries.</p> <p>TP noted that HERMIT is now defunct.</p>	
<p><b>17. AOCB.</b></p> <p>MV asked if there was a study on the optimum partner for herceptin. PC was interested in brain mets on herceptin. MV, PC and TP to take forward.</p> <p>If any other members of the Group are interested in this trial then please contact LF</p>	<p><b>MV</b></p> <p><b>PC</b></p> <p><b>TP</b></p> <p><b>ALL</b></p>
<p><b>18. Next Meeting</b></p> <p>The next meeting will be the educational meeting on <b>November 19<sup>th</sup></b> in Edinburgh. A draft protocol and all information will be circulated</p>	

ASAP.	
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