

**MINUTES OF THE 26th MEETING OF  
ANGLO CELTIC COOPERATIVE ONCOLOGY GROUP  
INTENSIVE CHEMOTHERAPY FOR HIGH RISK BREAST CANCER**

Friday 27<sup>th</sup> April 2007

University of Edinburgh Cancer Research Centre, Western General Hospital

**PRESENT:**

Dr John Bartlett, Edinburgh - Chair

Dr Ann Yellowlees  
Dr Chris Gallagher: Guys / St Thomas' London  
Dr Douglas J A Adamson  
Dr Gianfilippo Bertelli  
Dr Hosney Yosef  
Dr Janine Mansi  
Professor John Crown  
Dr Kristian Unger, GSF, Munich  
Dr Liz Sherwin  
Dr Macmillan  
Dr Mark Verrill  
Dr Michaela Aubele, GSF, Munich  
Dr N Murray, Southampton  
Dr Peter Canney, Glasgow  
Dr Peter Schmid, Imperial College, London  
Dr Philip Dubruyne  
Dr Sirwan Hadad  
Irene Devine  
Katie Nocher  
Leanne Ferrigan  
Michelle McLinden  
Professor Alastair M Thompson  
Professor Bob Leonard  
Professor David Cameron  
Professor Gerry Thomas

Victoria Knox – ACCOG Co-ordinator  
Claire Nicolle – Lilly  
Dr Jayeta Chakrabarti – Pfizer  
Eva Carrasco – Lilly  
Jill Bruce – Lilly  
Julia Nicolson – Roche  
Michael Byrne - Amgen Ireland Ltd  
Sarah Reynia – Amgen  
Senthil Vel - Sanofi Aventis  
Amanda Logue - Sanofi Aventis

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**Robert Leonard** welcomed the attendees to Edinburgh and thanked the supporting companies and Dr Bartlett and his team for hosting the meeting.

He quickly checked the minutes of the previous meeting and moved on to the first half of the meeting, which comprised 3 papers by invited speakers.

**Invited presentations**

**Michaele Aubele (GSF Research Center, Institute of Pathology, Germany)** presented ongoing research on the protein tyrosine kinase HER receptors and breast cancer prognosis.

In a study involving tissues from some 540 patients, she showed that expression is correlated with Her receptors (Her2 / Her3 / Her4) and its protein expression correlates with clinical outcome.

**Kristian Unger (GSF Research Center, Germany)**

presented studies on chromosome alterations defined by BAC array CGH. Basically, array CGH is a tool for measuring DNA gains and losses in tumour genomes. The results to date, on a collection of G3 pN0 breast tumours, reveals two groups with different genomic alteration patterns. These patterns may reflect different molecular pathways of tumorigenesis for the two groups. Due to a small case number, more cases have to be

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investigated.

**Peter Schmid (Imperial College, London)** presented an outline of research on predictive epigenomics in breast cancer. Aberrant DNA methylation/loss of methylation is found in many cancers. It is the most frequent mechanism of inactivation of tumour suppressor genes. Methylation profiling can predict clinical phenotypes, including sensitivity to therapy. Methylation changes in peripheral blood closely mirror those in early breast cancers.

Preliminary studies suggest that peripheral blood can be used to monitor dynamic epigenetic changes. Using trial material, including ACCOG I and II, he outlined a development strategy as follows Detection of Breast Cancer Prediction of Clinicopathological Features (Target selection)[German trials], Monitoring of relapse/response (ACTION), Analysis of sensitivity (ACCOG II) and Prediction of outcome (ACTION, ACCOGII).

## Lunch

### Routine items by group members (including new proposals)

**Janine Mansi** presented ongoing discussions on the development of a protocol to address poor risk group after primary medical therapy (usually anthracycline and taxane)  
The issues are 1)capecitabine +/- avastin – protocol and CTAAC: application prepared but Roche not interested in supporting 2)Relatively chemoresistant group therefore alternative approaches explored: small molecules eg sunitinib, sorafenib 3) discussion with Pfizer re phase 111 study with sunitinib. Pfizer favours a Phase II study looking at a slightly lower starting dose than currently licensed in this asymptomatic population.

**Mark Verrill** presented a study being developed by CECOG Group with Roche that needs UK input.

A randomized phase III trial of Paclitaxel plus Bevacizumab versus Capecitabine plus Bevacizumab versus Capecitabine plus Paclitaxel plus Bevacizumab for the first line treatment of patients with locally recurrent, or metastatic, HER 2 negative breast cancer who have not received prior chemotherapy for recurrence.

The combination of capecitabine plus paclitaxel has shown superior efficacy over either agent alone. Moreover, paclitaxel plus bevacuzimab has been shown to have greater efficacy than paclitaxel alone.

The current study will examine whether all three therapies combined show even greater efficacy than either 2 alone.

Discussions were continued with CECOG at ASCO.

**Robert Leonard** re-presented the WHETHER design as an adjunct to the Mansi proposal. He also presented some data on SIRT/Radioembolization for the treatment of unresectable liver tumours.

The company is keen to elicit interest from the group on potential research in breast cancer. There was some interest expressed.

**Nick Murray** put up ideas for a new adjuvant UK trial for higher risk patients. It was agreed that these should be looked at by a wider UK body to be set up by Rob Coleman for NCRI.

**Gerry Thomas and John Bartlett**, reviewed the translational group proposals. This included the ACCOG I and II trials materials and TRANSACTION prospective collections. It was agreed that John Bartlett should receive some funds to employ a part time research officer to help gather the pathology material from the main UK contributing centres.

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*There was general enthusiasm for the slightly extended format allowing for science/ translational research papers to be included.*

*The meeting closed at 4pm*

**Next Meeting - Hammersmith Hospital, early November**

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