

**MINUTES OF THE 18th MEETING OF
ANGLO CELTIC COOPERATIVE ONCOLOGY GROUP
INTENSIVE CHEMOTHERAPY FOR HIGH RISK BREAST CANCER**

Friday 11th October 2002

PRESENT:

Dr J Crown

Prof RCF Leonard

Dr J Bartlett
Dr C Caldas
Dr D Cameron
Dr P Canney
Dr H Earl
Dr J Evans
Dr C Gallagher
Dr M Highley
Dr J Mansi
Dr P Neven
Dr S O'Reilly
Dr T Perren
Dr J Stewart
Dr G Thomas
Dr M Verrill
Dr A Wardley
Ms S Bunton (representing Prof M Lind)

Dr L Foster
Dr A Gould
Mr M Hiemann
Ms K Murray

Ms H Cornwell
Ms M Cremin

Ms C Af'Uhr
Ms B Cho
Dr L Hamilton
Dr F Lee
Ms R Mala
Ms M Pluck

Co-Chair

Co - Chair

Glasgow Royal
Cambridge
Edinburgh
Glasgow (Beatson)
Cambridge
Glasgow (Beatson)
St Barts
Dundee
St George's
Leuven, Belgium
Clatterbridge
Leeds
Newcastle (Reproductive Medicine)
Swansea
Newcastle
Christie, Manchester
Hull

SCTN Edinburgh
SCTN Edinburgh
SCTN Edinburgh
SCTN Edinburgh

Addenbrookes
Addenbrookes

Amgen
Amgen
Astra Zeneca
Aventis
Bristol Myers Squibb
Aventis

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Friday 11th October, Cambridge

Professor Leonard welcomed new members Carlos Caldas (Addenbrookes), Chris Gallgher (St Barts) and Andrew Wardley (Christie) to the meeting.

	ACTION
<p>1. Apologies. RL conveyed apologies to the meeting. A list of these may be obtained, if required, from LF.</p>	LF
<p>2. Minutes of the last meeting, and Matters Arising The minutes of the last meeting were adopted.</p>	
<p>3. Anglo Celtic I JC had been invited to give the Presidential Symposium at ESMO this year (later this month). He thanked everyone in the Group for their support and would show a slide acknowledging everyone who had participated. JC went through the slides for ESMO. The trial is basically negative, relapse free survival and disease free survival are negative. However, some sub-group analysis had been carried out and positive trends were appearing in the 40+ age group and the patients with the longest follow-up. These trends justify extended follow-up.</p>	
<p>4. Anglo Celtic II The trial had been presented at ASCO earlier this year and there were no further details. A re-analysis will be carried out in early November. Sub studies are going ahead, quite a few blocks have been obtained now and MREC will be approached again to obtain more blocks.</p>	
<p>5. Anglo Celtic III – SPROG RL gave a synopsis of the trial and explained that it evolved from the results of a neutropenia audit. In the audit 1/3 of patients achieved < 85% dose intensity. SPROG aims to improve delivery of treatment. The end-point of the trial is dose intensity. The trial has not been NCRN adopted yet. Support has come from Amgen with reduced drug costs. 36 patients accrued to date and ST George's were thanked for their contribution. TACT and TANGO patients should be included. The Group were asked about recruitment – Beatson has LREC but stuck in finance, this is the same for Cambridge, Dundee and Cardiff. At</p>	

<p>Clatterbridge it has just been slow through the system. JM said the study was very easy to recruit into but would prefer larger numbers and a better end point. Edinburgh have been stopped from doing the trial because of the end point. The Group as a whole would prefer an endpoint of disease free survival but there would be a cost issue. Amgen representatives at the meeting will take this message to Amgen.</p>	
<p>6. Anglo Celtic IV - Will Weekly Work MV gave an up-date on this trial. This trial is drug cost-neutral. The trial has now opened and there are 3 patients randomised from Newcastle. Northampton have LREC approval. MV will supply the slides for the launch meetings of the trial for LF. These will go on the website</p>	<p>MV LF</p>
<p>7. Anglo Celtic VI – a new pre-operative trial / p53 HE gave a summary of the trial, it is a cross-over design 4x Taxane, 4xEpirubicin. Tissue will be taken at each of 3 time points to make TMA's. With molecular profiling may be able to predict response to therapy. The CRUK has seen the outline, peer reviewed and accepted, therefore will get NCRN badging. Some questions about the stats, HE to approach statisticians again. Possibility of looking at EGFR inhibitors, would up the numbers from 100 per arm to 200 per arm. DC followed this discussion with an update on p53. The Group agreed to support this trial until our own neo-adjuvant was up and running. EORTC think this may only be open for another year. It would be OK to write a protocol amendment for a 2nd biopsy for Group use. There should be a gene array database from p53 with communal sharing by investigators.</p>	<p>HE</p>
<p>8. NCIC trial protocol; Canadian FEC vs AC + taxol vs dose intense Ec + taxol/ TACT - less CG presented the above trial to the Group. Eligibility is pre or post menopausal < 60. Node positive or high risk node negative...surgery. Then randomisation. Primary end point of DFS , secondary endpoints of OS, toxicity, and QL. Sample size 1500. To be discussed with TACT - less. DC presented TACT – less, will probably be a duration trial 2x2 design. TACx6, TACx4 and TXx6, TXx4. TAC may have problems with neutropenia ?? could we use the new Amgen once per cycle GCSF?? JC mentioned the BCIRG trial TAC followed by Xeloda. The Group voted on which trial to support. The Group would support TACT – less but many were interested in the BCIRG trial. If anyone wants information, contact LF who will pass the names on to JC.</p>	<p>LF</p>
<p>9. Biological Sub Studies. A proposal for looking at proliferative markers, Er + Pgr, EGFR pathway and downstream signalling in ACCOG I will be written. JE has already talked about ACCOG II . ACCOG IV will have a supplementary</p>	<p>Bio sub-studies group</p>

<p>protocol in collaboration with Schibo. HE suggested questionnaire to target patients views on using tissue for research.</p>	
<p>10. ACCENT RL presented a trial on the elderly – chemotherapy or not. TP would prefer continuing uncertainty rather than just elderly. Difficult to randomise but need the randomisation against no treatment. CC thought this was very important for the over 70’s considering the extended life expectancy of the population. The Group were very supportive of a trial in this area.</p>	
<p>11. OPT-IN This trial was going to CTAAC. The Group as a whole were also very interested in this trial. In ER-ve pre menopausal women Zoladex may protect against premature menopause. AZ are not interested in supporting the trial as Zoladex comes off patent this year. There were discussions about other companies who would be interested. PN had approached Organon but they are not ready yet.</p>	
<p>12. HERA Centres are open, initiated but not recruiting. Letters will be going out to see if there are any problems. Swansea are waiting for patients to finish chemo. Cambridge, too long for patients, scans too costly.</p>	
<p>13. Group Treasurer Dave Cameron was identified as the Group Treasurer as the money is in the Edinburgh University Account.</p>	
<p>14. Next Meeting. JC asked that each alternate meeting should be at an airport hotel, Swansea was mentioned!!!!!! Dr Patrick Neven from Leuven has kindly offered to host the next meeting in Leuven (only 10minutes from Brussels airport) on 9th May 2003. It is hoped to arrange a dinner the night before. The Autumn meeting will be at an airport in the UK.</p>	<p>PN LF LF</p>