Get ready for the International Brain Tumour Awareness Week!
The International Brain Tumour Awareness Week will be from **25 October to 31 October 2015** and is a great opportunity to get involved in helping to raise awareness about brain tumours and the need for increased research efforts. Please consider organising or taking part in an awareness-raising activity: it could be a walk (see information about the *Walk Around the World for Brain Tumours*), a picnic, an information seminar, a scientific conference, or the distribution of a statement to local media to draw attention to the particular challenges of a brain tumour and the need for a special response. [Read more.]

Please register/report your Awareness Week activity by completing this form on the IBTA website or drop us an email at info@theibta.org to let us know your plans or if you have any questions. Do please tell us how your activity goes and send us some photographs!

**Treatment news**

One week of radiotherapy for elderly glioblastoma patients may be preferable to longer courses, says study
A study of 98 elderly patients with newly diagnosed glioblastoma has found that there is no difference in outcome or quality of life between a one-week radiotherapy course (25 Gy daily for five days) and commonly used three-week radiotherapy (40 Gy daily for 15 days). Published in the *Journal of Clinical Oncology*, the authors state that “In view of the reduced treatment time, the short one-week radiotherapy regimen may be recommended as a treatment option for elderly and/or frail patients with newly diagnosed glioblastoma”. [Read more.]

Intranasal and buccal antiepileptic drugs are feasible options in end of life seizure control
A combination of intranasal midazolam and buccal clonazepam was an effective alternative to tablets/liquid in controlling seizures for end-of-life brain tumour patients who had swallowing difficulties, a study in *Supportive Care in Cancer* found. None of the 25 patients in the study who used non-oral antiepileptics needed hospital admission due to recurrent seizures. [Read more.]

**Research roundup**

Clinical trial of durvalumab in glioblastoma is now recruiting patients in Australia and USA
A multicentre phase II trial to test the safety and effectiveness of durvalumab (MEDI4736) in
newly diagnosed glioblastoma patients has started recruiting patients in Melbourne, Australia, and at various sites across the USA. Durvalumab is a type of immunotherapy (a checkpoint inhibitor) that stimulates the immune system to eliminate the tumour, and this is the first trial for this class of drug to be offered in Australia. Read more. (Full trial details here.)

Childhood brain tumour survivors are at risk of memory difficulties
Adult survivors of childhood brain tumours in the posterior fossa have lower working memory performance compared to healthy adults, according to a study published in Journal of the International Neuropsychological Society. Functional MRI scans of the 17 adult survivors in the study also showed different brain regions activated compared to healthy adults. Read more.

Five inherited genes linked to increased brain tumour risk
Published in Nature Communications, an analysis of the DNA of 14,795 individuals has uncovered five genes that are associated with glioma diagnosis. These newly discovered susceptibility genes, combined with eight from previous work “provide clues to why the disease develops [and] how it could treated or prevented,” the authors conclude. Read more.

Antidepressant and ‘blood thinner’ combination slows glioma growth, animal study shows
A study published in Cancer Cell has found that tricyclic antidepressants combined with the anticoagulant ticlopidine (a P2Y12 inhibitor) triggered glioma cell death in mice. “It is exciting to envision that combining two relatively inexpensive and non-toxic classes of generic drugs holds promise,” says author Douglas Hanahan. Read more.

Brain metastases are genetically different to primary tumours, study finds
Genetic analysis of brain metastases, primary brain tumours, and normal brain tissue has revealed that brain metastases and primary brain tumours evolve from a common tumour ancestor but are genetically different. In research published in Cancer Discovery, 53% of brain metastases had genetic alterations of clinical importance, suggesting that drugs that target specific mutations could be used. Read more.

Drugs found that may boost effectiveness of tumour–targeting virus
A screen of 73 existing drugs has found six compounds that appear to increase the effectiveness of the myxoma (MyxV) virus in the treatment of high grade glioma. Previous research has shown MyxV will target and destroy glioma cells but is only ‘modestly effective’ against brain tumour initiating cells (BTIC) – cells that are believed to drive overall tumour growth. These six drugs appear to work alongside the virus to target BTICs. Read more.

Understanding EGFRvIII mutations in glioblastoma may lead to targeted treatment
Researchers have identified several cellular signalling changes within tumour cells that have EGFRvIII mutations – a common genetic mutation to occur in glioblastoma. Published in Molecular Cell, the study also showed that treatment with JQ1 (a BET bromodomain inhibitor) targeted tumour cells affected by this mutation and reduced glioblastoma tumour size in mice. Read more.
Company news

FDA approves Optune (formerly NovoTTF-100A) for newly diagnosed glioblastoma; ‘Second generation’ Optune therapy to roll-out in Europe

The US Food and Drug Administration (FDA) has approved Novocure’s Optune system for use in newly diagnosed glioblastoma. The portable, non-invasive device is used alongside the chemotherapy drug temozolomide (TMZ) following standard treatments (including surgery, radiation therapy and chemotherapy) but was previously approved for recurrent glioblastoma only. Read more.

Novocure has also announced that a ‘second generation’ Optune device that is smaller and lighter than the original model has been granted the CE mark, allowing it to be distributed in the European Union and Switzerland for glioblastoma treatment. Read more (company press release).

Results show VBL Therapeutics’ VB-111 gene therapy increases survival in glioblastoma

Data reported at the European Cancer Congress, Vienna, Austria, showed that VB-111 combined with bevacizumab (Avastin) significantly increases survival in recurrent glioblastoma, compared to bevacizumab alone. The phase II trial of 46 patients showed overall survival of 15 months vs. 8 months for the two groups. Read more. (Company press release here.)

Immunocellular Therapeutics awarded $19.9m for phase III trial of ICT-107 in newly diagnosed glioblastoma

The California Institute for Regenerative Medicine (CRIM) has awarded US$19.9 million toward the costs of a planned large-scale phase III trial of ICT-107, which is to take place in approximately 120 international sites and will recruit about 400 newly diagnosed glioblastoma patients, starting in late 2015. ICT-107 is an autologous (patient-derived) dendritic cell (DC) immunotherapeutic whereby a patient’s white blood cells are extracted and ‘trained’ to identify glioblastoma cells before being reinjected. Read more.

OXiGENE to start phase II/III clinical trials of CA4P (fosbretabulin) in glioblastoma

OXIGENE have announced plans to commence a randomised trial of CA4P (a vascular disrupting agent) given with bevacizumab (Avastin) in glioblastoma patients who have failed first line chemotherapy treatment. Trials are planned to start in late 2016. Read more (company press release).

DNAtrix to collaborate with Merck in trial of DNX-2401 with pembrolizumab (Keytruda)

DNAtrix and Merck have announced they are planning a phase II trial of DNX-2401 in combination with pembrolizumab (Keytruda) in recurrent glioblastoma. DNX-2401 is an oncolytic virus, developed by DNAtrix, designed to replicate inside tumour cells and destroy them. Pembrolizumab (Keytruda) is an antibody produced by Merck that stimulates the
immune system to attack tumour cells (a ‘checkpoint inhibitor’). Read more (company press release).

Zafgen’s beloranib granted orphan drug status in the European Union for craniopharyngioma treatment
The European Commission has granted orphan drug designation (a special status for rare disease medicines) for beloranib in the treatment of craniopharyngioma, a brain tumour that arises near the pituitary gland and hypothalamus. The drug is intended to combat obesity that may occur following hypothalamus damage. Read more (company press release).

Clinical results on Monteris’ NeuroBlate system for newly diagnosed glioblastoma announced
The NeuroBlate System, a minimally invasive robotic laser thermotherapy tool used in neurosurgery, may offer improved outcome in newly diagnosed glioblastoma patients, according to data presented at the 2015 Congress of Neurological Surgeons (CNS) Annual Scientific Meeting, New Orleans, USA. The data from 22 patients showed an average survival of 14.7 months. Read more (company press release).

And in other news...
The entrepreneur who created a surgical solution to his ‘inoperable' brain tumour
When entrepreneur Avi Yoron was given a diagnosis of an inoperable malignant brain tumour, he set about researching and creating a technology to solve his problem. He founded the company VisionSense and after nine years of development created a 3D surgical camera inspired by an insect’s eye that could be used for previously inaccessible tumours. Read more.

Melanoma brain metastases Q&A with Dr Keith Black
Writing in Targeted Oncology, Dr Keith Black offers an easy-to-read explanation of the treatments and prospects for people affected by brain tumours that have spread from a malignant melanoma (a form of malignant skin cancer). Read more.

Brain tumour patient’s ‘bucket list’ wish to develop a mobile app to help others
Frederik van den Broek, who died of a brain tumour in August 2015 aged 41, achieved his ‘dying wish’ of creating a mobile app for fellow patients. The app helps patients to track and update appointments, remember who their doctors are and the pills they must take. Called MindApp the crowdfunded project will be available on iPhones and Android smartphones. Read more.

Upcoming conferences and events

Keep up to date with future scientific conferences and events on the IBTA website.
conferences page here.

October

8th Annual Scientific Meeting of the Co-operative Trials Group for Neuro-Oncology (COGNO)
23-24 October 2015
Brisbane, Australia

November

At a Turning Point: Novel Therapeutic Developments in Glioblastoma Multiforme (GBM) Research
17-18 November 2015
San Antonio, Texas, USA
The Turning Point Conference is taking place immediately before SNO 2015 and is sponsored by the Musella Foundation and the EndBrainCancer initiative (also known as the Chris Elliott Fund). The programme can be viewed online here.

20th Annual Meeting of the Society for Neuro-Oncology (SNO 2015)
19-22 November 2015
San Antonio, Texas, USA
A full day neuro-oncology review course will be taking place on 18 November, immediately before the SNO meeting. Read more.

If you are aware of a brain tumour-relevant conference - including any patient conferences that we have not yet listed on the IBTA website then please let us know.