Leading news

Get ready for the 2016 International Brain Tumour Awareness Week! The 10th International Brain Tumour Awareness Week will be held from Saturday, 22nd October to Saturday, 29th October inclusive. No matter where you live, we'd be delighted if you would organise an activity that will contribute to increased awareness about brain tumours.

It could be a walk, a picnic, an information seminar, a scientific conference, or the distribution of a statement to local media which draws attention to the particular challenges of a brain tumour and the need for a special response and an increased research effort. For further details of the International Brain Tumour Awareness Week, including a list of FAQs, please click here.

The International Brain Tumour Awareness Week is also a great time to have an awareness raising walk and symbolically "donate" your walked mileage to the IBTA’s 2016 Walk Around the World for Brain Tumours. For more information on the "World Walk" please click here.

Please register/report your Awareness Week activity or World Walk by completing this form.

Treatment news

Optune now recommended for newly diagnosed glioblastoma in NCCN guidelines

The National Comprehensive Cancer Network (NCCN), a not-for-profit alliance of 27 cancer centres in the USA, has published updated guidance that recommends Optune as a standard treatment option in newly diagnosed glioblastoma. For newly diagnosed glioblastoma patients with good performance status, “Standard brain radiation therapy + concurrent temozolomide and adjuvant temozolomide + alternating electric field therapy”, is included. Read more. The full guidance document can be downloaded here (free registration required). Novocure has also announced that since its second generation Optune System was approved by the United States Food and Drug Administration (FDA) on July 13, 2016, over 500 patients have been converted to the new device. Read more (company press release).

Data shows glioblastoma survival improves in USA in patients with
private medical insurance
Using data from 13,665 adult patients in the USA, a study published in Cancer has found that survival and outcome in glioblastoma is best in patients with private medical insurance, compared to those who have Medicaid insurance (a government-funded health insurance for those with low income) or those who are uninsured. The results showed a year-on-year survival improvement between 2007 and 2011 for those with private health insurance. Read more.

New Healthcare Professionals Tool Kit offers advice for assessing brain tumour patients holistically
The Brain Tumour Foundation of Canada has produced an online ‘tool kit’ for healthcare professionals, which offers advice and tips for assessing patients through the various stages of living with a brain tumour. A selection of validated questionnaires is suggested for professionals as they ask themselves the question: "What do I need to know about you as a person to give you the best care possible?" Read more.

Research news
Patients can now enrol on the International Low Grade Glioma Registry study online
Further to last month’s IBTA e-News announcement of the launch of the International Low Grade Glioma Registry, an online enrolment form for prospective patients is now available. The project, launched at the recent American Brain Tumor Association (ABTA) Annual Patient and Family Conference, aims to enrol 2,000 low grade glioma (LGG) patients to determine genetic variants associated with LGG, response to treatment, and clinical outcomes, as well as patient needs for information on their tumour and its treatment. The enrolment questionnaire is available here. An article, first published in the IBTA’s 2016 Brain Tumour magazine, that explains more about the registry, can be read online here.

Study says bevacizumab (Avastin) effectiveness in glioblastoma could be predicted by blood neutrophil count
Published in Oncotarget, an analysis of glioblastoma patient data has found that neutrophil count (a measure of the number of a specific white blood cell) before treatment is correlated to response to bevacizumab treatment. Only those patients with a high neutrophil count (cut-off set at 6000/mm³) benefitted from bevacizumab (17.3 vs 8.8 months). The authors suggest that blood neutrophil count could be used to predict how effective bevacizumab would be for individual glioblastoma patients. Read more (full research paper).

Study finds human stem cells may offer a more accurate way to test medulloblastoma treatments
Researchers from the USA and Germany have developed a technique for genetically converting human stem cells into cells that resemble grade 3 medulloblastoma tumour
Rather than using mouse cells to test possible medulloblastoma treatments, the researchers say these tumour cells would offer a ‘genetically accurate’ lab-based way to screen drugs. Using these modified stem cells, their findings in *Clinical Cancer Research* show that palbociclib may be a potential treatment for a subgroup of medulloblastoma patients. Read more.

Research highlights that intellectual decline in childhood medulloblastoma varies by subtype
Research published in the *Journal of Clinical Oncology* has found that that the intellectual outcome – working memory, verbal comprehension, processing speed, and perceptual reasoning – in medulloblastoma patients after treatment differs according to the tumour subtype. Data from 121 patients were analysed in the study, and of the four molecular subtypes (wingless, SHH, Group 3, and Group 4), patients with SHH tumours experienced the least functional decline. Read more.

Immunotherapy: T-Cells that target two glioblastoma surface molecules developed
Published in the *Journal of Clinical Investigation*, researchers have developed chimeric antigen receptor (CAR) T-cells (a type of human immune cell engineered to bind to a specific tumour target) that recognise two glioblastoma molecular targets simultaneously. In lab based tests, the research showed that these ‘Tandem’ CAR T-cells, which targeted HER2 and IL13Rα2, reduced tumour cells’ ability to ‘escape’ detection and could "markedly enhance tumour control in glioblastoma", the authors say. Read more

Skin cancer cells that metastasise to the brain ‘hijack’ the immune system, study finds
In mouse experiments, a study published in *Cancer Research* has found that melanoma cells which metastasise to the brain develop mechanisms to ‘hijack’ astrogliosis (the brain’s immune response to damage) to grow more rapidly. The authors hope that these findings may offer ways to detect melanoma brain metastases earlier and to find techniques to potentially prevent melanoma tumour spread to the brain. Read more.

Radiosurgery without whole brain radiotherapy is better for cognitive functioning in patients with one to three brain metastases, study finds
A randomised trial of 213 patients with one to three brain metastases has found that a combination of radiosurgery (‘focused’ or stereotactic radiation therapy) and whole brain radiation therapy caused more cognitive impairments and no survival improvement compared to radiosurgery therapy alone. Published in *JAMA*, the authors suggest that radiosurgery alone may be the preferred option for such patients. Read more.

Chemotherapy and stem cell transplantation are an effective treatment for primary central nervous system lymphoma, concludes study
Primary central nervous system lymphoma (PCNSL) is typically treated with high-dose
methotrexate-based chemotherapy, but most patients relapse. A trial published in *Lancet Haematology* has found that 77% (62 patients) who had a treatment course of high-dose chemotherapy with infusion of autologous (the patient’s own) stem cells had a complete response to treatment at 30 days. One year survival rate was 92% and the authors say these results provide “a benchmark for future comparative studies of this rare disease”. Read more.

Article retraction: study claiming plant extract reduces glioma invasion

The journal *PLOS ONE* has retracted a study published in February 2014, which claimed to show that baicalein – an extract from Chinese Skullcap – reduced the invasion of glioma cells in lab-based experiments. The journal editors state that they “have serious concerns regarding the integrity of the work”. Read the full retraction here.

**Company news**

Progress in two ImmunoCellular Therapeutics dendritic cell vaccine trials for glioblastoma

ImmunoCellular Therapeutics has reported that a phase I trial of ICT-121 in recurrent glioblastoma is now fully enrolled and 109 patients have been screened for a phase 3 trial of ICT-107 in newly diagnosed glioblastoma. Clinical supplies of ICT-107 for patients have also started to be manufactured. Read more (company press release).

DNAtrix’s DNX-2401 given Priority Medicines Designation by European Medicines Agency

The European Medicines Agency (EMA) has awarded PRIME (PRIority MEdicines) Designation for DNX-2401, an engineered adenovirus that targets and kills cancer cells, in recurrent glioblastoma treatment, which will offer an accelerated regulatory approval process. Read more (company press release).

**Brain Tumour community news**

Free brain tumour education forum in Sydney, Australia

From 11-14 September, the IBTA and Brain Tumour Alliance Australia (BTAA) will be sharing a stand at the 13th Asian Society for Neuro-Oncology (ASNO) Meeting / 9th Cooperative Trials Group for Neuro-Oncology (COGNO) Annual Scientific Meeting, in Sydney, Australia (details in events listing below). Please do pay us a visit to say ‘hello’ if you are attending the conference!

On the morning of 13 September, a free brain tumour education forum aimed at nurses and allied health professionals will be open to those wishing to attend. Hosted by New South Wales Oncology Group (NSWOG) for Neuro-oncology, patients and carers and others with a particular interest in brain tumours are also welcome. BTAA has travel grants available for professionals who wish to come and a courtesy networking lunch is provided by NSWOG’s sponsors. In the afternoon, attendees are welcome to join the COGNO Annual Scientific Meeting, where Mary Lovely, Assistant Adjunct Professor, UCSF
School of Nursing, USA (and IBTA Special Advisor), will be giving two presentations.

To find out more and to register for the day, click here. A draft programme can be downloaded here.

French organisation Oligocyte Bretagne Ouest joins the IBTA Alliance
The IBTA is delighted to welcome to its international brain tumour community a French charity association called Oligocyte Bretagne Ouest which raises funds in France for research into brain tumours. There are two branches of the charity – one in Guérande (near Nantes) and the second one in Quimper (Brittany). Oligocyte Bretagne Ouest’s website (in French) can be found here. The charity’s President, Bernard Leon, can be contacted by email at: oligocyte.bretagne.ouest@orange.fr.

And in other news...
How molecular and genetic advancements are changing the landscape of brain tumour research
Published in Science Translational Medicine, a ‘focus’ article by Dr Roel G. W. Verhaak discusses how scientific advancements are changing the way brain tumours are classified. With reference to the revised WHO classification of central nervous system tumours (2016) and the author’s own research, the article explains how these more precise brain tumour definitions will positively impact the future of research. Read article here.

Reviewing what we know about brainstem gliomas
A mini-review article in Frontiers in Oncology examines the current state of knowledge about brainstem gliomas. The article considers the clinical features, treatments, and prognosis of these rare tumours, and outlines how future research will result in better treatments. Read the full article here.

Conference and event news
ASNO/COGNO registration now open
Registration is now open for the 13th ASNO Meeting / 9th COGNO Annual Scientific Program, which will take place in Sydney, Australia, from 11 to 14 September, 2016. Information about rates, awards and accommodation can be found here.

Extended deadline: Travel award to Society for Neuro-Oncology (SNO) 2016 meeting for young EANO members
The European Association of Neuro-Oncology (EANO) is offering a travel grant for young members (born after 1 Jan 1981) with a high-quality abstract to attend the annual Society for Neuro-Oncology (SNO) 2016 meeting from November 17 to 20 at Scottsdale, Arizona, USA. The award includes registration fees and travel/accommodation expenses of up to 1,500 Euros. The deadline has been extended to 15 September 2016. Find out more and apply here.
Call for abstracts
European Cancer Conference (ECCO) 2017
27-30 January 2017
Amsterdam, The Netherlands
Abstract submission deadline: 25 August, 2016 – Click here

Upcoming conferences and events

September
13th Annual Meeting of the Asian Society for Neuro-Oncology (ASNO) / 9th Annual Scientific Meeting of the Co-operative Trials Group for Neuro-Oncology (COGNO)
11-14 September 2016
Sydney, NSW, Australia

4th National Brain Tumour Alliance Australia (BTAA) Summit
13-14 September 2016
Sydney, NSW, Australia

Congress of Neurological Surgeons (CNS) 2016 Annual Meeting
24-28 September 2016
San Diego, California, USA

58th Annual Meeting of the American Society for Radiation Oncology (ASTRO) 2016
25-28 September 2016
Boston, Massachusetts, USA

National Brain Tumour Society 2016 Scientific Summit
29 September 2016
Boston, Massachusetts, USA

October
Brain Tumor Survivor and Caregiver Symposium
1 October 2016
Phoenix, Arizona, USA

European Society for Medical Oncology (ESMO) 2016 Congress
7-11 October 2016
Copenhagen, Denmark
The new-format ESMO Patient Advocacy Track will also be taking place from 7-10 October and will address the specific needs of the advocacy community in oncology. Find out more about this dynamic programme here.

12th Congress of the European Association of Neuro-Oncology (FANO)
12-16 October 2016
Mannheim/Heidelberg, Germany
Brain Tumour Foundation of Canada National Conference: "Join the Movement to End Brain Tumours"
21-22 October 2016
Toronto, Ontario, Canada

Live streaming: Plenary sessions on 21 October will be live-streamed to various locations across and outside Canada for those unable to attend. For more details and to register your interest click here.

Selected 2017 events: save the date!

The Royal Marsden Paediatric Neuro-Oncology Study Day
13 February 2017
London, UK

The 5th Quadrennial Meeting of the World Federation of Neuro-Oncology Societies (WFNOS)
4-7 May 2017
Zurich, Switzerland

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

ABOUT THE IBTA

Who we are

The International Brain Tumour Alliance was established in 2005. It is a network of support, advocacy and information groups representing brain tumour patients and carers in different countries and also includes researchers, scientists, clinicians and allied health professionals who work in the field of brain

Tell us what you think!

We love to hear from you if you have any news that you would like to share with the IBTA community. Just send us an email: chair@theibta.org. We will do our best to relay as much information as possible to our subscribers via this monthly newsletter and our website. The selection of e-
tumours. For more information, please visit www.theibta.org.

News entries is at the sole discretion of the editors.

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