On World Cancer Day, 4 February, the world came together to show that we CAN do something about cancer, and by joining forces every person can play their part in beating cancer sooner!

CCRCB marked World Cancer Day with several initiatives. Over 200 researchers, clinicians, nurses and supporters joined together to form a human chain uniting the Centre for Cancer Research and Cell Biology and the Clinical Cancer Centre in Belfast City Hospital.

Also to mark World Cancer Day, scientists at Queen’s University Belfast launched a Europe-wide initiative, ‘Vision 70:35’, to increase cancer survival to 70 per cent by 2035. Led by Professor Mark Lawler, from the Centre for Cancer Research and Cell Biology at Queen’s University Belfast and Vice President European Cancer Concord (ECC), the initiative is in collaboration with the European Cancer Patient Coalition and other European partners.

Speaking at the launch, Professor Lawler said: “Vision 70:35 emphasises the scale of our ambition to improve cancer survival rates by an additional 20% over the next 20 years. We believe that this target is achievable, provided we share best practice and promote innovation and research across European nations and regions. It is further evidence of Queen’s University’s commitment to advancing knowledge and changing lives.

We are actively addressing issues such as early diagnosis, equal access and the role of precision cancer medicine to achieve our 70:35 target.”

Margaret Grayson, Chairperson of the Northern Ireland Cancer Research Consumer Forum said: “Vision 70:35 is a patient focused initiative. It provides hope for our cancer patients and their loved ones, and emphasises how research can play a big part in improving cancer outcomes.”

Professor Peter Selby, University of Leeds and President ECC, said: “Our Vision 70:35 can deliver, but only if we work together. ECC is partnering with many pan European Organisations including the European Cancer Organisation (ECO), the European Cancer Patient Coalition (EPC) the Association of European Cancer Leagues (ECL), the European Organisation for the Research and Treatment of Cancer (EORTC), The European Society of Medical Oncology (ESMO) and the European Alliance for Personalised Medicine (EAPM) in order to achieve this ambitious target.”

Professor Patrick Johnston, President and Vice-Chancellor of Queen’s University, said: “This 70:35 Vision represents a significant opportunity to drive a European-wide initiative that champions the role of innovation and research in providing the best level of cancer care. I am delighted that Queen’s is continuing to provide leadership in an ambitious strategy that has the potential to deliver real benefits for all European citizens.”

Vision 70:35 is the key implementation phase of the European Cancer Patient’s Bill of Rights, a Queen’s University-led initiative which was launched in the European Parliament in Strasbourg in 2014.

In order to emphasise how working together can help improve cancer outcomes, a series of handshakes were performed between partner organisations on World Cancer Day, starting in London, passing through Brussels and a number of other European capital cities and culminating in a symbolic joining of hands by MEPs at the European Parliament in Strasbourg. Professor Lawler symbolically shook hands in Brussels with Professor Dominique de Valeriola, Director of the Institute Jules Bordet, Brussels, Belgium and President, Organisation of European Cancer Institutes.
INTERNATIONAL JOURNAL HIGHLIGHTS SUCCESS OF NI CANCER PROGRAMME

The progress that has been made in the last 20 years in delivering improved care for cancer patients in Northern Ireland has been recognised by a key publication in the international journal Cancer, the Journal of the American Cancer Society. The publication, entitled “Delivering a Research-Enabled Multi-stakeholder Partnership for Enhanced Patient Care at a Population Level: The Northern Ireland Comprehensive Cancer Program” highlights how a partnership approach that has involved academia, hospital trusts, bio-industry and patient advocacy groups has led to measureable improvements in survival rates for cancer patients. “Acceptance of this paper in a well-recognised international cancer journal highlights how our multi-stakeholder research focussed partnership approach has delivered real benefit for our patients,” said Professor Mark Lawler, Chair of Translational Cancer Genomics at the Centre for Cancer Research and Cell Biology, Queen’s University Belfast and lead author of the paper. “We have moved from a situation some 20 years ago when cancer care and cancer research were fragmented, resulting in some of the poorest survival rates for many cancers in the UK, to a situation where for cancers such as breast cancer, we now have the best survival rates in the UK,” he added.

An important component of the Northern Ireland Comprehensive Cancer Programme has been the ability to study cancer at a population level through the Northern Ireland Cancer Registry and to apply lessons learned from these studies to improving cancer care. “The Northern Ireland Cancer Registry (NICR) captures population level data and has 100% coverage, unlike many similar registries in Europe,” said Dr Anna Gavin, Director of the NICR and co-author of the paper. “This level of detail, combined with the fact that our registry was the first entirely electronic total population based cancer registry in the world has contributed significantly to the success of our cancer programme,” she added.

Key to the success of the initiative has been the research-enabled multi-stakeholder partnership approach, allowing discovery science to be translated into direct benefits for cancer patients. This Discovery to Recovery strategy, mediated through close interaction between CCRCB and CPH at Queen’s, the Northern Ireland hospital trusts and local bio-industry such as Almac and PathXL has fuelled a translational pipeline which has delivered new diagnostic tests and medical treatments that have and will continue to improve outcomes for cancer patients. “Realising this vision has been crucial to our success, bringing benefits for cancer patients but also enhancing our bio-industry sector, said Professor David Waugh, Director of CCRCB and senior author on this paper. “Our success has also been a catalyst for companies like CV6 Therapeutics to relocate from the US, and in partnership with Invest NI, we hope to attract many similar companies to establish a base in Northern Ireland,” he added.

From a patient perspective, the advances of the last 20 years have been significant. “We have been delighted to be part of a successful partnership that has really delivered for cancer patients,” said Margaret Grayson, Chair of the Northern Ireland Cancer Research Consumer Forum (NICRCF). “The importance of research cannot be understated. It is the way forward for cancer patients,” she added.

The 2015 CRUK Lecture, entitled “Precision Medicine in Melanoma”, was delivered on 10 December 2015 by Professor Richard Marais from the CRUK Manchester Institute. The CRUK Lecture is held annually as part of the Belfast Cancer Research UK Centre initiative.

Professor Marais is the Director of the Cancer Research UK Manchester Institute and a Professor of Molecular Oncology at the University of Manchester. He is the Scientific Co-Director of the Belfast-Manchester Movember Centre of Excellence and the Centre Co-Lead of the CRUK Lung Cancer Centre of Excellence. Professor Marais is also the current President of the European Association for Cancer Research (2014-2016) and on the Board of Directors for the American Association for Cancer Research.

Professor Marais is a world-leading expert in the causes of melanoma, the most dangerous form of skin cancer. Much of his work has focused on the role of the protein kinase BRAF in melanoma progression, and he uses this knowledge to develop novel therapeutic strategies for melanoma patients. He has shown that oncogenic BRAF drives cell growth, and this work has led to the discovery of new drugs that are effective in this disease.
Dr Suneil Jain, Senior Lecturer and Honorary Consultant in Clinical Oncology, was recently honoured by being invited to Co-Chair Endorsement Guidelines on Active Surveillance in Prostate Cancer by the American Society of Clinical Oncology (ASCO). These guidelines have recently been published in the Journal of Clinical Oncology (JCO) and Journal of Oncology Practice with Dr Jain senior and corresponding author. ASCO is the most recognised oncology group in the world, with global reach, with many countries and organisations utilising their evidence-based guidelines. Many prestigious organisations including Memorial Sloan Kettering cancer centre, the Mayo clinic and Princess Margaret Hospital were represented.

These particular guidelines are very important because they are expected to help avoid overtreatment in men diagnosed with slow growing prostate cancer and thereby prevent unnecessary treatment related side-effects. “Active surveillance is increasingly recognized as an appropriate option for patients diagnosed with early, indolent prostate cancers that may not need immediate treatment. As its use increases across the United States and beyond, guidelines on appropriate patient selection, surveillance frequency and methodology, and triggers for treatment are needed to help clinicians care for their patients,” said Ronald C. Chen, MD, MPH, of the University of North Carolina, Chapel Hill.

Until recently, Dr Jain said, more than 90% of patients with low-risk localized disease were treated with active therapy. Active surveillance, Dr Jain said, “should be viewed as a process for stratifying men who require active treatment and those who do not.” Possible downsides to active surveillance must be weighed against its benefits. There is a potential that more intensive treatments will be required when the cancer progresses. However, Dr Jain noted that in one study performed at the University of Toronto, more than 60% of men undergoing active surveillance remained treatment-free 10 years after diagnosis.

“These are exciting times. The fields of prostate cancer diagnosis and treatment are rapidly changing,” Dr Jain said. “In the genomic era, it is likely that methods of prostate cancer diagnosis will move away from PSA-based detection toward the incorporation of other blood-based biomarkers and clinical data to determine who should be referred for prostate biopsies. The use of active surveillance for the management of localized prostate cancer is increasing, and the timing is right for robust, evidence based guidelines,” Dr Jain said.

INAUGURAL WORKSHOP ON THE USE OF FIBRE OPTICS FOR RADIATION RESEARCH

On 27 November 2015 members of the Advanced Radiotherapy Group (ARG) hosted the first workshop on the applications of optical fibres within radiation research. This one day workshop, organised by Dr Mark Grattan from Radiotherapy Physics, brought together groups from CCRCB and NICC, The City University London, University of Limerick and the University of Surrey to discuss areas of mutual interest, identify areas of expertise and highlight opportunities for future collaborative work. Input was also received from Galway University Hospital.

The workshop was attended by physicists, engineers, radiation biologists and oncologists, with presentations being delivered from experts in the fibre optic sensing and manufacturing groups at City University London, University of Limerick and University of Surrey, radiobiology input from CCRCB and clinical input from CCRCB/NICC and Galway University Hospital.

The discussions arising from the day allowed participants to focus the direction for future collaborations in a number of strands. It is anticipated that there is potential for these extremely small optical fibres to provide measurements of multiple parameters in real-time within radiation applications, where currently such measurements are proving to be extremely challenging.
The Advanced Radiotherapy Group (ARG) continues to strive towards improving cancer treatments by collaborating on the development of new and advanced radiation treatments through basic laboratory research, pre-clinical studies and clinical treatments.

**FAST Clinic**
Dr Suneil Jain has led the development of a dedicated prostate research interventional clinic, known as the FAST clinic. This exciting initiative demonstrates what can be achieved as a result of a successful collaboration between clinical academic researchers and the health service.

Within prostate cancer clinical trials there has been an increasing move towards hypo-fractionated and Stereotactic Ablative Radiotherapy (SABR) regimes. This has led to an increased requirement for fiducial marker Image guided Radiotherapy (IGRT). This dedicated service will facilitate the implantation of fiducial markers enabling participation in national trials and facilitate home-grown studies. Targeted prostate biopsies for research and bio-banking will also be possible within this research funded clinic.

**Ongoing Studies - BUStIN**
BUStIN has been running since November 2012 and focuses on consistency of bladder volume during Intensity Modulated Prostate Radiotherapy and the identification of novel urinary biomarkers for bladder toxicity. Radiation bladder toxicity is common and while early symptoms of urinary frequency, urgency and nocturia often resolve, for some patients, unexpected late toxicity can occur months or even years after treatment. This collaborative study between the Cancer Centre and the CCRCB in QUB is led by Professor Joe O’Sullivan as Chief Investigator and Professor Karen McCloskey who leads the biomarker and toxicity study; the latter aspect is funded by an MRC grant.

Participants are randomised to bladder filling protocols which involve drinking either 2 or 4 cups of water prior to each radiotherapy session. Bladder volumes are measured with an ultrasound device and samples of blood and urine are collected during treatment and at follow up appointments. Bladder toxicity is recorded using the international RTOG scoring system and International Prostate Symptom Score (IPSS) questionnaires. The identification of novel biomarkers which could predict late toxicity in patients during their radiation therapy programme would be of significant clinical benefit. To date, 45 participants have enrolled and the study is expected to run for a further two years.

**Recently opened clinical trials**
A number of clinical trials in the areas of advanced radiotherapy and radionuclide therapy have opened recently. These clinical trials have been developed and led by members of the ARG group in collaboration with the clinical colleagues in the Cancer Centre, the NI Cancer Trials Centre and with support from various external funders.

**CASPIR Trial: Calcifications as an Alternative to surgically implanted fiducial markers for Prostate Image Guided Radiotherapy.**
Co-Investigators: Professor Joe O’Sullivan, Angela O’Neill, Professor Alan Hounsell, Dr Suneil Jain. Collaborators: Dr Ray King, Dr Ciara Lyons, Dr Conor McGarry.

Fiducial markers (FMs) are increasingly employed to aid prostate image guided radiotherapy (IGRT). FMs are more radio-opaque than the prostate itself and help to overcome the lack of soft tissue definition inherent in most IGRT modalities. They have been proven to facilitate consistent and efficient verification of the prostate and its varying position. Implantation of FM requires a surgical procedure with associated costs and risks, including infection and haemorrhage.

Prostate calcifications (PCs) are reported to be present in almost 90% of prostatectomy specimens. They are often detected co-incidentally on radiological images including transrectal ultrasound (TRUS) and Computed...
Tomography (CT), including Cone beam CT (CBCT). It is estimated that between 28% and 35% of prostate radiotherapy patients have PCs visible on CBCT. Local evidence suggests the proportion may be higher at around 60%-70%. They present a potential non-surgical alternative to FMs.

CASPIR is a prospective feasibility study designed and led by members of the ARG and funded by the PHA R&D Office. The study will recruit up to 90 prostate patients in Belfast receiving radical external beam radiotherapy (EBRT) +/- brachytherapy. Investigators were delighted to open the study in November 2015 which has to date recruited 3 patients. All participants will have FMs implanted in the aforementioned FAST clinic and all will have daily CBCT image guidance during treatment. In this regard, participants will benefit from marker guided radiotherapy which currently is not funded by the NHS in Northern Ireland. This study will establish the feasibility of using natural PCs as an alternative to surgically implanted FMs for prostate IGRT, thereby potentially reducing the need for a surgical procedure with all the associated risks costs and resource implications, while still ensuring maximum prostate treatment accuracy.

SPORT High Risk
SPORT High-Risk is the first Belfast-led trial of a novel type of radiotherapy for men with prostate cancer opened in January 2016. Dr Suneil Jain is the lead investigator of this study which is a randomised feasibility study carried out within the Northern Ireland Cancer Centre in partnership with the Advanced Radiotherapy Group (ARG) in the CCRCB. This is the first UK trial of stereotactic radiotherapy (SABR) in men with high-risk localized prostate cancer. SABR uses fewer, but larger dose per fraction treatments to deliver relatively higher doses of radiation. In this trial, radiotherapy is delivered in only five treatments instead of the conventional 39 treatments. SABR exploits the way in which prostate cancer responds to radiation, allowing the delivery of higher doses to the prostate without increasing the risk of later toxicity. It is well known that dose escalation improves outcomes in prostate cancer; this is even more important in the case of men with high-risk disease, who have the poorest outcomes and hence potentially the most to gain from improved treatments.

Thirty men with high-risk localized prostate cancer will be randomised to receive SABR to the prostate alone or to the prostate and pelvic lymph nodes. Serial sampling of blood, urine and prostate tissue will be carried out before, during and after radiotherapy. All men will have intra-prostatic fiducial markers and a spacer device placed prior to SABR to respectively improve the accuracy of treatment delivery and reduce the risk of later rectal toxicity.

This trial was developed based on the technological advances in the delivery of radiotherapy that have taken place in the NICC in conjunction with the laboratory expertise available in the CCRCB. On the translational side, it builds on previous work carried out by Professors O’Sullivan and Prise evaluating bio-dosimeters (gamma H2AX) and markers of small bowel toxicity (citrulline) and bladder toxicity (Professor McCloskey group) in conventionally fractionated radiotherapy.

Unlike many other cancers, there are no novel biomarkers in clinical use in the management of prostate cancer. This trial will investigate almost twenty biomarkers relevant to prognosis, radiation response and toxicity, all increasingly important areas in terms of individualisation of treatment.

These analyses will primarily take place within the CCRCB, but will also involve collaborations with the University of Manchester, Dublin Institute of Technology, and the University of Nantes. Detailed clinical, dosimetric and patient-reported quality of life data will be available for all patients, which, when combined with the proposed biomarker analyses, will provide an excellent foundation for hypothesis development and further investigation of promising candidates in a subsequent Belfast-led multi-institutional trial.

ADRRAD update
World first radiotherapy trial from the Advanced Radiotherapy Group at CCRCB and the Cancer Centre enrolls first patient.

Professor O’Sullivan, Dr Jain and Dr Turner, the co-investigators on the ADRRAD trial, were delighted to confirm in January that the Belfast Trust Research and Development office had given approval for the trial to open. This Belfast designed feasibility trial is set to explore the combination of hormone therapy, external beam radiotherapy and intravenous radionuclide (radium 223) treatment in men with hormone sensitive, metastatic prostate cancer. This particular combination of treatments is not being trialled anywhere else globally and all the team involved are immensely proud to be part of this truly ground-breaking trial here in Belfast.

The primary objectives of the trial relate to assessing the safety of delivering this combination of treatments together. Additionally and very much in keeping with the philosophy of clinical research at CCRCB, this trial is designed as a real partnership between patient-centred research in the Cancer Centre and pre-clinical laboratory research led by the Advanced Radiotherapy Group. Key translational questions are being addressed in the laboratory of Professor Prise and include the behaviour and potential predictive capacity of circulating tumour cells in men with this variety of prostate cancer. Those same tumour cells, once isolated, will be examined for evidence of DNA damage from either external beam radiation or alpha particles from radium-223 as a potential method of facilitating molecular dosimetry. Finally, and similarly on a molecular dosimetry theme, normal blood cells from volunteers in the trial will be examined for evidence of heritable DNA lesions caused by alpha irradiation of blood cell progenitors during their time in the bone marrow.

The work will feed into new biophysical models of the interactions of bone seeking radionuclides.

In a final series of studies, Professor Alan Hounsell and his team in Medical Physics will be studying the radiotherapy plans generated during the trial in an attempt to better understand the dosimetry involved in combined external radiotherapy and intravenously delivered radionuclide therapy.

To meet these objectives, the trial is truly multidisciplinary, linking physics, biology and clinical research led by the Advanced Radiotherapy Group as well as having strong links with collaborator labs in both the University of Manchester and a further collaboration planned with Brunel University. The trial is designed to recruit 30 patients over the next 15 months and all within the trials team are delighted to have ADRRAD open and the first patient enrolled.
LEUKAEMIA & LYMPHOMA NI SUPPORT LOCAL CLINICAL RESEARCH

Leukaemia & Lymphoma NI are forging a ‘Bedside to Bench’ approach to clinical research by funding 10 patients in a clinical trial to be run in Belfast, an exciting step as the charity has never directly funded patient care in the past.

A big problem faced by the research teams and the patients here is that some of the potentially life-saving and extending treatments available in England have not been approved for use in Northern Ireland due to the perceived cost. This results in patients losing out on the opportunity to take part in ground breaking trials and researchers losing out on valuable samples that could be integral to their projects.

Professor Curly Morris the Chair of the Medical and Scientific Advisory Board elaborates: “For several years now through the cancer drugs fund, patients in England have been getting access to treatments that are currently denied to those in Northern Ireland. This has denied Northern Ireland patients receiving drugs which could be part of their cure or extend the length and quality of their life.”

Evidence has shown that patients who take part in clinical trials do tend to benefit from better results regardless of the success of the drug. This can be attributed to being more closely monitored by a clinical nurse and other benefits of group therapy.

The trial being funded is already active in other parts of the UK. Known as AML 18, it has been developed for older patients with Acute Myeloid Leukaemia (AML) and High Risk Myelodysplastic Syndrome (MDS). The drug involved is called Mylotarg and in previous trials it has been shown that the addition of Mylotarg to the therapeutic regimen reduced the risk of AML coming back in most patients except those with poor risk factors.

Professor Mary Frances McMullin, Consultant Haematologist and Professor of Clinical Haematology at Queen’s University said: “The support of Leukaemia & Lymphoma NI to provide treatment provision in the current National Trials for acute myeloid leukaemia provides an important opportunity for patients here, allowing them access to state of the art treatment.”

Patients are referred to Belfast City Hospital from all over Northern Ireland for this treatment.

QUEEN’S PROFESSOR STARS IN PLAY AT BIODATA WORLD CONGRESS

At the recent Biodata World Congress at the Wellcome Trust Conference Centre in Cambridge, Professor Mark Lawler (Centre for Cancer Research and Cell Biology) not only gave two well received scientific talks, but also appeared in a play that seeks to highlight the challenges that the new genomics poses for patients and clinicians. “Genomics in Play: The Drama of DNA” involves the Friedman family as they face the ethical and social challenges of genetic testing in the genomics era. Professor Lawler played Bobby Friedman, a 19 year old with a degenerative metabolic genetic disorder. The play examines the complexity of the bioethical challenges that surround the promise of genomic sequencing and the power of the information it can generate.

“This play brings to life the challenges to personal and professional relationships that surround the ethical landscape of genomics,” said Professor Karen Rothenberg, co-author of the piece. “It allows us to apply a reality prism to discuss how genetic data should be discussed with patients and their families and the thorny issue of incidental findings that approaches like Next Generation Sequencing can reveal,” she added.

A capacity audience watched and listened as the members of the Friedman family (all played by speakers at the Biodata World Congress) struggled to come to terms with the complexities of genomic testing and the unexpected findings that this powerful technology can uncover. “It was a really interesting experience,” said Professor Lawler. “It is a very thought provoking way to make people aware of the huge potential of genomics and precision medicine, but also to appreciate the complex bioethical issues that can arise. I’m aiming to bring this play to Northern Ireland as I think it would be a great way to educate people on both the promise and the challenges of genomics in medicine in a way that is both understandable and relevant,” he added.

A lively Q&A session followed the conclusion of the play.
QUALITY IN CARE AWARD

Congratulations to Dr Gerry Hanna and the Stereotactic Ablative Radiotherapy (SABR) Lung Implementation Team, who were recently awarded the Quality in Care UK Cancer Team Collaboration of the Year Award 2016 at a prestigious awards ceremony in London; http://www.qualityincare.org/awards/oncology/qic_oncology_results/qic_oncology_2016_results/cancer_team_collaboration_initiative_of_the_year

This award recognises the hard work of a dedicated multidisciplinary group, led by Dr Hanna. Two years of intense local development, collaboration and training between local clinicians, radiographers and medical physicists, led to the successful implementation of SABR Lung in Belfast. The entire process was subject to peer review by colleagues from St James Institute of Oncology, Leeds.

Previously, lung cancer patients in Northern Ireland, if eligible for SABR, had to travel to mainland UK to benefit from this potentially curative, advanced form of radiotherapy. SABR employs hypo-fractionated doses of radiation of up to 18Gy per fraction and requires intensive, state of the art image guidance to ensure safe and precise delivery. The technique is now established as routine practice in the Cancer Centre.

ROCHE PRIZE WINNER 2015

Congratulations to Dr Kirtiman Srivastava who has been awarded the Roche Prize for 2015. Dr Srivastava, who is a post doctoral research fellow in Professor Karen McCloskey’s research group, was presented with a medal and cheque for £400 at the Centre for Cancer Research and Cell Biology on 15 December 2015. His winning presentation was entitled ‘p63 drives invasion in keratinocytes expressing HPV16 E6/E7 genes through regulation of Src-FAK signalling.’

The Roche Researcher of the Year Award was launched by Roche Diagnostics Ireland, to highlight and support excellence in life science research within the academic centres of Ireland, both in the Republic and Northern Ireland.

PRIZES AND MEASURES OF ESTEEM

Congratulations to Dr Conor McGarry from the Advanced Radiotherapy Group who has been awarded an Institute of Physics and Engineering in Medicine (IPEM) Research and Innovation Award to purchase a 3D printer for testing the ‘Feasibility of using individualised phantoms created using 3D printing for the validation of IGRT Techniques.’

Dr Pankaj Chaudhary from the Radiation Biology Group was awarded a Best Poster Prize at the International Conference on Translational Research in Radiation Oncology and Physics for Health in Europe (ICTR-PHE) held in Geneva. Pankaj presented his work from the EPSRC funded A-SAIL project on ‘Laser accelerated ultra-high dose-rate protons induced DNA damage under hypoxic conditions.’

Congratulations to Karen McCloskey, who has been promoted to the position of Professor.

Congratulations to Dr Stephen McMahon from the Advanced Radiotherapy Group, whose recent article in Nanoscale, mapping our future utility of different metal based nanoparticles, has been highly publicised through the MedPhysWeb; http://medicalphysicsweb.org/cws/article/research/64004. Stephen is currently on a Marie Curie fellowship based at MGH Boston working with Professor Harald Paganetti.

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NI SCIENCE FESTIVAL

The 2nd NI Science Festival took place this year from 18 – 28 February with a number of exciting events taking place including our own ‘Pick n Mix Science’ led by Cancer Research UK’s Dr Jonathan Lawson and CCRCB’s Dr William Andrews and Dr Gaurang Patel.

This event let the audience take control of the science, exploring the big questions, exciting solutions and unexpected allies in current cancer research. The audience got to pick their own selection of science stories and demonstrations in this enlightening and family-friendly exploration of one of the most complex and intriguing challenges in modern medical science.

The audience could also take a virtual reality lab tour of Cancer Research UK’s Manchester Institute and take part in our genetic taste test experiment.

PHOTO GALLERY

Pictured are participants at the British Institute of Radiation (BIR) / UK Stereotactic Ablative Radiotherapy Consortium (SABR) Scientific Meeting held on 19 and 20 November 2015 in Riddel Hall. From left to right are: Professor Kevin Prise (CCRCB), Dr Jonathan McAleese (Northern Ireland Cancer Centre), Dr Gerry Hanna (CCRCB), Dr Kevin Franks (St James’s University Hospital Leeds), Professor Maria Hawkins (University of Oxford), Dr Mathew Hatton (University of Sheffield), Professor Joe O’Sullivan (CCRCB), Dr Suneil Jain (CCRCB), Dr Patrick Cheung (Sunnybrook Health Sciences Centre, Canada) and Professor Bob Timmerman (UT Southwestern Medical Centre, USA)

A number of academic and research staff from CCRCB attended a meeting of the Belfast-Manchester Movember Centre of Excellence Team, held in Manchester on 4 February 2016, World Cancer Day.

Dr Kyle Matchett (pictured third left) and Dr Suzanne McPherson (pictured far right) with some attendees from Ballywalter Young Farmers Club.

LLNI hosted a successful open evening on 28 January, the night was an opportunity for supporters old and new to come along and see the type of work that the charity funds. LLNI funded speakers Dr Kyle Matchett and Dr Suzanne McPherson gave presentations on their projects researching novel therapies for blood cancers. There were plenty of questions for the experts on the night and we hope this will encourage more engagement with the public.

Dr Jonathan Lawson (CRUK) at the ‘Pick n Mix Science’ event

Prof Mark Lawler (CCRCB) pictured speaking to an audience of over 200 school children as part of the NUIG Mini Med School in Galway.
DONATIONS

In January 2016, we were very pleased to host representatives from CitiGroup Belfast who came in to CCRCB to meet Professor David Waugh and take a tour of the labs. In 2015, Cancer Research UK had been CitiGroup’s charity of the year and the staff raised a fantastic £73,617.58 through various activities such as the Belfast City Marathon, Dryathlon, Pretty Muddy and abseils to name a few of them.

On behalf of everyone at Cancer Research UK and CCRCB we would like to thank them for their fundraising and support.

The Captain, Dr John Lewis, of the Drumbo Golf Society recently presented a cheque for £1,000 to Professor Joe O’Sullivan. Proceeds from this will be used to fund prostate cancer research. Pictured are: Dr Kelly Redmond, Dr Chris Armstrong, Professor Joe O’Sullivan, Mr Kevin Coyle and Dr John Lewis.

Congratulations to PhD student Matt Alderdice and his father, Dr David Alderdice, who raised over £1,000 for the Sean Crummey Memorial fund by climbing Mount Kilimanjaro on 24 January 2016.

Thank you to the Henderson Family who raised £500 through the sales of their mini album following a busy Christmas of carol services and concerts. The album collated by father Wesley Henderson features his daughters Amy and Elise Henderson known as ‘Youthful Chorus’. The family recently visited the Centre of Cancer Research and Cell Biology at Queen’s University Belfast, where they presented their donation to Dr Kienan Savage. Pictured are: Dr Kienan Savage, Sonia and Wesley Henderson, Elise and Amy Henderson.

If you are interested in supporting the work of CCRCB please contact Alice O’Rawe, Fundraising Manager (Medicine), email: alice.orawe@qub.ac.uk or tel: 028 9097 5233.
## RECENT GRANTS AWARDED

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<td>Investing KCNK Proteins as Potential Novel Biomarkers and Therapeutic Targets in High Grade Serous Ovarian Cancer</td>
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<td>Mills, Ian</td>
<td>Janssen-Cilag Ltd</td>
<td>Inhibition of nucleotide biosynthesis to enhance responses to drugs targeting androgen biosynthesis and the androgen receptor</td>
<td>£76,200</td>
<td>01/01/16</td>
<td>31/12/16</td>
</tr>
<tr>
<td>Murray, Liam, Lawler, Mark, Donnelly, Michael (and International Collaborators in Vietnam/London)</td>
<td>Newton Institutional Links Grant</td>
<td>An evidence-based approach to the evaluation and planning of Breast Cancer Services in Vietnam</td>
<td>£280,00</td>
<td>01/05/16</td>
<td>30/04/18</td>
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<td>Scott, Chris, Longley, Dan, Straubinger, Robert</td>
<td>NIH/NCI R01CA198096</td>
<td>Tumor priming sequences combined with novel nanoparticle drug carriers for enhanced therapeutic efficacy in pancreatic cancer: a tripartite USA/Northern Ireland/Republic of Ireland consortium</td>
<td>£735,000</td>
<td>01/07/15</td>
<td>30/06/20</td>
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radiation combination therapy, (2016) PTEN deficiency promotes macrophage infiltration
Joanne Badger joined the Centre as the Coordinator for Leukaemia & Lymphoma NI in late November. As Coordinator Joanne’s role is to drive support for LLNI and the Centre by increasing local engagement with the life-saving research that happens here. Providing more long term and sustainable funding for the research here is a priority and Joanne is working closely with the Central Committee, researchers, clinicians, fundraisers, volunteers and external stakeholders in order to make this happen.

Using the press and social media campaigns Joanne has been trying to raise awareness of the impact of LLNI on blood cancers and the benefit this has for local people. A recent development where the charity have agreed to fund 10 leukaemia patients on a clinical trial here in Belfast has been of particular interest as it is the first occasion where local people are directly benefitting from the work being done here.

Prior to working for the charity Joanne had been living in Hong Kong, the UAE and Australia where she worked as a Fundraising Coordinator for the Peter MacCallum Cancer Centre.

To contact Joanne or find out more about her role please email: j.badger@qub.ac.uk or call: 028 9097 2928.