

# Developments in Cancer research

– viruses, vaccines and radiotherapy

**Health and Care Research Wales conference 2021**

Mererid Evans

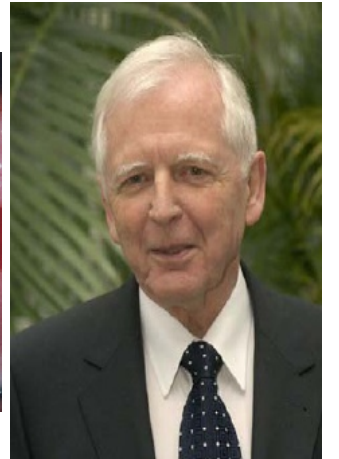
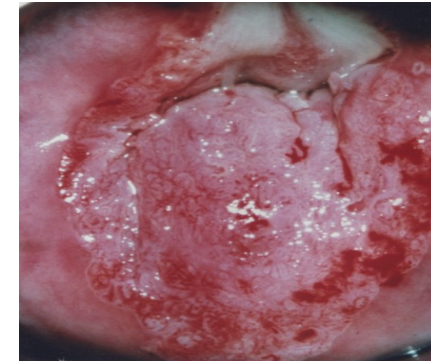
14 October 2021

# Cancer- causing viruses

- **Viruses cause ~15% of the global cancer burden**
- 1911 Peyton Rous
  - cell free transmission of sarcoma
- 1964 Anthony Epstein & Yvonne Barr
  - discovered Epstein Barr virus (EBV) virus in Burkitt's lymphoma
- 1983 Harald zur Hausen
  - isolated HPV16 from cervical cancer
- Others include Hepatitis B and C (Liver cancer)
- **Cancer usually occurs years or even decades after primary infection**

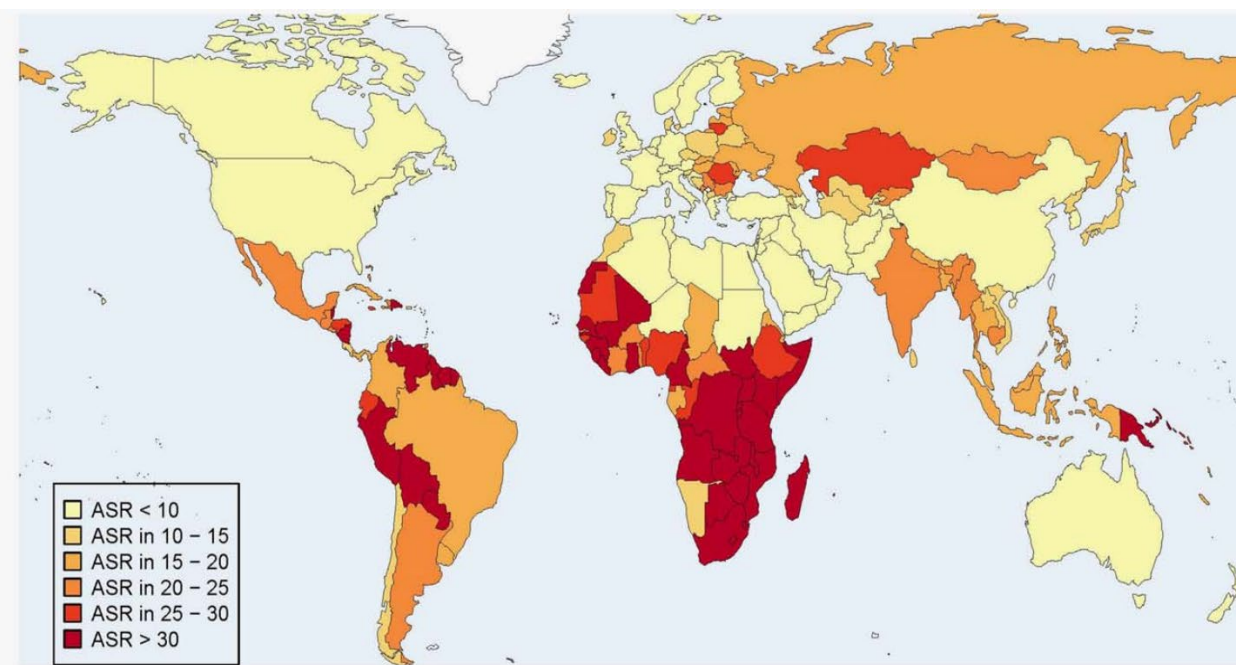
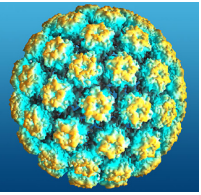


**Francis Peyton Rous**  
Nobel prize (Medicine) 1966

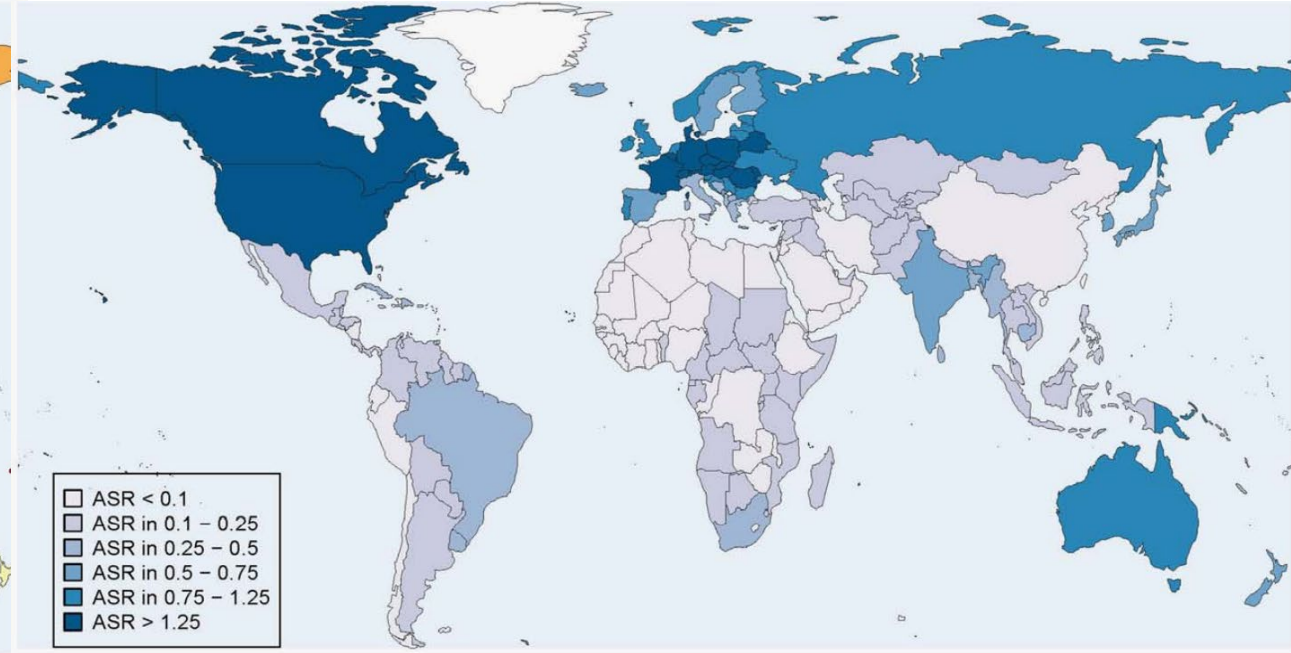


**Harald zur Hausen**  
Nobel prize (Medicine) 2008

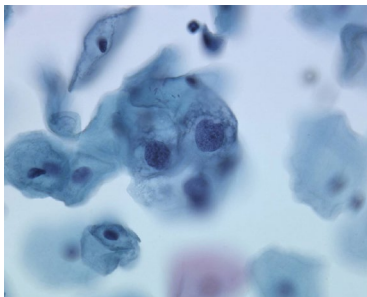
# HPV – a significant cause of cancer worldwide



Age standardised incidence rates (per 100,000) of cervical cancer attributable to HPV



Age standardised incidence rates (per 100,000) of head & neck cancers attributable to HPV



screening



vaccination

**HPV-associated head and neck cancer: a virus-related cancer epidemic** 

*Shanthi Marur, Gypsyamber D'Souza, William H Westra, Arlene A Forastiere*

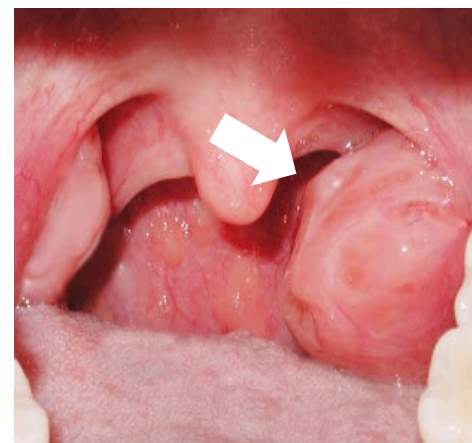
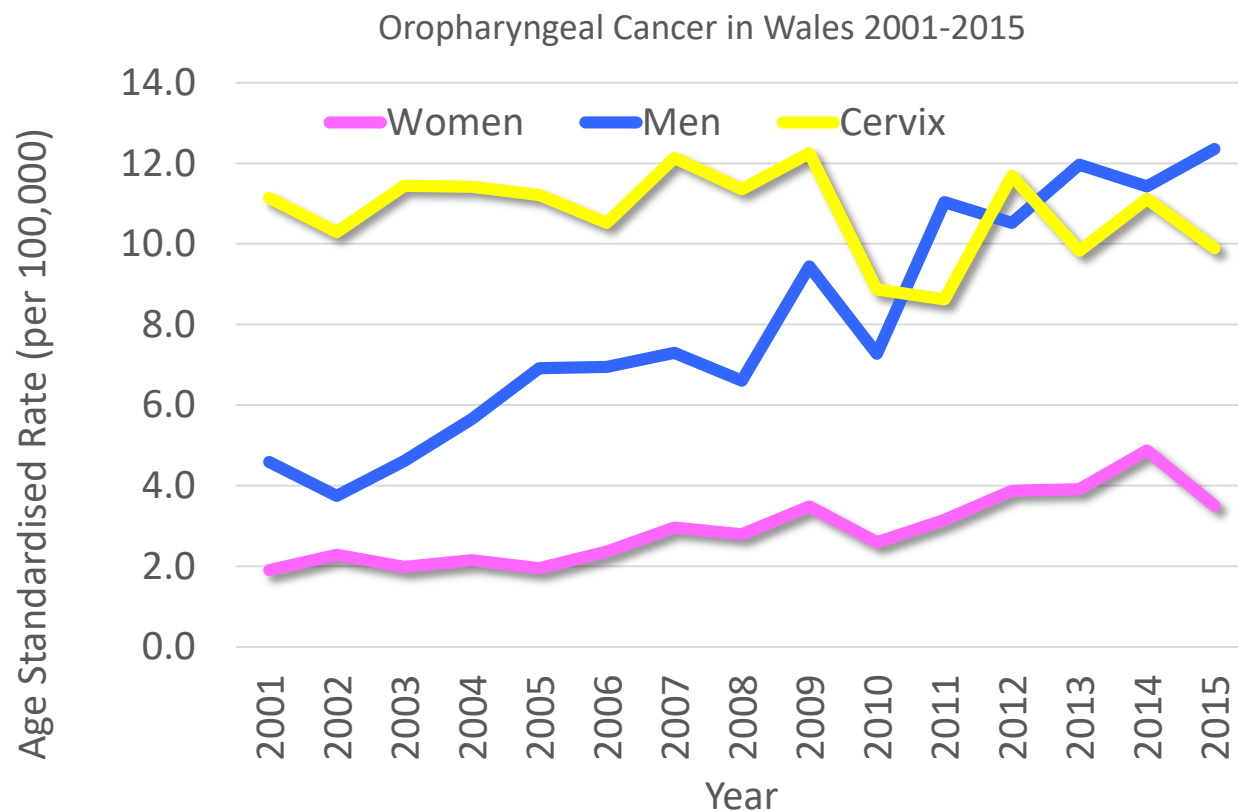
*Lancet Oncology*

[Martel *et al*, International Journal of Cancer 2017]



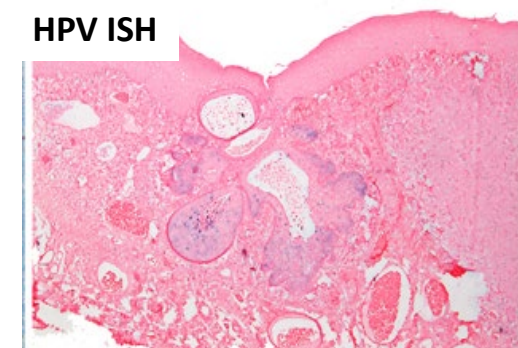
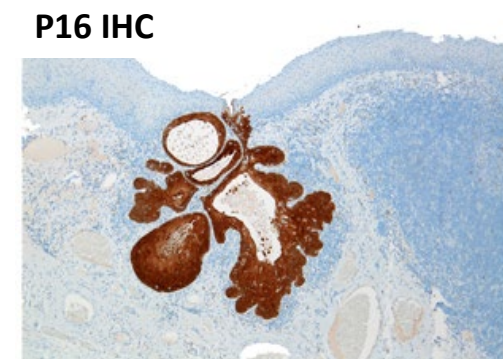
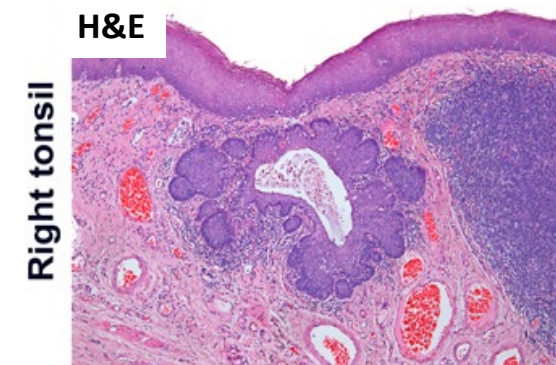
# The “HPV Throat Cancer Epidemic” in Wales

Pathology blocks tested for HPV GP5+/6+  
PCR, ISH and p16 IHC



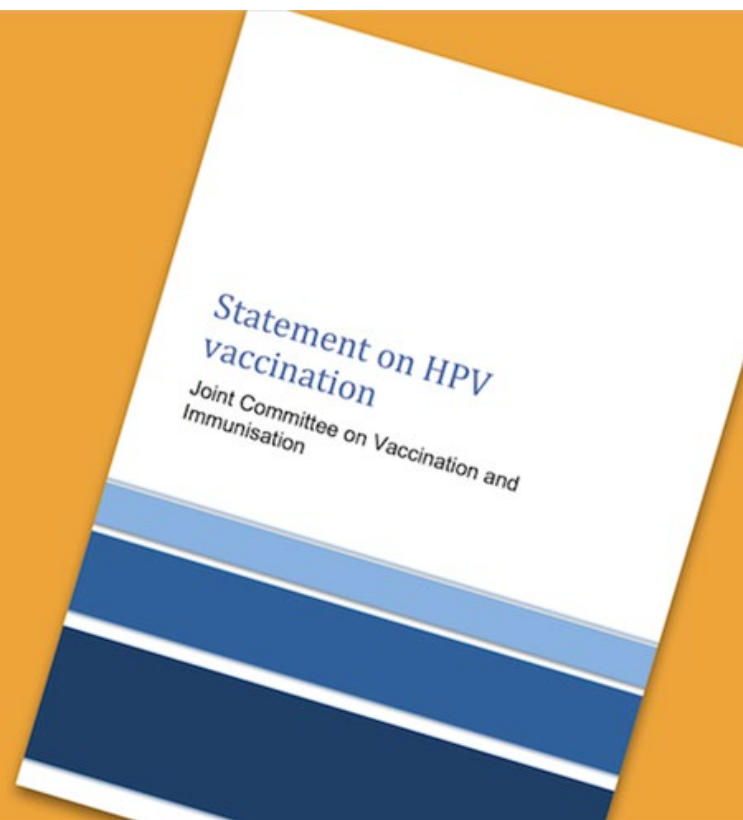
Left tonsil cancer

55-80%  
positive  
for HPV



# JCVI Statement

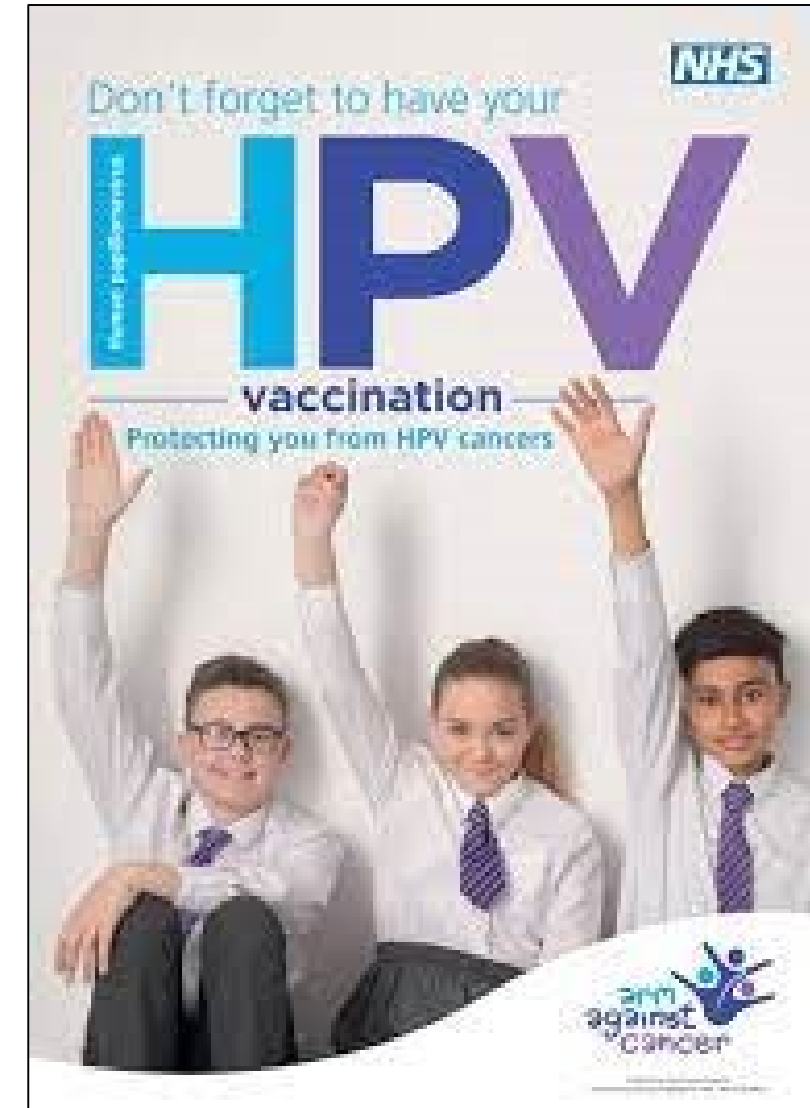
July 2018



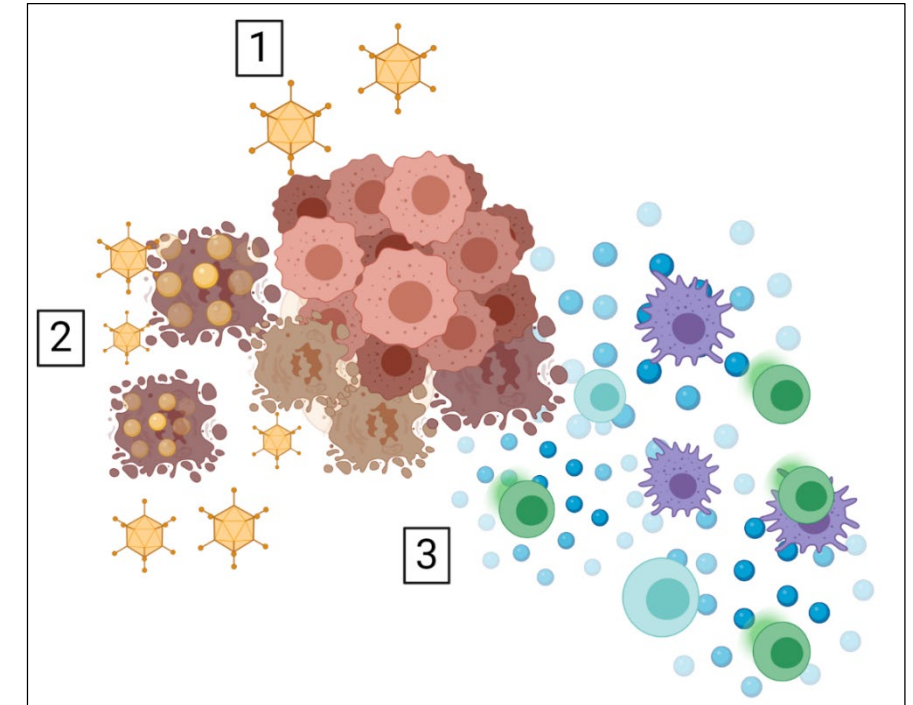
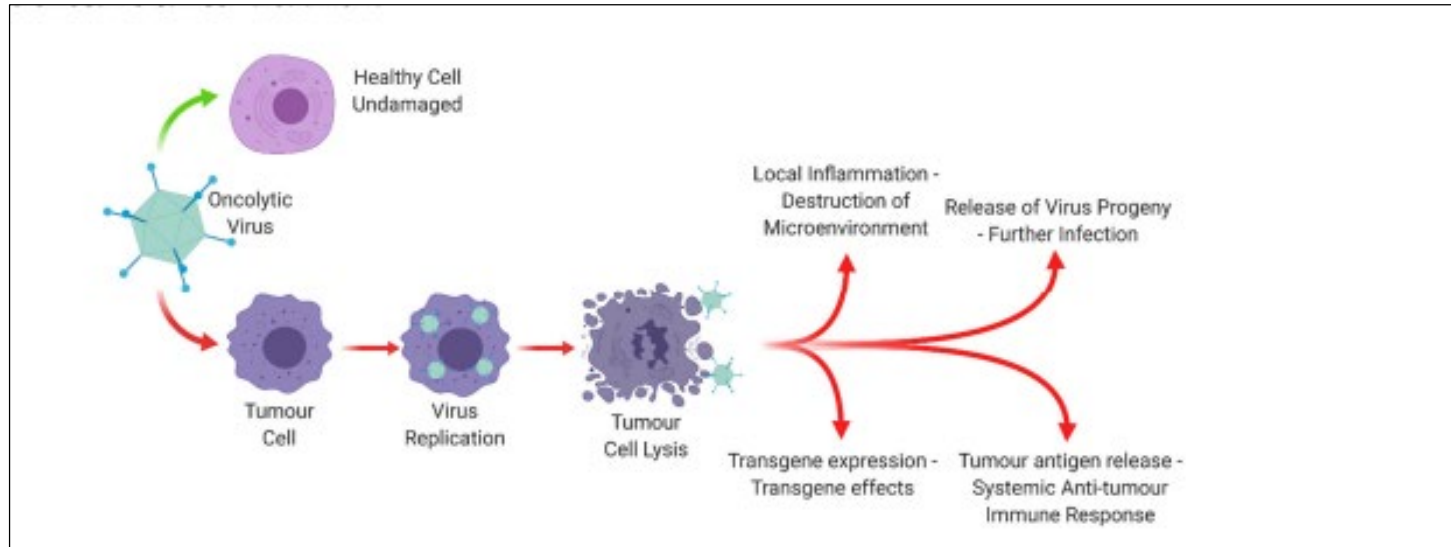
Our work in Wales informed the JCVI advice to extend **UK HPV vaccination programme** to include boys (07/2018), preventing future cancers.



[Evans, Powell *et al.* BMC Cancer 2013; Schache, Powell, Evans *et al* Cancer Res 2016]



# Cancer vaccines – promise for the future



1. Tumour selective Oncolytic virus
2. Virus infects tumour cell which dies
3. Immune response

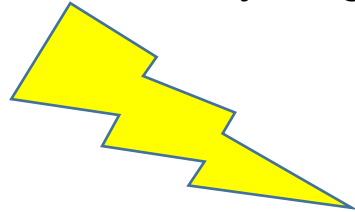
Prof Alan Parker



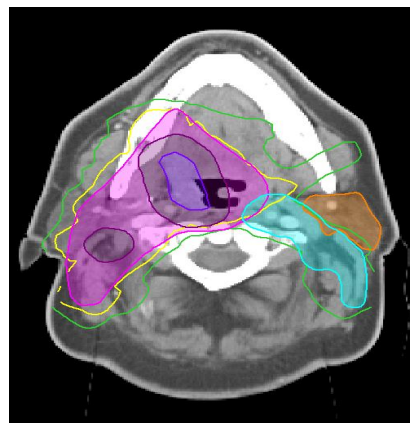
UK Lifesciences vision 2021: Healthcare Mission “enabling immune therapies such as cancer vaccines”



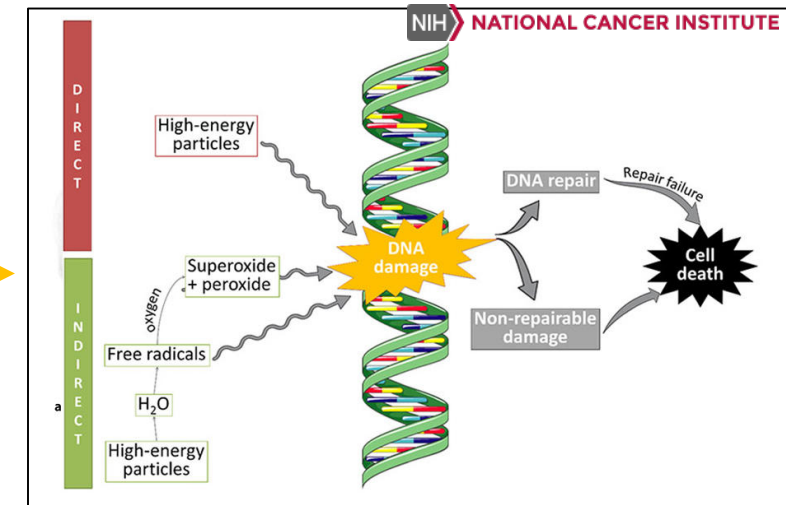
- Precision and mechanistic oncology
- Immuno-oncology
- Radiotherapy
- Cancer clinical trials, including experimental therapeutics
- Supportive and palliative oncology
- Cancer prevention, early diagnosis, primary care and health service research



Linear Accelerator – produces X-Rays



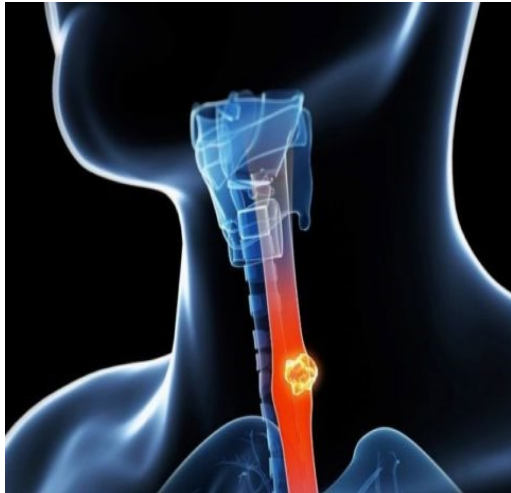
Targeted at a cancer (in the tonsil)



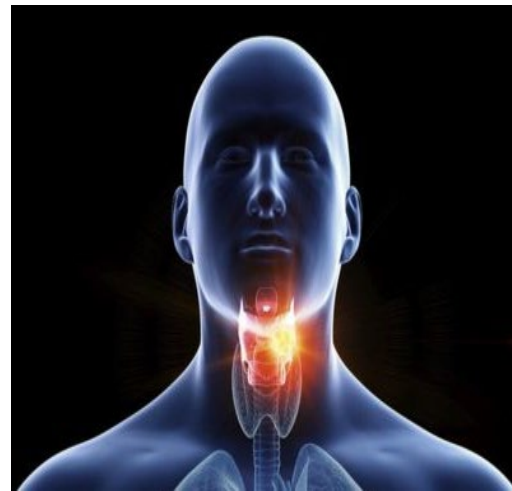
Causes DNA damage which (if not repaired) leads to cell death

# Wales - leading clinical radiotherapy research in different cancers

Upper Gastrointestinal



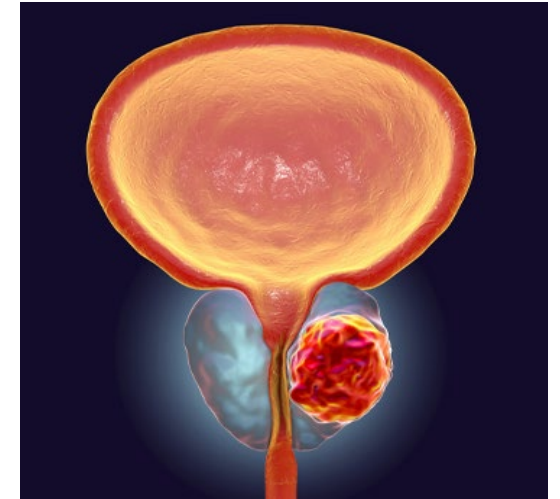
Head & Neck cancer



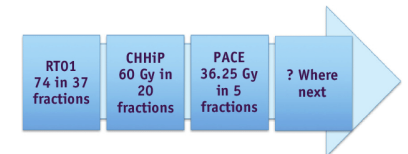
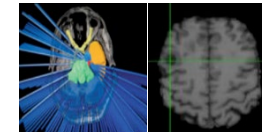
Brain cancer



Prostate cancer



Neurocognitive  
Function Study



Wales is 1 of 4 UK RTTQA centres – ensuring the best radiotherapy is delivered to patients every time





HPV positive  
head & neck  
cancer

**Minimally  
invasive  
surgery  
(laser or robot)**

Low risk

A

No post-operative treatment

**Randomise**

Intermediate  
risk

B

**B1 Radiotherapy – standard dose (control)**

**B2 Radiotherapy – low dose (test)**

Pathology  
assessment

**Randomise**

High  
risk

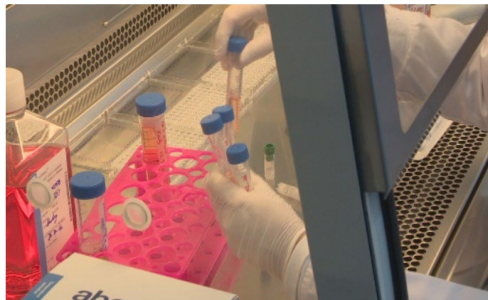
C

**C1 Radiotherapy + Chemotherapy  
(control)**

**C2 Radiotherapy only (test)**

ITV REPORT 13 February 2019 at 6:00am

**£2 million funding boost for head  
and neck cancer research in Cardiff**



The research aims to find kinder treatments for patients.

A Cardiff researcher has received a £2.15 million grant from Cancer Research UK to help fund the discovery of kinder treatments for head and neck cancer patients.

The aim of the study is to reduce the intensity of head and neck cancer treatment. Current treatments can result in "devastating" side-effects for some patients – including losing the ability to swallow.

Co-primary endpoints: swallowing function and Overall Survival

**“Developing kinder treatments for patients with head and neck cancer”**

# PATHOS – UK & International

**584 patients recruited**  
by 11 Oct 2021  
(target 1100 patients  
by Oct 2023)



Open in **36 UK sites**

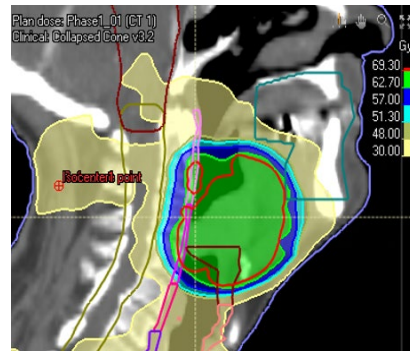
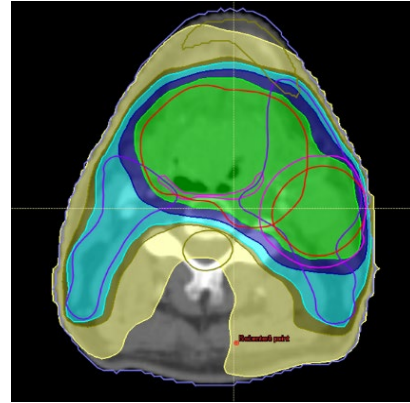


Open in **8 international sites** (USA [Florida, Stanford], **Australia** [Brisbane], 6 in **France**).  
In **set-up** in **18 international sites** (5 in France, 10 in **Germany**, 2 in **Switzerland** and 1 in **Hong Kong**).

*Could establish a new international standard of care for the treatment of HPV-positive head & neck cancer*

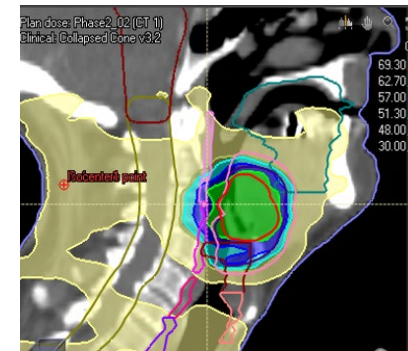
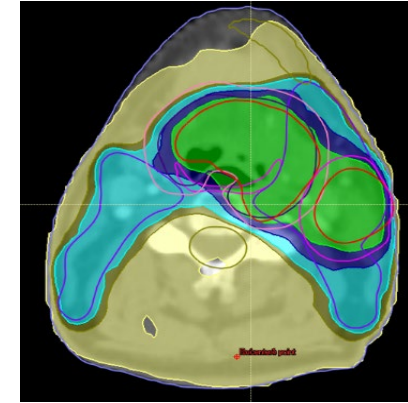
# PEARL: PET based Adaptive RT Trial

Week 1-3 of radiotherapy



Plan based on PET-active cancer at baseline

Weeks 4-6 of radiotherapy



Adapted plan based on biological response

Aim: to reduce high dose treatment volume in responding patients to reduce toxicity

Tongue base cancer seen on FDG-PET-CT scan



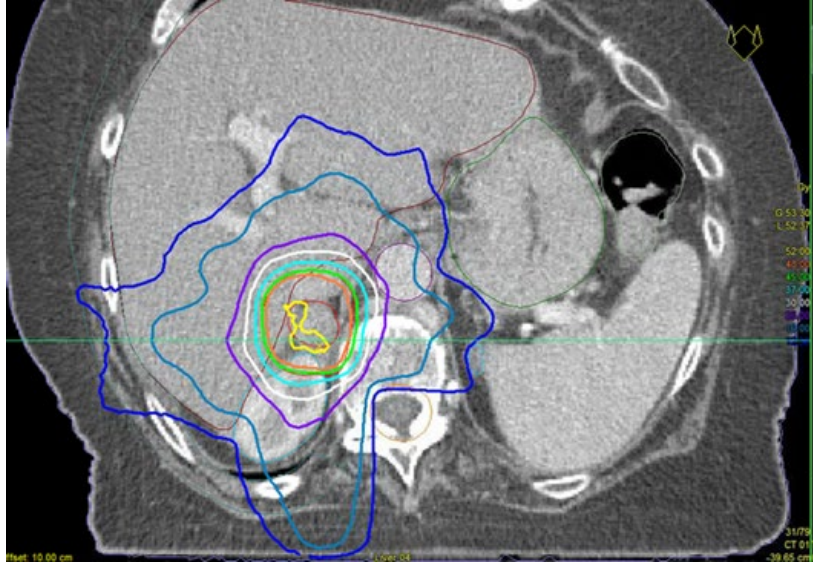
Co-Cl: Dr T Rackley,  
HCRW Clinical Research  
Time Awardee

**“Developing kinder treatments for patients with head and neck cancer”**

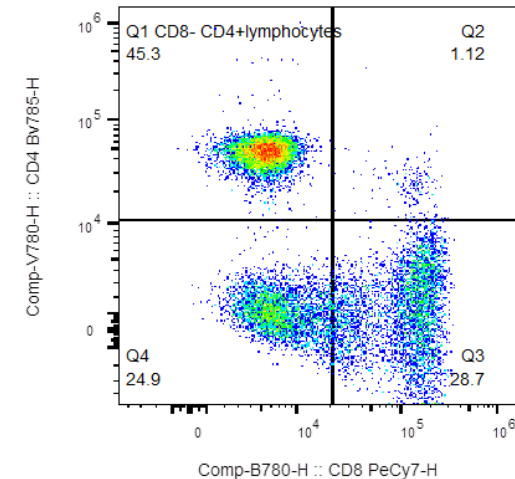
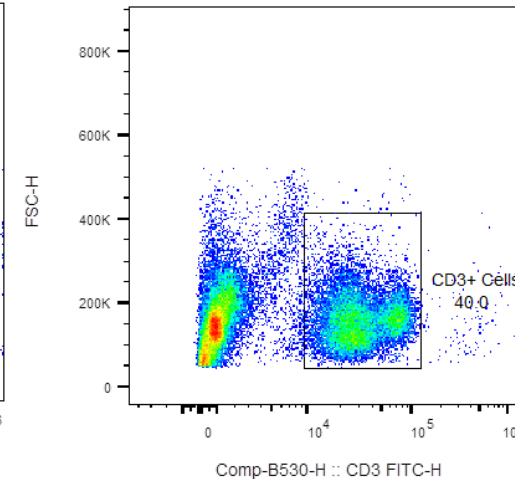
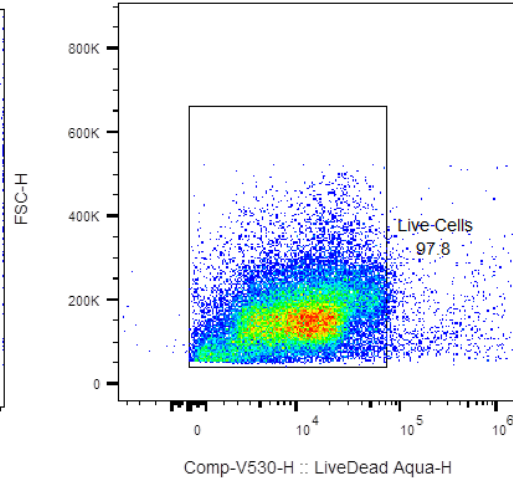
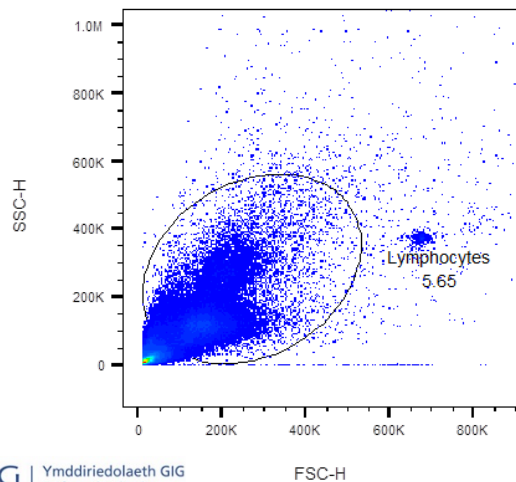
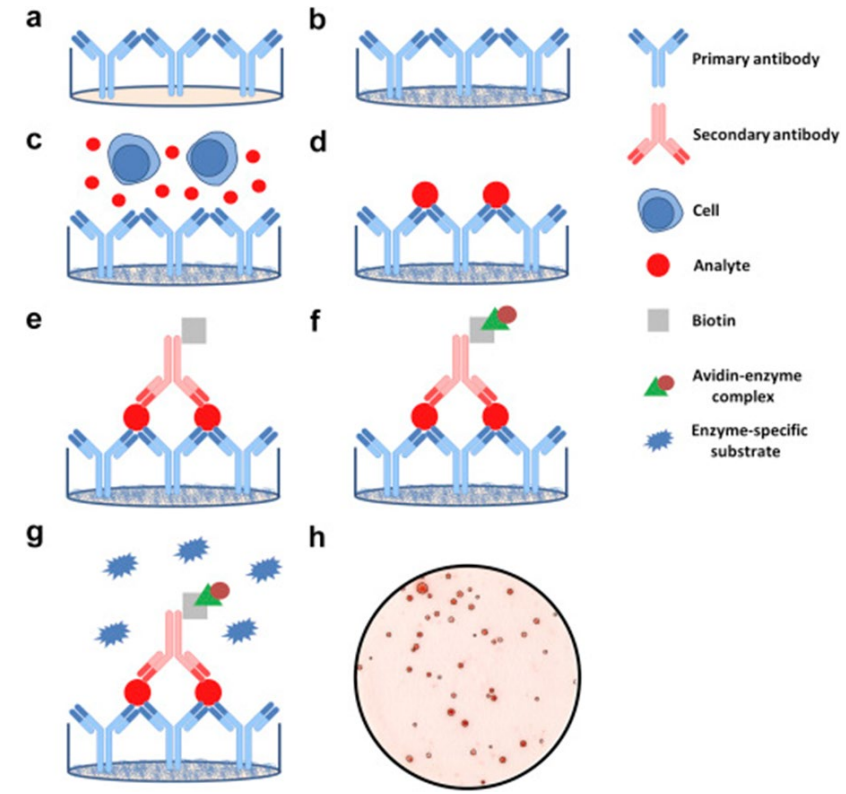


# SABR\_IT Study

[Awen Gallimore, Andy Godkin, Tom Rackley, Cath Pembroke]



- Blood taken at 5 time points (before, during and after RT and at recurrence)
- Enzyme-linked immunospot (ELISPOT) assay
- Flow Cytometry

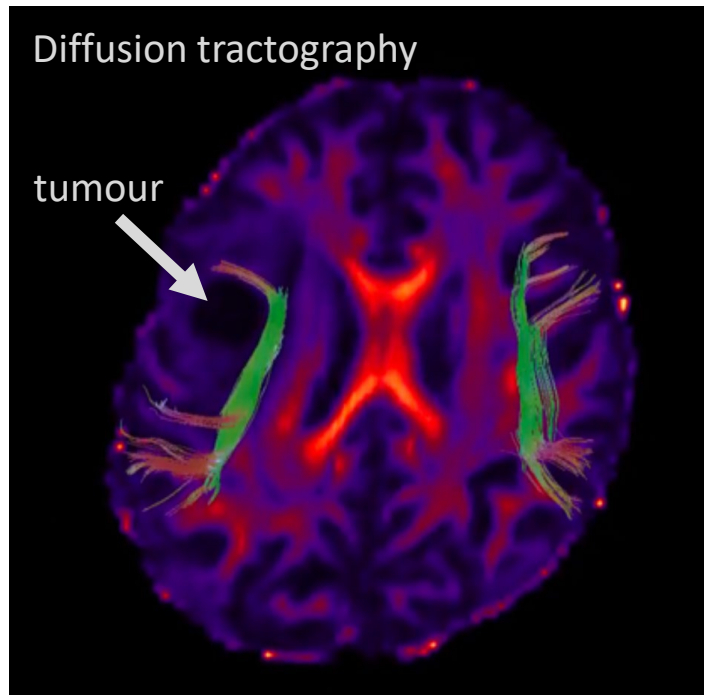


Slide courtesy of Dr Tom Rackley

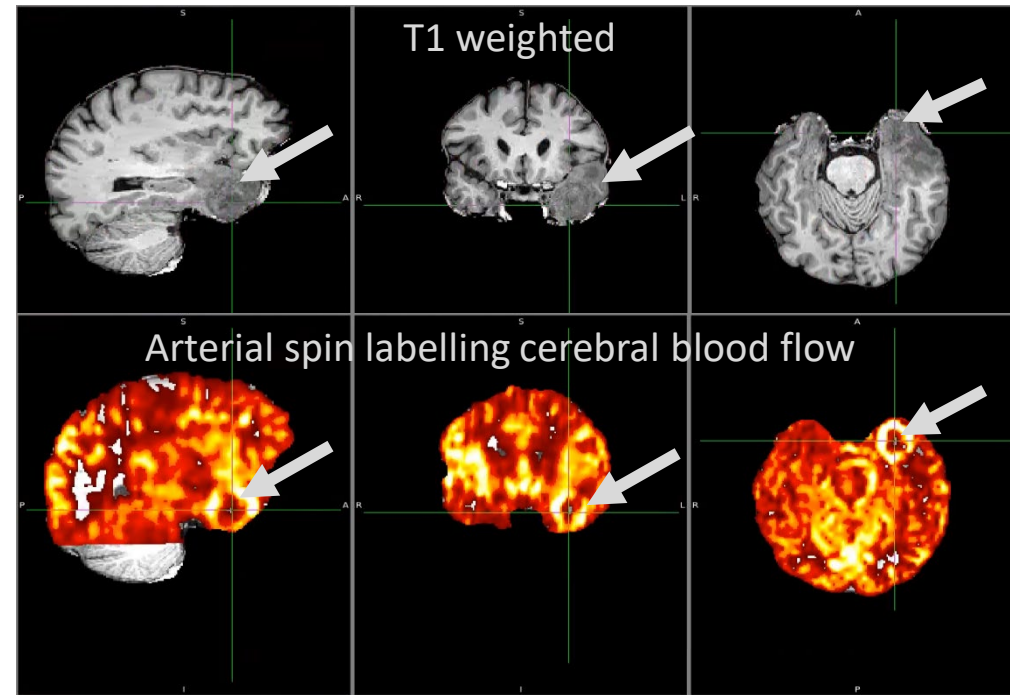
# Neurocognitive function study

[James Powell, Sahar Iqbal, Richard Wise]

40 patients with brain oligo-metastases, mpMRI pre and post Stereotactic Radiosurgery (SRS)



Superior Longitudinal fasciculus tract (green) displaced medially

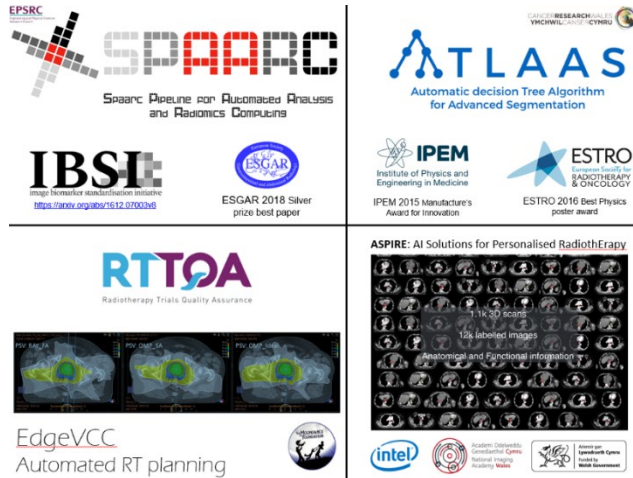


Orange/yellow = high blood flow. Tumour core has low blood flow [associated with poor outcome], with a high flow border.



## Data, Automation and AI

Using AI to select cancers for RT & automation to improve efficacy

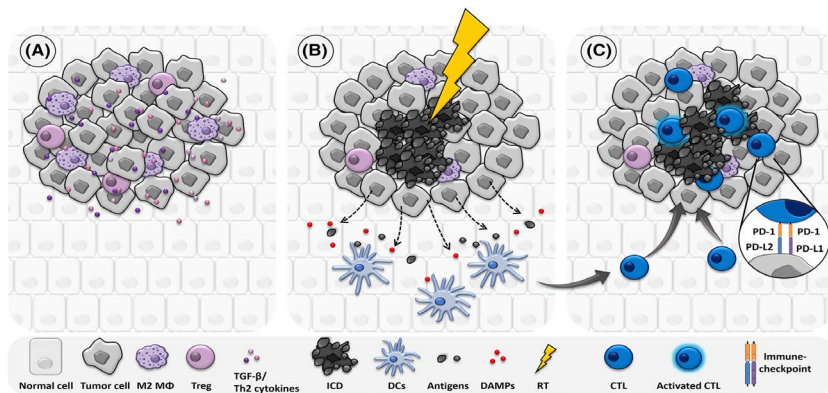


→ Innovation

## Radiotherapy

### Immunology

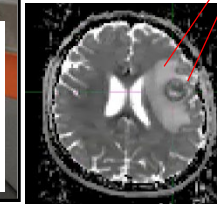
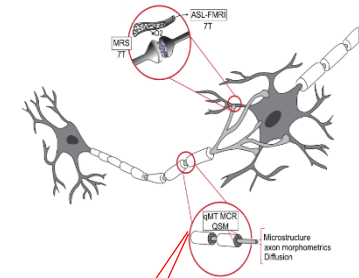
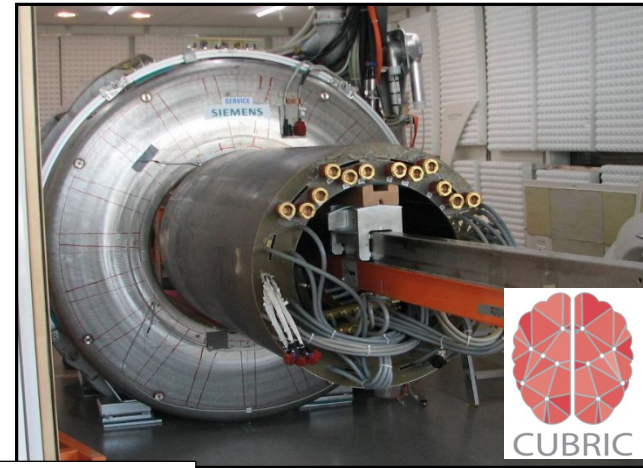
Turning immunologically 'cold' tumours into 'hot' tumours with radiotherapy



[Ruckert *et al*, Stem Cells 2021]

## Imaging

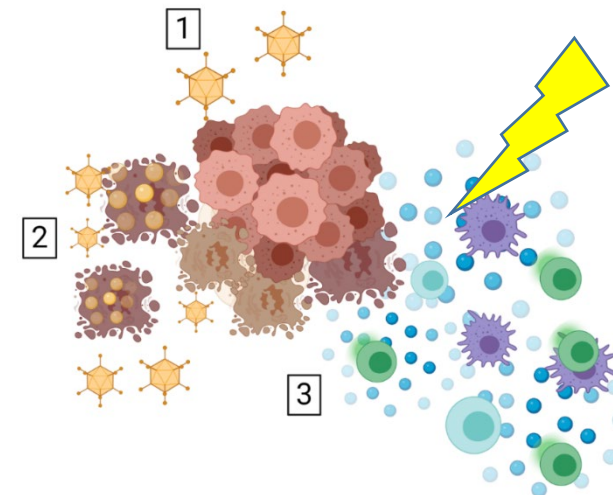
Using world-class imaging to understand the microstructural & biological effects of radiotherapy



**3T Microstructural MRI**  
1 of only 3 in the world  
Cell size imaging

### Novel agents including Cancer Vaccines

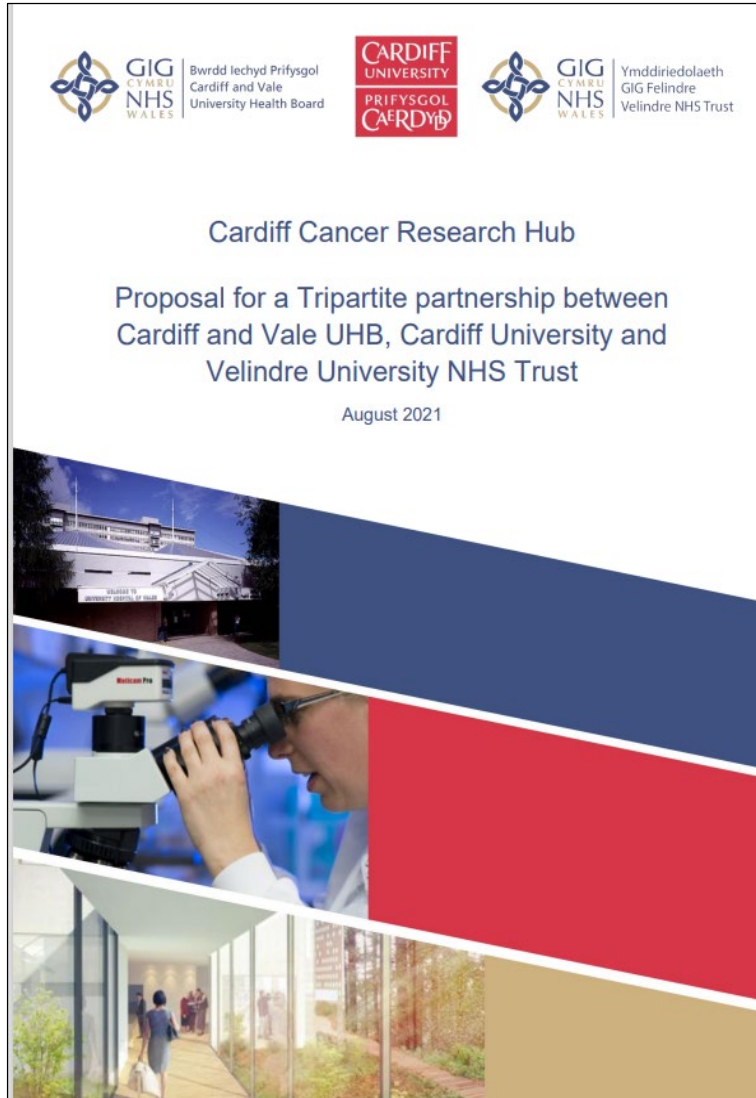
Combining RT with tumour selective oncolytic viruses = radioimmunovirotherapies



[Courtesy of Prof Alan Parker]



# Developing new infrastructure for research in Wales



- **Increasing patient access to research** - including Early Phase Trials (EPTs) and Advanced Therapies for solid cancer and haemato-oncology
- **Strengthening the translational pipeline** → enabling scientists to bring new discoveries through to the clinic & encouraging new scientific discovery
- **Developing a focus for cancer research excellence** in Wales → enhancing reputation and attracting future funding, partners & staff
- **Enabling training, education & innovation**
- Housing **Welsh research infrastructure**, hub for **industrial partnerships**.

- 
- Canolfan Ymchwil Cancer Cymru  
Wales Cancer Research Centre

# What we can achieve....



- A thriving, **connected** cancer **research community** in Wales
  - An **identity**, **focus & enhanced reputation** for cancer research in Wales
  - **Inward investment**, ensuring sustainability and benefitting the Welsh economy
  - A positive legacy to hand onto the **next generation** of researchers & cancer patients in Wales
  - **Health benefits** for cancer patients and the public **across the whole of Wales**
- Realising these benefits is a collective endeavour (individual, institutional, governmental...)



- 
- Canolfan Ymchwil Cancer Cymru  
Wales Cancer Research Centre

# Thank you-Diolch yn fawr



Terry Jones  
Ned Powell  
Chris Heiberg  
CTR team  
Libby Batt  
Awen Gallimore  
Alan Parker  
Tom Rackley  
Paul Shaw  
James Powell  
Rob Jones  
John Jones