

## Research Network

# NETWORK NEWS

Pan Birmingham Cancer Research Network has had another successful year with the significant achievement that there was recruitment across every tumour specific clinical studies group portfolio. More than 130 studies were open to recruitment and of these, 104 successfully recruited patients. The majority of the 27 studies that did not recruit any patients were either open in uncommon subgroups of patients or rare cancers where numbers of patients are expected to be small, such as paediatrics and haematology and therefore zero recruitment is not unexpected. These studies represent an important part of the portfolio and the Network recognises the effort that is required to open and maintain these studies.

There was recruitment for the first time to adult brain cancer and the palliative care portfolio, with good recruitment into a brain genetic epidemiology study and a pain management study. The brain cancer portfolio has already expanded with recruitment to an NCRN industry study and a second study in setup. It is hoped that the palliative care portfolio will also be able to expand.

Recruitment to randomised controlled trials for patients with a cancer or pre-malignancy diagnosis has increased for the fourth year in succession, with 6.8% cancer diagnoses equivalent achieved in 2009/10. Overall recruitment was boosted to 18% by two studies, one in the colorectal portfolio and another in the bladder portfolio which together recruited 495

patients with cancer. The colorectal study also recruited a further 179 participants without cancer.

At least 80 non-medical staff are now funded to support cancer research across the Network. The funding comes from a variety of sources including PBCRN, Birmingham and Black Country Comprehensive Local Research Network, other NIHR funding streams, Children's Cancer and Leukaemia Group, charitable and commercial funds.

The priority for the coming years is portfolio balance and delivery. Pan Birmingham has a balanced portfolio across tumour sites, but during the next 12 months we will be looking more closely at within disease site balance, that is, are there are a range of studies open from diagnosis to end stage disease. Clearly our local portfolio is dependent on the studies available for teams to participate in.

The delivery aspect of this workstream is ensuring that individual studies recruit to time and target. To do this teams and individual investigators need to improve predicting the number of potentially eligible patients and better monitor recruitment against individual study targets, agreed by the PI as achievable. This information will ultimately improve national study feasibility and result in better timelines being set for the study recruitment phase, which will reassure funders that studies should be financed. It will also help with planning the number of studies and staffing required to meet Trust overall recruitment targets.



National  
Cancer  
Research  
Network

Pan Birmingham Cancer Research Network,  
Room 102 Birmingham Research Park,  
97 Vincent Drive, Birmingham, B15 2SQT  
Tel: 0121-414 5346  
PBCRN@westmidlands.nhs.uk

**July 2010  
Issue 24**

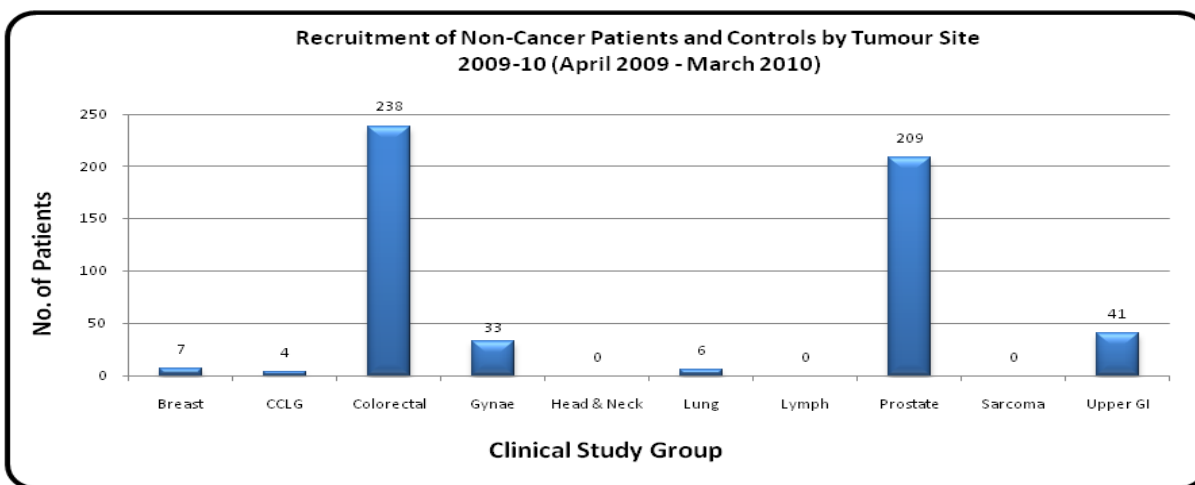
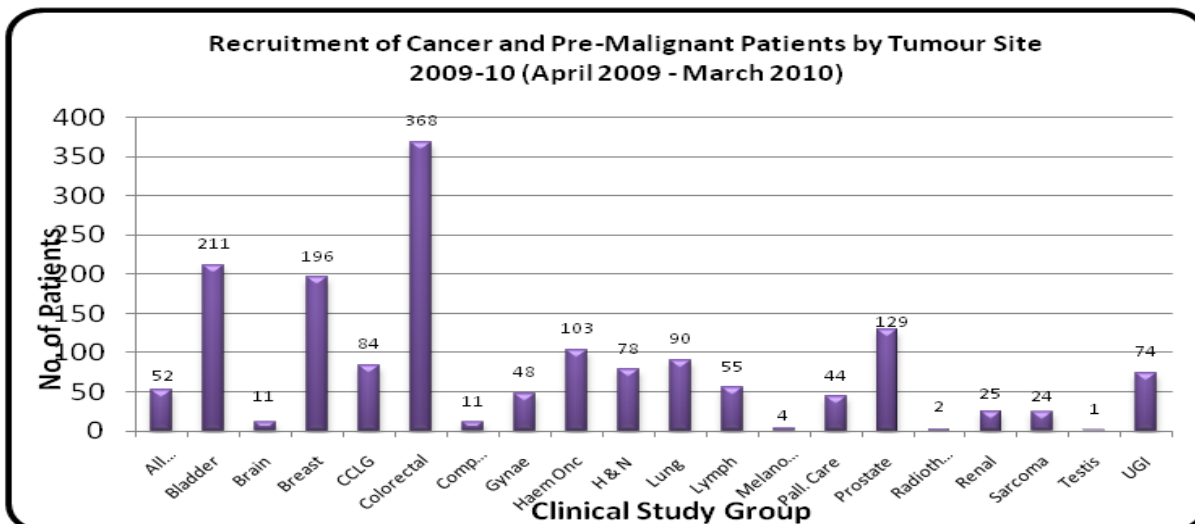
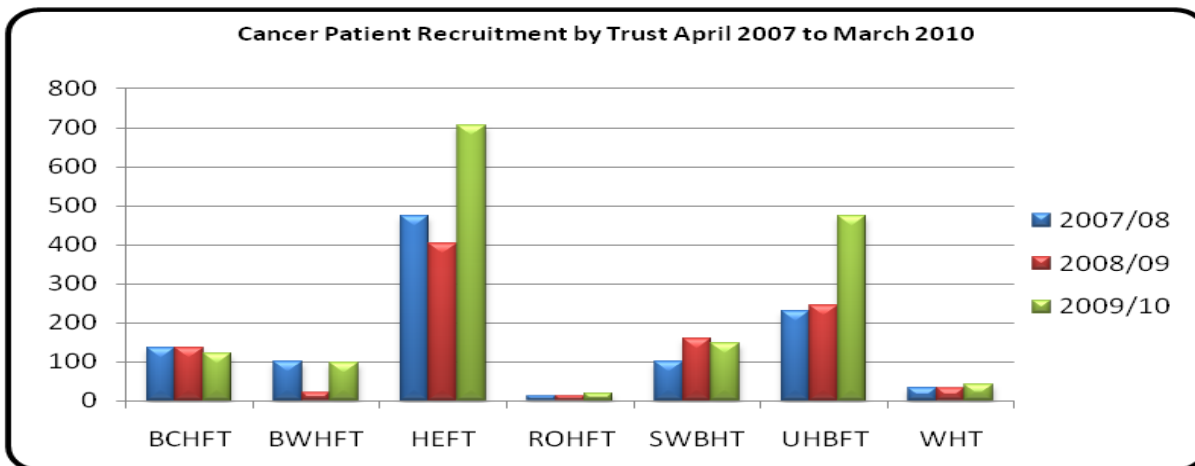
The Pan Birmingham Cancer Research Network operates as part of the NIHR National Cancer Research Network in England. It is part of the National Institute for Health Research and forms part of the UK Clinical Research Network.

The Networks support and deliver high quality clinical research studies.

# PAN BIRMINGHAM CANCER RESEARCH NETWORK RECRUITMENT PERFORMANCE

The reporting of recruitment into National Cancer Research Network (NCRN) Portfolio studies is presently quite complex. The NCRN was established as part of the cancer plan and as a result all of our primary targets are associated with recruitment of patients with a cancer diagnosis. Cancer patients recruitment now includes patients with a diagnosis of a pre-malignant condition. In order not to over report participation, patients that are involved in sub-studies are recorded as 'non-cancer' along with volunteers recruited into screening, prevention and diagnostic studies and controls.

Please note: This recruitment report includes all data for Solihull. Not all of these patients are attributed to PBCRN as the population and it's funding is shared with another Network.



PBCRN Trusts- Birmingham Children's Hospital NHS Foundation Trust (BCHFT), Birmingham Women's NHS Foundation Trust (BWHFT), Heart of England\* NHS Foundation Trust (HEFT), Royal Orthopaedic Hospital NHS Foundation Trust (ROHFT), Sandwell & West Birmingham Hospitals NHS Trust (SWBHT), University Hospital Birmingham NHS Foundation Trust (UHBFT), Walsall Hospital NHS Trust (WHT)  
\* (Solihull Hospital shared with Arden Network)

## Sandwell & West Birmingham Cancer Research Team

As part of Pan Birmingham Cancer Research Network, our purpose is to raise the visibility of clinical trials as a legitimate treatment option and increase the number of people with cancer who participate in such trials, in order to fulfil the stated aims of the DoH in relation to cancer. We are affiliated with Birmingham Children's Hospital NHSFT, Birmingham Women's Hospital NHSFT, University Hospital Birmingham NHSFT, Walsall Hospitals NHSFT, Heart of England NHSFT and The Royal Orthopaedic Hospital NHSFT.

Our team consists of two Band 6 Nurses and a Band 3 Data Manager overseeing lung, breast, gynaecology, urology and colorectal cancer studies. There is also a haematology Research Nurse and a Band 3 Data Manager overseeing those trials concerned with blood dyscrasia.

The team has developed over the past few years and roles have changed, as we have opened additional trials and recruited more patients. We divide the cancer specific sites between the Nurses and co-ordinate named trials. Our Data Manager supports us in this, as well as dealing with the copious amounts of breast follow up. We all take a turn at doing the dreaded e-CRFs!

We work closely together so we can cover each other at all times. We manage day to day workload and problems, anything more than that we can turn to our line managers in R & D.

All have been employed over the last 2.5 years with the aim of increasing recruitment into cancer trials. To achieve this, it became evident from an early stage, that MDT involvement was the key to identifying patients and recruiting. We want to get to a stage where each patient discussed at an MDT is considered for a trial, irrespective of whether there is a Research Nurse present or not. We have good liaison with the Cancer Service Department and the MDT Co-ordinators and have had a column added to the MDT outcomes to highlight if a trial is suitable for the patient. We have made ourselves integral to the MDTs by attending week after week until somebody eventually asked who we were!

The majority of the MDT members do document in the notes if a trial is suitable, and we are working on the others to improve this.

We are also looking at the Patient Pathway to see if approaching patients earlier improves recruitment. For example, the Surgeons approaching patients at a results visit so the patient is forewarned prior to seeing the Oncologist. It is also acknowledged that, to achieve the accrual target required, we cannot be at every patient visit. We, therefore, support some Principal Investigators rather than being actively

involved. This is working well in breast surgery and gynaecological surgery trials at the moment, where we provide data support and trial co-ordination but not always the informed consent/randomisation procedures. This approach has improved our recruitment rates.

As well as by Doctors, we are also well known by Pharmacists, Pathologists, Radiographers and Research & Development staff and have named links with all these groups. They all attend our quarterly Cancer Research Strategy Meeting. This is a great improvement on the old days and is a good forum for airing problems or sometimes just for a catch up!

We may have done the odd favour here and there for staff, bought biscuits at Christmas for Teams and had a fixed smile when approaching people who have been resistant but it is all paying off, as the MDTs and support services are seeing research as an everyday part of the oncology patients' journey.

We also overlap with the University Team who run commercial trials from the same office. Although we work on different trials, we work closely together and swap best practice and changes in processes, as well as being there for each others patients if need be.

We are also improving relations with Teams in other hospitals in the Network, as often the patients' journey can take them through more than one hospital. Certainly we have good links with the UHBFT Research Radiographers, as they often see trial participants in Outpatient Clinics. Often a Network approach to trials will ease the set-up process and improve overall recruitment.

**Jo Dasgin**  
Research Nurse, SWBH

## Annual Report

Each year the Network has to produce an Annual Report and Work Programme, this year to comply with peer review we have also written a Network Constitution. Copies of these documents are available from the Network, e-mail [PBCRN@westmidlands.nhs.uk](mailto:PBCRN@westmidlands.nhs.uk) or phone 0121 414 5346. Alternatively, they can be downloaded from the Pan Birmingham Cancer Network website.

During April 2010, we moved offices from the Cancer Research UK Clinical Trials Unit, where we were based for 8 years, to Birmingham Research Park. We continue to operate the same open door policy and welcome visitors to come and discuss plans, projects, concerns and ideas.

## Forthcoming Events

<p><b>Cancer Chemotherapy Course</b>  <i>A two day meeting for Oncology Specialist Registrars, Chemotherapy Nurses &amp; Oncology Pharmacists</i>            Contact: Linda Willis 0116 2586294 or <a href="mailto:linda.willis@uhl-tr.nhs.uk">linda.willis@uhl-tr.nhs.uk</a></p>	<p>17 &amp; 18 July 2010            Leicester</p>
<p><b>Anatomy &amp; Oncology Course for non-clinicians</b>  <i>The changing roles and responsibilities for the collection and collation of cancer data will require those engaged within this field to have an extended knowledge of cancer as a disease, its coding and morphology and treatment modalities. This three-day anatomy and oncology course developed in conjunction with the Northern and Yorkshire Cancer Registration and Information Service (NYCRIS), is designed to cover the development of cancer by discussing cell and cancer biology whilst reinforcing cancer terminology.</i>            Contact: O'Halloran Consultancy Ltd on 07736065811 or <a href="mailto:doh@ohconsultancy.org.uk">doh@ohconsultancy.org.uk</a></p>	<p>27 – 29 July 2010            Leeds</p>
<p><b>1<sup>st</sup> British Breast Cancer Research Conference</b>  <i>The BBCRC is replacing the Nottingham International Breast Cancer Conference (NIBCC) and the intention is that it will be held biennially as was the NIBCC. The BBCRC is a true multidisciplinary conference for all those specialising in breast cancer from all disciplines. Like the NIBCC, it will be a research meeting and is not intended to be an educational meeting. Research is defined quite widely to include outcomes (survival, recurrences, QoL, cosmetic result etc); relation to tumour variables (eg grade; results of clinical trials or of follow-up of large series; results of diagnostic procedures; laboratory based topics (eg gene probing, growth factors, hormone receptors), translational aspects are preferred for most of these.</i>            Contact: Wendy on 0115 9625707 or register at <a href="http://www.bbcrc.org.uk/bbx/registration.asp">http://www.bbcrc.org.uk/bbx/registration.asp</a></p>	<p>15 – 17 Sept 2010            Nottingham</p>
<p><b>International Meeting on Cancer Induced Bone Disease</b>            Details to follow            Contact: <a href="http://www.cancerandbonessociety.org">www.cancerandbonessociety.org</a></p>	<p>22 – 25 Sept 2010            Sheffield</p>
<p><b>Biological Agents – De-mystifying the Science</b>            Topics include: Introduction to cancer biology; Standard cancer treatments and how they work at the biological level; Introduction to new(er) types of cancer treatments eg. tyrosine kinase inhibitors, aromatase inhibitors, antiangiogenic therapy, monoclonal antibodies; Biological agents in development; The evolution of clinical trials and translational research; Sample handling – the do's and don'ts            Contact: Selina Bell on <a href="mailto:s.bell@ncrn.org.uk">s.bell@ncrn.org.uk</a></p>	<p>22 September 2010            Exeter</p>
<p><b>Oncology and Palliative care, Online MSc, PGDip; Cancer Studies, PGCert</b>            For information contact: <a href="http://www.ncl.ac.uk/oncpall">www.ncl.ac.uk/oncpall</a></p>	<p>September 2010</p>
<p><b>Great Midlands Cancer Research Network 5<sup>th</sup> Annual Meeting</b>            Theme –Adjuvant Treatment            Contact: <a href="mailto:ami.salter@nhs.net">ami.salter@nhs.net</a></p>	<p>26 November 2010</p>
<p><b>The Royal Marsden Education and Conference Programme 2010</b>            The Third Annual Royal Marsden Breast Meeting            The Second Annual head &amp; Neck Conference            For further information contact 020 7808 2921 or <a href="mailto:conferencecentre@rmh.nhs.uk">conferencecentre@rmh.nhs.uk</a></p>	<p>London            1 October 2010            5 November 2010</p>

NCRN and NIHR Training is available to all staff working on NCRN Portfolio Studies regardless of their funding stream including Medical Staff. Contact Maggie should you have a specific training need.

Clinical Lead	Dr Daniel Ford	<a href="mailto:Daniel.Ford@uhb.nhs.uk">Daniel.Ford@uhb.nhs.uk</a>
Network Manager	Gina Dutton	<a href="mailto:Gina.Dutton@westmidlands.nhs.uk">Gina.Dutton@westmidlands.nhs.uk</a>
Lead Nurse	Jackie Sears	<a href="mailto:Jackie.Sears@westmidlands.nhs.uk">Jackie.Sears@westmidlands.nhs.uk</a>
Information Officer	Matthew Nunn	<a href="mailto:Matthew.Nunn@westmidlands.nhs.uk">Matthew.Nunn@westmidlands.nhs.uk</a>
Network Administrator	Maggie Hope	<a href="mailto:Maggie.Hope@westmidlands.nhs.uk">Maggie.Hope@westmidlands.nhs.uk</a>