

# Conference News

Are you organising an annual meeting or conference which you would like to tell our readers about? Or would you like to write a report on a meeting or conference of particular interest? If so, contact Patricia McDonnell at Oncology News on Tel/Fax: + 44 (0)288 289 7023, Email: [patricia@oncologynews.biz](mailto:patricia@oncologynews.biz)

## 1st National Prostate Cancer Conference: A Cry for Life!

**Date:** 7-8 December, 2009; [tanzania50plus@yahoo.com](mailto:tanzania50plus@yahoo.com). **Venue:** Dar es Salaam, Tanzania.

The First National Prostate Cancer Conference: A Cry for Life! was held in Dar es Salaam, Tanzania 7-8 December, 2009, with approximately 150 participants representing physicians, scientists, allied healthcare professionals, medical students and lay representatives from districts comprising the Tanzania 50 Plus Campaign.

The Tanzania 50 Plus Campaign: Prostate Cancer Literacy and Supportive Initiative, was founded on 6 December 2008, as a Centre for Human Rights Promotion by the Rev. Canon Dr Emmanuel J Kandusi, a survivor of prostate cancer, who serves as the Campaign Coordinator and was the Organizer of the Conference. The Campaign was established to address prostate cancer, a disease critical to men, who are about and over 50 years old, ergo, Tanzania 50 Plus Campaign. "The primary goal of the Campaign is to reduce sufferings and deaths caused by prostate cancer" achieved primarily through "sensitization" (awareness), education, training and dissemination of information.

The Conference covered all aspects of prostate cancer, but particularly with a focus on awareness. To achieve this, initial attention was placed on basic information on prostatic disease, particularly prostate cancer. This was instructive to several lay people in attendance, and as a refresher for others. Highlights from the Conference, included on the first day, Dr Jerome Mkiramweni's (Professor and Chairman, Department of Surgery, Hubert Kairuki Memorial University, Dar es Salaam) presentation of an excellent overview of prostate cancer and its diagnosis and treatment. Dr Mkiramweni followed this the next day with a lecture on "Prostate Cancer: Myths, Risk Factors and Warning Signs." In discussing "myths," Dr Mkiramweni particularly addressed the occurrence of various symptoms of prostatic disease, which when they occur, many men, are reluctant to seek medical attention for fear of stigmas lay people associate with sexually transmitted diseases and homosexuality. This was followed by a lecture on various screening and



Rev. Canon Dr Emmanuel J Kandusi, Conference Organizer and Campaign Coordinator, Tanzania 50 Plus Campaign and Dr Richard J Ablin, Conference Guest of Honour and Keynote Speaker.

treatments for prostate cancer by Dr. Josephat Mponji (Chief Surgeon, Amana District Hospital, Ilala Dar es Salaam).

The Keynote Lecture "My Scientific Work, My Story, My Word" was presented by Dr Richard J Ablin, the Conference Guest of Honor (Departments of Immunobiology and Pathology, University of Arizona College of Medicine, Arizona Cancer Center, BIO5 Institute and President, Robert Benjamin Ablin Foundation for Cancer Research [[www.prostatefoundation.org](http://www.prostatefoundation.org)], Tucson, AZ, USA). Dr Ablin discovered prostate-specific antigen (PSA) in 1970, which led to the PSA test and pioneered the concept of "cryoimmunotherapy."

At the outset of his lecture, Dr. Ablin emphasised that from what he has learned, the status of prostate disease, and particularly prostate cancer, in East Africa, wherein there is limited diagnosis and possibly under treatment, is directly the opposite of that in the USA, where there is overdiagnosis and overtreatment. He

explained since prostate cancer is an age-related disease, a biopsy of the prostate (often the next step following screening) will, by way of example, find cancer in 65% of men between the ages of 60-69. However, prostate cancer is much akin to "a turtle and a rabbit in an open box." The "turtle," a non-life threatening cancer, wanders around the box, while the "rabbit," a potentially life-threatening (killer) cancer, hops around and might at any time jump out of the box, and spread (metastasis). Thus, while a biopsy can diagnose prostate cancer, we cannot presently distinguish which cancer is the "turtle" and which is the "rabbit," i.e., the killer, and needs treatment (which is the focus of his current research)? Therefore, many more cancers are diagnosed and treated than most likely necessary. Although, it is frequently stated one in six men will get prostate cancer, a little appreciated fact is more men die with prostate cancer than from it.

On the subject of screening, considered earlier in the Conference by Dr Mponji, Dr Ablin further explained while PSA is an indicator ("harbinger") of recurrence of disease following treatment, it is not however cancer-specific and cannot, in the manner which the PSA test is currently used, be a screening test for prostate cancer. The only way the current PSA test may be used for diagnosis is to establish a base line from an initial determination and follow with sequential PSA tests, e.g., every three or six months, to evaluate the trend, i.e., if it is increasing, this suggests an abnormality of the prostate, worthy of looking into. (For those interested in further discussion on the PSA test, See: *Ablin and Haythorn. Oncology News, 4(2):40, 2009*).

However, Dr Ablin stated, it is critical to appreciate the foregoing observations, including the suggested increased risk in association with race and family history, are based on population studies from the USA, Europe and some Asians and are not directly reflective of the pathophysiology of Africans. Neither, are data from African-Americans found in the foregoing

populations. In fact, and by way of example, in the interim of the Conference, gene-sequencing studies of indigenous populations in Southern Africa have revealed new genetic variations not previously identified in known European and Asian populations (Shuster et al. *Nature*, 463:943, 2010).

In stressing the importance of seeking medical attention for painful urination, burning on urination, frequency of urination, symptoms among others, of urinary tract infections, Dr Ablin explained in accord with evidence, some cancers are associated with antecedent infection and chronic inflammation, e.g., hepatitis – hepatic cancer, ulcerative colitis – colon cancer, such may be the case, whereby, chronic infection and associated chronic inflammation, characteristic of chronic prostatitis gives way to prostate cancer. He further provided representative examples of his current research and novel approaches to treatment, including immunotherapy with reference to “cryoimmunotherapy.”



Drs Jerome Mkiramweni, Richard J Ablin and Emmanuel J Kandusi at Post-Conference Dinner.

Dr. Ablin also made brief, but important reference to a little known fact, that women have a prostate gland. And, while thus far have a very low, at best, incidence of prostate cancer, women get prostatitis; and in the case of the infectious ‘type’ can contribute through sexual intercourse to

prostatitis in their male partner and possible long-range ensuing consequences.

In conclusion, Dr. Ablin stated that in accord with the endeavors of the Tanzania 50 Plus Campaign, its success rests with increased awareness of diseases of the prostate and the education of all men and their families accordingly.

An attractive feature of the Conference was small group discussions on pertinent issues to the diagnosis and treatment of prostate cancer held each day following the morning lectures. For this purpose, each group was charged with coming up with a consensus, with a group representative reporting this in a subsequent open discussion led by Dr. Mkiramweni with all participants.

The Conference closed with Dr Kandusi providing a brief summary of the past two days and an overview of plans and necessities for the Campaign for the coming year, with plans for the 2010 Conference, also to take place in December in Dar es Salaam. ■

## ESTRO 29

**Date:** 12-16 September, 2010. **Venue:** Barcelona, Spain.

**PREVIEW**

ESTRO 29 is our Society’s major scientific congress and the next occasion will be in the wonderful city of Barcelona, Spain from 12th to 16th September 2010. The scientific programme will offer the most relevant and cutting edge science and education in radiation oncology, radiation biology, radiation physics and technology.

ESTRO 29 will continue our established and sound tradition of several parallel tracks (clinical, brachytherapy, radiobiology, radiation physics, and radiation technology) to reflect the multiple disciplines and groups within our Society. Each track will start with state-of-the-art teaching lectures in the morning. First hand information on new developments will be provided in the symposia and proffered paper sessions in the morning and afternoon.

ESTRO 29 will emphasise the importance of collaborative working and there will be joint sessions with other oncological societies including ESMO, ASTRO, PTCOG, ESGO, EANM and more.

ESTRO 29 will continue the Society’s reputation as an important forum for presenting data from new randomised clinical trials. The scientific programme committee has been very successful in



encouraging the presentation of numerous randomised clinical trials which will be one of the highlights of the meeting. There will also be a large poster exhibition and a poster reception and visitors to the congress will benefit from the Virtual Conference Library (VCL) where they will have access to posters and presentations. Don’t miss the debates on timely but controversial topics, the Presidential symposium and the Highlight session.

ESTRO 29 will build on the success of previous conferences and also introduce new features. Pre-meeting courses on clinical radiation oncology, radiation biology, radiation physics and technology will take place on the Sunday preceding the main congress. The Young Scientists Track will be held for the second time and will reinforce our commitment to our younger members with an exciting programme to enthuse young scientists in the different fields of radiation oncology. The ESTRO School Symposium will provide an update on current activities and strategies for the year ahead and there will be a new e-Contouring course with sessions every morning.

ESTRO 29 will also host Europe’s largest industrial exhibition in radiation oncology. All of the leading exhibitors will contribute to the exhibition and offer the opportunity to view the latest products and services in cancer treatment and cancer care.

We look forward, together with the National Organizing Committee, to welcoming you in September 2010. ■

*Jean Bourhis and Dietmar Georg,  
Joint Chairmen of the Scientific  
Programme Committee.*

# Living With and Beyond Lymphoma, An Education Day for Nurses

Date: 25 March, 2010. Venue: London, UK.

The Lymphoma Association nurse education day in March was a hugely popular event with 95 delegates from all across the UK attending. The theme – Living with and beyond lymphoma – produced an informative, influential and exciting programme.

The day was chaired by Gill Stewart, Lymphoma Association CNS from the Leeds Teaching Hospital.

The first speaker was Dr Robert Marcus, Consultant Haematologist at Kings College Hospital London, discussing advances in therapy in diffuse large B cell and follicular lymphoma. Dr Marcus discussed old and forthcoming trials. He spoke about the mechanisms of GA101 (A type II antibody) and a CD22 targeted chemotherapy. He concluded by saying that the addition of rituximab to chemotherapy has made the largest impact on cure and progression-free survival rates in B cell lymphoma in the past 30 years.

Dr Adam Gibb, Clinical Research Fellow in Medical Oncology, The Christie Hospital, Manchester focused on late effects of treatment in lymphoma survivors. He explained why late effects were so important and what can be done to manage these. He summarised that late effects are often undetected and undertreated. A special thank you to Dr Gibb who stepped in at the last minute and provided a very enlightening talk.

Dr Donald Sharp, Senior Lecturer in Behavioural Oncology, University of Hull exhibited slides on Surviving lymphatic cancer: does the fighting spirit matter? He demonstrated a trial where patients were randomised into either standard therapy, standard therapy with or without hypnotherapy and with or without the addition of relaxation therapy. Overall he summarised that the interventions prolonged survival.

Professor Stephen MacKinnon, Head of Department and Director of the Bone Marrow Transplant Programme, Royal



Gill Stewart, Lymphoma Association CNS at Leeds Teaching Hospital who chaired the day.

Free and University College Medical School, London discussed the evolving role of transplantation in lymphoma.

Rory Morrison, a Lymphoma Association supporter, added greatly to the day by talking about his experiences as a patient. Rory was diagnosed with Waldenstroms Macroglobulinaemia (WM) at 39 years of age. He described how he felt up to diagnosis and how he was told he had WM. He told of his journey through treatment, the effects on his family and home life and how he feels now. Rory was treated with two courses of chemotherapy, an autograft and is now in remission. Rory's story was emotional, moving and left delegates deep in thought.

John Pattison, Macmillan Haematology Nurse Specialist, South Tyneside NHS Foundation Trust and lymphoma survivor presented a series of slides on Discharging the survivor of good prognosis lymphoma. John discussed patients' views and thoughts

on being discharged following treatment and what can be done in the future. He concluded that follow up appointments do not address the full range of information needs that cancer survivors have following treatment.

Delegates were then offered a choice of two workshop sessions on Getting back to work after lymphatic cancer or Emergency care - the development of a 24 hour helpline/rapid assessment toolkit. Both sessions were very well supported.

Gayle Black, senior specialist dietician, Royal Marsden Hospital, London presented two case studies on the physical and psychological challenges for lymphoma patients. The day was then completed with a very energized presentation by Dr Stephen Allen, Consultant in Chronic Pain Management at the Oxford Pain Relief Unit. He spoke about managing neuropathic pain in a very enthusiastic and informative manner and his talk was a great way to round off an excellent conference.

The Lymphoma Association has built a strong reputation for the quality of its education days for nurses. Feedback from delegates at this event was excellent and we all look forward to future events. ■

**Several presentations were recorded and are available online at: [www.cancernursing.org](http://www.cancernursing.org)**

**For further information contact [nurseforum@lymphomas.org.uk](mailto:nurseforum@lymphomas.org.uk) or [www.lymphomas.org.uk](http://www.lymphomas.org.uk)**

*Gill Stewart,  
Lymphoma Association CNS,  
Lorna Moor, Lymphoma/Myeloma CNS  
and Amy Codrington, Lymphoma Research  
Nurse, Leeds Teaching Hospital.*

Would you like to submit a conference preview or cover an event for Oncology News? Email Patricia at [patricia@oncologynews.biz](mailto:patricia@oncologynews.biz)

# Nutrition, Physical Activity & Cancer Prevention: Current Challenges, New Horizons

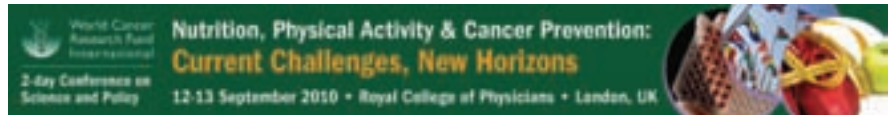
Date: 12-13 September, 2010. Venue: London, UK.

PREVIEW

This new conference will provide a forum for the dissemination of results in nutrition and cancer and will examine how this knowledge can be used by policy-makers to inform thinking and help develop ways of preventing cancer. The main conference themes will cover the current challenges in the field of food, nutrition, physical activity and weight management in relation to cancer prevention and how these can be addressed and built upon to create future opportunities.

## Scientific programme

The programme will cover all science and policy aspects of food, nutrition, physical activity and cancer prevention. The sessions for Day one will concentrate on research highlights and directions and will draw out key priorities. Day two focuses on the



challenges and opportunities for research and policy: locally and globally.

The programme features plenary lectures from eminent international speakers, and parallel sessions on 'hot topics' in science and policy, as well as oral presentation sessions from the best abstract submissions. There will also workshops on research directions, and communication of research in the media.

## Keynote speakers

- Professor Sir Michael Marmot (UCL, UK),
- Dr Chris Wild (IARC, France),
- Professor Philip James (International

Obesity Task Force, UK),

- Dr Francesco Branca (WHO, Switzerland),
- Professor Elio Riboli (Imperial College London, UK).

## Who should attend

Scientists and policy-makers with an interest in nutrition, physical activity and cancer. In addition, the conference will be of relevance to health professionals. ■

For more information please visit [www.wcrf.org/conference2010](http://www.wcrf.org/conference2010)

## Journal Review

### Angiogenic factors modulated by Vandetanib and Chemotherapy

Vandetanib is an orally administered tyrosine kinase inhibitor (TKI) of vascular endothelial growth factor receptor 2 (VEGFR-2) and epidermal growth factor receptor (EGFR). It has been shown in phase II studies to improve progression-free survival in patients with advanced non-small cell lung cancer (NSCLC) both as monotherapy and in combination with chemotherapy. Hanrahan's paper describes an exploratory analysis of the expression of 35 cytokine and angiogenic factors (CAF). These were analysed by enzyme-linked immunosorbent assays in 123 patients from a randomised phase II study of vandetanib and chemotherapy (carboplatin and paclitaxel). The investigators found that there were distinct patterns of CAF changes and that there was a correlation with clinical outcome. Their conclusion was that 'CAF profiling may provide insight into the biologic effects of treatment and identify drug-specific markers of activity and clinical benefit.'

Reviewers opinion> There are many antiangiogenic agents in common (or not so common) use in oncology – sunitinib, sorafenib, bevacizumab and many more in clinical trials. These drugs are effective in many tumour sites, but they are expensive, often with borderline cost-effectiveness and a wide spectrum of trivial and non-trivial toxicity. Predictive biomarkers are desperately needed to identify who will respond and who will experience excess toxicity. The efficacy of such targeted agents

may well be underestimated by more standard assessment tools (radiological RECIST criteria) as these drugs can be fully active below their maximal tolerated dose.

Despite this the hunt for clinically relevant biomarkers of angiogenesis has been disappointing. This paper demonstrates good quality translational research to address this problem. It is only an exploratory analysis, on small numbers of biomarkers and small numbers of patients in a phase II setting. However the aim is to be applauded. The conclusions give a tantalising clue to efficacy and resistance. The fact that circulating biomarker levels change rapidly after the onset of therapy may indicate that we could assess response early. There also appeared to be a correlation between IL8 expression and a poorer outcome, possibly related to IL8-mediated angiogenesis bypassing the VEGFR-2 blockade. This paper reminds us of the importance of such avenues of research. - SG

**Distinct Patterns of Cytokine and Angiogenic Factor Modulation and Markers of Benefit for Vandetanib and/or Chemotherapy in Patients with Non-Small Cell Lung Cancer.**

**Hanrahan EO, Lin HY, Kim ES, Yan S, Du DZ, McKee KS, Tran HT, Lee JJ, Ryan AJ, Langmuir P, Johnson BE & Heymach JV.**

**JOURNAL CLINICAL ONCOLOGY 2010;Jan10:28(2):193-201.**

## Panel of Reviewers

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