

## **NCRI Renal Cancer Clinical Studies Group**

Renal cancer is uncommon but, once metastatic, notoriously unresponsive to chemotherapy and radiotherapy. New strategies for adjuvant therapy (following radical surgery), and for advanced disease, need to be evaluated in clinical trials.

### **Membership**

Membership of the Group has been expanded to include more representation from urology and clinical oncology and we also now have expert pathology input; we think that membership is probably now about right.

### **Portfolio and accrual**

The NCRI Renal Clinical Studies Group (CSG) took on the supervision of two randomised clinical trials developed by the former MRC Renal Cancer Planning Group. The first is an EORTC/CRUK study evaluating the role of adjuvant interleukin-2, interferon-alpha and fluorouracil for patients with high risk of relapse after surgical resection, compared with a control group not having adjuvant treatment. Recruitment to this trial was slow and the EORTC data monitoring committee decided that it should be closed. However, there was a commitment from UK Collaborators to continue recruitment; the study was re-launched as HYDRA with Cancer Research-UK support and will shortly reach its target recruitment.

The second study, funded by the MRC, is in advanced disease. Interferon-alpha (shown in a previous MRC study to significantly improve overall survival compared with medroxyprogesterone) is being compared with a regimen comprising interleukin-2, interferon-alpha and fluorouracil. The study (RE04) recruited above target and was extended and powered to demonstrate a reduced target effect and to determine the possible influence of cell type and nephrectomy on efficacy of treatment. RE04 will close this summer.

A third study in the portfolio is a phase II randomised trial comparing interleukin-2 and interleukin-2 with a vaccine (SRL 172) in advanced renal cell carcinoma; this trial was closed prematurely because of problems with vaccine production; however, valuable data has been already collected and is to be presented at the European Society for Medical Oncology meeting this autumn

However, the accrual for renal cancer patients into portfolio trials last year was still only 3% of incidence.

The CSG has held strategy meetings to appraise proposals for studies that could follow on from RE04 and HYDRA. One randomised controlled trial, SORCE, will be assessing the role of the novel small molecule sorafenib as an adjunct to surgery in high risk resected renal cancer. This has been approved by CTAAC and funded by the MRC; complementary translational studies have been supported by TRICC. Two other translational studies will also be included in our portfolio – one retrospective, looking at tissues from a previous MRC study (RE01); the other running alongside RE04. Our Prognostic Factors Working Party is working well; an International Prognostic Factors Group has collected data from over 3000 patients and a prognostic index is being derived.

In an effort to broaden our portfolio we received and considered protocols on 18 possible new projects; 6 of these have been strongly encouraged as possible portfolio studies. Recruitment of renal cancer patients onto trials has not yet increased despite RE04, in particular, being a major success in several Networks but not taken up at all by others; such disparity is being addressed.

### **Other activities**

An important role of the CSG is the collation and dissemination of information. Kidney Cancer UK, a users' forum, has taken as one of its major aims the promotion of public

awareness of clinical research being undertaken in the UK and elsewhere. Members of the CSG have attended and spoken at their annual national meetings.

We have collaborated with other professional groups (including BAUS, MRC, EORTC) in holding well-attended and successful national meetings where the importance of clinical trials have been given high profile. The Group held a joint session with the Melanoma Clinical Studies Group at the NCRI Conference last year.

### **Future strategy**

Our 3 year rolling strategy, put in place following comments made in 2004 at our Group Progress Review, has 3 priorities: widening membership, broadening our trials portfolio and encouraging Research Networks to take on clinical trials in renal cancer. We met recently to discuss progress and update the strategy.

### **Renal Cancer Group Portfolio**

<b>Acronym</b>	<b>Title</b>	<b>PI(s)</b>	<b>Status</b>
HYDRA	Adjuvant Interleukin-2, Interferon-Alpha and 5-Fluorouracil for patients with high risk of relapse after surgical treatment for renal cell carcinoma	Mr Michael Aitchison	Open
IL-2±SRL172	A Phase II randomised study comparing Interleukin-2 versus Interleukin-2 with SRL172 in patients with advanced renal cell cancer	Prof Poulam Patel Prof Peter Selby	Closed
RE04	A randomised trial of Interferon-alpha, Interleukin-2 and 5-Fluorouacil versus Interferon-alpha alone in advanced renal cell cancer	Prof Martin Gore	Open
SORCE	A phase III Randomised Controlled Study Comparing Sorafenib With Placebo In Patients With Resected Primary Renal Cell Carcinoma at High or Intermediate Risk of Relapse	Prof Tim Eisen	To open autumn 2006
	A randomised Phase II trial comparing capecitabine + streptozocin +/- cisplatin chemotherapy as treatment for unresectable or metastatic neuroendocrine tumours	Tim Meyer	

Professor Barry W. Hancock, Chair