The Neuroblastoma Society
Fighting Childhood Cancer
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Registered Charity No. 326385

NEUROBLASTOMA NEWS

The Neuroblastoma Society Quarterly Journal

Issue 67 — Spring 2012

From Backroom to Bedside—Creating and Managing Clinical Trials

Creating and managing a clinical trial involves many complex steps. In the following article Dr Pamela Kearns and Mr Hugh Jarrett from the Children's Cancer Trials Team in Birmingham guide us through the process.

In essence, a clinical trial is an experiment designed to evaluate the potential value of therapies in human subjects and the incredible advances in medical treatments today are predicated on new knowledge gained from such trials. However, the description of a clinical trial as an "experiment" fails to convey levels of complexity that go beyond mere technical procedures and move into the realms of ethics and philosophy.

Initially, clinical trials were relatively unsophisticated: patients weren't carefully selected and the trials weren't well designed. These are key issues when conducting trials today because it has been realised that the way in which patients respond to a treatment can vary considerably and unless the new treatment is compared to the current best treatment in a controlled way it is not possible to say with certainty if the new treatment is genuinely better or not. To ensure that a trial does give reliable results there are now strict criteria for designing a trial and eliminating errors.

Additionally, clinical trials now are heavily regulated to protect the rights and well being of the patients by national bodies such as the Medicines and Healthcare Products Regulatory Agency (MHRA) and National Research Ethics Service (NRES). Whilst this means that trials are now

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Editor's Note

In this edition of Neuroblastoma News we begin with the first in a mini-series of articles about clinical trials. Development of clinical trials at all phases is vital in the search for better treatments for neuroblastoma. Here we see what is involved.

We also have a comprehensive report on the OMS/DES International Workshop held in Oxford in February. Children with DES invariably have a neuroblastoma tumour and understanding of DES may shed light on the role the immune system plays in the development of neuroblastoma.

And Dr Violaine See reports on her Society-funded work investigating how hypoxia in neuroblastoma cells affects their aggressiveness and spread.

We welcome our new Accounting Officer, Wanda Davies—please make a note of the new address for donations—and I hope we can keep Wanda really busy!

Don't forget the Spring Conference and AGM on 28 April in London. We hope to see you there.

Have you been fundraising for The Neuroblastoma Society? Would you like to share your story? Please send contributions and photos (digital preferred) to the Editor at: **publicity@neuroblastoma.org.uk**

Articles for the Summer Newsletter DEADLINE 31 May

better run and more reliable it also means they are inherently more complex and involve funding bodies, statisticians, legal specialists, research ethics committees, laboratory scientists as well as the assorted health care specialists.

To continue to improve the treatments for childhood cancers, it is vital that new trials continue to be developed.

Within the UK, there are 21 specialist centres for treating children with cancer and many of these have associated hospitals that assist in some aspects of the treatment, for example radiotherapy, administration of chemotherapy and providing supportive care to treat medical situations like infections, which can occur more frequently in patients having chemotherapy. A typical children's cancer trial will therefore involve multiple hospitals and multiple departments including surgery, pathology, biochemistry, haematology, radiology, nuclear medicine, chemotherapy and pharmacy, each with their own teams of staff who all have to treat the patients and record the treatment in the same way.

To help ensure uniformity of the treatment for all patients participating in the trial when such a vast and disparate network of people is involved, the document at the heart of any clinical trial, 'the trial protocol', is crucial. The trial protocol provides a framework that clearly describes the scientific rationale for the proposed clinical trial, i.e. the research question that is to be answered by the trial, and outlines how this will be achieved. Trial protocols can be over 200 pages long and can be demanding documents to read since they contain the precise instructions about who can participate in the trial, the actual treatment, how the treatment can be changed depending on how the patient responds, the investigations / tests that patients must have to monitor the response of the disease and the safety of the patient.

It is the role of the clinical trials unit (CTU) to work with doctors in the development of the trial and co-ordinate all the groups and their activities and assist in the production of the trial protocols to ensure the trial is run according to current legislation and standards.

The process starts with receipt of a concept or research idea, usually from a clinician or group of clinicians, and the initial stage involves ascertaining the viability of the concept. That is, it asks whether (1) the proposal is practical, (2) if it is scientifically valid and (3) if it is clinically valuable, since an experiment may be scientifically verifiable but, in this context, unless it has the potential for changes in clinical practice it will remain ethically unacceptable.

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In practical terms clinical trials are grouped into 3 phases: phase III trials are those that compare current best practice with a new treatment, to find out which is best. Here, "best" can either mean that more patients are cured or that the same number of patients are cured but with less side effects. These phase III trials tend to be large, often involve international collaboration and drugs that have been used before but in different combinations and doses.

Phase I and II trials on the other hand involve less patients, use newer drugs and are designed to find if the new drug does work for the cancer in question and what is the best dose to give before introducing in a phase III trial to see if it gives better results than the current best treatments.

On the 1st April 2010, the Cancer Research UK Clinical Trials Unit (CRCTU), University of Birmingham became the UK's designated Unit for treatment trials in children and young people with cancer and leukaemia. The CRCTU was awarded Cancer Research UK funding to establish the Children's Cancer Trials Team (CCTT) and a portfolio of 21 active trials were transferred from the Children's Cancer and Leukaemia Group, including 9 trials open to recruitment and 12 where follow up data on patients was being collected to measure and gain information on the long term effects of treatment. In the last year, 508 patients were recruited to these trials and 2220 patients are still in follow up.

To continue to improve the treatments for childhood cancers, it is vital that new trials continue to be developed. Over the last 21 months, the CCTT has collaborated closely with the paediatric cancer clinical community, both in the UK and abroad, to develop a wide range of new trials. Funding has been approved for 12 new trials; 8 phase III trials and, excitingly, there will be 4 phase I /II trials evaluating the effectiveness of some very new treatments, including new treatments for neuroblastoma.

Now that these new trials have been awarded funding, and many of them have been approved by the regulatory bodies, it does not mean that any hospital can immediately start enrolling patients. Each hospital must first assure itself that it has the staff and resources to perform the trial to the necessary standards. Once this is done the trials can begin and the data collected.

Until comparatively recently, much of this data collection was by way of paper forms which were sent to a central office for processing. It is now more common for the data to be entered directly into an electronic database. Such databases are necessarily complex and a recent, typical, example of a phase III trial required over 30,000 pages of information and included well over half a million individual data points!

This data collection phase, which includes not just the treatment but also the monitoring of patients after they have been treated, is usually by far the longest part of the trial. Many trials take around 5 years to recruit all the patients needed and many more years of follow-up to collect all the data needed to establish the best treatment.

The story of a clinical trial is therefore a long and complex one involving dedication by both the staff and patients and their families, but it is only through this process that the genuine improvements in the treatment and healthcare of patients we have seen in the last couple of decades can be achieved. For neuroblastoma, considerable progress has been made in the understanding of the biology of the disease. We now know that there are different sub-types of neuroblastoma that affect how well they respond to treatment and the current treatments are based on the results of many clinical trials undertaken over the last 30 years. Currently, for the aggressive form of neuroblastoma—often referred to as 'high risk neuroblastoma' - there is an open International phase III trial (SIOPEN HR NBL 01) which in the UK is led by Dr Peppy Brock, funded by Cancer Research UK, run through CRCTU and open in all 20 UK specialist treatment centres for childhood cancer. It is anticipated that this important trial will improve the outcome for this difficult to treat disease and contribute to defining a future new gold standard of treatment and will be the backbone on which further advances in treatments can be developed.

Our thanks to Dr Kearns and Mr Jarrett.

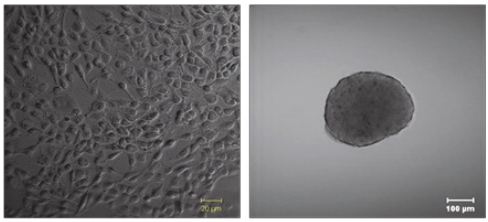
Pamela Kearns is a Senior Lecturer in Paediatric Oncology in the School of Cancer Sciences and is an Honorary Consultant Paediatric Oncologist at the Birmingham Children's Hospital .
In 2010, she became the Deputy Clinical Director of the Cancer Research UK Clinical Trials Unit, with responsibility for the Children's Cancer Trials Team who are the designated lead for the UK's National Portfolio of clinical trials for paediatric cancer and leukaemia .

Hugh Jarrett is currently the Team Leader for Children's Cancer Trials but has been within the School of Cancer Sciences at the University of Birmingham for the last 10 years working as Data Manager and Trial Administrator for the NEAT trial (breast cancer) before becoming the Trial Co-ordinator for the BTOG2 Trial. He obtained a BSc in Biological Sciences and a BA in Philosophy & Psychology from the University of Wolverhampton, followed by an MSc in Clinical Oncology from the University of Birmingham.

Dr Violaine See from the University of Liverpool updates us on her Society-funded research.

How does oxygen deprivation in neuroblastoma cells trigger resistance to chemotherapy and promote tumour growth?

In solid tumours such as neuroblastoma, cells proliferate faster than the rate of production of new blood vessels needed for tumour cell irrigation. Hence, the centre of the tumour lacks a proper blood supply. The consequence is that the cells experience very low levels of oxygen (less than is found at the top of Mount Everest), a phenomenon called hypoxia. Hypoxia is associated with tumour aggressiveness, metastasis and poor prognosis. In addition, cells cultivated in hypoxia are more resistant to chemotherapy and radiotherapy. To fight the hypoxia-associated poor prognosis and drug resistance, we need to elucidate how low oxygen levels affect neuroblastoma cell behaviour. One hypothesis is that hypoxia contributes to reprogram the cells into less differentiated and more aggressive tumour cells. We are investigating the role of hypoxia in neuroblastoma cell reprogramming and in their ability to proliferate and form tumours *in vivo.* For this study we are using neuroblastoma cells that we culture in the laboratory as a layer of cells or as tumour spheres (Figure 1).



Cell cultured as a layer

Cells forming a tumour-sphere

Figure 1: Neuroblastoma cells can be cultured *in vitro* in different conditions.

This 3D culture system represents better how cells interact in a tumour. We place the cells at different oxygen levels, to mimic the oxygen environment found in the body or that found in tumours. We are currently testing some specific markers expressed by the cell in the different culture conditions which can inform us how much the cell proliferates or differentiates (Figure 2). We also want to understand if the neuroblastoma cells which were cultured in hypoxia

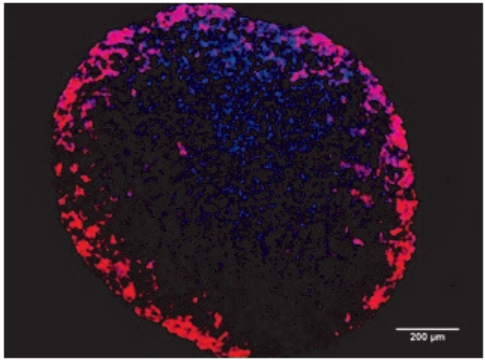


Figure 2: cells within a sphere express different markers depending on their localisation.

have a different behaviour *in vivo* and, in particular, if they form tumours more rapidly. For this purpose, we use a simple model that is easy to manipulate. We have set up a new imaging system to follow neuroblastoma cells in real-time after injection into the embryonic environment. We can assess how long they circulate in the blood vessels and how quickly they invade the tissues and also how rapidly they migrate within a tissue. Recent preliminary experiments have shown that neuroblastoma cells which were cultured as tumour spheres in hypoxia form mini tumours in the embryonic environment very rapidly compared to control cells (Figure 3). We now want to understand at a molecular level, what makes the cells behave differently in the hope of finding new targets for the treatment of neuroblastoma.

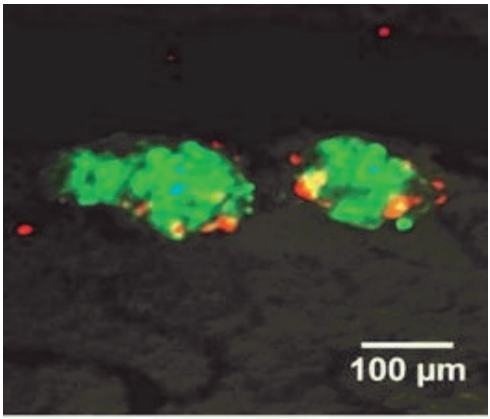


Figure 3: Green fluorescent neuroblastoma cells grown in hypoxia were co-injected with red fluorescent neuroblastoma cells grown in normal oxygen. Green cells have migrated from the blood stream to form small tumours whilst the red cells are fewer and are largely isolated cells.

Spring Conference & AGM

Our Spring Conference and AGM will take place on Saturday, 28 April in the Upper Vestry Hall at St George's Church, Bloomsbury, London, WC1A 2HR. Proceedings begin at 11am (with refreshments from 10.30) and culminate with our Annual Draw. Following the meeting a light lunch will be provided.

We hope to have a variety of excellent speakers and look forward to seeing you there.

Please let us know if you are planning to attend.

Raffle

Our Annual Draw will take place at the Spring Conference and AGM. If you do not have tickets, or would like some more, please contact Tori Oldridge at media@neuroblastoma.org.uk.

We are indebted to the Thomas Ball Children's Cancer Fund (www.thomasball.org.uk) for sponsoring the printing of our raffle tickets. Set up by 9 year old Thomas after he was diagnosed with neuroblastoma, the main objective of the Fund is to relieve sickness and distress among children suffering from cancer and members of their families by providing medical equipment, holidays, special gifts and funding research. Sadly Thomas lost his fight but the Fund lives on in his memory.

Sixth International Workshop on Opsoclonus Myoclonus Syndrome

Opsoclonus Myoclonus Syndrome, also known as Dancing Eye Syndrome is a rare condition affecting approximately 1 in 1 000 000 children in the UK every year. It is characterised by a number of features including opsoclonus (involuntary multidirectional conjugate eye movements), tremor, ataxia and severe irritability. These symptoms vary in severity amongst affected children. However, distressing as these symptoms are, it is the long - term neurodisability that is most devastating for these children and their families.

In at least 50% of cases the syndrome is associated with a neuroblastoma (a tumour of the nerve cells). This figure is rising as methods of detection of these tumours improve. Other cases may be precipitated by a virus.

The Dancing Eye Syndrome Support Trust, which was set up initially by two sets of parents with affected children, has funded biennial scientific workshops since 2001.The aim of these is to bring together a diverse group of international professionals (including basic scientists, clinicians and parents) to try and stimulate research into OMS with a view to ultimately developing a successful treatment for this devastating disease.

This year we have been extremely grateful for the support in the UK from The Neuroblastoma Society, Sparks and Brain-A Journal of Neurology, from Euroimmun in Germany and The Pediatric OMS Fund in the US.

Trials and best practice

Dr Mike Pike, paediatric neurologist in Oxford, opened the workshop with a general introduction that described the main clinical features of Opsoclonus-Myoclonus Syndrome (OMS). Although, he explained, we do not yet know the cause of this condition or the best way of treating it we now have a set of diagnostic criteria for the condition - these were developed at a meeting prompted by the 2004 workshop .

Dr Carlos de Sousa, paediatric neurologist from London, presented the recently published results of the largest retrospective study so far (Brunklaus et al Pediatrics 2011, 128:e388-94). This looked back over 53 years at 101 children diagnosed with OMS seen in London and Glasgow. The average age children were diagnosed was 18 months. 21% of children had a neuroblastoma detected but this figure rose to 45% in more recent years with better scanning technology. The first aim of the study was to look at the long-term outcome in these children who were mostly treated by steroids (with IV Immunoglobulin for some). Treatment led to a good response (including resolution of symptoms and normal learning ability) in 35%, moderate improvement in 60% and no change in 5% of children. 51% of children had learning disabilities, 46% behavioural problems and 60% motor disabilities.

A second aim of the study was to find

out if there were any factors at the time of diagnosis which could predict outcome. Severity of the initial OMS symptoms and younger age at diagnosis increased the likelihood of a poor outcome. Presence or absence of neuroblastoma, delay from diagnosis to treatment and initial response to treatment did not affect outcome. The study also revealed the adverse effects from steroid treatment including increased blood pressure, poor growth, brittle bones and delayed puberty.

Dr Pedro de Alarcon from the University of Illinois, Dr Gudrun Schleiermacher of the Institut Curie in Paris, and Dr Barbara Hero from Cologne, Germany reported respectively on (a) the on-going US randomized trial comparing two different treatments in children with OMS and a neuroblastoma and (b) the future European trial (involving 8-plus countries) that will study all children with OMS with or without a neuroblastoma who will be treated in a stepwise fashion from steroids to cyclophosphamide to rituximab.

Neuroblastoma

Dr John Maris of the University of Pennsylvania, USA and Dr Gudrun Schleiermacher presented work relating to genetic variations in both neuroblastomas and affected children which may help to explain why some tumours lead to more aggressive disease and why some tumours are associated with OMS.

Dr Maris' study compared 500 NB cases with 10,000 controls (children without neuroblastoma) and showed a significant association with a *certain genetic marker* which was found in larger amounts in the subset of patients with the most aggressive forms of the disease.

Identification of genetic markers could lead to targeted treatments being developed and thus to a better prognosis in children suffering from neuroblatosma either with or without OMS. Dr Lizzia Raffaghello, from the G Gaslini Institute in Genoa and Dr Franz Blaes from Gummersbach, Germany talked about neuroblastomas at a cellular level and about the different immunoregulatory cells and factors which affect tumour growth. One of these – B-cell activating factor (BAFF) is elevated in the CSF (fluid around the brain and spinal cord) of OMS sufferers.

Neuroimmunology and immunotherapy

The hypothesis to possibly explain the cause of OMS is as follows - cells within our body's immune defence system produce antibodies which then attack any invaders (eg viruses or bacteria) or foreign material (eg tumours) but in OMS attack not only neuroblastoma cells but also cells in key areas of the brain. These antibodies damage brain cells leading to the symptoms associated with OMS. This session looked at the possible role of B-cells (the cells that produce antibodies) in OMS and the treatments for OMS that target B-cells and antibodies.

Dr Jessica Teeling of Southampton University provided an overview of how B-cells work. As B-cells age they reveal different markers on their cell

surfaces which can then be attacked by specific drugs called immunotherapy drugs eg Rituximab and Ocrelizumab. Another treatment which attacks antibodies in a less specific manner is intravenous immunoglobulin (IVIg).

B-cells survival depends on a substance called BAFF(B-cell-activating –factor) .Medications that can interfere with BAFF are undergoing laboratory trials at the moment. As we understand more about the biology of the B-cell so there are increasing therapeutic opportunities.

Professor Josep Dalmau of the University of Barcelona described a study of adult patients with OMS to possibly provide clues as to how OMS might arise in children with neuroblastoma. Certain kinds of breast cancers, lung cancers and ovarian tumours may lead to OMS. Cell surface antibodies have been found in some cases and may help provide clues to the cause of OMS and also help in the development of treatments. Antibodies may not be the whole answer and more research is needed.

Dr Mark Gorman, paediatric neurologist, Boston Children's Hospital, reviewed the current immunosuppressive treatment for OMS. Studies in other autoimmune conditions have shown a better outcome with earlier treatment and this may in time also prove to be the case in OMS. However, there are many unanswered questions.

How long should immunosuppressive treatment be continued and at what dose? Reducing medication often leads to relapses with the re-appearance of OMS symptoms. What are the underlying mechanisms causing these relapses? They have even occurred many years after the disease started. How common are relapses in adults who had OMS as children? Monitoring and documentation needs to be carried out so that we can understand the natural history of this disease.

Neuropsychology and behavioural therapies.

Presentations by Cathy Taylor, Principal Speech and Language Therapist/Systemic Family Therapist Queen Mary's Hospital, Roehampton, Dr Keir Jones, South London Trainee in Child and Adolescent Psychiatry, Dido Green, Reader in Rehabilitation at Oxford Brookes University and Dr Andrew Sheridan, Clinical Neuropsychologist from Oxford University, supported a number of issues:

- All the children with OMS who were interviewed in a small study had both short and long term problems with speech.
- Emotional impact on the child and their family was substantial.
- There are significant mental health aspects of OMS both in the acute and chronic phases of the condition.
- Significant impact on educational ability – both generally in that the majority of children have low average scores on psychometric testing and also in some children specific problems with attention

deficit, obsessional symptoms and social interaction problems.

- Although the motor problems of OMS are well described, damage to the brain also results in sensory damage and some of the symptoms in OMS may be explained by a sensory processing problem with abnormal reactions to sensory stimuli. A questionnaire survey for parents and children is being planned to explore this concept further.

Dr John Wilson, emeritus consultant paediatric neurologist at Great Ormond Street Hospital, posed the question as to whether children during the acute phase of the illness may be inconsolable because they are in pain and would painkillers be of help? At a previous workshop an adult with OMS had described painful headaches during his illness.

Cerebellum and function

The cerebellum is a part of the brain historically thought to play a role in the co-ordination of movement only. The cerebellum is very likely a major target of the autoimmune attack (where the body's immune system starts attacking its own cells) in OMS. Over time, there has been growing, but not universal, belief that it also plays roles in learning and behaviour.

Dr Narender Ramnani of Royal Holloway University of London presented evidence to support two major nerve pathways or circuits involving the cerebellum. One pathway is mainly involved in control of our body movements and the other pathway in learning and behaviour. Functional MRI studies support this view. Dysfunction of these pathways likely contributes to the motor symptoms, learning difficulties and behavioural problems of OMS.

Professor Mitch Glickstein of University College London and Professor Christopher Kennard, neurologist and neuroscientist at the University of Oxford, discussed the damage to the complicated neural pathways in the cerebellum and brainstem which may result in opsoclonus. The cells that make up these pathways have specific ion channels located on their surfaces. Professor Kennard speculated that autoimmune mechanisms which target these ion channels could produce opsoclonus and that there may be medications which could help to control this symptom.

Professor Vincent des Portes, a paediatric neurologist at the University of Lyon, France described three major groups of cerebellar medical conditions. He explained that there is significant variation in the learning ability outcomes of patients within these groups, with a spectrum from normal function to severe intellectual disabilities. This suggests that other factors are involved - for example genetic factors. This is also true of OMS where genetic factors may be responsible for the variable outcomes. Professor des Portes's presentation supported the view that the cerebellum is involved in learning ability and behaviour.

Personal Experience of OMS

Professor Jeremy Turk read a very moving transcript from an adult, now

in her 20s, who had OMS as a child and has now relapsed after many years. As the doctors treating her have little or no experience in OMS this has left her feeling very alone and scared.

This generated a large amount of discussion between delegates and the following points were made-

- It is imperative to provide adult neurologists with accessible resources including information and peer support.
- It is essential to follow up children with OMS into adulthood to discover the full natural history of this condition.
- The formation of a registry or database to aid long term follow up and research
- The institution of national reference centres where both patients and clinicians could access information and support.

Perspective on research funding and OMS

Dr Katrina Gwinn from the National Institute of Neurological disorders and Stroke in the US gave a very informative presentation on how to access help for funding research into OMS. She also explained that organisations such as the Office of Rare Diseases, for which both neuroblastoma and OMS qualify, are a very helpful resource although not offering funding themselves.

Towards a final consensus statement

Dr Mark Gorman raised the very important question – "Should there be a consensus statement created for OMS?" There was a very positive response to this and so he has volunteered, along with support, to draft one. There was further discussion on the advantages of forming an OMS registry and again a general agreement amongst the workshop participants that this would be a good development.

Professor Hugh Perry from Southampton University provided a very positive summing up session and has also suggested the formation of an Advocacy group which would promote and support all those affected by OMS.

Immediate resulting initiatives from the Workshop include

a) developing an International OMS Registry,

b) developing a Consensus Statement of international experts on the best management of OMS and

c) setting up an advocacy group for OMS.

This multidisciplinary workshop has reinforced the working bonds that have formed amongst the current and past attendees and the huge willingness to progress on all fronts to improve knowledge and find solutions to this rare and devastating disease.

Our thanks to Morag Macleod, DESST Chair for this comprehensive report.

www.dancingeyes.org.uk

Our Trustee, Yvonne Boyd, attended the Workshop and provided the following report.

The Neuroblastoma Society supported this biennial Workshop which is organised by the Dancing Eye Syndrome Support Trust. It was a residential meeting for most delegates, which included around 10 parents of affected children from the USA, France and the UK.

A main message from the Workshop is that childhood OMS appears to be a complication of neuroblastoma (not just low risk, some patients had high risk neuroblastoma and died) and it is a terrible affliction which is usually treated with immunosuppressants, commonly steroids, but which can relapse at any time. The hypothesis is that it is an autoimmune disorder triggered by an immune response to a neuroblastoma which then begins to attack cells (unknown) in the brain and can lead to many symptoms - affected behaviour, intelligence and muscle weakness. More intensive imaging has shown that most child OMS cases have an underlying neuroblastoma, sometimes these can be very small tumours. A major problem was the lack of awareness of the disorder and one outcome of the meeting was a resolution to produce a statement outlining the clinical symptoms and appropriate treatments. This was led by Mark Gorman from the USA.

In the neuroblastoma session, John Maris gave an excellent talk on a large genetic study being carried out to look for genetic markers associated with neuroblastoma (5,000 cases and 10,000 controls). 100 neuroblastoma patients were being fully sequenced and analysed for somatic mutations. Gudrun Schleiermacher was studying the same patients by comparative genomic hybridisation to look for deletions/duplications of chunks of chromosomes. This genomic profiling is being incorporated into the Low Risk SIOPEN Trial (LINES).

Accounting Officer

We welcome Wanda Davies as our new Accounting Officer. Here she tells us a little about herself.

My husband and I joined the Neuroblastoma Society shortly after our daughter Natasha, then nearly 2, was diagnosed with ganglioneuroblastoma. She was treated with a protocol for unresectable neuroblastoma, underwent two more spinal neurosurgeries at the age of 6 and 10 and will celebrate her 13th Birthday this year!

I have a background in structural/civil engineering and IT but have spent the last few years raising a family. I am looking forward to joining the Society's team of volunteers and contributing to its work.

Please send donations to:
The Accounting Officer
49 St Asaph Road, Dyserth, Rhyl,
Denbighshire, LL18 6HG
Cheques payable to:
The Neuroblastoma Society
Thank you!

Sports Report—Tep Crowder

The main Sports news revolves around the choice by Geraint Jones, the Kent and Ashes winning ex-England Wicketkeeper, of The Neuroblastoma Society as one of two charities to receive the proceeds of his 2012 Benefit Year.

Geraint, who played in 34 Tests for England and to date has taken 488 catches in First Class Cricket, famously took the one handed catch which dismissed the Australian, Kasprowicz, at Edgebaston, winning that Test and setting up the 2005 Ashes victory.

David Battle, who runs a very successful fundraising Golf Day for The Society, is a close friend of Geraint. When David suggested our charity as a worthy recipient in his Benefit Year, Geraint was immediately enthused by the idea and travelled up to London from his Kent home to inform a very grateful (and, for the cricketers amongst us, awe inspired) group of Trustees.

Geraint has a wide programme of events during 2012, from lunches and barbecues in Kent, to dinners in The City and Houses of Parliament.

I bought myself a ticket to Geraint's first event, a sports lunch in Maidstone. It was attended by over 300 people and bidding in the various auctions throughout the afternoon was brisk. One 'Lot', which was for Geraint and a couple of mates to pop round and cook dinner, immediately hit four figures when he agreed to cook wearing only his Y Fronts :-)

I'm sure there will be a lot of fun had throughout the year and substantial funds raised for our charity. Geraint's website has all the events, so do, please, pass on the news and check out what's planned at www.geraintjonesbenefit2012.co.uk

Our thanks, of course, go to Geraint for his incredible generosity, but also to David Battle for his unstinting work in fundraising. David, the beers are on me next time we meet...

Not to be outdone by Geraint, we've had fantastic support from Rob Jennings and two friends who are trekking Hadrian's Wall from the 20th to 24th March. Their endeavours will raise substantial funds for us and be a celebration of the return to health of India, Rob's daughter. Rob, the blisters are worth it and we thank you from the soles of our feet...

We also have those committed and determined runners in The London

Marathon, who for weeks and months have trod the lonely road to train in readiness for the event. This is a backbone of our sports fundraising and we applaud you, one and all.

Finally, we still have places for The Great North Run, The Great South Run and The British 10k in 2012. The British 10k takes place in London over part of the 2012 Olympics Marathon course, so is extra special this year. If anyone has any interest, please point them in my direction at marathon@neuroblastoma.org.uk (cc tepcrowder@gmail.com as well please).

I realise there are many other sports events taking place and I wish we had space to mention them all. The £5 raised by a group of children walking to school for the day is as important as the sums generated by Benefit Year donations. We are, essentially, a peoples charity, funding research to make a despicable disease a thing of the past.

I thank you all for your commitment, dedication and hard work.

Fundraising Stories

Houston, we have a....runner!

Ben Sharp's 'Big Run Home' in September of last year inspired many friends and family to raise money for The Neuroblastoma Society. As one of 'the motivated', I entered the Houston marathon and started running. The BT MyDonate page made fundraising straightforward, leaving me to get on with training. People were keen to donate when I told them about my incredible nephew. Together we raised £1,600 which is more than I had hoped for.

Race day messages of encouragement helped me get round without stopping, except for a 'hug break at mile 21'. My favourite signs were 'Go Daddy', held by my 2-year old and 'Go Random Stranger', held by a random stranger. Thanks go to my wife Juliet who became a running widow for 5 months.

Mark Stone

Don't Just Scrap Your Car

Turn your old car into cash for the Neuroblastoma Society. Get in touch with GiveACar. They will pick it up at no cost to you and either sell it at auction or scrap it. The profits are then donated to the charity of your choice.

http://giveacar.co.uk/charities/neuroblastoma-society

Grandpa Walks for Alex

I was keen to make a contribution to the fundraising efforts of my family, notably the heroic 35-mile run by my son Ben ("Running Home for Alex": Neuroblastoma News issue 66) but wanted to do more than rattle a collecting box. The Big Fun Run organisation provided an opportunity in their event in Victoria Park, London, on 2nd October last year. Billed as "5km", a measure which doesn't mean much to me, I preferred to think of it in old money as 3.107 miles, a much more appetising prospect. Ben produced a smart flyer headed "Grandpa Walks for Alex", which I circulated widely.

Having given up running even for a bus about half a century ago, I wasn't about to start again, but I have always enjoyed walking. For a month before the event I did half an hour's brisk walking on a common close to my home. Not only did I find this a pleasant exercise in itself, but it also helped me to complete the distance at a steady pace in 56 minutes without getting puffed. I raised £1035 on the MyDonate site, and other kind friends and well-wishers contributed around £100.

I enjoyed the whole experience enormously. There were thousands of people and their supporters, all ages, shapes and sizes, some pushing pushchairs, some in groups of friends, and at least half were walking like me. Most people sported T-shirts supporting various charities, some general like Cancer or Heart, some more specialised, for example Lupus and Ectopic Pregnancy. I think I was the only one wearing the Neuroblastoma Society T-shirt. It would be interesting to know if any other NSoc members have taken part in Big Fun Runs in other parts of the country. It was very well organised and there was a good-humoured atmosphere throughout. The fact that it was a beautiful autumn day in a spacious park with mature trees and well-paved paths undoubtedly helped, but such was the spirit of the event that we would all have done it in the pouring rain, which must happen sometimes.

The Big Fun Run organisation recently announced that entries for 2012 are

now open. Also they have doubled the number of events from 12 to 24 runs, and they now take place across the whole UK from Aberdeen to Southampton, as well as Belfast and Dublin. The entry fees have been reduced and are now £9.99 for adults and £7.99 for children and concessions; age 4 and under are free. The BFR organisation can be contacted at www.bigfunrun.com or North Berwick Business Centre, Melbourne Place, North Berwick, East Lothian, Scotland EH39 4JS. It's certainly Big, huge Fun, and you don't even have to Run. I would recommend it to anyone.

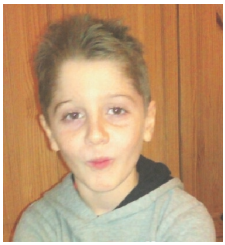
Bill Sharp, Alex's Grandpa

A Head for Heights…

Sarina Sanghera, her cousin and mum at the summit of the Sydney Harbour Bridge

"I can confirm that I did the Sydney Bridge Climb!!!! Terrifying but worth every moment!" Sarina overcame her fear of heights to raise about £1500 for the Society—thank you!

Hair today……



Sue Leaver from HMRC in Southend-on-Sea, is a good friend of Maureen Peters and a regular supporter of the Society. Recently Sue's grandson Flynn, who is 8 years old, decided he wanted to do something to support Tom's charity, in memory of Maureen's grandson Tom Willson, who sadly lost his brave fight against neuroblastoma when he was five years old; he also wanted to support Help for Heroes. Flynn did a Sponsored Hair Cut, and raised a fine sum for both charities. Well Done Flynn. Photos show Flynn before and after the event.

A Bumper Crop of Events

We have received a wonderful donation from Julia and Audrey Thompson from Cumbria. Their fundraising has included a Christmas tree festival, a quiz, teddy bear raffle, a raffle on a bus trip to London, a tombola and includes many other personal donations. Thanks go to Mr & Mrs C Ward, Mr & Mrs K Marsden, Mr & Mrs P Morton, Mr & Mrs F Saunders, Mrs J Tudor, Mr & Mrs D W Ellis and of course everyone who donated to the events. Your support is very much appreciated.

Donations

Thank you for all donations received by the Society. Every single one makes a difference.

Terry Bell from Romford Essex, to remember his business friend Mr David Demeza, who recently passed away, they have known each other for 40 years, and Terry thought that David would like to be remembered this way.

Sue Leaver and friends from HMRC in Southend-on-Sea, in lieu of sending Christmas cards, in memory of Tom Willson.

Debbie Beevor from Herts, and her family and friends, for providing Marshal Points for The St Albans Half Marathon. They have done this for many years, in memory of Debbie's beloved daughter Hayley O'Brien, who she sadly lost to Neuroblastoma in 1993.

Ruth Jones from The Salvation Army in Leigh -on-Sea in Essex.

Mr & Mrs Proctor from Cambridgeshire, who are friends of Dean and Cathy Smart, sent a donation in lieu of sending Christmas cards.

Ben Sharp from Buckinghamshire sent donations recently given to him. In addition, St. Mary's Church in Amersham gave Ben a donation which was part of the proceeds from their Summer Fete. Ben's son, Alex, has recently finished treatment for neuroblastoma and is in remission.

Mrs V J Cleall and her Mum from Dorset, who decided to send a donation to the Society instead of sending Christmas cards at work, in memory of little Zoe Dobson.

Ian Sutherland from Kirknewton in Scotland, in memory of Grant Sutherland.

Shelagh Ashley from Bedford, for organising a raffle among her Art students, for one of her watercolour paintings.

Miss Mary Hunt from Somerset, for a donation and for purchasing some of the Society's notelets.

Diane and Philip Blair from Southampton, in memory of their beloved little grandson Alex, who they lost to neuroblastoma in 2009.

Val Payne and family in memory of Michael Oliver.

Anita and Michael Fielder from Hampshire in memory of their precious first grandson Alex Blair.

Elizabeth Wedgewood from London, to support the work of the Society.

Ronnie and Margaret Sutherland from Glasgow, from their stall at the Charity Fayre, a Quiz and some further donations.

BAA Communities Trust through their matched fund scheme in support of fundraising from BAA staff at Heathrow's Terminal 3 and also by Ben Sharp.

Michael and Pam Kennett from West Yorkshire, from a year's fundraising in memory of their wonderful grandson Thomas Babbage.

Jim & Gwyn Davies from Cheltenham, in celebration of the life of their grandson James, who was diagnosed with neuroblastoma at the age of eight months and has recently celebrated his eighteenth birthday and completed his first term at Exeter University. *[Since this donation was made we were sorry to learn of the death of Mrs Davies.]*

Justine Pyne from Exmouth, from her Nan *Mrs N Burnett*, in memory of Mia Ashmore.

Justine Kilin from Newcastle-Upon-Tyne, from The Teddy Bear Tombola and The Annual Family Christmas Party. Justine and her family and friends intend to continue their fund raising in 2012.

Kathryn and Jamie Mcdermott from friends who have a pub in a local village and who organised a raffle to raise funds for the Society.

Mrs Ruth Hill and the congregation of Kenmuir Mount Vernon Church of Scotland in lieu of sending Christmas cards

Mr & Mrs G L Wright from Chatham, Kent in memory of their son Christopher James Wright, from themselves, *Mr A Wright* of

Beckenham,Kent and *Mrs I Warner* of Welling, Kent

The Lodge of Desired Haven No 5948, Province of Worcestershire towards the work of the Society.

Liz & Serge Le Moeligou of Jersey, from the contents of their 'Penny Jar'.

Mr & Mrs D Lance from Norfolk, in memory of their grandson, Edward Lance, a donation from a neighbour for supplying firewood from their garden.

Mr & Mrs R Drennan from Glasgow in memory of their grandson, Grant Sutherland.

Mrs Helen Taylor from Aberdeen, in memory of her daughter, Laura, including donations from *Ann Walker, Sandra Kennedy and Simon and Sarah Calcutt*.

Mr & Mrs H Thornton from West Yorkshire, in memory of Sara Kate Thornton, granddaughter of the late Gwendoline Thornton.

Phil and Linda Cooper, donations into a Society collection box made by their generous customers, and the proceeds of a raffle.

Mr & Mrs D Russell from Glasgow for the work of the Society.

The Anderson Orr Partnership Ltd in lieu of sending Christmas cards.

Ms Sally Kibble from Croydon in celebration of the 95th birthday of Nora Williams.

Jason Rankin sent donations from family and friends in lieu of presents for his 40th birthday in support of Alex Sharp.

Ben Sharp from Buckinghamshire sent donations from friends given to celebrate the end of treatment for his son, Alex, and also from sales of firewood from his garden.

Liz Millington sent a donation from *Mrs K T Tucker* to add to the sponsorship raised through Liz's Justgiving site for trekking the Great Wall of China.

David Maughan and *CitySouth Ltd* , in lieu of sending Christmas cards.

Janet and Colin Dobson, in memory of their beautiful granddaughter, Zoe.

Thames Water from their 'matching scheme' for funds raised by Paul Aust and colleagues through a Charity Pantomime.

Mrs Jenny Brignall, in lieu of Christmas presents between herself and Thirza, and a donation from friend Clair.

Mr & Mrs Hodgkinson towards the work of the Society.

Jess Purkiss for the work of the Society. Jess heard about our work from Louise Leonard and Justine, and would like to say a big thank you to Sharon.

Mrs Peggy Windsor in memory of Mrs Mary Sutherland.

The Northwood 41 Club raised a wonderful amount for the Society in support of Alex Sharp collected whilst accompanying Santa around the streets in December.

Mrs M K Beacham in memory of Lisa Dawn Quirk.

Theale Green Community School in lieu of sending Christmas cards.

Mr & Mrs B Payton for the work of the Society.

At the request of the family, we received many kind donations in memory of the late Mrs Gwyndra Davies of Cheltenham. Mrs Davies is the mother-in-law of our former Trustee, Sue Davies. We send our condolences to all the family.

Mrs Susan Bibby from Liverpool for the work of the Society.

Dean and Angela Porter sent a wonderful donation from their annual Charity Night, from a friend's 50th birthday and a donation from a local haulage company.

The Caleta Hotel in Gibraltar, in memory of Dougal Stewart Wilson.

Donations in memory of Mrs Gwendoline Thornton. Our condolences to the family at this sad time.

Mrs Sue Leaver and all at HMRC, from the contents of 'Tom's Tin' in lieu of sending Christmas cards.

Mrs D M S Williams for the work of the Society.

Miss Alison J Smith for the work of the Society.

The Origins and Aims of the Society

The Neuroblastoma Society was founded in 1982 by the parents and friends of five year old Matthew Oldridge who was dying from neuroblastoma. The purpose of the Society is threefold:

1. to raise funds for research into the disease to improve both its diagnosis and treatment;
2. to offer the opportunity for parents and friends to give each other mutual help, support and comfort;
3. to inform parents and supporters on the latest treatments and any medical advances relevant to the disease through our quarterly newsletter.

The Society is administered by Trustees, all of whom are volunteers. This means that over 95% of your donations to the Society go directly to fund research into neuroblastoma. We welcome help with all aspects of the Society's work. If you would like to be involved, please contact the Chairman, Steve Smith, by email at chairman@neuroblastoma.org.uk or by phone on 01904 633744, for an informal chat.

OUR HELPERS

Annual Draw	Mrs Tori Oldridge—annualdraw@neuroblastoma.org.uk
Befriending	Mrs Caroline Nicolaides—befriending@neuroblastoma.org.uk
Collecting Boxes	Mr Laurie Bradshaw, The Chimes, 7 Hall Farm Court, Worsendale Road, Bishop Wilton, York, YO42 1ST collectingboxes@neuroblastoma.org.uk
Donations	Mrs Wanda Davies, Accounting Officer, 49 St Asaph Road, Dyserth, Rhyl, Denbighshire, LL18 6HG donations@neuroblastoma.org.uk
Monthly Draw Club	Mrs Michelle Stephenson, 9 Reservoir Road, Erdington, Birmingham, B23 6DA
Newsletter Packer	Mrs Maureen Stevenson
Parents' Booklet	Mrs Eileen Rowe—please contact via the Secretary
Pin Badges	Mrs Mary Waterhouse—pinbadges@neuroblastoma.org.uk
Stamp Appeal	Mr & Mrs C Wade, 13 Longacre Road, Cressing, Braintree, Essex, CM77 8HG
Website Co-ordination	Mrs Tori Oldridge—media@neuroblastoma.org.uk

SOCIETY HELP LINE

FOR INFORMATION AND GENERAL ENQUIRIES

020 8940 4353

www.neuroblastoma.org.uk