

Lord Mayor's Community Trust grant for feMMe trial

In July this year QCGC Research was awarded a grant of \$20,000 from the Lord Mayor's Community Trust.

The University of Queensland generously matched the \$20,000 under its Academic Title Holder's scheme, where academic title holders can apply to the University to match funded grants.

All in all, we received \$40,000 which went towards funding the feMMe trial. feMMe aims to revolutionise the way endometrial cancer is treated, by treating the cancer with the Mirena, an intra-uterine hormone

releasing device (the same IUD device commonly used for contraception in women).

Currently, the standard treatment for women with endometrial cancer is a complete hysterectomy, associated with increased risk of complications and causes irrevocable infertility.

feMMe is especially important for women in their teens, 20s, 30s and 40s who want to have children of their own one day.

We thank the Lord Mayor's Community Trust and The University of Queensland for

their generous support and for their part in securing a better future for all women diagnosed with endometrial cancer.



Lady Mayoress Anne Quirk presents a cheque to Professor Andreas Obermair

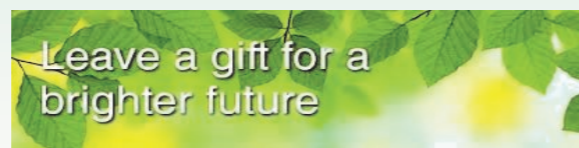
A gift to remember



We recently received the sad news of the passing of Philippa Reilly, a patient of Andreas Obermair's. Shortly afterwards, we were overwhelmed to receive a bequest from Philippa for \$100,000. This makes Philippa's the largest bequest ever received by QCGC Research. Philippa had also donated generously to QCGC Research prior to her passing.

We extend our deepest sympathies to Philippa's loved ones. We hope the lasting legacy left by Philippa will bring them comfort.

Philippa's bequest will support research activities that are making a difference in reducing the incidence of gynaecological cancer, reducing the number of women who die from these cancers and improving the quality of life for women after cancer treatment.



Are you interested in leaving a bequest to QCGC in your will? For more information, please contact Lisa Harrold on (07) 3646 5486 or l.harrold1@uq.edu.au

Up Close with Kerry Millgate



Kerry, tell us a bit about yourself

I am a registered nurse and have been involved in clinical research for 11 years. I grew up in country NSW then spent a good part of my life wondering around the globe before finally settling in Brisbane with my husband. I enjoy canoeing,

cycling and bushwalking and am currently trying to master stand-up paddle boarding!

What is your role at QCGC Research?

I am a clinical trial coordinator. Clinical research requires a team effort and the coordinator provides the link between the participants and various other team members (researchers, doctors, scientists and other hospital staff). It generally oversees the day to day running of the trial. I am currently working on the feMMe trial.

How long have you been at QCGC Research?

I commenced in February 2010 to work on the LEGS trial.

What is it about your role that inspires you?

We cannot do clinical research studies and advance our knowledge without the involvement of the study participants. I am fortunate that my role allows me to work with women who are taking a proactive role not only in their own health but in improving that care for future generations.

If you could spend an hour with anyone, who would it be and why?

Fred Hollows was a compassionate, tenacious humanitarian who believed that the basic attribute of mankind should be to look after each other. Twenty years after his passing, I don't think it's a bad motto to live by.



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Gynaecological Oncology

GOOD NEWS

GOOD NEWS Edition 6 - December 2013



Small business helps out in a big way

"It takes a noble man to plant a seed for a tree that will someday give shade to people he may never meet."

David E. Trueblood

We wish to make special mention of Matisse Framing, Alderley. This family owned business was established over 29 years ago by Donna & Ian Lauder.

Donna, a patient of Dr Jim Nicklin, passed away from gynaecological cancer just over six years ago.

Ian fosters a strong belief in supporting cancer research and as such, Matisse Framing has been donating to QCGC Research annually in memory of Donna.

Although Ian believes he is 'just a small donor,' we hold him in high esteem and are truly grateful for his ongoing generosity.

We thank Ian and his admirable organisation for their valued contributions to QCGC Research over recent years.

We look forward to meeting Ian in person early next year, when he plans to visit the centre.

Message from the Director of Research

2013 has been an exciting year for QCGC Research, with many exciting research projects pressing ahead and delivering promising results.

You may have seen some of the national media coverage about the breast cancer/gynaecological cancer discovery, which was made right here at QCGC Research. With breast cancer patients having a 40% increased risk of ovarian cancer and 150% increased risk of endometrial cancer, the study looked at the effect of preventative hysterectomy in breast cancer patients.

As we expected, preventative hysterectomy lowered this risk to 0%. An unexpected finding however, was the markedly improved response rate to chemotherapy in breast cancer patients, as well as a drastically reduced risk of breast cancer relapse. This is a world-first, unprecedented finding and will go a long way in determining the best treatment for these women.

We recently held our QCGC symposium, which was a great success. The symposium provided

an update on diagnosis and treatment of gynaecological cancer and the ways in which a gynaecological cancer diagnosis affects daily "normal" life. We also discussed the latest developments in state-wide and international gynaecological cancer research. It was great to see so many familiar faces there on the day.

My team and I are once again in 'Battle mode' - that's right, it's Battle Against Ovarian Cancer time already! Previous players and newcomers alike are all geared up to join us for this wonderful day of sun, fun and sand. 2014 is especially exciting, as this time we have the valued support of Lexus of Brisbane as our naming rights partner. What a wonderful, community-spirited organisation!

Finally, I wish you all a happy and joyous festive season. I hope you get some time to cherish your friends and loved ones and appreciate the well-earned break. I plan to spend some valuable time overseas with my family scuba diving, trekking and reading Austrian novels - it's a great way to keep both languages up!

I look forward to writing to you again in 2014.

Prof Andreas Obermair
Director of Research
Queensland Centre for Gynaecological Cancer (QCGC)
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Image source: Zazzle.com.au



Zonta goes troppo for cancer research



The members of the Zonta Club in Redcliffe recently welcomed Dr Andrea Garrett to their "Island Night" fundraising event in October.

The club raised an astonishing \$5,000 for QCGC Research (specifically ovarian cancer research).

Founded in 1919, Zonta International is a global organisation of executives and professionals working together to advance the status of women worldwide through service and advocacy.

With more than 30,000 members belonging to more than 1200 Zonta Clubs in 65 countries and geographic areas, Zontians all over the world volunteer their time, talents and support to local and international service projects.

We thank this wonderful organisation for their philanthropy, generosity and genuine commitment to providing a better future for women.

QCGC grants gaining momentum

2013 saw QCGC Research receive nearly \$200,000 in grants from the University of Queensland, Cherish Women's Cancer Foundation and the Lord Mayor's Community Trust.

In particular, these grants provided funding for:

- The PET (Positron Emission Tomography) scan project – aims to make PET scanning standard procedure for women diagnosed with advanced ovarian cancer. Currently, a woman may only find out the cancer has spread to her chest when it is too late. PET scanning is extremely sensitive in detecting the smallest amounts of cancer in the chest, but is expensive and not widely accepted in the medical field yet
- feMMe trial (see update below)
- Prophylactic (preventative) hysterectomy to prevent gynaecological cancer in breast cancer patients (see update below)
- Relationship between obesity, steroid receptor signalling and serum inflammatory markers in endometrial cancer - obesity is the biggest risk

factor for endometrial cancer. Obesity is connected with extra estrogen (the female sex hormone) production and persistent inflammation, however the relationship between estrogen activity and inflammation in endometrial cancer is not understood. This study will look at the effects inflammation, obesity and estrogen have on each other in endometrial cancer

- Prognostic value of HE4 and CA125 in endometrial cancer patients - we currently rely on biopsy to determine the "aggressiveness" of a tumour. This is not accurate enough. This study will assess whether using a combination of HE4 and CA125 levels in the blood can predict a more aggressive endometrial cancer. HE4 and CA125 are tumour markers—a substance found in the body that can be elevated in the case of cancer.

Grants are essential in continuing the work we do here at QCGC Research and we sincerely thank these valuable contributors for their much-needed support.

feMMe (Mirena) Trial

We currently have six hospitals across Brisbane participating in the feMMe trial, with interstate hospitals coming on board soon. As at mid November, six ladies have joined the feMMe trial. A further 159 will join the trial in the future.

Endometrial cancer is a cancer arising from the endometrium (the lining of the uterus).

Endometrial hyperplasia is the medical term for unusual or excessive cell growth in the inner lining of the uterus. It means that there are more cells than you would expect to see in the walls of the uterus. Atypia means that the cells look different from normal cells, but that they don't have all the features of cancer cells. Hyperplasia *with* atypia means that the cells look different from normal and that there are more cells than you would expect to see.

The current standard treatment for early stage endometrial cancer or endometrial hyperplasia with atypia is a total hysterectomy (an operation to remove the uterus) and removal of both ovaries.

While highly effective, this surgery carries significant side effects for:

- young women who still wish to have children and would lose fertility
- women with one or more disorders (or diseases) in addition to the early stage endometrial cancer or endometrial hyperplasia with atypia
- morbidly obese woman who have an increased risk for surgical complications.

The feMMe trial will access a new approach to the treatment of endometrial cancer, therefore sparing women major surgery. Our aim is to find out the effectiveness of Mirena® (a hormonal intra-uterine device), Mirena® with Metformin (an oral anti-diabetic drug), and Mirena® with weight loss at eliminating endometrial cancer and endometrial hyperplasia with atypia.

A special thank you to the ladies participating in the feMMe trial.

Prophylactic hysterectomy in breast cancer patients

In October, our most recent publication on the preventative effect of hysterectomy and ovaries removal in breast cancer patients was published.

As I briefly touched on in my director's message, breast cancer patients normally have a 40% increased risk for ovarian cancer and 150% increased risk for endometrial cancer.

In our study, preventative hysterectomy lowered this risk to 0%. Also, with the subsequent reduction in

estrogen load, chances of surviving breast cancer were greatly increased for those women who had undergone the preventative surgery.

The procedure is best suited to pre-menopausal women who have passed their child-bearing years.

This project is the result of a three-year collaboration between Cancer Council Queensland, QUT and our centre. It has been published prominently because it reports on a world-first finding, unknown before.

The Battle Against Ovarian Cancer

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Join us for the 2014 Battle Against Ovarian Cancer! On Sunday 23 February 2014, corporate, community and social teams will come together for a memorable day to raise money for vital gynaecological cancer research.

We'll even have a team of Former Origin Greats ready to put their beach volleyball skills to the test!

Players of all ages and skill levels are welcome - you need not ever have stepped foot on a beach volleyball court.

Get your team of 5-10 players together and visit www.battleagainstovariancancer.org to register.



Find us on Facebook - search for 'Battle Against Ovarian Cancer'

Patient Profile | Kay Campbell



My name is Kay. I am 48 and have two wonderful children - a son aged 15 and a daughter aged ten. I was diagnosed with ovarian cancer in May 2008 just a few days before my daughter's sixth birthday.

Between 2005 and 2006 (whilst living in Scotland) I often had a bloated tummy. I went to my GP but as I was young, fit and apparently healthy he treated me as if I was vain expecting a completely flat stomach after two children. After three visits he eventually diagnosed irritable bowel syndrome. I never believed this to be what was wrong. Had I been listened to (and there if there was an effective test for ovarian cancer) I'm sure I would be dealing with stage I or, at worst, stage II cancer and my odds would have been a lot better.

Eventually after more visits to GPs, a GP in Brisbane thought I should get an ultrasound as I might have gallstones. The sonographer picked up five cancerous spots on my liver. She requested an immediate CT scan. I had a mass in my abdomen and bowel cancer was suspected. Doctors diagnosed stage IV ovarian cancer which had spread to my bowel and liver.

I was given a 50/50 chance of surviving five years. The process from diagnosis to treatment was so quick that I didn't get a chance to get my head around what was going on. It is so scary - your whole world is turned upside down. Your hopes and dreams for the future are suddenly challenged.

I have been on and off chemotherapy throughout the four and a half years. I've lost count but I must have had around 100 doses! I have had surgery three times. Ovarian cancer is persistent and recurrence is common.

Fundraising to allow clinical trials and the development of an early detection test for ovarian cancer is essential. Some of the women that I've become friends with at the hospital have passed away. Thankfully, I have been in remission for two months now.

I hope to defy statistics and beat this cancer but I suspect the majority of people feel this way. I have never said "Why me?" - it is me, so I have to get on with it. My friends all see me as positive and happy. I have my down times of course, but I do not let them consume me.

cherish
women's cancer foundation

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