

April 2008



UNIVERSITY OF SHEFFIELD

# ONCOLOGY SECTION NEWSLETTER

## OCS NEWSLETTER 3rd edition.

### Unit Focus

#### Academic Urology

#### Professor Freddie Hamdy

The Academic Urology Unit was founded in 1999, with the appointment of Freddie Hamdy as the first Chair of Urology. So far, the unit has expanded from a single Senior Academic in 1999 to over 30 staff in 2008, consisting of 2 Clinical Senior Lecturers, 1 non-clinical Senior Lecturer and one Lecturer, 1 Clinical Lecturer, Academic Clinical Fellows, research assistants, technicians, nurses, clerical staff and graduate students. The overarching aims of the unit have been twofold: **first**, to ensure recruitment and academic training of skilled individuals to the highest standards, by providing a stimulating and dynamic environment with a mix of clinical, basic science and translational research skills. So far, apart from numerous 1-2 year research fellowships obtained from a variety of sources and charities, two trainees have secured MRC Clinical Training Fellowships and one received a GSK Clinician Scientist award; **second**, to provide an infrastructure which would allow research to contribute efficiently to the specialty by 'closing the loop' from bench to bedside, and by leading large-scale clinical trials to provide the high-level evidence required to guide urological practice. For these purposes, a high

quality network of collaborators was established both at Sheffield, particularly with the MRC Centre for Developmental and Biomedical Genetics, Institute for Cancer Studies, Chemical Engineering and Kroto Institute, Pathology, Bone Biology, Clinical/Surgical Oncology, and abroad including the US and Europe. Research has focused on oncology, particularly prostate and bladder cancer, running in parallel clinical, translational and basic science programmes which have attracted to Sheffield over £16 million in peer-reviewed grants over the past 10 years. In 2002, in its first strategic report, the NCRF recognised Sheffield as the highest income earner in prostate cancer research in the UK. Last year, the Unit was one of 4 centres in the UK to secure funding for Academic Clinical Fellows and a Clinical Lectureship from the NCCRC. The Unit is integrated within a large STHT Directorate of Urology and contributes significantly to the delivery of urological cancer services in the region.



## Personal Profile - 'A day in the life of an Oncology Student'

### Daphne Lai— Human Nutrition Unit

"*You collect poo?*" is the reaction I often get from my family and friends when I explain to them the nature of my work. Of course, collecting stool samples is only a small fraction of the work I do (fortunately), which revolves around the identification of protein acetylation as a diet-modifiable risk of colorectal cancer, funded by the Food Standards Agency.

Working closely with Dr. Benard Corfe and his team, a large part of my work involves recruiting patients to an observational study and intervention, introducing them to a high-fibre diet from where we hope to identify a subset of proteins whose acetylation is modulated by dietary fibre.

Recruiting patients to a study which requires them to provide stool samples, on top of filling in a series of questionnaires and agreeing for us to take biopsies from their colonoscopy procedure started off as rather daunting for me – not to mention for the patients. But as the patients flood in, I found that most

were friendly and cooperative, and some even enthusiastic about the project. If I have to pick one aspect of my job which inspires me to get up at 6 am every morning to begin my long commute from Manchester to Sheffield, it is this. It is the fact that some patients, despite being in poor bowel health, display such heartfelt optimism I am ever more so determined in what I do; in knowing that these efforts will hopefully, in the near future, be life changing for many people.

A lot of my time is also spent working with the endoscopy team, learning a great deal from Dr. Paul Hurlstone whose endoscopy sessions are often serenaded by the silky chords of Katherine Jenkins and classical pieces by the likes of Mozart and Beethoven. Oh, and occasionally Take That.

Like any other research projects, we hold constant meetings and discussions within the research team to devise strategies and plans for the intervention, where we invite

participants to go on a high-fibre diet for 8 weeks. The challenge for us includes devising methods which will assist the participants in successfully complying with the rigors of the intervention. Furthermore, the prospect of being re-scoped is one that is understandably not very appealing to many patients, so we hope to make it as convenient and comfortable to the participant in all others aspects of the study.

Given the scale of the project and responsibilities, my work is one that is varied and challenging. However at the end of the day, it is one that is thoroughly rewarding because I know despite the long hours, our work, in all its stages, is making a difference in the life of others.

## Personal Profile— 'A day in the life of an Oncology Postdoc'

### Lance Burn—Ophthalmology and Orthoptics

Monday 7<sup>th</sup> April – a "typical" day in the life of an Ophthalmology and Orthoptics Postdoc.

6:30 - I got up, later than usual, because Elfie (5yo) slept in. The day starts with turning chicken eggs and recording incubation temperature and humidity (transferable skill – post doc's can be chicken farmers). Making tea and breakfast, playing snakes 'n' ladders and making 2 pack lunches, neither for me, follows. Poppy (11yo) is gently coaxed out of bed and Jo, my wonderful wife, returns from the gym to take over the school "run". I shower and dress then on my bike to arrive at work at 8:50.

Today so far has been fairly typical, however, unusually, I have two MSc students starting in the lab this morning (in addition to the 5 phase 1b students that are already attached to the group), which means the normal daily routines have had to be adjusted somewhat to accommodate the new students. One will be producing some data to complement my main project on the effects of aqueous and vitreous humours on the progression of uveal melanoma. The other will be investigating the prognostic implications of hepatocyte growth factor and transforming growth factor- $\beta$  in uveal melanoma.

The MSc students have been reviewing the

literature and "understanding" the context of their projects over the last three weeks, culminating in a PowerPoint presentation last week. They are due in at 10, so I make tea, check emails, check my cells (I only have one chamber slide this week) and print off some protocols for the impending arrival.

10:00 - They arrive on time (good start) and we meet with Dr Karen Sisley my line manager and her new student to discuss what will happen this week. I then take them on a guided tour of the labs and offices introducing them to anyone we meet. I then give them a quick introduction to Endnote and get them to make themselves a library. Finally before lunch I show them how to search for antibodies on the net and explain that antibodies don't always "do exactly what it says on the tin". Instead they should look for those with good pictures in quality references (still no guarantee), this will be their task this afternoon.

1:30 - Lunch, as those on K floor know, typically consists of beans on toast and tea, today is no exception.

2:10 - Along side my main project I have been following up some interesting microarray data that showed increased mRNA levels of an enzyme, autotaxin, identified uveal melanoma patients with a good prognosis. Autotaxin produces lysophosphatidic

acid, a water-soluble lipid growth factor that enhances tumour cell migration and invasion. Strange then that a mediator of tumour progression and metastasis in every tumour studied to date should, instead, be associated with a good prognosis in uveal melanoma (is it just me?). After lunch, a period when I'm not at my best seems the ideal time to continue to count the number and strength of autotaxin staining on different cell types in a series of 70 tumours, tedious but not requiring much cognitive ability. I spend most of the afternoon on this task breaking for tea, a quick check to see whether Bolton Wanderers' position looks anymore promising than it did this morning (it doesn't) and to search for some of the antibodies I'm hoping the MSc students will report back with.

5:30 - Back in to cycling gear and off home for spicy meatballs. Before the kids' bedtime we candle the eggs (this is day 10) and the black dots can be seen swimming around, magic. Then Jo and me read, because there isn't a sufficient quality of trash on the TV. I'm reading "Animal, Vegetable, Miracle" by Barbara Kingsolver, fantastically inspiring if you like the idea of locavory / growing your own. One more turn of the eggs, then bed, shattered at 10:00.

### Ophthalmology and Orthoptics

Head of Ophthalmology and Orthoptics.

Professor Ian G Rennie - [i.g.rennie@sheffield.ac.uk](mailto:i.g.rennie@sheffield.ac.uk)

As a national centre for the treatment and management of primary uveal melanoma, we have strong research interests in both the management of primary uveal melanoma and research into its genetics and behaviour. Uveal melanomas have defined chromosome changes, which are strongly correlated and predictive of prognosis. Studies are exploring the genetic basis of uveal melanomas and the bearing the findings have on patients, with a view to identifying the causative genes. Survival rates for uveal melanoma have remained relatively unchanged for the last 25 years and our research explores the mechanisms behind the spread of uveal melanomas and how the findings can be used to offer improvements in the treatment of metastatic uveal melanoma. We have developed a co-ordinated research programme combining both laboratory based studies with clinical research into uveal melanoma, and have achieved a prominent international standing for both areas. Our current research programme is supported by grants from:

Yorkshire Cancer Research

Yorkshire Eye Research

Weston Park Cancer Appeal

#### Senior Lecturer

Dr. Karen Sisley - [k.sisley@sheffield.ac.uk](mailto:k.sisley@sheffield.ac.uk)

Our research on uveal melanomas is looking at the genetic basis of these tumours and the factors that regulate and affect their development. Building on past studies we are expanding our knowledge of the chromosome changes found in these cancers, using specific alterations as prognostic markers, and working towards identifying the underlying genetic defects. In conjunction with these studies we are investigating why some uveal melanomas are highly metastatic whilst others only rarely spread. These studies combine knowledge of the genetic changes of uveal melanomas with explorations of local environmental effects and the regulator factors that affect their development, including invasion.

#### Postdocs

Dr Lance Burn - [l.burn@sheffield.ac.uk](mailto:l.burn@sheffield.ac.uk)

I am investigating why uveal melanomas of the iris are relatively benign compared to the highly aggressive posterior uveal melanomas. Initial observations suggest that the aqueous and the vitreous of the eye contain regulatory factors that may affect how uveal melanomas develop, even controlling their invasion. My project looks at changes in expression of regulators of cell cycle and differentiation following exposure to aqueous and vitreous, and is identifying the factors within the aqueous and vitreous they could regulate uveal melanoma behaviour.

Dr David Canovas - [d.canovas@sheffield.ac.uk](mailto:d.canovas@sheffield.ac.uk)

My project involves the derivation of primary cultures of uveal melanomas that are the basis of studies investigating the regulation and invasion of uveal melanoma. These primary cultures are also used to obtain chromosome preparations for further characterization of the genetic changes of uveal melanoma and using molecular cytogenetics I am relating genetic changes to the prognosis of the tumours.

#### Head of Orthoptics and Senior Lecturer

Helen Davis - [h.davis@sheffield.ac.uk](mailto:h.davis@sheffield.ac.uk)

I am the Programme Leader for the BMedSci (Orthoptics) course, and also the clinical placement leader. Each year 30 places are available on the bachelor's degree course in Orthoptics, which is a full-time 3 year course preparing graduates for clinical practice as Orthoptists. Orthoptics is the study and management of disorders of binocular vision and defects of eye movement and Orthoptists make a valuable contribution to eye health care, working with patients of all ages. My research area is mainly in the field of stereovision. I have also designed a new clinical distance stereotest which is now located in many Orthoptic clinics throughout the world. Primary funding provided by the

#### Secretaries

Sheena Coales - [s.coales@sheffield.ac.uk](mailto:s.coales@sheffield.ac.uk)

MMedSci

(Orthoptics) by distance learning

Deborah Watkin - [d.watkin@sheffield.ac.uk](mailto:d.watkin@sheffield.ac.uk)

Karen Bailey - [k.m.bailey@sheffield.ac.uk](mailto:k.m.bailey@sheffield.ac.uk)

#### Senior Lecturers

David Buckley - [d.buckley@sheffield.ac.uk](mailto:d.buckley@sheffield.ac.uk)

I am the Senior Lecturer in Vision Science, and Research lead for the BMedSci (Orthoptics) course. My main areas of research explore visual perception in deaf people and individuals with autism. I am also interested in the integration of visual cues, and the individual difference in cue reliance with implications for virtual reality performance. Current funding for my research comes from the Royal National Institute for Deaf and Hard of Hearing people (RNID) and Bial Foundation (Portugal)

Alison Firth - [a.firth@sheffield.ac.uk](mailto:a.firth@sheffield.ac.uk)

I lecture and assess on the BMedSci (Orthoptics) program and the MMedSci residential weekends. I also supervise undergraduate and postgraduate research projects. My administrative roles include examinations officer for the undergraduate program, clinical placement coordinator and disability liaison officer. I also maintain a clinical commitment. My research interests include vergence adaptation, its effects on convergence accommodation and the role of convergence accommodation in strabismus. I have been involved in the study of the ocular effects of opiates, recently highlighting the risks to children of substance misuse during pregnancy.

#### Lecturers

Anne Bjerre - [a.bjerre@sheffield.ac.uk](mailto:a.bjerre@sheffield.ac.uk)

I am a lecturer in Orthoptics, and also the admissions tutor for the BMedSci (Orthoptics) course. My research interests include sensory and motor characteristics in infantile nystagmus. I am also interested in changes in visual fields in children, patients with glaucoma, and neurological cases, and also the ocular changes that occur following a stroke.

Helen Griffiths - [h.griffiths@sheffield.ac.uk](mailto:h.griffiths@sheffield.ac.uk)

I am a lecturer in Orthoptics, and also the associated professional studies co-ordinator, and careers liaison officer for the BMedSci (Orthoptics) course. I am researching Eye movements in the absence of normal binocular single vision, Saccade adaptation in strabismus with suppression and Vision in Autistic Spectrum Disorder

Patrick Keating - [p.d.keating@sheffield.ac.uk](mailto:p.d.keating@sheffield.ac.uk)

I am the lecturer in Optics, and also the timetable co-ordinator for the BMedSci (Orthoptics) course.

Carolyn Leach - [c.leach@sheffield.ac.uk](mailto:c.leach@sheffield.ac.uk)

I am a lecturer in Orthoptics, for the BMedSci (Orthoptics) course, and I am also the programme leader for the MMedSci (Orthoptics) course. The master's course is run by distance learning and is designed for orthoptists working in clinical practice. It includes four residential weekends during the three years and the final year is comprised of a research project of the students own choice, which I supervise. My own research interests are in the area of ocular motility and strabismus.

#### Postgrads

Leslie Hoh, Charlotte Westerman

#### Technican

Robin Farr

## Clinical Oncology Christmas Sponsorship Fund

From its beginnings as a tiny department of a few people in 1988 the Academic Unit of Clinical Oncology in the Cancer Research Centre at Weston Park Hospital grew and grew. In 1998 we commented what a waste of paper it was when we all exchanged Christmas cards and we decided to do something about it. For Christmas 1999 we sent one card per person to the whole department and each made a donation.

Since 1999 we have raised a total of £2,237. Since a lot of us already worked with Weston Park Cancer Appeal to raise funds we decided to use the money to sponsor a child. Through Plan, a child-centred community development organisation, we sponsored a boy in Pattingalaoang, South Sulawesi from 1999 to 2005. This sponsorship ended due to Plan having met all their objectives and withdrawing from the area.

In 2005 we began to sponsor a little (but growing up quickly) girl in Surabaya Indonesia. We are also able to send her a couple of small presents each year.

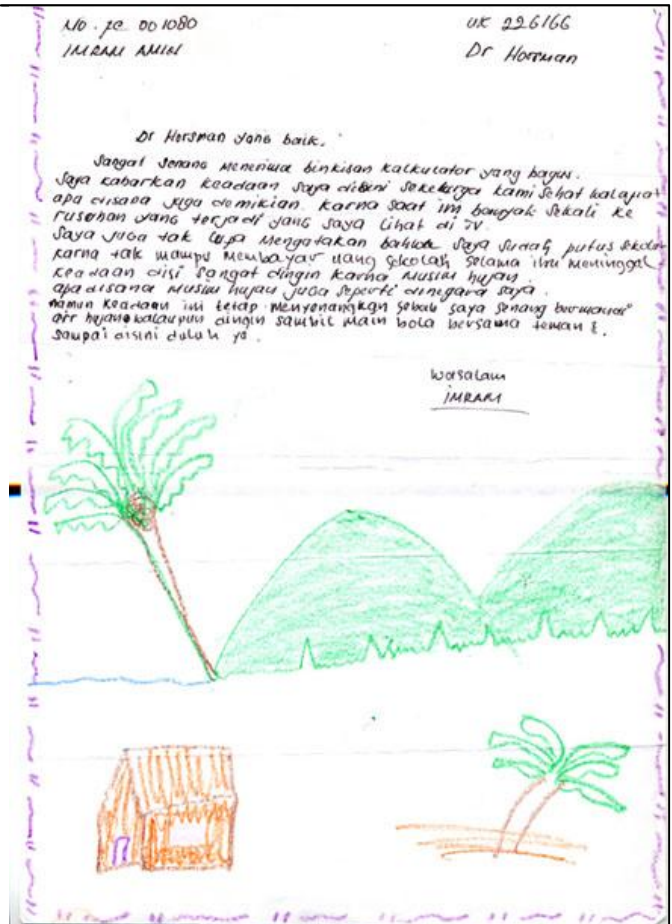
With the money left after the sponsorship we have also made donations to other Plan projects including Health Centres in Tanzania, Cameroon and Ecuador. In 2007 we made a donation to Maternity Worldwide a charity saving lives in childbirth by helping women get professional care

And no one gets RSI from writing all those Christmas cards...

Janet Horsman Informatics Manager

Academic Unit of Clinical Oncology, Cancer Research Centre

Weston Park Hospital



## What is a Consumer Research Panel? - David Ardron, Chair, North Trent CRN CRP.

A cancer "Consumer Research Panel" or CRP is a group of health service users with a family history of cancer illness. They are cancer patients and their carers. These members seek to take part in the processes of Cancer Research. They are not participants in the trial or research study, but help to manage it. North Trent is very fortunate to own the very first cancer CRP set up in this country.

The North Trent Cancer Research Network Consumer Research Panel (NTRN CRP) is a contemporary of the National Cancer Research Network Consumer Liaison Group. Launched in 2001, this panel has survived in its original form where other panels have foundered. In 2004 Macmillan launched a pilot project that saw the formation and funding of three other panels in the Humber & Yorkshire Coast, the Central South Coast, and the Surrey, West Sussex & Hampshire Networks. Attempts to start similar panels in the Avon, Somerset & Wiltshire, the Three Counties and the Yorkshire Network met with mixed fortunes. It is difficult to find evidence of the progress of these panels from the websites of these six Networks, but I do know that several of them are still running and contributing fully to the research agenda. All of the panel members are cancer patients or carers.

The North Trent panel has an active website of its own at <http://www.ntcrp.org.uk/index.html>. The panel has a strong membership, owns a newsletter and a website, holds an annual conference, is represented on the Network Clinical Trials Executive, Network Patient Partnership Group, the new Sheffield Experimental Cancer Medicine Centre (ID) Executive, and the Research Network Executive Board to name a few. The membership have all been involved in research studies, local, national and international, at many levels from idea generation and protocol writing, to questionnaire development, data gathering and analysis, and report writing and dissemination. Members of the North Trent panel have been actively involved in many NCRI and NCRN groups and committees, including membership of at least three of the Clinical Studies Groups. The website tells the story of the involvement of its members. If you're interested have a look at the website and see what goes on.

I first joined the North Trent CRP in early 2004, and am now the chair of the panel. I have taken an active role in several research studies, including work on Advanced Care Planning for Lung Patients, Late Presentation to GPs, Signs and Symptoms of Lung Cancer, PET Scanning, Image Guided Radiotherapy, and Radiotherapy for Brain Metastases from Lung Cancer. The work is very interesting and hopefully useful. It is not necessary to have a great knowledge of technical aspects of cancer or research methodology. What is important is being able to look at problems of lung cancer from a patient or carers viewpoint, and all patients have unique experience which will help them to do that. I am frequently invited to other Networks to speak about user involvement, and in March this year I attended and spoke at the Thames Valley User Conference in Slough.

And probably most exciting of all the members of North Trent are looking for research ideas of their own. One unique idea from a panel member has sprouted into a full research project which has won funding from a group known as Trent RDSU (Research and Development Support Unit). We hope to start other projects of this kind in the near future. Many of the ideas for research voiced by cancer patients are based on nutritional problems. Dietary trials are particularly difficult to plan because of all the confounding factors, but our membership is interested in developing this kind of work.

CRPs are a vital way in which health service patients and carers can have a say in the research which happens in the UK. There is a massive difference between the research that happens, and that which consumers would like to see being done. Make your voice heard and please join the movement. If you are a researcher and would welcome consumer input to your work please contact us from the website links. We need your help. Get in touch with me at North Trent if you think we could help in any way. [daveardron@aol.com](mailto:daveardron@aol.com) We'll be more than happy to assist in any way we can.

# Sections of Oncology and Cardiovascular Science

**Friday, 1-2 pm**

**Alan Johnson Lecture Theatre, K136**

11 <sup>th</sup> April	<a href="#">Dr Endre Kiss-toth</a> – ‘Tribbles and regulation of vascular cell function’
18 <sup>th</sup> April	<a href="#">Dr Ishtiaq Rehman</a> – ‘iTRAQ-facilitated proteomic
25 <sup>th</sup> April	<a href="#">Professor Graham Pockley</a> - 'Hsp70 at the interface of innate and adaptive anti-tumour immunity - a Gast Professorship at the Technische Universität München’
2 <sup>nd</sup> May	No seminar
9 <sup>th</sup> May	<a href="#">Dr Alison Gartland</a> - ‘P2 Receptors and Bone Health’
16 <sup>th</sup> May	<a href="#">Munitta Muthana</a> – ‘A novel magnetic approach for targeting cell-based gene therapies to tumours’
23 <sup>rd</sup> May	No seminar
30 <sup>th</sup> May	<a href="#">Wiendelt Steenbergen</a> - 'Photoacoustic imaging of blood in tumours’
6 <sup>th</sup> June	<a href="#">Prof Malcolm WR Reed</a> – ‘Soft tissue sarcoma – recent developments’
13 <sup>th</sup> June	<a href="#">Dr Mike Barker</a> – ‘TIMP3: from angiogenesis to retinal degradation’
20 <sup>th</sup> June	<a href="#">Gaynor Miller</a>
27 <sup>th</sup> June	<a href="#">Miss Lisa Caldon</a> – ‘What, why and who: The choices women make in breast cancer surgery’

For further information, contact:

Dr Carolyn Staton ([C.A.Staton@sheffield.ac.uk](mailto:C.A.Staton@sheffield.ac.uk); ext 65852) or

## Section scientists recognised by Breast Cancer Campaign

**Dr Angie Cox and Dr Ingunn Holen** are currently serving members of the Scientific Advisory Board of the Breast Cancer Campaign, the biggest specialist funder of Breast Cancer research in the UK with an annual research budget of around £5 million pounds. They are involved in reviewing of grants, selection of external reviewers and recommending funding to the trustees of scientific fellowships, project grants, PhD studentships and pilot grants.

Both are also members of the Scientific Committee, responsible for organising the Breast Cancer Campaign Scientific Conference, where they are involved in selecting abstracts for oral and poster presentations, the composition of the program and judging of posters for awards.

Both Ingunn and Angie also hold current project grants from the Breast Cancer Campaign, so have experience in all aspects of the process involved in successful grant applications from the charity. This is an experience that they are happy to share with other scientists at the University of Sheffield who consider applying for grants from the Breast Cancer Campaign.

The fact that the University of Sheffield is the only institution with two members on the Breast Cancer Campaign Scientific Advisory Board and Scientific Committee is a sign of recognition of the strength of breast cancer research in the section.

If you want to talk to Ingunn or Angie regarding Breast Cancer Campaign funding you can contact them on [I.Holen@Sheffield.ac.uk](mailto:I.Holen@Sheffield.ac.uk) or [A.Cox@Sheffield.ac.uk](mailto:A.Cox@Sheffield.ac.uk). More information like grant deadlines and application guidelines can be found on [www.breastcancercampaign.org](http://www.breastcancercampaign.org)

## The Late Effects in Cancer Survivors—2nd biannual meeting— Diana Greenfield—Research Fellow, Late Effects Group

Jointly organised by the British Oncology Association & Society for Endocrinology - February 8 2008, Cutlers Hall, Sheffield, UK

This was the second biannual meeting on Late Effects in Cancer Survivors jointly supported by The British Oncology Association and The Society for Endocrinology and hosted by the Late Effects Group, Sheffield. It was attended by a mixture of physicians, nurses, psychologists, patient support groups, and the pharmaceutical industry, all of whom had a specific interest the clinical care of cancer survivors. This one day meeting covered a breadth of issues associated with late effects of cancer treatment for both children and adults with discussions on specific late effects problems including both bone health and cardiovascular risk after cancer.

There were several excellent presentations given by experts in the field but the highlights were undoubtedly the two plenary lectures: Dr Kevin Oeffinger, Director, Program for Adult Survivors of Pediatric Cancer, Memorial Sloan-Kettering Cancer Center, New York; and Shirley Harrison, a cancer survivor from Sheffield.

Dr Oeffinger gave a comprehensive presentation of the potential morbidity burden of cancer survivors (particularly of childhood cancers) in terms of potential late effects including premature menopause, stroke, and second cancers. He presented data from the Childhood Cancer Survivor Study (CCSS) which includes long-term, retrospective outcome data of over 14,000 survivors from 27 centres in the US and Canada.

Apart from being a non-executive director of the Sheffield Teaching Hospitals NHS Foundation Trust and the current chair of the Human Tissue Authority, Shirley Harrison is a cancer survivor. Mrs Harrison gave us an honest and at times moving, account on "What Matters to Cancer Survivors?". This included knowing where and how to gather information especially as time since diagnosis increases. Other issues Shirley raised included: gaining an understanding of physical problems and late effects; loss of income if unable to return to work and the necessity for assistance with benefit entitlement and insurance issues; psychological concerns and where to seek help years after treatment.

The breadth of subjects covered stimulated discussion between experts and delegates with a clear enthusiasm to develop better services for long term follow-up of cancer survivors. Furthermore there was a demonstrable interest in collaboration between different research groups with the overall view of the organising committee that future events should continue to be held, in Sheffield, bi-annually.

## Publications

### January—March 2008.

#### Surgical Oncology

Tozer, GM, Akerman, S, Cross, NA, Barber, PR, Björndahl, MA, Greco O, Harris, Hill SA, Honess, DJ, Ireson, CR, Pettyjohn, KL, Prise, VE, Reyes-Aldasoro, CC, Ruhrberg, C, Shima, DT and Kanthou, C. Blood vessel maturation and response to vascular-disrupting therapy in single VEGF-A isoform-producing tumours. *Cancer Research* In press.

Caldon LJM, Walters SJ, Reed MWR. Changing trends in the decision making preferences of UK women with early breast cancer. *British Journal Of Surgery* Vol 95 (3) p312-318 Mar 2008  
DOI: 10.1002/bjs.5964

P Frank Thompson, A, Brennan, K, Cox, A, Gee, J, Harcourt, D, Harris, A, Harvie, M, Holen, I, Howell, A, Nicholson, R, Steel, M, Streuli, C. On behalf of Breast Cancer Campaign Gap Analysis Meeting, 2 November 2006, London, UK. Evaluation of the current knowledge limitations in breast cancer

research: a gap analysis. *Breast Cancer Research* in press 27th March, 2008

B, Rigas SH, Bermejo JL, Wiestler M, Wagner K, Hemminki K, Reed MW, Sutter C, Wappenschmidt B, Balasubramanian SP, Meindl A, Kiechle M, Bugert P, Schmutzler RK, Bartram CR, Justenhoven C, Ko YD, Bruning T, Brauch H, Hamann U, Pharoah PP, Dunning AM, Pooley KA, Easton DF, Cox A, Burwinkel B. The CASP8 -652 6N del promoter polymorphism and breast cancer risk: a multicenter study. *Breast Cancer Res Treat.* 2007 Sep 21; [Epub ahead of print]

P Frank B, Rigas SH, Bermejo JL, Wiestler M, Wagner K, Hemminki K, Reed MW, Sutter C, Wappenschmidt B, Balasubramanian SP, Meindl A, Kiechle M, Bugert P, Schmutzler RK, Bartram CR, Justenhoven C, Ko YD, Bruning T, Brauch H, Hamann U, Pharoah PP, Dunning AM, Pooley KA, Easton DF, Cox A, Burwinkel B. The CASP8 -652 6N del promoter polymorphism and breast cancer risk: a multicenter study. *Breast Cancer Res Treat.* 2007 Sep 21; [Epub ahead of print]

#### Clinical Oncology

Thompson, A, Brennan, K, Cox, A, Gee, J, Harcourt, D, Harris, A, Harvie, M, Holen, I, Howell, A, Nicholson, R, Steel, M, Streuli, C. On behalf of Breast Cancer Campaign Gap Analysis Meeting, 2 November 2006, London, UK. Evaluation of the current knowledge limitations in breast cancer research: a gap analysis. *Breast Cancer Research* in press 27th March, 2008

Aapro, M., Abrahamsson, P. A., Body, J. J., Coleman, R. E., Colomer, R., Costa, L., Crino, L., Dirix, L., Gnani, M., Gralow, J., Hadji, P., Hortobagyi, G. N., Jonat, W., Lipton, A., Monnier, A., Paterson, A. H., Rizzoli, R., Saad, F. & Thurlimann, B. (2008) Guidance on the use of bisphosphonates in solid tumours: recom-

mendations of an international expert panel. *Annals of Oncology*, 19, 420-32.

Finigan, J., Greenfield, D. M., Blumsohn, A., Hannon, R. A., Peel, N. F., Jiang, G. & Eastell, R. (2008) Risk factors for vertebral and nonvertebral fracture over 10 years: a population-based study in women. *Journal of Bone & Mineral Research*, 23, 75-85.

Macdonald, M. C., Palmer, J. E., Hancock, B. W. & Tidy, J. A. (2008) Diagnostic challenges in extrauterine epithelioid trophoblastic tumours: a report of two cases. *Gynecologic Oncology*, 108, 452-4.

Pettengell, R., Donatti, C., Hoskin, P., Poynton, C., Kettle, P. J., Hancock, B., Johnson, S., Dyer, M. J., Rule, S., Walker, M. & Wild, D. (2008) The impact of follicular lymphoma on health-related quality of life. *Annals of Oncology*, 19, 570-6.

#### Urology

J Eeles, R.A. Kote-Jarai, Z., Giles, G. et al. (2008) Multiple newly identified loci associated with prostate cancer susceptibility. *Nature Genet.* 2008 [Epub ahead of print]

J Eeles, R.A. Kote-Jarai, Z., Giles, G. et al. (2008) Multiple newly identified loci associated with prostate cancer susceptibility. *Nature Genet.* 2008 [Epub ahead of print]

## Conferences

#### Clinical Oncology

Conferences attended:

Late effects in cancer survivors—supported by the British Oncological Association and the Society for Endocrinology—Friday 8 February 2008, Cutlers Hall, Sheffield

Dr. Diana Greenfield/Dr. Kate Absolom/Elaine Green

## New Grants

#### Clinical Oncology

Professor R E Coleman

Core Programme Grant Weston Park Cancer Appeal—£807, 898

Lesley Bruce, Research Network Manager/ Business Manager, Research Chemotherapy Nurse. Weston Park Cancer Appeal £58,303

Pump priming application fund research nurse support at Doncaster Royal Infirmary NCRN £36,027

Pump priming application to fund clinical trial clerical assistant NCRN £18,415

## New Staff Members

#### Surgical Oncology

Dr Sarah Jane Lunt, who is a post-doctoral scientist, working on my Cancer Research UK Programme grant.

#### Cancer Studies

Dr P Zuazua-Villar who is a post-doctoral research associate.

#### Clinical Oncology

Mrs. A. L. Pass, Research Sister.

Dr. O Shujja-Ud-Din, a Sanita Merali Clinical Research Fellow.

Dr Omar Din – Clinical Research Fellow

Carol Crabtree – Data Assistant

Frances Burkinshaw – Clerical Assistant

Anna Konarikova – Clerical Assistant

## School Research Days

### School Research Day

9-10 June 2008

LT1, B-Floor Medical School

### Oncology Research Day

12 September 2008

Richard Roberts Building

0900—1700.

### Neuroscience Annual Research Away Day

Date: Friday 19th September 2008

Venue: Whitley Hall ([www.whitleyhall.com](http://www.whitleyhall.com))

Time: All Day

### Annual Study Day

7th May at TheEdge—see article page 8.

Please put these dates and venues in your diaries

### Breast Cancer Campaign

PhD or Project Grants

Application Deadline: 4<sup>th</sup> July

Website: [www.breastcancercampaign.org](http://www.breastcancercampaign.org)

### Cancer Research UK

PhD Studentships – Deadline June 2008

Project Grants – Deadline 2<sup>nd</sup> May 2008

Programme Grants – Deadline 2<sup>nd</sup> May 2008

Fellowships – various deadlines: see website

Website: <http://science.cancerresearchuk.org/gapp/?version=4>

### Yorkshire Cancer Research Pump Priming Grants.

Deadline 1st July 2008

Website : [www.ycr.org.uk](http://www.ycr.org.uk)

Your editor is retiring on 30th April, so for the next edition due out in early July you will be hearing from Bex Clark, ([rebecca.clark@sheffield.ac.uk](mailto:rebecca.clark@sheffield.ac.uk))

who I am sure you all know well. Bex will be chasing you for the usual...

- New grants
- New publications
- New members of staff
- Conferences attended
- Any news pieces you think may interest everyone in Oncology.
- Reports on School Research Days



### Happy Birthday Professor Hamdy

Landmark 50 on the 22nd April!!



## Annual Study Day Academic Unit of Clinical Oncology

Our Study Day will be held this year at The Edge on 7th May. All Unit staff are expected to attend including support staff and the Cancer Research Centre is closed for the day.

This year celebrates the 20th anniversary of the founding of the Academic Unit of Clinical Oncology and as such the theme will be "20 years of Clinical Cancer Research in Sheffield". Presentations are planned from the Senior Staff on topics such as how new developments have transformed the safe delivery of radiotherapy and what great steps have been made in the treatment of common cancers. The guest lecturer will be Professor Tim Maughan, Director of Wales Cancer Trials unit. Professor Coleman will end the day with a look at potential developments for the next 10 years.

This annual event is always successful and is a great opportunity for staff to get together in a relaxed informal setting away from 'the office' and.....

## Whitewater Rafting for Weston Park

**Whitewater Rafting for Weston Park Hospital Cancer Appeal**

Help us raise vital funds by getting a team to take part in a thrilling whitewater rafting adventure for your local cancer hospital.

Weston Park Hospital Cancer Appeal  
[www.cancerappeal.org.uk](http://www.cancerappeal.org.uk)  
SKYLINE

For an information pack please call our fundraising team on 0114 2265370 or email [cancer.appeal@sth.nhs.uk](mailto:cancer.appeal@sth.nhs.uk)

### Whitewater Rafting for Weston Park.

In June 2008 the raft pictured here will be filled with 6 brave...or crazy!... Staff from Clinical Oncology. Wendy, Helen, Jo, Stefano, Carol and Alison will be risking their hardos (not Stefano) to raise money for the Cancer Appeal. So,

**We need to raise at least £1000** between us so we need as much support as we can get. We promise a photo for the next newsletter for your amusement!! That must be work £1 at least!! Contact Wendy on [w.wilson@shef.ac.uk](mailto:w.wilson@shef.ac.uk) for further details