



MEDIA RELEASE

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Major prostate cancer trial boosted by new funding

The largest ever clinical trial into new treatments for prostate cancer, which kills about 600 men annually in this country, has received another significant funding grant from the Cancer Society of New Zealand.

The long-running and innovative RADAR trial is being supervised in New Zealand by Professors David Lamb and Brett Delahunt from the Department of Pathology and Molecular Medicine at the University of Otago, Wellington. The latest funding round brings the total granted to this trial in New Zealand to \$1.7 million dollars, and has been welcomed by these investigators.

The RADAR trial is the second of two large randomized clinical trials being conducted by the Trans-Tasman Radiation Oncology Group (TROG). Between 2003 and 2007, the RADAR trial recruited 1071 patients with locally advanced prostate cancer. Of these, 228 patients were New Zealand men, and 843 came from Australia. Patients recruited to the trial were randomized to one of four different treatment arms.

“We’re very excited by this latest grant.” says oncologist Professor Lamb. “It will allow us to continue with the careful follow up of New Zealand men treated on the trial, so we have comprehensive data for the first analysis of treatment effectiveness planned for 2012.”

“These results are eagerly awaited by cancer specialists in Europe and the USA, as well as Australia and New Zealand, as the RADAR trial is looking at adjuvant treatments for prostate cancer that have not previously been tested. The results promise to define a new standard of care for these advanced cancers, and to show that mortality rates can be reduced.”

“New Zealand has a unique responsibility in the RADAR trial,” says pathologist Professor Delahunt. “The Pathology Review for the whole trial is being undertaken at the University of Otago, Wellington. Tumour samples from all 1071 patients are being carefully examined here as part of this review, and the appearances matched to the subsequent clinical behaviour of the cancer.”

“An initial pathological assessment of the severity of prostate cancer is required, allowing clinicians to determine which patients need additional treatment. Furthermore, the outcomes for younger men with aggressive cancers are very different from those for older men with more indolent disease, and the aim is to focus the therapeutic effort on men most likely to gain benefit.”

“The current system for predicting prostate cancer behaviour and therefore treatment, the Gleason grade and score, has some major limitations, and it is anticipated that the RADAR Pathology Review will facilitate correction of these,” says Professor Delahunt.

“One of the most exciting aspects of clinical trials is the unexpected findings that can come from the detailed assessment of trial patients,” says Professor Lamb.

“For example, the two TROG prostate cancer trials are showing that there are three quite distinct types of prostate cancer behaviour, rather than a spectrum that extends from ‘good’ to ‘bad’. This suggests that there are different genetic drivers for each behavioural sub-type. Once these drivers have been identified, a lot of the uncertainties that currently exist when a prostate cancer is diagnosed will disappear.’

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