Latest developments on products and services from the industry. To have your news included contact Patricia McDonnell at Oncology News on T/F: +44 (0)288 289 7023, E: patricia@oncologynews.biz

Treatments commence using UAE's first Varian TrueBeam™ System

Cancer patients in the United Arab Emirates have gained access to advanced radiotherapy and radiosurgery treatments with the clinical introduction of the country's first TrueBeam™ medical linear accelerator from Varian Medical Systems. A male patient with neck Hodgkin's lymphoma received the first treatment on a TrueBeam at Mediclinic City Hospital's new comprehensive cancer center in Dubai.

"This landmark treatment means that patients in the UAE now have access to one of the most precise and efficient technologies for treating cancer," said Dr Salim Chaib Rassou, the cancer center's lead radiation oncologist. "We will be able to achieve high levels of precision, excellent image quality and fast throughput using the new TrueBeam technology."

"This is an important clinical advancement in the treatment of many different types of cancer in the UAE and brings new hope to cancer sufferers across the country," he added.

"Mediclinic City Hospital is very proud to be able to offer the first TrueBeam radiotherapy treatment in the UAE at our newly-opened comprehensive cancer center," said hospital director Christian Schuhmacher. "The center has been set up in collaboration with experts at Mediclinic's Swiss sister company Hirslanden, with TrueBeam data matched to that at Hirslanden. This means that it is possible for a patient to be treated both in Dubai, or if necessary at Hirslanden in Switzerland, without the need for dose recalculations."

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What patients should expect from follow-up care

In their booklet Living Well, Beating Bowel Cancer advises patients about what they should expect from follow-up care. This includes:

Regular follow-up is offered to all bowel cancer patients who have had 'treatment with curative intent' (to cure the cancer). This starts with a clinic visit four to six weeks after your treatment ends, as well as regular surveillance, which may include CT scans, regular blood tests and a surveillance colonoscopy.

Follow-up appointments give you the opportunity to discuss your test results and how you are feeling. You can also agree plans to investigate any ongoing symptoms and changes in your body.

You will be able to complete a Holistic Needs Assessment (HNA) form to help shape your rehabilitation and recovery care plan.

Your GP will be kept up-to-date by your hospital team. Your GP is in charge of your care when you are not receiving active treatment from your surgeon, oncologist or palliative care team. Your GP is also required to carry out a Cancer Care Review with you within six months of your diagnosis.

For more information
https://www.beatingbowelcancer.org/wp-content/uploads/2016/03/Living-Well-Booklet-1.pdf

Proton Partners deploys state-of-the-art beam precision technology to support advanced cancer treatment

Right to left: Asia Baginska, Medical Physicist at Oncology Systems Limited; Josephine Clorley, Senior Medical Physicist; Ignacio Di Biase, Deputy Head of Physics and John Pettingell, Head of Physics at Proton Partners International

The first ever Proton Partners International site, specialising in proton beam therapy, has acquired a Blue Phantom2 data acquisition system from IBA to commission its IBA Proteus®ONE compact proton therapy machine and Elekta Versa HD™ linear accelerator. Distributed by Oncology Systems Limited, IBA's Blue Phantom2 is used to implement beam shaping precision for patient treatment plans.

The Blue Phantom2 significantly speeds up the set-up procedure for beam data acquisition but still ensures the most accurate and reliable measurement data. The measured data is used to create energy-specific beam models within the treatment planning system to ensure treatment planning and delivery is accurate and precise so clinicians can specifically target the tumour and spare healthy tissue.

John Pettingell, Head of Physics at Proton Partners International comments, "We're using the Blue Phantom2 water tank to measure the beam data required to model our linac beams in the treatment planning system. There's a lot of experience behind the hardware and software, it's well developed, flexible, and very easy to use which makes the commissioning process quicker and more straight-forward. We use our beam models to plan patient treatments, so the more accurate data we can take, the more accurate our treatments will be. The Blue Phantom2 uses a magnetic detector positioning system accurate to 0.1mm, so we have great confidence in the quality of our data."

For further information visit www.osl.uk.com or T: +44 (0)1743 462694.

Varian supplies Edge™ Radiosurgery Suite to leading Croatia hospital

Cancer patients in Croatia will gain access to advanced radiotherapy and radiosurgery treatments with the installation of South-Eastern Europe's first Edge™ Radiosurgery system from Varian Medical Systems. The system is being installed at the new Radiochirurgia Zagreb Clinic and doctors there expect to start delivering advanced radiosurgical treatments to tackle a wide range of tumours in January.

"The capabilities the Edge Radiosurgery system offers are perfectly suited to our patients' needs," said Professor Dragan Schwartz, general manager of Radiochirurgia Zagreb. "We selected Edge because it delivers state-of-the art technology combined with the flexibility to treat a wide variety of patients. We expect this cooperation with Varian will bring radiosurgery in Croatia to a higher level."

Radiochirurgia Zagreb is the first private hospital in the region dedicated exclusively to cancer diagnostics and treatment and is expected to provide advanced radiotherapy, radiosurgery and chemotherapy to treat a wide variety of tumours. Patients at the hospital will also have access to a variety of screening procedures to help detect cancers at an early stage. "We are hoping that working with our colleagues in Croatia and surrounding countries we will improve early discovery and make a significant step towards a more successful cancer treatment for our patients," added Professor Schwartz.

For more information, visit www.varian.com or follow us on Twitter.

Provectus Biopharmaceuticals announces agreement with POETIC to study potential of PV-10 for pediatric cancer

Provectus Biopharmaceuticals, Inc. and POETIC, The Pediatric Oncology Experimental Therapeutics Investigators Consortium, a group of 10 top-tier academic medical centres developing new pediatric cancer therapies, are pleased to announce a joint research agreement focused on pediatric applications of PV-10, an investigational ablative immunotherapy, as a potential treatment for childhood cancers.

Peter Culpepper, Interim CEO of Provectus, and Tanya Trippett, MD, Co-Founder and Executive Director of POETIC, announced the signing of the agreement to establish a framework for collaborative pre-clinical research projects the Company may conduct with members of POETIC within the field of pediatric oncology.

The program will involve collaboration with a number of NCI Cancer Centers that are part of the POETIC group including Memorial Sloan Kettering Cancer Center (MSK), Alberta Children's Hospital, and other top-tier cancer centers of excellence.

"We are pleased to collaborate with Provectus on this shared vision to advance promising new approaches for cancer that ultimately could lead to new treatments for pediatric patients, leveraging PV-10's novel characteristics and mechanism of action," said Dr Trippett.

PV-10 is an injectable formulation of Rose Bengal that is under investigation as an ablative immunotherapy for solid tumour cancers. Provectus has received orphan drug designations of PV-10 from the FDA for melanoma and hepatocellular carcinoma indications. The company is conducting a Phase 3 clinical trial of PV-10 for locally advanced cutaneous melanoma.

For more information on this partnership, visit http://poeticphase1.org or www.provectusbio.com

PROVECTUS
BIOPHARMACEUTICALS, INC.

SEER study in patients with high-grade tumours treated based on Oncotype DX® results shows many patients have excellent outcomes without chemotherapy

A study recently presented at the 2016 San Antonio Breast Cancer Symposium (SABCS) based on the Surveillance, Epidemiology, and End Results (SEER) registry program of the National Cancer Institute (NCI), the premier source of cancer statistics in the United States, analysed outcomes in patients with poorly differentiated tumours who were treated according to their Recurrence Score® results [1]. Although these patients generally have a worse prognosis, the study demonstrates that Oncotype DX can identify a sizeable proportion of patients with low Recurrence Score results who can expect good outcomes without chemotherapy and its associated toxicity.

An analysis of clinical outcomes in 9,201 patients with node-negative and node-positive disease and poorly differentiated tumours demonstrated a wide distribution of the Oncotype DX® Breast Recurrence Score™ results and showed the test was a strong predictor of breast cancer-specific survival (BCSS) ($p < 0.001$). Of these patients, those with Recurrence Score results less than 18 had excellent five-year BCSS (>99 percent) regardless of tumour size and nodal status.

Separately, a summary of the evidence from over 10 years of clinical use in more than 50,000 patients confirmed the valuable role of Oncotype DX in identifying patients who can be treated safely with hormonal therapy and avoid the toxicity and quality of life impact of chemotherapy [2]. These data underscore the value to both clinicians and patients of analysing tumour biology alongside traditional parameters to allow better informed treatment decisions and greater personalisation of treatment.

To learn more about the Oncotype DX test, visit: www.OncotypeDX.com
To learn more Genomic Health, visit: www.genomichealth.co.uk

NOTE: The Genomic Health logo, Oncotype, Oncotype DX Breast Recurrence Score and Recurrence Score, are trademarks or registered trademarks of Genomic Health, Inc. All other trademarks and service marks are the property of their respective owners

1. Petkov VI et al. SEER study of breast cancer-specific mortality in patients with poorly differentiated tumours treated based on recurrence score results. San Antonio Breast Cancer Symposium. December 2016.
2. Sing AP et al. Real world clinical experience and outcomes in patients with early-stage breast cancer (EBC) treated according to the 21-gene Recurrence Score (RS) result. San Antonio Breast Cancer Symposium. December 2016.

Provectus Biopharmaceuticals announces two poster presentations on PV-10 for liver tumours

Provectus Biopharmaceuticals, Inc. have announced acceptance of two abstracts for poster presentations at international oncology conferences in February 2017. Both abstracts describe data from the Company's phase 1 study of PV-10 in tumours of the liver (https://www.clinicaltrials.gov/ct2/show/NCT00986661).

The first abstract, titled "Percutaneous Rose Bengal as an Ablative Immunotherapy for Hepatic Metastases," to be presented at Clinical Interventional Oncology (CIO) on February 4-5, 2017, in Hollywood, Florida, focuses on outcome in patients with colorectal cancer that has metastasised to the liver.

The second abstract, titled "Intralesional Rose Bengal as an Ablative Immunotherapy for Hepatic Tumours," to be presented at the 26th Conference of the Asian Pacific Association for the Study of the Liver (APASL) on February 15-19, 2017, in Shanghai, China, focuses on outcome in patients with hepatocellular carcinoma.

Eric Wachter, Ph.D., Chief Technology Officer of Provectus, observed, "We are pleased to be able to update the oncology community on our investigation of PV-10 in tumours of the liver. Our phase 1 'basket study' allows us to collect data on a range of tumour types affecting the liver. CIO is an attractive venue to focus on results with tumours metastatic to the liver, which remains an important clinical challenge in the west. Similarly, the high incidence of hepatocellular carcinoma (primary liver cancer) in Asia makes Shanghai a tremendous opportunity to provide an update on HCC."

Provectus believes the posters will be available online following each conference.

For further information visit: www.provectusbio.com

Provectus Biopharmaceuticals announces poster presentation on PV-10 at Society for Immunotherapy of Cancer 2016 Annual Meeting

Provectus Biopharmaceuticals, Inc. has announced the presentation of data on PV-10 at the Society for Immunotherapy of Cancer 2016 Annual Meeting. The abstract for the presented data, titled "Intralesional Injection with Rose Bengal and Systemic Chemotherapy Induces Anti-Tumour Immunity in a Murine Model of Pancreatic Cancer," poster 264, is available at https://www.eventscribe.com/2016/SITC/aaSearchByPosterDaySession.asp?h=Browse%20by%20Poster%20Day

Dr Shari Pilon-Thomas, Associate Member, Department of Immunology, Moffitt Cancer Center, presented the poster on Saturday, November 12, 2016. The published abstract concludes that, in the murine model studied, "Regression of untreated pancreatic tumours by IL injection of PV-10 in concomitant tumour supports the induction of a systemic anti-tumour response. Addition of [Gemcitabine] chemotherapy enhances the effects of IL PV-10 therapy." The presented poster concludes that, "These results may warrant a clinical trial to evaluate the combination of IL PV-10 with gemcitabine in metastatic pancreatic cancer patients."

Eric Wachter, PhD, Chief Technology Officer of Provectus, noted, "According to statistics from the American Cancer Society, pancreatic cancer has grown from 33,730 new cases in the U.S. in 2006 to 53,070 new cases expected in 2016. Over the same period, deaths increased from 32,300 to 41,780, and this is now the 4th most common cause of cancer death in men and women alike. The five-year overall survival rate is 8%. Thus, this is an area in oncology with a large and growing unmet need."

For further information visit: www.provectusbio.com