



THERAPY REDUCES DEATH FROM ANAL CANCER BY A THIRD

A CANCER RESEARCH UK trial has shown anal cancer patients who received a different form of treatment were a third less likely to die in the long term from anal cancer, according to long-term survival data presented at the National Cancer Research Institute (NCRI) Cancer Conference, today (Tuesday).

Researchers from the Cancer Research UK and UCL (University College London) cancer trials centre undertook a six-year trial of 577 patients with anal cancer – who were then monitored for an average of 13 years.

Around half the patients on the trial received the standard treatment for anal cancer, radiotherapy alone - while the other half received a new form of treatment which combined chemotherapy and radiotherapy treatment (CRT).

Twelve years after the trial had finished 34 per cent of patients treated with chemo-radiation suffered a relapse of the anal cancer compared with 59 per cent of the group who received radiotherapy alone (a difference of 25 per cent).

This long term follow-up data confirms the earlier trial results published in 1996 and overall they now show a 33 per cent reduction in anal cancer deaths and a 54 per cent reduction in cases of the cancer returning to the same area, in the group which received CRT.

Overall, the trial results confirm that CRT should be the standard treatment for patients with anal cancer worldwide.

There are around 850 cases of anal cancer diagnosed in the UK each year. In 2006, there were 239 deaths from the disease in UK. Most patients have evidence of HPV infection in the anal area - the same HPV 16 and 18 strains which cause cervical cancer.

People who have receptive anal intercourse are more at risk and slightly more women than men are affected.

Professor Jonathan Ledermann, director of Cancer Research UK and UCL cancer trials centre, said: "The trial found that combined chemo-radiation therapy provides clear and

sustained benefit for anal cancer patients. The long-term follow up of this trial confirms the magnitude of the benefit seen in the first years after therapy is still maintained for more than a decade."

Of the 577 trial participants, 285 received radiotherapy alone over four to five weeks. Separately 292 patients received the same therapy combined with chemotherapy. Chemotherapy comprised administration of 5-fluorouracil, during the first and last weeks of radiotherapy, as well as a single dose of mitomycin C on day one of the therapy.

Professor Roger James, clinical director of the Kent and Medway Cancer Network, presenting the trial results at the NCRI conference, said: "This trial outcome is an enormously positive result and a benchmark by which to set improvement in care and therapy for cancer patients."

Kate Law, Cancer Research UK's director of clinical trials, said: "The results from this trial are striking and have improved the way this cancer is treated across the globe to greatly reduce deaths from anal cancer."

"There are ongoing Cancer Research UK-funded trials investigating different ways to administer chemotherapy to further improve patient treatment and care. We are also keen to raise awareness of this disease to high risk groups which include gay and bisexual men so they are aware of the causes and take action if they have symptoms. Early detection is crucial for a successful outcome."

For media enquiries please contact Emma Rigby on 07918 695 599 or the London press office on 020 7061 8300, out-of-hours, the duty press officer on 07050 264 059.

Notes to Editors:

Case study available on request.

The study ran from 1987 to 1994 and first published results in 1996.

*Long term outcome of the first UKCCCR randomised trial of chemo-radiation for the treatment of epidermoid anal cancer, presented at the National Cancer Research Institute Cancer Conference, 6 October, 2008.

**Epidermoid anal cancer: Results from the UKCCCR randomised trial of radiotherapy alone versus radiotherapy, 5-fluorouracil, and mitomycin UKCCCR Anal Cancer Trial Working Party, published in The Lancet, Volume 348, issue 9034, 19 October 1996.

Since the Anal Cancer Trial (ACT I) began there have been 93 deaths caused by anal cancer and 101 relapses of anal cancer for those treated using CRT. This compares with 125 deaths caused by anal cancer and 162 relapses for those treated by radiotherapy alone.

Anal cancer

- Six out of 10 men, and seven out 10 women diagnosed with anal cancer will live for at least five years.
- Eighty per cent of people diagnosed with anal cancer have evidence of HPV infection. Up to eight out of 10 people in the UK are infected with the HPV virus at some point in their life. For many, the virus causes no harm and goes away without treatment.
- A common symptom of anal cancer is rectal bleeding or blood in stools, present in half of all people diagnosed the disease.
- Further symptoms include small lumps around the anus, which may be confused with haemorrhoids: one in three people have some pain or can feel a lump in the anal area. Other symptoms include discharge of mucus from the back passage; difficulty in controlling your bowels, and a lump (or lumps) in the groin. One in five people diagnosed with anal cancer don't have any of these symptoms. There is no screening programme for anal cancer in the UK at the moment because low numbers of cancers would be found, costs would be high and the tests have risks that outweigh the benefits for most people.
- Fluorouracil (known also as FU or 5FU) is a drug commonly used to treat

many types of cancer including, breast, head and neck, anal, stomach, colon and some skin cancers. It works by preventing cells making and repairing DNA.

- Mitomycin C is a chemotherapy drug mainly used to treat bladder and rectal cancers, but also sometimes pancreatic, lung and breast cancers. It works by sticking the cancer cell's DNA together so that cells can't divide and the cancer can't grow.
- Ongoing research by Cancer Research UK is trying to improve the current treatment for anal cancer and reduce side effects. A trial called ACT II, (The second UK anal cancer trial) is looking at the use of the chemotherapy drug cisplatin, instead of mitomycin C, with 5FU and whether having further chemotherapy after the end of radiotherapy treatment lowers the chance of the cancer coming back.
- www.cancerhelp.org.uk provides information advice on cancer.

Cancer Research UK

- Cancer Research UK's vision is to conquer cancer through world-class research.
- The charity works alone and in partnership with others to carry out research into the biology and causes of cancer, to develop effective treatments, improve the quality of life for cancer patients, reduce the number of people getting cancer and to provide authoritative information on cancer. Cancer Research UK is the world's leading independent charity dedicated to research on the causes, treatment and prevention of cancer.
- For further information about Cancer Research UK's work or to find out how to support the charity, please call 020 7009 8820 or visit www.cancer-researchuk.org

UCL (University College London)

The Cancer Research UK and UCL Cancer Trials Centre is responsible for the development, conduct and analysis of trials of novel therapies and new approaches to the treatment of patients with cancer. The Trials Centre is part of the UCL Cancer Institute.

About the NCRI Cancer Conference

The National Cancer Research Institute (NCRI) Cancer Conference is the UK's premier forum for disseminating advances across all aspects of cancer research.

About the NCRI

The National Cancer Research Institute (NCRI) was established in April 2001. It is a UK-wide partnership between the government, charity and industry which promotes co-operation in cancer research among the 21 member organisations for the benefit of patients, the public and the scientific community. www.ncri.org.uk

NCRI members are: the Association of the British Pharmaceutical Industry (ABPI); Association for International Cancer Research; Biotechnology and Biological Sciences Research Council; Breakthrough Breast Cancer; Breast Cancer Campaign; Cancer Research UK; CHILDREN with LEUKAEMIA, Department of Health; Economic and Social Research Council; Leukaemia Research; Ludwig Institute for Cancer Research; Macmillan Cancer Support; Marie Curie Cancer Care; Medical Research Council; Northern Ireland Health and Social Care (Research & Development Office); Roy Castle Lung Cancer Foundation; Scottish Government Health Directorates (Chief Scientist Office); Tenovus; Welsh Assembly Government (Wales Office of Research and Development for Health & Social Care); The Wellcome Trust; and Yorkshire Cancer Research.