

British Neuro-Oncology Society

British Neuro-oncology Society Newsletter

Number 06/12, January 2012

In this issue:

- Message from the President
- EANO abstracts submission now open
- ECCO: ESMO: The 2011 European Multidisciplinary Cancer Congress, Stockholm
- SNO 2012: Phase III Trial Comparing Conventional Adjuvant Temozolomide with Dose-Intensive Temozolomide in Patients with Newly Diagnosed Glioblastoma
- Highlights from the 16th Annual Meeting of the Society for Neuro-oncology in California, November 2011
- Quality of life after treatment for brain metastases: The QUARTZ trial
MRC Clinical Trials Unit
- DORIC Study in First Line Relapsed Glioblastoma
- Update from Young Investigator Award winner 2010
- News from the Charities
- Grant rounds

Message from the President

Professor Geoff Pilkington



Well, the first 6 months of my BNOS Presidency seem to have flown by and I hope you will, from my short message, get some sense of how the Society is growing and undergoing metamorphosis into a strong and meaningful organisation which not only represents the interests of its members from all disciplines involved with diagnosis and treatment of and research into tumours affecting the nervous system, but also brings us ever nearer to providing some realistic expectations for patients of improved outcomes.

We have now implemented a few changes to how Council functions, including reduction in the number of meetings and formation of a series of sub-committees with remits for addressing the various activities/interests of the Society; some of these are now fully active and pushing ahead with a broad range of developments which will underpin the continued plan of BNOS development. I am pleased to note that members of the junior section of the Society (the Postgraduate sub-committee) have already been active in providing reports for the

website and Newsletter as well as being central to formulating a postgraduate/trainee session for the June conference. We are also striving to find a means to integrate the neuro-oncology nurse sector more effectively into Society activities and better satisfy their requirements.

I was also particularly pleased to see increased numbers of paediatric neuro-oncologists attending the Cambridge conference but am afraid that, due to an unforeseen clash of dates, this trend may not be continued at BNOS 2012 (Manchester) as several UK-based clinicians and scientists working on childhood tumours will be in Toronto at the ISPNO meeting. Another sector from which there was increased interest and elevated attendee numbers at last year's conference was clinical oncologists, thanks largely to the efforts of Dr Colin Watts; I hope this trend will continue and that we have recruited new members as a consequence.

One matter that might not be perceived by members as good news has been the elevated level of annual subscriptions to £75.00. I would like to put this into context; the previous rate of £25.00 had been in place for many years and such an increase was overdue to cover the increased costs incurred to cover the variety of functions carried out within the Society (website, staff, meetings, newsletters, bursaries, reduced conference

Number 06/12, January 2012

attendance fees for PhD students and trainees, meetings and symposia to name just a few).

The revisiting of the issue of fees is not the only thing which required change, however, and I have now written a proposal for instigation of a new Constitution which aims to give clarity to the way the Society carries out its business and gives greater and fairer access to members wishing to become Council members as well as rotation of Officer's posts. In addition, it addresses the possibility of provision of different types of membership to attract both charity and commercial sectors. Council is currently discussing this document and it will, in due course, be circulated to the general membership for approval and ratification at the next AGM in June.



In November last year we held a joint BNOS/NCRI symposium during the annual NCRI conference in Liverpool, which I think we must consider a great success. This covered the important topics of brain metastasis and anti-angiogenic approaches to nervous system neoplasms. From outside of the BNOS membership we heard excellent lectures from a number of invited speakers including Professor Rolf Bjerkvig (Bergen, Norway), Professor Ruth Muschel (Oxford) and Dr Nicola Sibson (Oxford). We hope that further symposia such as this may be held either in concert with NCRI or with other professional organisations.

Following the excellent BNOS annual conference which was held at Homerton College, Cambridge and organised by Dr Colin Watts we have great expectations for BNOS 2012 at Manchester. In this context Mr Ajit Sofat and Dr Catherine McBain have taken up the challenge with due zest and have produced a stimulating and varied programme with some excellent speakers from both home and abroad and, thanks to a continuation of funding from our colleagues at the British Neuropathological Society (BNS), I have been able to extend an invitation to Professor Ken Aldape, the current President of SNO and an eminent Neuropathologist at the MD Anderson Cancer Center in Houston, Texas, to talk at the conference about biomarkers and molecular characterisation of CNS neoplasms. I would like to extend my thanks to the outgoing BNS President, Professor James Ironside and incoming President, Professor Seth Love, for their ongoing collegiate support of our activities at BNOS. In addition to a full academic programme we can look forward to an unusual and entertaining dinner to be held at the Manchester United Football ground at Old Trafford.



In order to gain an ongoing balanced meeting format, which will assist local organisers with putting together future conferences, Professor John Darling is developing a template for future conferences and we expect that this will be operational by BNOS 2113 in Middlesbrough.

We are also discussing the merits of organising a Neuro-oncology symposium as part of the British Neuroscience Association's 'Festival of Neuroscience' which is scheduled for April 2013 at the Barbican, London. This would provide both a showcase of British Neuro-oncology and address the issue of public engagement in Science (in our case CNS tumours). I hope that BNOS will be able to work closely with the charity sector in holding this symposium and I have already had discussions with members of the Brain Tumour Consortium of brain tumour charities about this venture.

Outside of our own meetings and symposia plans, 2012 promises to be a bumper year for neuro-oncology-related meetings. Already, Professor Silvia Marino has organised an excellent brain tumour symposium as part of the British Neuropathological Society annual conference at the Institute of Child Health, London earlier in January and further conferences include the American Association for Cancer Research annual conference (March/April, Chicago, USA), 10th European Congress of Neuropathology (May, Edinburgh), 15th International Symposium on Paediatric Neuro-oncology (May/June, Toronto, Canada), 19th International Brain Tumour Research and Therapy Conference (June, Niagra Falls, Canada), 10th European Association for Neuro-oncology conference (September, Marseille, France), 8th annual NCRI conference (November, Liverpool) and the 16th Society for Neuro-Oncology conference (November, Washington DC, USA),

SNO As you will note from other items in this Newsletter, the Society for Neuro-Oncology (SNO) meeting in California during November last year offered a packed programme but also allowed a major networking opportunity for the few members of our Society who were able to attend. During this meeting I was invited, as BNOS President, to a meeting convened by SNO and Chaired by Professor Susan Chang (UCSF) about a proposal to form a World Society of Neuro-oncology with regular meetings on a 3 or 4 year cycle throughout the world (on an 'Olympic Games' style system). This meeting was attended by presidents and representatives from the Societies/Groups of numerous nations including USA, Canada, Australia, Korea, China, India, Japan etc. I took the liberty of taking Mr David Jellinek (BNOS Secretary) and Professor John Darling (Past President of BNOS) with me to this meeting. The USA stance on this was that EANO should represent all the European nations in this venture; a feeling that was not endorsed by the British contingent. I subsequently met with

Professor Riccardo Soffietti (Italy) and Professor Michael Weller (Germany) who represented EANO at the SNO meeting and discussed our feelings that EANO may not necessarily represent the views of BNOS, or indeed, those of other national neuro-oncology societies within other European countries and BNOS was not officially represented on any EANO board. This conversation was very amicable and positive and we agreed to meet with EANO officials during their September conference in Marseille.

In addition to discussions with medical and scientific professionals as well as charities representatives I have endeavoured to spread the word about the necessity for improvements within our discipline to the political arena. I noted from an article written in the Times during December by Minister for Science and Universities, David Willetts MP, that he had expressed an interest in taking laboratory research findings through the translational process and into clinic with all due haste, specifically citing brain tumours as one area in need of this action. I therefore arranged to meet him in early January and we had some very productive discussions on the nature of the diseases on which we work and the practicalities and obstacles which have to be overcome to achieve our mutual goals. I am continuing the dialogue with him and have had further discussions with other appropriate MPs. On the 30th of January there will be an All Party Group meeting on brain tumours, at Westminster, at which the Minister of Health, Andrew Lansley MP, will speak and BNOS will be represented by Professor Garth Cruickshank - who will address the issue of 'Improving Outcomes' - together



with our Vice-President, Professor David Walker and myself. We will report back on any developments in the next Newsletter.

Before I close, I would like to extend my belated but sincere congratulations, on behalf of the Society, on the award of Chairs over the past year, to my predecessor at BNOS Charles Davis (Preston) and to Anthony Chalmers (Glasgow) and Tim Dawson (Preston).

Finally, my very sincere thanks are extended to Jenny Loughlin for her immense contribution to the development of the Society in the role of Administrator, web-master, font of wisdom and general confidante to members of Council and for her good humour, enthusiasm and industry in the cause of the British Neuro-oncology Society.

The European Association of Neuro-Oncology abstract submission is now open!

Dr Robin Grant

Edinburgh Centre for Neuro-Oncology (Past President EANO)

Time to get planning your research submissions!

The next EANO meeting will be held in Marseille in 6-9 September 2012 and abstract deadline is 31st March 2012. The online submission of abstracts is now open. The scientific program covers the extent of clinical, transitional and basic science is available [here](#). EANO can help facilitate some young clinicians and investigators to present an abstract or poster during EANO meetings and is happy to support the participation of young members of the academic community in the meetings and present their work. The information is available [here](#) as is information on educational visit grants and Fellowships. As they say: "You've got to be in it to win it" and the submissions, although competitive are not oversubscribed to. This is a great opportunity for young neuro-oncologists - don't miss it. You will find all the details on the EANO site.

The recent [Oncovideos](#) series of videos demonstrating standard practical procedures related to the various oncology disciplines is now available through the ECCO website. These videos target young oncologists who need practice oriented training. Topics covered include surgical oncology, radiotherapy, medical oncology, paediatric oncology and neuro-oncology, and each video lasts a maximum of 30 minutes. The Neuro-Oncology videos are: Neurological examination for oncologists by Robin Grant and Simon Kerrigan; Bedside Neurocognitive Testing in Brain Tumor Patients by Martin Klein; Chemotherapy-Induced Peripheral Neurotoxicity by Guido Cavaletti and Wolfgang Grisold and Chemotherapy-Induced Peripheral Neurotoxicity by Guido Cavaletti and Wolfgang Grisold. Also check out and download the free [EANO educational magazine](#).

ECCO: ESMO: The 2011 European Multidisciplinary Cancer Congress, Stockholm

Dr Robin Grant

Edinburgh Centre for Neuro-Oncology

With almost 16,000 attendees, this was the largest conference in Oncology in Europe and I am glad to say that Neuro-Oncology was well represented this year. Six Neuro-Oncology Sessions and 54 posters on CNS tumours were presented. The Society Session had speakers on stem cells, maximizing extent of resection, quality of life and paraneoplastic syndromes all of which are relevant to the oncology audience as was the Scientific Symposium, Teaching Lecture, Proffered Papers session and Poster session and Debate session on: "This house believes that radiotherapy in brain

metastasis does matter". All the posters can be viewed [here](#).

The Special session on Endpoints in Clinical Trials concentrated on the importance of well defined clinical endpoints for phase II and Phase III studies and the difficulties using standard imaging, since the acceptance of the fact that pseudo-progression is very difficult to distinguish from true progression. The RANO criteria were discussed and are being assessed in clinical practice. Volumetric measurements of response are not at the stage of being widely accepted and implemented. Where they are used, recognition of the fact that a 50% reduction in volume does not equate to a 50% reduction in area measured by sum of perpendicular diameters (Macdonald Criteria) and will overestimate the response rate. This was relevant to the first international RCT of Everolimus for Subependymal Giant Cell Astrocytoma (SEGA) where 55% partial response at 8 weeks, by volume measurements, actually only equates to 41% when the same measurements are used in the area equation. Everolimus has an anti-angiogenic action and it is not clear how much of this imaging response was due to a pseudo-response as these WHO grade 1 tumours actually enhance, but have an incredibly slow mitotic activity, making such an early apparent response slightly difficult to fathom. Unfortunately, there was no effect of Everolimus on seizures, which is not surprising as it is the cortical tubers (non-malignant) that cause seizures not subependymal nodules or SEGAs. There was no mention on whether Everolimus actually caused the resolution of impending hydrocephalus.

Clearly, ECCO:ESMO are embracing Neuro-Oncology more and the Neuro-Oncology input was well appreciated by the oncology community.

SNO 2012: Phase III Trial Comparing Conventional Adjuvant Temozolomide with Dose-Intensive Temozolomide in Patients with Newly Diagnosed Glioblastoma

Mr David Jellinek, Sheffield (BNOS Secretary)

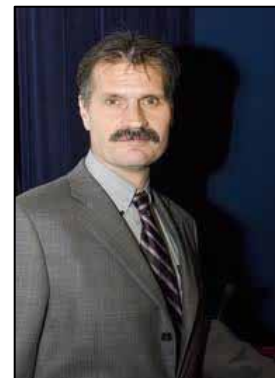
The 2012 SNO meeting in California had a disproportionate surgical attendance this year from the UK; with the Secretary, Andrew Brodbelt (Liverpool) and Caroline Hayhurst (Cardiff) waving the flag. There was also a guest appearance by Professor Brada. The core clinical trial of the meeting was EORTC 26052-22053 (RTOG 0525). *'Phase III Trial Comparing Conventional Adjuvant Temozolomide with Dose-Intensive Temozolomide in Patients with Newly Diagnosed Glioblastoma'*.

As is now common knowledge, unfortunately the trial demonstrated no significant survival advantage in the dose intensive treatment arm. In fact, dose intensive Temozolomide treatment reduced quality of life - due to fatigue (and lymphopenia), compared with the standard Temozolomide

regimen. However, more importantly, for the future of clinical trial design in general, tissue was made available from the trial for detailed neuropathological analysis from 98% of the study population (a substantial cohort of 1143 independent samples). This enabled a golden opportunity (which must be the future for well designed multicentre glioma trials) to look for favourable biological markers of survival.

The IDH survival benefit hypothesis was specifically explored; RTOG 0525 neuropathologists led by Dr Ken Aldape (of the MD Anderson cancer center, Texas - and the current President of SNO) specifically tested the hypothesis that IDH1 mutation is associated with favourable survival in secondary HGG (sHGG).

First, IDH1 mutational status was shown to be unchanged during the progression of a patient's tumour from LGG to sHGG. Second, patients with sHGG and IDH1 mutation had significantly longer progression free survival (P.006), and significantly longer overall survival (P.009) than histologically identical non IDH1 mutant sHGG. Independently continuing the IDH1 story, Susan Chang (radiotherapist UCSF) elegantly presented her institution's solution to the IDH1 MRI imaging problem, with patient and tissue sample evidence of MRI spectroscopy and histopathological (IDH1R131H antibody) cross correlation.



There was also a lively and packed 'sunrise' session on the Sunday morning on the management of atypical and malignant meningioma. A MIB1 (Ki67) index of <5 was shown by the Utah group (Dr Jensen) to be a statistically significant favourable prognostic marker in patients with 'inoperable' skull base meningiomas treated with stereotactic Radiosurgery (SRS). Interestingly, at the close of the session, because as yet there is no phase III clinical trial, there was an even 'show of hands' over the question of whether or not to routinely give early versus delayed adjuvant radiotherapy for newly diagnosed atypical (WHO II) meningioma.



On a possibly more controversial note, the meeting concluded with an update on the ongoing phase III clinical trial (USA, Europe, and Israel) of [NovoTTF-100A](#) (pulsed low energy electromagnetic field - the patients wear a special electromagnetic skull cap) versus best physician's choice chemotherapy for patients with good performance status (KPS≥70) recurrent inoperable

glioblastoma. Perhaps, not surprisingly, despite theoretical promise, as in tumour tissue culture TTF traps dividing cells in anaphase, to date the trial showed no survival advantage of TTF over salvage chemotherapy. However, most importantly, no patients reported any adverse treatment related side effects.

Highlights from the 16th Annual Meeting of the Society for Neuro-oncology in California, November 2011

Dr Laura Donovan and Dr Suzanne Birks, Senior Research Associates University of Portsmouth, UK



The Society for Neuro-oncology (SNO), established in 1995, is one of the leading organisations for all specialities connected to advancing the research and treatment of neurological malignancies and 2011 denoted the 16th Annual Scientific Meeting of the SNO, in conjunction with the

AANS/CNS section on tumours, held in the Hyatt Regency Hotel, Orange County, California. 2011 also welcomed a record number of 1400+ delegates who attended from over 36 countries and represented numerous disciplines in neuro-oncology.

The meeting was preceded by an Education day where concurrent sessions *Stereotactic Radiosurgery* and *Radiation Biology* and *Quality of Life/Symptom Management* were featured, followed by a *Clinical Trials Course for Young Investigators*. The scientific programme commenced with



four parallel sunrise sessions varying from the preclinical and basic science (*Viral Gene Therapy* and *Cancer Cell Metabolism*) to the surgical and radio-imaging (*Surgery for Non-malignant Skull Based Tumours* and *Advances in Anatomic, Metabolic and Physiologic Neuro-imaging*). The Viral Gene Therapy Session provided a comprehensive synopsis of the use of viruses as well as the current opinions concerning pre-clinical and clinical testing and development. This topic was expanded in the lunch time satellite industry supported symposium *State-of-the-art Vaccine Development in the Treatment of Glioblastoma* and the afternoon concurrent session *Immunology/Immunotherapeutics*, chaired by Dr Allen Waziri and Dr Linda Liau, which involved investigating the role of the Human Cytomegalovirus on tumour immune surveillance and as a potential therapeutic target.

The *Cancer Cell Metabolism* sunrise session, which reviewed the role of altered cellular metabolism in

EGFR/PI3K-activated GBMs, the mitochondria and tumorigenesis, and determining how fat fuels growth in glioma, was further developed in the afternoon concurrent session *Cell Biology and Micro-Environment* moderated by Prof. Peter A. Forsyth and Dr Candace Gladson. The session provided a comprehensive overview of mediators of the micro-environment and the molecular and cellular biological behaviour of central nervous system tumours, plus the inhibition of tumorigenesis and brain metastases by upregulation of Caveolin-1, and the use of SLIT proteins to control the migration of GBM cells.

Additional highlights of day one included the exceptional address from the out-going president Prof. Frederick Lang detailing the vast progression of medical sciences and the 'flattening of the world of neuro-oncology', as well as paying a truly heartfelt tribute to Dr Abhijit Guha, a highly respected and cherished neuro-surgeon who sadly lost his battle with leukaemia 10 days prior to the meeting. This was followed by the Victor Levin award lecture presented by the incoming president Prof. Kenneth Aldape for his work on biomarker-based approaches to classify brain tumours.

The day was brought to a close with the first of the poster viewing receptions where 280+ highly varied presentations in topics such as *Angiogenesis and Invasion*, *Epidemiology*, *Experimental Therapeutics*, *Metabolic Pathways*, *Prognostic Indicators*, *Quality of Life*, *Radiobiology* and *Quality of Life* were recovered.

Day two began with another parallel series of sunrise sessions featuring *Brain Cancer Cells of Origin*, *Intraoperative Surgical Adjuncts for Visualising Tumours*, *Neurological Complications of Cancer Therapy in the CNS*, *Diffuse Intrinsic Pontine Gliomas* and *Other Paediatric Astrocytic Tumours*, as well as marking the first meeting of the newly established Korean Society for Neuro-oncology. The *Brain Cancer Cells of Origin* session gave the audience a classical overview of the current stem cell models and novel ideologies of cancer stemness in glioma with a riveting presentation by Prof. Charles Stiles discussing the role of Olig2 promoting radioresistance in normal and malignant neural progenitors by opposing p53.



This was followed by the second plenary session moderated by Dr Ingo Mellinghoff and Dr Ian Pollack in which Prof. Jerome Posner from Memorial-Sloane Kettering Hospital, New York, received his life-time achievement award for his expertise in neuro-oncology and paraneoplastic syndromes.

Other highlights to day two included the keynote lecture given by Prof. William Kaelin entitled “Using Cancer Genetics to Guide Drug Target Selection: Lessons from Gleevec and Beyond”, followed by four concurrent sessions reviewing developments in the fields of *proteomics/genomics, paediatrics, quality of life/neurocognitive and surgical therapies*. The day was concluded with the second of the poster sessions where topics such as *Medical and Neuro-oncology, Meningioma, Ongoing Trials, Paediatric-Clinical and Laboratory, Radiation Therapy, Stem Cells and Surgical Therapies* were open for discussion followed by the Banquet dinner.

The conference came to a close with a trio of sunrise sessions, including *Immunobiology* in which Dr Allen Waziri delivered a comprehensive summary on the immunosuppressive micro-environment followed by the concluding plenary session. The SNO annual meeting lived up to its expectations, delivering a dynamic meeting programme ranging from the newest initiatives in immunotherapeutics to novel concepts in basic science, radio-therapy and surgical therapies. The 17th Annual Meeting is planned to be held in Washington, DC, November 15-18th 2012.

Quality of life after treatment for brain metastases: The QUARTZ trial *MRC Clinical Trials Unit*

Do you know how best to treat the increasing number of non-small cell lung cancer patients who develop inoperable brain metastases? Do you give whole brain radiotherapy (WBRT) to all your patients, or to none of them? How do you decide who will benefit from WBRT and who is more suitably treated using steroids alone? How do you balance the survival and Quality of Life (QoL) implications of the treatment options? The MRC QUARTZ trial is looking to answer all of these questions, and may already be open in your centre.

QUARTZ is open to all NSCLC patients with inoperable brain metastases. All trial patients receive optimum supportive care (OSC), including treatment with steroids, and randomisation determines whether they also receive WBRT. Patients are assessed via weekly telephone calls, with the primary endpoint being quality adjusted life years (QALYs) to combine survival and QoL.

Interim data from the first 151 patients suggest no clear difference between the two approaches, with median survival of 7 and 7.1 weeks, and average QALY of 31 and 30 days for patients treated with and without WBRT respectively. Currently 310 of a required 534 patients have been recruited, and the final trial will allow the investigation of subgroups of patients who benefit more or less from WBRT treatment.

To find out more details about the interim trial results or to request a copy of the protocol, please contact QUARTZ@ctu.mrc.ac.uk.

DORIC Study in First Line Relapsed Glioblastoma *Dr Catherine McBain, Manchester The DORIC TMG*

Are you presently writing the “Response to Research Recruitment” section of your peer review, describing how your MDT will increase recruitment into clinical trials? DORIC can help! DORIC is the only phase II randomised controlled trial for relapsed GBM in the NCRN portfolio. Perhaps you would consider opening it at your site or referring potential patients to other sites where the trial is already open?

This is a UK initiated trial which addresses the role of anti-vascular agents for first relapse following chemo-radiotherapy, and asks whether adding an EGFR inhibitor is feasible or beneficial. All patients receive the anti-VEGF agent cediranib; 50% also receive gefitinib (iressa) in a placebo controlled 1:1 randomisation.

DORIC seeks to be deliberately pragmatic with broad entry criteria. All treatment is oral; toxicity is typically manageable.

So far, it is open at UCL, RMH, The Christie, Charing Cross and The Royal Surrey, and in set-up at Southampton, Cambridge, Bristol, Hull, Birmingham and Dundee.

The trial opened in May 2011 and is set to close slightly earlier than planned in summer 2012; it would be a pity if we failed to reach the recruitment target of 112 patients.

This is beneficial for your patients, providing them with access to new agents and providing an extra line of treatment options, and to your service by contributing to your NCRN recruitment targets.

If you are interested, or would like to discuss the trial further, please contact Lizzie Roberts (Trial co-ordinator, l.roberts@ctu.ucl.ac.uk) or Dr Paul Mulholland (CI, Paul.Mulholland@nhs.net) as soon as possible.

Update from Young Investigator Award winner 2010 *Dr Sara Piccirillo, Cambridge*

In 2010 I was awarded with the first BNOS/BTUK Young Investigator Award during the Annual Meeting of the British Neuro-oncology Society that was held at the



University of Glasgow, 23rd-25th June 2010. This Award was launched during early 2010 by the Council of BNOS, in partnership with Brain Tumour UK (BTUK) to recognise the work of young scientists and clinicians working in Neuro-oncology.

It was a great honour to see my research work recognized with such an important Award and I am really grateful to BNOS and BTUK for that.

My research in Neuro-oncology spans from gene-therapy of experimental brain tumours to stem cell biology applied to the most aggressive brain cancer, i.e. glioblastoma multiforme (GBM). The putative involvement of stem cells and neural precursors in the genesis and growth of human GBM is an interesting topic but there are several contrasting evidences. As a consequence, in the last years working in this field was exciting but challenging and scientific discussion was extremely important to move the field forward. For this reason, I was really honoured to receive the BNOS/BTUK Award and have the opportunity to present my research in such an important event, like the BNOS Annual Meeting, where I could meet scientists and clinicians involved in the study, diagnosis and treatment of brain tumours and receive inputs for my research.

The BNOS/BTUK Award gave me also the unique opportunity to attend the Keystone Symposium on “Stem Cells, Cancer and Metastasis” that was held in Keystone, U.S.A. in March 2011. This meeting provided a forum for exchange of information and insights in my field of investigation and was mostly attended by post-doctoral scientists like me. The scientific program included talks about basic stem cell biology, the role of stem cells in cancer pathogenesis, imaging and tracking stem cells in tumours and metastasis and cancer therapy and it concluded with a roundtable about “insights and controversies on stem cells in metastasis” led by some of the eminent speakers of the symposium. I benefited a lot from the poster sessions that took place during evenings between 7pm to 10 pm. As a poster presenter, I had the opportunity to discuss new unpublished results of the project I am in charge of at the University of Cambridge in the lab of Dr Colin Watts.

I found this symposium the best environment for a productive maturation as post-doc and for networking with scientists working in my field. Being active part of such a meeting it is crucial for my career development and a “scientific inspiration” to generate new ideas for my research.

In this view, the BNOS/BTUK Award represented for me not only a recognition for my past work on GBM but also a boost to continue my research in this field. I am sure this Award will represent such an important contribution also for the next BNOS/BTUK Young Investigator Winners.

brainstrust's work awarded top quality mark by DoH

[brainstrust's](#) commitment to excellent patient information has been granted an official stamp of approval by the Department of Health, which has awarded the charity with the [Information Standard](#). To find out about what this means for you and your patients, please click [here](#).

Brainwaves NI

[Brainwaves NI](#) provides information and support to those affected by a brain tumour in Northern Ireland. The charity is delighted to have part financed the establishment of a malignant glioma tumour bank in Northern Ireland. Working in partnership, the charity has further ambitious plans to support local research.

Brain Tumour Consortium launches website

The [Brain Tumour Consortium](#) has launched a new website designed to draw attention to its campaign to improve outcomes for brain tumour patients, boost research and to help campaigners, patients and carers push for improved policy and services for brain and central nervous system tumours.

Andrew Lansley to address All Party Brain Tumour Group

Health Secretary, Andrew Lansley, will explain how the new Health Bill will affect the treatment of brain tumours at an All-Party Brain Tumour Group meeting, organised by the [Brain Tumour Consortium](#) on Monday 30th January in Portcullis House, Westminster. For further details, email btc@luther.co.uk.

Summit to launch Brain Tumour Awareness month (March)

200 campaigners, clinicians, patients and politicians will mark the start of Brain Tumour Awareness month at a summit in London on Wednesday 29 February. The summit will focus on issues such as NICE's improving outcomes guidance, early diagnosis and brain and CNS tumour research funding. For further information visit the [Brain Tumour Consortium website](#).

Brain Tumour UK

[Medicine and Me: Brain Tumours](#), 12 March 2012, Austin Court, Birmingham. This CPD accredited event run in partnership by Brain Tumour UK and The Royal Society of Medicine provides an opportunity for healthcare professionals and patients to engage and learn from each other.

The International Brain Tumour Alliance

Advance notice of the International Brain Tumour Awareness Week and 2012 edition of “Brain Tumour” magazine. [The International Brain Tumour Alliance](#) (IBTA) has announced that the 2012 awareness week will be from 28 October to 3

Number 06/12, January 2012

November. The IBTA's "Brain Tumour" magazine will be available in Spring 2012.

Samantha Dickson Brain Tumour Trust

[Samantha Dickson Brain Tumour Trust](#), the UK's leading brain tumour charity, has ambitious plans for 2012. These include the continued roll-out of the [HeadSmart](#) campaign, [grant rounds for clinical trials and research studies](#) and an ongoing programme of information days for patients and carers. [Find out more and get involved via our website](#).

Newsletter submissions welcomed

Producing a regular newsletter is a recent BNOS initiative. We see the newsletter as an effective means of communicating widely with our members who are working in a variety of disciplines within the field of neuro-oncology and opening up networking opportunities between members. Whatever area you are working in we would love to hear from you.

Send us your content on anything that you feel would be of interest to your colleagues - report back after a conference, summarise a journal article, new technology, your own new initiatives. Articles should be no more than 250 words and will be credited to the author. Contact the newsletter editor at: newsletter@bnos.org.uk.