



British Neuro-Oncology Society

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# British Neuro-oncology Society Newsletter

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## Highlights from BNOS2010 – Glasgow

### Review by Dr Aditya Shivane Consultant Neuropathologist (Plymouth)

(Excerpt below from the full article posted on our website <http://www.bnos.org.uk/conference.html>)



The annual meeting of the British Neuro-Oncology Society was recently held in the University of Glasgow. The meeting, themed ‘Collaboration & Teamwork’, was attended by more than 240 delegates from various neuro-oncology disciplines and brain tumour charities from across the UK and around the world ...The meeting closed with Prof R Rampling giving an excellent presentation and convincing everyone that glioblastoma is actually in retreat. He gave hope to everyone that glioblastoma will be conquered in the near future and this should be the ultimate goal of every neuro-oncology researcher.

The most important aspect of this meeting from a personal perspective was the multidisciplinary approach and interaction with people from various other neuroscience disciplines. I strongly encourage all working in neuro-oncology, especially trainees and junior researchers to experience and make contributions to this wonderful meeting in the future.

### ANON member viewpoint

By Mary Fraser, ANON rep (Glasgow)

In a sunny West End delegates were met with friendly and helpful staff at registration in the Atrium, which was also the area set aside for the poster presentations and charity/pharmaceutical stands. The conference theme “Collaboration and Teamwork” was certainly evident here as surgeons, oncologists, neurologists, charities, drug reps and nurses all mingled between presentations.

A symposium dedicated to Professor Rampling started the Wednesday afternoon session chaired by Mr Papanastassiou. This session included fascinating presentations from a number of speakers, including Dr Martin van den Bent and Mr Manfred Westphal who discussed pseudoprogression in concomitant therapy and emerging intratumoral surgical therapies such as Gliolan and Gliadel. Dr Robin Grant finished the session with a talk entitled ‘RAMPLING’ by discussing the management of seizures and S.M.A.R.T in glioma. An interesting topic to many nurses as some, including myself, had limited knowledge of the concept S.M.A.R.T.

The Association of Neuro-oncology Nurses held their meeting on the Thursday afternoon. Dr Eefje Sizoo from Amsterdam presented her pilot study about end of life care in glioma. What was impressive from her report was that 59% of her patients died at home. This encouraged discussion from the group about the lack of hospice beds in the UK. Dr Rooney presented his study on depression and distress in patients with glioma which inspired a small group of nurses in Scotland to do their own pilot study screening for distress and referring on to psychology services. ANON members were delighted for Dr Rooney’s successful accolade for his poster presentation.

The nurses’ group was privileged to hear Professor Rampling relate his experience in neuro-oncology in Glasgow from 1987 to present day. He shared his enthusiasm and optimism about future developments in neuro-oncology and encouraged us as a group to continue in our specialist roles in supporting the patient and family and the neuro-oncologists.

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BNOS2010 in Glasgow attracted 25 ANON members to attend. The group secretary Louise Baker left us with thoughts on how to keep the momentum going from this successful meeting and hopefully we will see as many, if not more, attend Cambridge in 2011.

## **Overview of BNOS2011 – Cambridge**

**By Dr Colin Watts (Cambridge)**

The next annual conference of the British Neuro-Oncology Society will be held in [Cambridge between 29<sup>th</sup> June and 1<sup>st</sup> July 2011](#). The venue will be Homerton College which will provide a beautiful setting for what promises to be an exciting conference. Our theme this year is “Targeting Heterogeneity & Individualising Therapy”.

The meeting will begin on the 29<sup>th</sup> of June with an educational programme entitled “Essential Advances in Neuro-Oncology”. This will provide a review of specific topics to a level understandable to both clinicians & scientists in order to promote dialog and foster collaborative translational research. Topics will include Bioinformatics, Clinical Trial Design, Advances in Imaging, Stem Cell Biology, High Throughput Screening Technologies, Treating Patients as Individuals, The UK Clinical Trial Portfolio, Advances in Surgery, Advances in Radiotherapy, Pharmacogenetics and the role of the National Brain Tumour Registry.

The main programme will begin on June 30<sup>th</sup> and will include internationally recognised plenary speakers on subjects as diverse as animal models of brain cancer, the management of patients with Low Grade Glioma, Early Detection & Diagnosis and functionalising the cancer genome. A programme of oral presentations and oral posters will be developed from peer review of submitted abstracts. These will be published in Neuro-Oncology. A dedicated poster session has been established in the programme. To encourage attendance at the poster session wine & canapés will be served. We will also be looking for nominations for the next BNOS Young Investigator Award, supported by BTUK (see the BNOS website for more details). To nominate a candidate you MUST be member of BNOS (for membership details see our website [www.bnos.org.uk](http://www.bnos.org.uk)).

Finally, our extracurricular programme will include a BBQ, lawn games and a Black Tie Gala Dinner in the Great Hall. We look forward to welcoming you to Cambridge.

## **BNOS – The Leading Forum for Neuro-Oncology in the UK**

**By Mr Richard Gullan, Kings College Hospital**

Twenty two years into my consultant neurosurgical career I have been overwhelmed and delighted to see the huge change that has occurred in our Society. It started as a “Group” and as my old school motto pronounced “*Concordia Parvae Res Crescunt*”. Those who have attended the most recent annual meetings must surely appreciate there is no other body in the UK that represents brain

tumour patients more widely, especially for the adult population where other more frequent tumour types attract much attention.

However we must not become complacent. Structural changes in the delivery of cancer care in the NHS and even to some extent in the private sector have played well into our hands, helping to promote proper coordinated multi-disciplinary care and sub-specialisation within the fields of neurosurgery, radiotherapy and oncology, and nursing specifically geared towards those suffering the awful problems associated with brain tumours. Sincere thanks is due to all those who have put so much personal time and effort into pushing these developments forwards and the powerful driving current of support from our associated patient groups, charities, research groups and the often forgotten crucial pharmaceutical and instrument / manufacturing companies that none of us can do without. BNOS has a common goal and ultimately that is the defeat of the dreaded malignant brain tumour. We have the army nearly assembled now in the UK and Eire to give our best both nationally and internationally. But, now the “*sting in the tail*”.

How many adult patients in the UK are entered into a serious and important brain tumour study? I fear pitifully few of the total number of UK brain tumour sufferers. This is no longer acceptable and a dreadful failure on our part as practising clinicians in an era which is hoping to take pride in the concept of “evidence based medicine”. Every neurosurgical unit in the UK should be engaged. Then we have a really powerful force for a massive challenge. Data must be collected in a meticulous and above all highly practical and efficient manner. The National Data Sets may be a start, but will they create a system that essentially automatically creates a data set for every individual patient that is comprehensive enough to be the main framework for any clinical trial? The dreaded “proformas” need to be made once and for all redundant and put in the bin where they belong! Of course for specific treatments extra key points of data might be needed, but replication must be avoided at all costs because it wastes time and more importantly is really irritating to those involved.

Many may moan about the NHS, but it at least could offer us the chance of an almost unique and uniform delivery system of care in the “Western World” that could potentially see almost EVERY brain tumour patient in a population of over 60 million being entered into national and international studies in brain treatment. BNOS should take ownership of this unique opportunity for the sake and respect of the very reason we exist at all – our patients.

## **Newsletter Submissions Welcomed**

Send us your content on anything that you feel would be of interest to your colleagues. Contact the newsletter editor at: [newsletter@bnos.org.uk](mailto:newsletter@bnos.org.uk).