

New trials give hope to liver cancer patients

Three launched this year will include patients from around the region

BY SALMA KHALIK
HEALTH CORRESPONDENT

SINGAPORE'S drawing power for clinical trials will give hope to several hundred liver cancer patients in the region, with the launch of three clinical trials this year.

Cancer surgeon Pierce Chow of Singapore General Hospital said the three trials will cover the "entire spectrum" of liver cancer, from localised small tumours to those that have spread beyond the liver.

Two are early stage trials of fewer than 100 patients. The third is a phase 3 trial involving several hundred patients with multiple cancer tumours in the liver.

In this trial, a radioactive drug called

SIR-sphere will be injected into the main artery, carrying blood to 90 per cent of the liver, to shrink the tumours. An earlier phase 2 trial on this treatment showed great success.

Although all three trials were initiated by Singapore doctors, they will include patients from a regional liver cancer group, as there are not enough patients from Singapore alone.

The Asia-Pacific Hepatocellular Carcinoma Trials Group, set up in 1997 by doctors from Singapore, Malaysia, Indonesia and Hong Kong, now has 29 medical centres in 14 countries. It was set up because 80 per cent of the one million deaths from liver cancer each year occur in the

Asia-Pacific. Singapore has about 400 liver cancer deaths a year.

The group, which meets here tomorrow, has completed five clinical trials. Its ability to get the patient numbers and meet the strict standards needed to get a drug to market has attracted considerable interest from drug companies, evident in the launch of three trials this year alone.

Some of the trials have extended patients' lives significantly or improved the quality of life in their final months, said Professor John Rush, who heads the Singapore Clinical Research Institute (SCRI).

SCRI is funded by the National Medical Research Council and supports clinical trials by providing expert advice on applications for grants, designing trials to meet stringent international standards, and helping to collect and analyse data.

Liver cancer is one of the most lethal cancers, highly resistant to chemotherapy and with only one in five patients suitable for surgery. Few survive six months from the time of diagnosis.



National Cancer Centre CEO Soo Khee Chee says such trials let patients undergo treatments they might otherwise not have been able to afford.

There are promising new drugs but they are expensive, so doctors here have been keen to enrol patients in clinical trials, giving them access to the treatments.

Prof Soo Khee Chee, chief executive of the National Cancer Centre, said such trials have both economic and social spin-offs. They attract investments, such as Swiss pharmaceutical giant Roche's \$130 million translational research hub here. They also enable patients to get access to expensive treatments they would otherwise not be able to afford, he said.

One of them was Mr H. S. Gui, 54, who was diagnosed with liver cancer

more than three years ago. He had surgery and was fine for a year. Then the cancer came back in several places in his liver, making surgery impossible.

He was fortunate enough to be one of 35 patients in the region taking part in a phase 2 trial of SIR-sphere in July 2008, resulting in him being cancer-free today.

After getting a dose of SIR-sphere, which costs \$25,000, Mr Gui was given another drug called Sorafenib, which costs \$10,000 a month. This drug is able to prolong the lives of most patients by about three months, and shrink the tumours for a lucky few. Remaining cancer cells were burnt off with radioablation.

Mr Gui, who owns a flower shop, said he could never have afforded the roughly \$100,000 in total costs. "I still had to pay quite a lot, almost \$20,000," he said.

Not all clinical trials have such positive outcomes, said Prof Rush, who is also vice-dean of clinical sciences at the Duke-NUS Graduate Medical School, but patients always benefit from better care.

The first trial by the regional group was negative, but even that had "significant impact" on how liver cancer patients are treated worldwide, said Prof Chow.

That trial, which ended in 2000, tried to show that a cheap drug, tamoxifen, which works wonders for breast cancer, could help patients with liver cancer. Instead, patients with poor liver function died two weeks earlier than they might otherwise have. Such patients are not given tamoxifen anymore.

salma@sph.com.sg