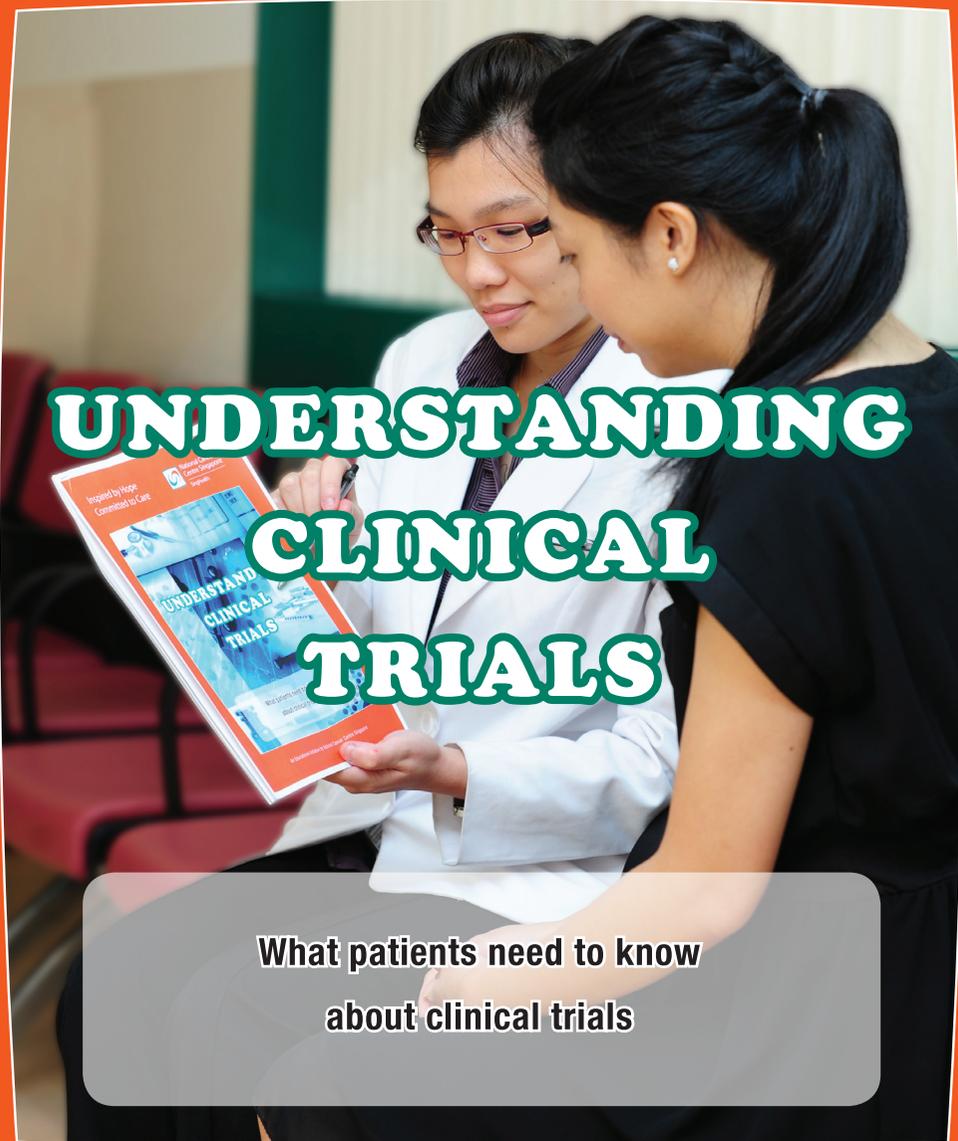


Inspired by Hope
Committed to Care



National Cancer
Centre Singapore

SingHealth

A photograph of a female doctor in a white lab coat and glasses, holding a brochure and pointing to it. A female patient is leaning in to look at the brochure. The brochure is titled 'UNDERSTANDING CLINICAL TRIALS' and features the National Cancer Centre Singapore logo and the text 'Inspired by Hope Committed to Care'.

UNDERSTANDING CLINICAL TRIALS

**What patients need to know
about clinical trials**

An Educational Initiative by National Cancer Centre Singapore

WHAT YOU NEED TO KNOW ABOUT CLINICAL TRIALS IN NCCS

Clinical trials offer alternative treatment options for many people with cancer. An important aspect of the medical care that NCCS offers to our cancer patients is the opportunity to take part in clinical trials. This booklet is designed to provide you with background information on cancer clinical trials and is intended to help you decide on whether to take part in a clinical trial in NCCS.



Scan here for more information on NCCS clinical trials

Understanding Clinical Trials

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Disclaimer

The National Cancer Centre Singapore does not endorse or promote the use of any product mentioned in this booklet. The information is presented in a summary to provide an understanding and knowledge only. It does not recommend the self-management of health problems or replace consultation with your doctor. You should never disregard medical advice or delay seeking it because of something you have read here.

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Understanding Clinical Trials

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Preface

The National Cancer Centre of Singapore (NCCS) is committed to bringing in the latest and most up-to-date anticancer treatments for our patients.

With significant progress made into understanding the underlying drivers and vulnerabilities of cancers, we now have a slew of novel therapies, leading-edge technologies and treatment strategies that are in development. Clinical trials provide a rational framework to evaluate these new approaches and remain the primary means through which progress is made in our fight against cancer. It is our sincere hope that participation in these trials will ultimately translate to better patient outcomes.

This information booklet covers the relevant aspects of trial participation and seeks to provide answers to the common questions you may have. In doing so, we hope to empower you and your family to make informed decisions on whether to participate in the next generation of cancer care.

Prof Soo Khee Chee
Director, National Cancer Centre Singapore

1. THE BASICS

HOW ARE NEW DRUGS DEVELOPED AND TESTED?

Before a new drug gets regulatory approval for clinical use in patients, it has to go through a very long process with many stages, as illustrated in the diagram below (Figure 1).

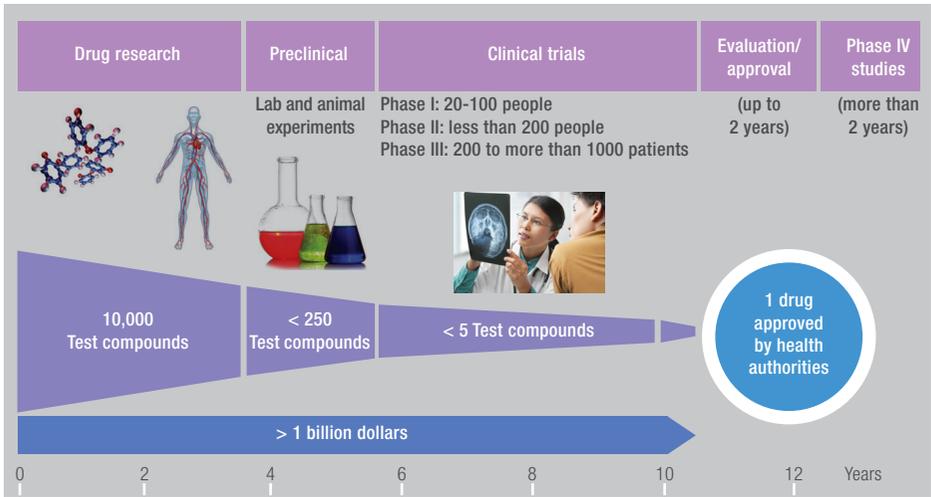


Figure 1. Drug development pipeline (Adapted from PhRMA Profile Pharmaceutical Industry 2010)

Research for a new drug begins in the laboratory, after which they undergo further animal testing or 'pre-clinical studies'. During pre-clinical studies, a new drug candidate is tested for initial proof of its safety and effectiveness. Promising drug candidates will then be selected for testing in human clinical trials. The regulatory body (Health Science Authority, Singapore) will examine all the information obtained from the various stages of drug development and decide on whether or not to approve the drug for treatment in patients. All drugs that are currently approved and routinely used in the treatment of cancer have undergone clinical trials.

WHY IS THERE A NEED FOR CANCER CLINICAL TRIALS?

Cancer treatment clinical trials are research studies that are designed to test new drugs, drug combinations or approaches of treating cancer. Despite extensive efforts, we are still unable to cure most patients with recurrent or advanced cancer, which explains the critical need to search for new drugs and approaches. Clinical trials are integral to cancer drug development and the establishment of new treatment standards. It is through cancer clinical trials that researchers are able to determine whether new treatments are safe, effective and result in better outcomes than current treatments. When you take part in a clinical trial, you contribute to the overall knowledge about cancer and help in the development of improved cancer treatments.

WHAT ARE THE DIFFERENT PHASES OF CLINICAL TRIALS?

Before a new treatment is tested in patients, extensive laboratory and animal testing have been done to identify the drug compounds that have promising anti-cancer activity and side effects profile. Clinical trials in humans take place in different phases before the new treatment is approved by regulatory bodies, as shown in the following chart (Figure 2).

When you take part in a clinical trial, you will only be in one particular phase of the study. A treatment moves through the different phases of clinical trial when it has met the rigorous regulatory requirements for each phase. However, you will remain in the phase of trial you are enrolled in.

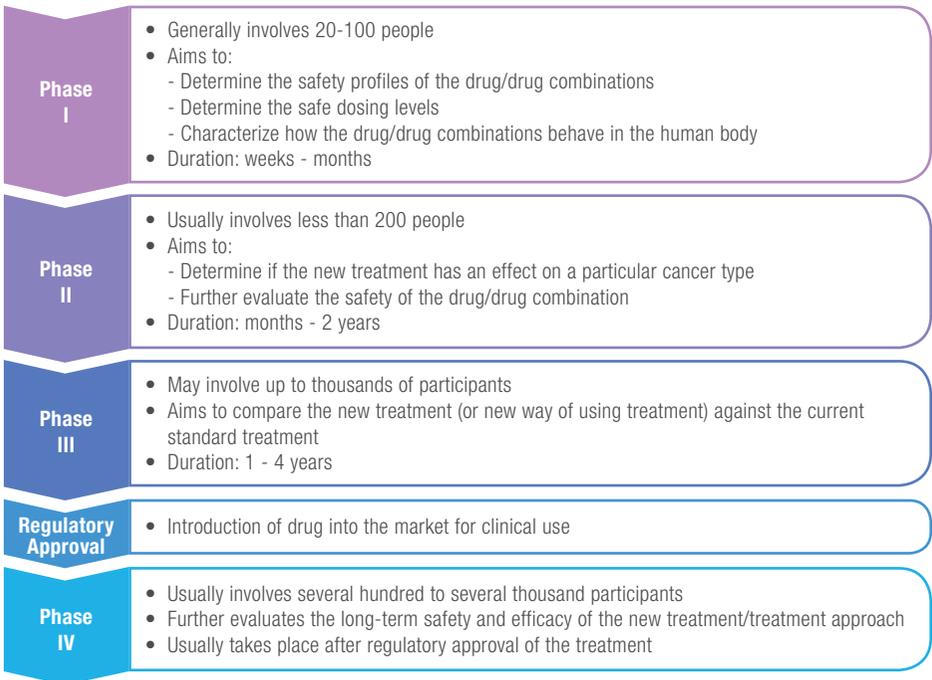


Figure 2. Phases of clinical trials

CLINICAL TRIALS IN NCCS

Today, NCCS is at the forefront of cancer clinical research in Singapore that is aimed at developing novel and up-to-date treatments to improve the lives of patients with different cancer types, including breast, lung, nasopharyngeal, stomach, colorectal and liver cancers. We have over a decade of experience in conducting clinical trials and have completed a broad spectrum of more than a hundred clinical trials to date. Our portfolio encompasses phases I to III trials, with most studies evaluating the effectiveness of novel molecular targeted agents.

With collaborations both locally and internationally, our investigators have been actively designing the protocols for and conducting these clinical studies. We have a dedicated team of medical oncologists, radiation oncologists, surgeons, radiologists, scientists, clinical research coordinators (CRCs), nurses, pharmacists and administrators who work closely together in the conduct of these trials.



2. PARTICIPATING IN A CLINICAL TRIAL

WHAT HAPPENS DURING A CLINICAL TRIAL?

The following flow-chart shows the different steps and procedures involved in a clinical trial.

PRE-SCREENING

The clinical trial team doctors will first assess your health, discuss your treatment options and explain to you the nature of clinical trials.

PRE-SCREENING MOLECULAR STUDIES

For some trials, the tumours may need to be tested. This is to look for abnormalities in the tumour which may be targeted by specific drugs. Usually this testing can be performed in the laboratory on tumour tissue that has been previously removed but sometimes patients may need to undergo a procedure to remove more tumour tissue for testing.

MAIN INFORMED CONSENT & SCREENING FOR ELIGIBILITY

You will then be taken through the informed consent process and be screened for eligibility into a particular trial. The informed consent and screening process will be explained in greater details in this booklet.

TRIAL ENROLLMENT

If you meet the eligibility criteria and agree to participate, you will then be enrolled into the clinical trial.

STUDY PROCEDURES AND FOLLOW-UP

- The trial procedures will be conducted in accordance with the study protocol. As a trial participant, you will have to undergo the study treatment and procedures as stipulated in the informed consent document.
- You may need to undergo more tests and come to NCCS for follow-up appointments more frequently as compared to those who are not taking part in clinical trials. This is to allow us to monitor your condition closely and ensure your safety.
- You will also have to follow closely the advice given by the study team, which may include: (1) taking part in all scheduled appointments and tests, (2) taking the medications as directed and (3) informing the clinical trial team regarding your symptoms and any adverse effects you may be experiencing.

END OF TRIAL

- Your participation in a clinical trial is completely voluntary and you may withdraw from the study at any point in time.
- In some cases, your doctor may have to stop the study treatment if you no longer benefit from the treatment or if you are unable to tolerate the treatment.

Figure 3. Steps and procedures involved in a clinical trial

AM I ELIGIBLE FOR CLINICAL TRIALS?

Clinical trials follow strict protocols that outline the criteria for eligibility. These criteria are specific to each trial and are commonly based on the following factors:

- **Age**

For cancer treatment trials in adults, the age range is usually quite wide. The majority of clinical trials in adults only enroll patients over the age of 21. Some trials may also impose an upper age limit, particularly those where the study treatments are expected to be intensive e.g. trials involving high-dose chemotherapy.

- **Type of cancer**

Many trials are only open to patients with a particular cancer type. This is because different types of cancers respond differently to different treatments and investigators may be trying to find out if a particular treatment works for a certain type of cancer.

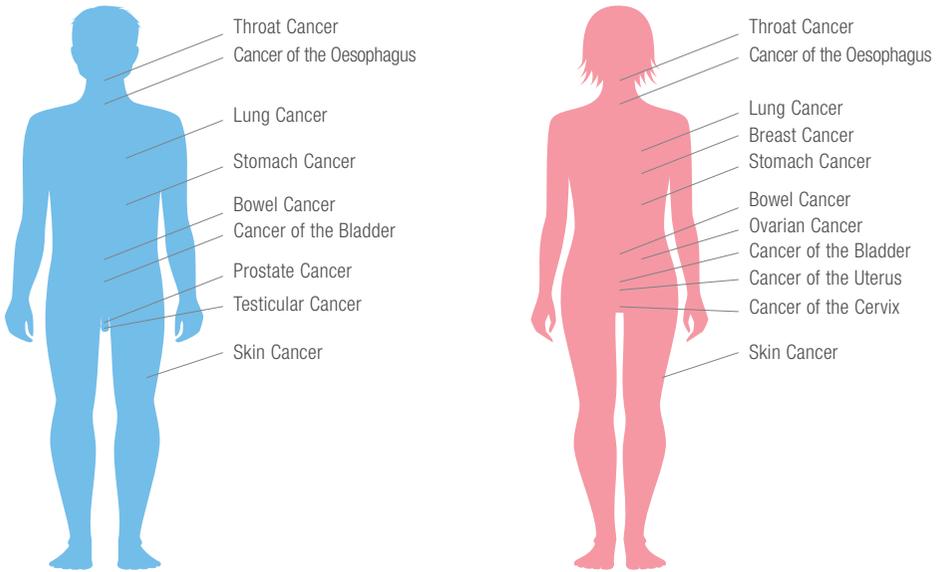


Figure 4. Different types of cancer by gender

- **Stage of cancer**

Some trials, particularly phase II and III trials, are only open to patients with a particular stage of cancer.

- **Previous treatment history & how long it has been since your last treatment**

Some trials may exclude patients who have received a particular type of treatment, e.g. chemotherapy or radiotherapy. Phase III trials often exclude patients who have received multiple types of chemotherapy while phase I trials are typically less strict. In contrast, some trials may also enroll only patients who have received a particular treatment prior to trial enrollment, e.g. only patients who have had radiotherapy or certain targeted therapies, are eligible.

Certain trial protocols may also specify the time interval from your last treatment that will determine your eligibility in the trial. This is to ensure that the outcomes are the results of the study treatment alone, and not due to the prior treatments you have received.

- **General health**

There are several scales that investigators commonly use to grade your general well-being and activities of daily living. Some examples of these scales include the Eastern Cooperative Oncology Group (ECOG) performance status, which ranges from 0 to 5, and Karnofsky performance status, which ranges from 0% to 100%.

Many trials select only patients with a particular performance status, e.g. ECOG status of 0-2. This is because patients with ECOG status of 0-2 are more physically fit and therefore more likely to be able to tolerate the rigors of a clinical trial and treatment with novel therapeutic agents.

- **Other medical conditions**

Some trials may exclude patients with life threatening conditions or uncontrolled existing medical illnesses, e.g. severe heart problems, HIV/AIDS, diabetes, etc.

- **Organ function**

Even if your condition is not severe or life threatening, you may also not be able to take part in a certain trial if your kidney, liver, heart and/or bone marrow functions are compromised.

These criteria are put in place to ensure as far as possible that the clinical outcomes are due to the effects of the study treatment(s) on the cancer alone, and that you are not put at risks for harm, especially in cases where the study treatment may have related side effects that may further aggravate your condition. You will be advised on the trials which may be suitable for you.

WHAT IS “INFORMED CONSENT”?

Informed consent is a process during which we will provide potential trial participants like yourself with information about the clinical trial(s) for which you are eligible. This process is intended to protect you as you will be provided with all the information relevant to the clinical trial. These include:

- What the trial is trying to find out
- What treatment you will be receiving
- Alternative treatment options
- What is currently known about the type of treatment being studied
- What are the potential risks and benefits
- What tests and procedures you will be expected to undergo
- How often and for how long you will need to come back for follow-up appointments
- How your blood or tissue samples will be used and kept for future research, if any
- Who pays for the costs of the trial
- How your privacy and confidentiality are protected
- Who to call if you have more questions



All this information will be included in the patient information sheet (PIS), which you can take home, read and discuss with your family members, dependents and doctor. You must sign an informed consent form before enrolling into a trial to demonstrate that you have been given such information and that you voluntarily agree to participate in the trial.

Signing this document, however, does not bind you to the trial and you may withdraw from the study at any point in time, even if the trial is not completed. Such decisions on your part will not compromise your relationship with your attending doctor, or affect your subsequent medical care.

HOW ELSE WILL I BE PROTECTED DURING THE TRIAL?

Apart from the informed consent process, several important safeguard measures have also been put in place. For every clinical trial, there is a Principal Investigator (PI) who is responsible for the conduct of the trial. Before initiating a study, the PI has to obtain ethics and regulatory approval from the relevant authorities.

To obtain regulatory approval from the Health Sciences Authority in Singapore, investigators must provide relevant evidence that the treatment being investigated is acceptably safe and that the design of the trial has adequately taken into consideration the safety of trial participants. The trials also have to be conducted in accordance with the Singapore Good Clinical Practice (SG-GCP) principles, which will ensure that your rights, interests and safety are adequately protected, and that the data generated from the study are sound, valid and accurate.



In addition, for each clinical trial, ethics approval also has to be obtained from the SingHealth Institutional Review Board (IRB) before the trial can start. This review board is an independent ethics committee made up of professionals with knowledge of medicine, science and law. It is made up of both medical and non-medical people.

The IRB ensures that all clinical trials conducted are ethically sound and that the rights and welfare of the participants are adequately protected. They do so by inspecting the trial protocols and informed consent documents. They also ensure that any potential risks are minimized and that these risks are reasonable in relation to the potential benefits.

The study team will also ensure your safety through close follow-ups and careful on-going monitoring of the trials.

WHAT ARE MY RIGHTS AS A TRIAL PARTICIPANT?

As a trial participant, you will have the following rights:

- To be informed about the aims and procedures of the trial, the risks and benefits of the study treatment, and the alternative options to trial participation
- To ask questions, and get answers to them, if there is anything you do not understand
- To make an informed decision regarding your participation
- To withdraw from the trial at any point in time, without compromising your subsequent care
- To receive the medical care that is best for you
- To privacy and confidentiality

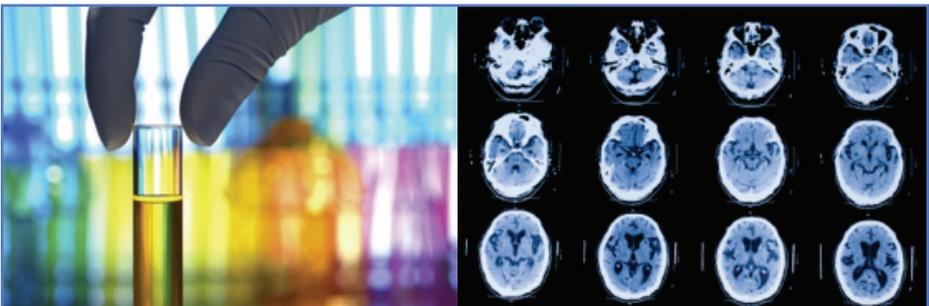
WHAT TREATMENT(S) WILL I RECEIVE DURING THE TRIAL?

The treatment you receive depends on the trial that you are in. Based on the characteristics of your tumour, your treatment history and other clinical factors, the team will advise you on the trials that you are eligible for. Other than the trial drugs, you may also receive medications to prevent or treat the side-effects that you may experience.

WHAT ARE THE TESTS AND PROCEDURES INVOLVED?

The tests and procedures that you will have to undergo vary from trial to trial, but in general, these include blood tests (both for safety monitoring and research purposes) and imaging scans to assess if the tumour is responding to the treatment, such as CT, MRI, PET, MUGA and other scans. Sometimes, biopsies of the tumour may be required as part of the trial, which your doctor will discuss with you.

Do note that you may have more frequent and longer check-ups during the trial. This is to allow us to monitor the effects of the study treatment on you more closely, and ensure that the study treatment is not doing you more harm than good.



WHAT ARE THE POTENTIAL RISKS AND BENEFITS OF PARTICIPATING IN A CLINICAL TRIAL?

Clinical trials are experimental in nature and we do not know how effective the study treatment will be compared to standard treatments. In addition, although these trials have been designed to minimize the risks for all participants, there can be unexpected side-effects associated with new treatments or new approaches to treatment.

HOW LONG DO THESE TRIALS USUALLY LAST?

This really depends on several factors, including:

- How well you tolerate the study treatment
- How well your tumor responds to the study treatment
- How fast your disease progresses
- The type of treatment being given

In general, trial participants will continue receiving the study treatment until you no longer benefit from the treatment and your disease progresses, or if you develop any undue side effects. However, do remember that you can withdraw from the trial at any point in time if you wish to.

WHO WILL PAY FOR MY PARTICIPATION?

Some clinical trials in NCCS are funded by the SingHealth and NCCS research funds, government organizations and other research funding bodies, such as the National Medical Research Council (NMRC). Some trials are also sponsored by pharmaceutical companies. The costs of the drugs may be partially or fully covered. In some trials, the costs of blood tests, scans, consultations, transport and hospitalization may also be covered. But these costs may not be covered in other trials. This will be explained to you in greater details during the informed consent process.

3. PHASE I CLINICAL TRIALS IN NCCS

WHAT IS MEANT BY “DOSE ESCALATION”?

Since most of the drugs in phase I trials are being tested for the first time in humans, there is a need to determine their safe dose levels and side-effects. Phase I trials are usually designed as dose-escalation studies. These trials typically enroll patients in small groups, with each successive group receiving progressively increasing dose(s) of the investigational treatment. The purpose of increasing the doses of the investigational drugs is to determine the safety and tolerability of the drugs at different dose levels in patients.

If you are one of the first patients to take part in a phase I trial, you will be given a small amount of the drug(s). This amount is usually based on animal studies. If the first group of patients does not have any severe side effects, the next group of patients in the same trial will receive a higher dose of the same drug, and this goes on until the team finds the maximum tolerated dose (MTD). This MTD will then be taken to further testing in phase II and III trials.

Depending on how well you tolerate the drug or drug combination, phase I trial protocols usually have guidelines on how to adjust doses in the event of side effects. Some phase I trials may also permit an increase in the dose(s) of the drug or drug combination if you are benefiting from the treatment.

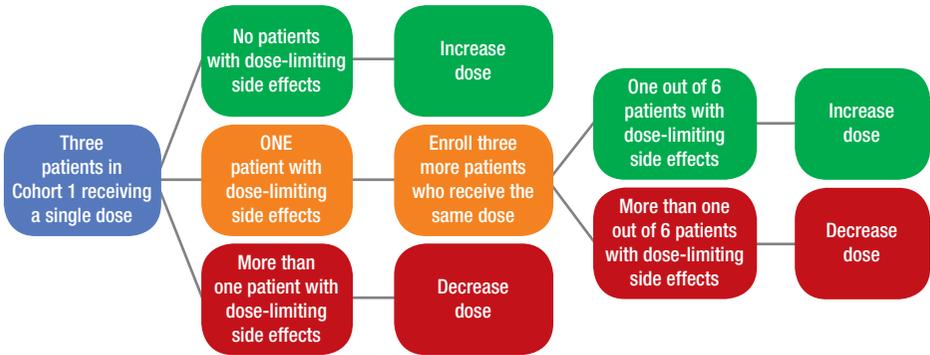


Figure 5. An example of dose escalation scheme in Phase I trials. This is an illustration of the “3+3 design”, which is commonly used in Phase I cancer clinical trials.

Increasingly, phase I trials may also include dose expansion cohorts after the MTD has been determined. This is to confirm the MTD and better characterize the safety profile of the study treatment before proceeding on with a phase II study.

WHO CAN PARTICIPATE IN THESE TRIALS?

Phase I trials usually allow patients with different tumour types to take part. In some instances, where the study drug may have a very specific action, only patients with a selected type of tumour(s) may be allowed to participate. As drugs in phase I trials are being tested for the first time in patients, there is a risk of unexpected side-effects. Therefore, patients who participate in these trials have to be of good performance status and have good organ functions.

WHAT SHOULD I EXPECT DURING A PHASE I TRIAL?

- **Close monitoring & follow-up**

Participants of phase I trials will be very closely monitored by the study team to ensure your safety. In general, you will need to come for weekly follow-up visits, especially in the initial stages of the trial. The frequency of clinical visits varies according to the nature of the trial. There may also be 1 or 2 overnight stays in hospital for safety monitoring during the early part of the treatment.

- **Blood tests and scans**

For most phase I trials, blood tests and scans are part of the procedures that you will have to undergo. These are essential for us to monitor how you are responding to the treatment and ensure your safety. In addition, blood samples may also be collected at specific time points for research purposes.

In general, Phase I trials would often involve more frequent blood taking and scans compared to Phase II and III trials. These are essential for us to monitor how you are responding to the treatment and ensure your safety.

- **Close communication with the study team**

There will be a research coordinator as well as the study doctor who will be looking after you, who you can contact if you have any questions.

HOW LONG DOES A PHASE I TRIAL USUALLY LAST?

Phase I trials may take up to two years to complete. However, this may vary from one trial to another and from one patient to another. Phase I trial participants generally continue receiving the study treatment until their disease progresses, if they cannot tolerate the treatment or if they choose to stop.

WHO WILL OVERSEE MY MEDICAL CARE IN NCCS WHILE I AM IN THE TRIAL?

In NCCS, we have a dedicated phase I clinical trial team that comprises medical oncologists, scientists, clinical pharmacologists, clinical trial coordinators and nurses who will oversee your medical care throughout the trial. They will ensure that the study is conducted in accordance with the trial protocol, address the questions you may have and attend to any adverse events you may experience during the trial.

WHAT HAPPENS AFTER THE TRIAL? WHAT WILL MY FOLLOW-UP CARE BE LIKE?

You will be referred back to your primary oncologist for treatment and follow-up care after the trial.

WHAT ARE THE RISKS AND BENEFITS OF PARTICIPATING IN A PHASE I TRIAL?

Phase I trials represent the earliest phase of clinical trial of a particular investigational treatment in cancer patients. If the treatment works, you may be one of the first to benefit. Some of your medical care and tests may also be paid for by the trial sponsor. In addition, you may be able to help future cancer patients by contributing to medical research.

However, we do not know for sure that the study treatment will be effective against your cancer. Also, there is a risk that you may experience side effects, some of which may be unexpected. This is especially true for phase I trials, where we do not know much about the side effects of the treatment. Having said that, do note that these treatments have all been carefully researched in the laboratory before they are given to trial participants. We will monitor your condition closely, and will respond promptly to manage any adverse effects to minimize the risk to you. If you experience any side effects that you deem worrisome, please get in touch with the trial team as soon as possible.

4. LATE PHASE CLINICAL TRIALS

PHASE II TRIALS

If the investigational treatment successfully passes through a phase I trial, it will then move on to a phase II trial. In contrast to phase I trials, the main aim of phase II trials is to find out how well the investigational treatment works against a particular cancer type. In addition, doctors will also continue to monitor for side effects to provide additional data about the side effects of the study treatment and ensure participants' safety.

Although these treatments have been tested in phase I trials prior to the conduct of phase II trials, drugs in phase II trials may not necessarily be safer or more effective against your cancer. While data from phase I trials may allow us to understand the side effects of the investigational treatment better, you may still experience side effects that the trial doctors may not know about or expect.

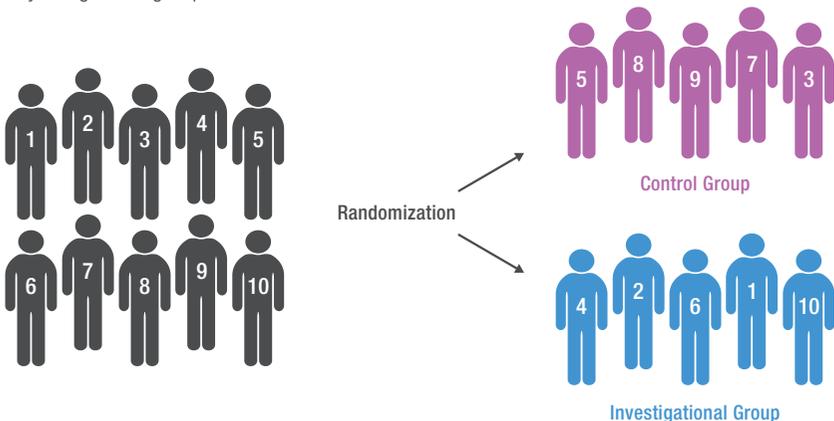
PHASE III TRIALS

Phase III trials compare new treatments or approaches with the current standard of treatment. These trials provide the key evidence for safety and effectiveness of an investigational treatment that the regulatory agencies will consider in deciding whether or not to approve the drug or drug combination.

Phase III trials are usually large in scale, involving several hundred to several thousand patients and may take several years to complete. Phase III trials are often multi-center trials that are conducted in many different medical centers and even different countries.

HOW ARE CLINICAL TRIALS DESIGNED?

For phase I and some phase II trials, since the primary aim is to investigate the safety and effectiveness of the study treatment, all trial participants will be receiving the study treatment and they will be informed of the treatment they are receiving. For some phase II and almost all phase III trials, participants are randomly assigned to groups that receive different treatments.



For randomized cancer clinical trials, the treatment groups usually comprise the investigational group and the group receiving the current standard therapy. The process of randomization is usually facilitated by a computer, which randomly allocates patients to the different treatment groups. The purpose of randomizing the recipients of the different treatments is to ensure that each participant has an equal chance of being treated with either the investigational treatment or the standard therapy, thus reducing biasness.

For a clinical trial that includes randomization, it is important that you understand that neither you nor the team doctors can choose the treatment which you will receive. Additionally, in cases where the trials are “double-blinded”, neither you nor the doctor will know which treatment group you are in until the end of the clinical trial.

5. FREQUENTLY ASKED QUESTIONS

WHAT IS THE DIFFERENCE BETWEEN STANDARD TREATMENT AND EXPERIMENTAL TREATMENT?

Standard treatments are those that are widely accepted by medical experts as the “best proven” treatments for a specific cancer type. These treatments have been established to be useful in fighting the particular cancer type through previous clinical trials. On the other hand, experimental treatments are treatments that investigators believe have the potential to improve current standard treatments. If clinical trials demonstrate that an experimental treatment brings about improved outcomes compared to the current standard treatment, the experimental treatment will then become the new standard treatment or ‘standard of care’.

WHY DO I NEED TO HAVE A BIOPSY DONE?

For some trials, we may have to obtain biopsy specimens from your tumour tissues to analyse for specific abnormalities (this is known as molecular screening) or to see if the trial drug is having an effect on the tumour. The testing of tumour samples will allow us to more accurately determine if there are any genetic changes or “mutations” in the tumour which may be treated with a particular drug.

Sometimes, the biopsy may be required to determine if you are eligible for a clinical trial because certain trials only enroll patients with certain tumour characteristics. The evaluation of tumour samples through biopsies will allow us to more accurately determine whether the tumour is sensitive to the drug being tested in a particular clinical trial. There may also be a need for you to undergo a repeat biopsy if we are unable to retrieve suitable samples from your previous biopsy or operation. This is because the cancer cells may have changed over time (evolved) and it is important to ensure that you are receiving the treatment that is most suitable for your present condition.

Biopsies do carry a risk of discomfort, bleeding, infection and can sometimes be serious. The risks will depend on which part of your body the biopsy is taken from. Your doctor will discuss with you if a biopsy is needed, where it will be taken from and the number of biopsies that will be done. Biopsies will not be taken if it is not safe to do so.

WHAT IS “MOLECULAR SCREENING”?

In cancer, changes in the genes (“brains of the cell”) may result in altered proteins that disrupt the way that cells normally communicate with each other. This may eventually lead to uncontrolled growth of the cancer cells. In the past, cancer cells were categorized based on the way they appear under the microscope. Today, we are able to identify changes in the gene and other signals in cancer cells and further capture this information as “molecular signatures”. This improved understanding of the processes that drive cancer growth has led to the development of molecular-targeted drugs that specifically target these abnormal processes. For trials involving these targeted agents, molecular screening can help to detect the presence of these “targets” in your cancer cells.

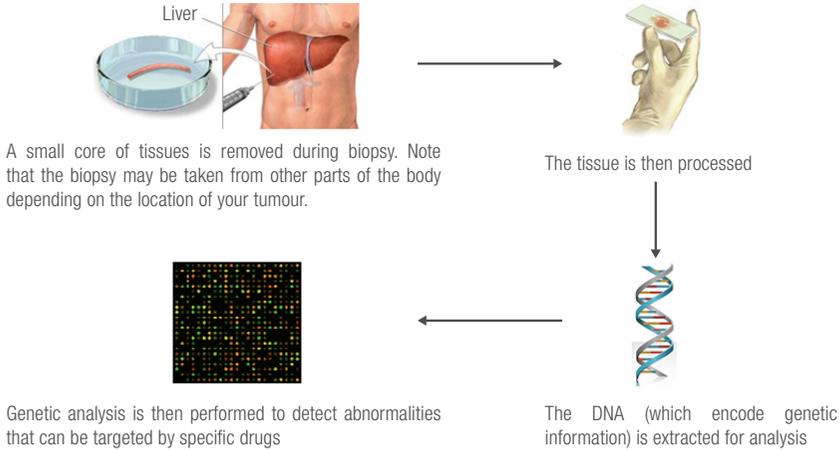


Figure 6. An illustration of molecular screening of tumour specimens. (Sources: 1) <http://health.kernan.org/imagepages/9353.htm>. 2) <http://www.eugenegei.com/procedures/liver-biopsy>. 3) http://commons.wikimedia.org/wiki/File:DNA_microarray.svg).

WHAT ARE THE CHANCES OF THE STUDY TREATMENT BEING EFFECTIVE?

Due to the limited number of patients that can be recruited in Phase I trials, the effectiveness of the trial drugs is not known. There is no guarantee that you will have a positive response with the experimental treatment or that you will not experience any side effects. However, prior to clinical testing in patients, extensive testing would have been done in the laboratory and on animal models to show that the experimental drugs may be beneficial in humans.

WHO CAN I CONTACT FOR QUESTIONS RELATING TO THE TRIAL?

You may discuss with your doctor and the clinical research coordinators if you have any further questions.

HOW YOU CAN HELP US HELP OTHERS

The Cancer Education Department is an integral part of the National Cancer Centre Singapore support services for everyone in Singapore. The two arms of Cancer Education Department are:

- Cancer Education and Information Service (CEIS)
- Patient Education and Support Programmes

CEIS provides the vital link for anyone affected by cancer. It is probably the first stop for someone who wants to know more about the disease. We offer telephone information, support, counselling and linkage with health professionals, volunteers or cancer support groups/organisations. Nurses who are trained in cancer-care handle the telephone counselling. They can share their skills and discuss options available to help the callers cope with a diagnosis of cancer.

Also available free to the public is a wide selection of publications regarding specific types of cancer, cancer prevention and cancer treatment.

Patient Education and Support Programmes offer a comprehensive range of educational and therapeutic programmes at different phases of the patients' cancer journey. These are done through support and self-help groups, retreats, orientation programmes and befriending services. Family support programmes on the other hand provide support to caregivers and children of cancer patients.

We are just a telephone call away, and we offer help when help is needed most. However, what we have currently achieved has been possible only because of support and encouragement from our kind donors. Funding is key to ensure that we can keep up with the level of demand on our services.

If you wish to make a contribution to these initiatives, you can mail us a crossed cheque payable to "Community Cancer Fund". On the back of the cheque, please provide:

- Your name & NRIC no.
- Email address & your contact number.

Details are needed for tax exemption. Please mail the cheque to:

Community Cancer Fund

Division of Community Outreach & Philanthropy
National Cancer Centre Singapore,
11, Hospital Drive,
Singapore 169610



For enquiries, please call 6236 9440. Alternatively, you can email us at donate@nccs.com.sg.

No amount is too small. If each of us can do our little bit, we can go a long way in helping the cancer sufferers.

Thank you in advance for your act of kindness.

For more information on cancer, please call the
Cancer Helpline at Tel: 6225 5655
or email cancerhelpline@nccs.com.sg

MONDAYS - FRIDAYS : 8.30am to 5.30pm

SATURDAYS, SUNDAYS : CLOSED (Please leave a message)
& PUBLIC HOLIDAYS

THIS IS A PUBLIC EDUCATION INITIATIVE BY:

National Cancer Centre Singapore

Division of Community Outreach & Philanthropy
Cancer Education & Information Service

11 Hospital Drive

Singapore 169610

Tel: 6225 5655 Fax: 6324 5664

Website: www.nccs.com.sg

