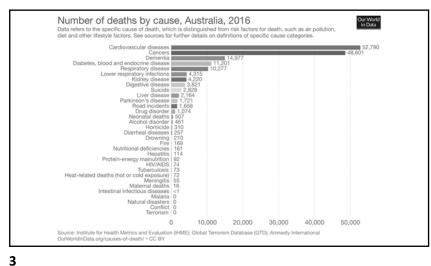


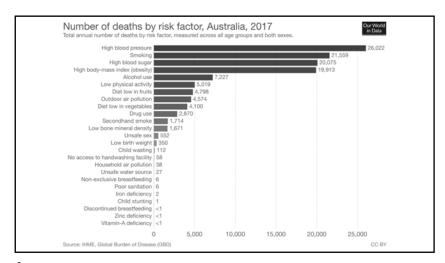
Advances in Cancer Therapy for Animals and Humans

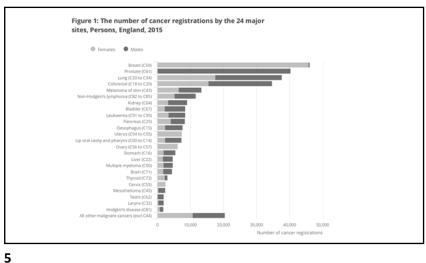
Sue Armstrong MA VetMB VetMFHorn CertlaVH MRCVS Rishom

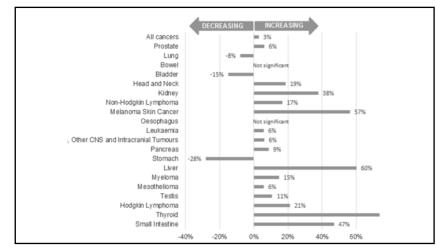
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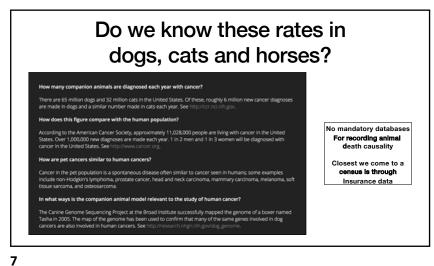


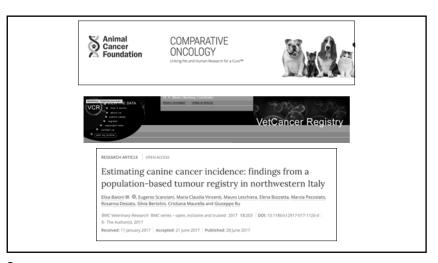
As communicable diseases and overt nutritional deficiencies decline as the major causes of death they are replaced by increased levels of diseases of the 'unexpended organism" How long are we supposed to live?

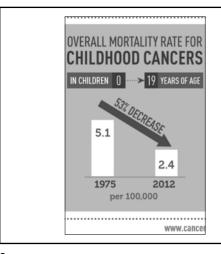












Is good always
what it appears to be?
The perils of data

So what is cancer?

- Cancer is a complex multigenic disease
- There is no such thing as a single gene for a specific cancer
- A series of genetic events and multiple mutations are required for a cell to become a cancer cell
- Contrary to many models which suggest that mutations occur sequentially, evidence suggests that they are random

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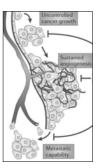
The Hallmarks of Cancer 1.

- Enabling Characteristics
- Genomic instability and mutation
- Tumour promoting inflammation
- Emerging Characteristics
- Deregulating cellular energetics
- Aerobic Glycolysis
- Avoiding immune destruction



The Hallmarks of Cancer 2.

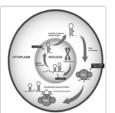
- 1. Self sufficiency in growth signals
- 2. Insensitivity to anti growth signals
- 3. The ability to evade apoptosis
- 4. Limitless reproductive potential
- 5. Sustained angiogenesis
- 6. The capacity to invade tissues and metastasise



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Cancer Genes

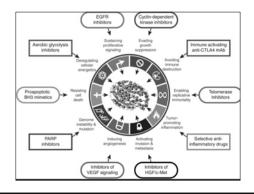
- Two major classes of cancer genes:
- · Genes that directly affect cell growth
- Ability to control cell division (birth) or cell death (apoptosis)
- Positively = oncogenes e.g. Ras, Myc
- Normally tightly controlled in cancer usually a single allele dominant mutation
- Negatively = tumour-suppressor genes e.g. Rb, p53
- · Normally restrain cell growth ability is lost in cancer
- Both alleles must be inactivated recessive mechanism
- · Affect the ability of the cell to maintain its integrity
- Cells with a deficiency of these genes have an increased rate of mutations including oncogenes and tumour

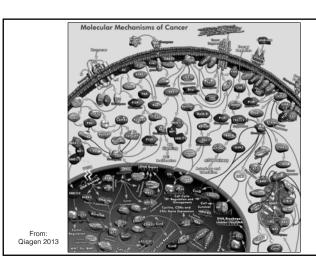


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New Therapies Aimed at the Affected Genes





Conventional therapeutics for decades relied upon surgical removal and/or destroying the cancer cells slightly faster than the healthy cells of the body

CAM therapies in general have from the beginning

recognised the concept of individuality and that the

target of therapy are the immune and energy systems

These worlds are now beginning to converge

We have to be sure that what we have to offer is better or at least as good as the conventional pathway

We have to know how the conventional treatment will be affected by any intervention that we offer

> Nuclear DNA vs. mDNA Microbial DNA ECM signaling

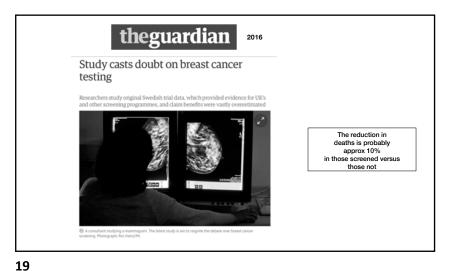


Cancer Screening Programmes

- NHS Breast Screening
- 50-70 year old women
- · Looking for radiographic changes
- NHS Cervical Screening
- 25 64 year old women
- · Looking for cellular changes
- NHS Bowel Cancer Screening
- people aged 60 74
- · Looking for blood in the stool



17 18



Blood Screening

- . Inflammatory markers in the blood e.g. C-reactive
- Not specific
- · PSA prostate
- CA 15-3 raised in mammary cancer, lung, colon, pancreas, liver, ovary, cervix and endometrium
- · Used to monitor recurrence
- · Used to monitor response to therapy
- CA 19-9
- · Pancreas and colorectal, liver stomach and biliary tree

Tumour Biomarkers in Dogs

Mitotic Index e.g. cell proliferation indicators AgNOR, PCNA, KI67

C-kit mutation - cell survival/proliferation Tyrosine kinases (Masitinib, Toceranib)

P-53 mutations (immunohistochemistry detects Overexpression of mutate p53)

cLBT (canine lymphoma blood test) (2 acute phase proteins)

Hypercalcaemia

Neoplasia Index - CRP + TK1 (thymidine kinase)

20

Familial Cancer (Humans) - Inherited Faulty Genes Bowel cancer Breast cancer Kidney cancer Melanoma Ovarian cancer Pancreatic cancer Prostate cancer Retinoblastoma (eye cancer) Thyroid cancer Womb cancer

Imaging Techniques

- · Positron emission tomography PET
- Radioactive tag added to a molecule e.g. glucose that is rapidly taken up by the cancer cells
- Magnetic Resonance Spectroscopy MRS
- During MRI, pulsed radio waves bounce off different molecules in the body with different frequencies, that can then be interpreted using MRS analysis e.g. high levels of choline is often associated with cancer and can be detected in this way
- Photo Acoustic Imaging PAI
- Modified version of ultrasound combining light and sound.
- Different molecules return different wavelengths of ultrasound providing contrast to the image and information related to the tumour e.g. seeing areas of active blood vessel development by tracking O2 carrying haemoglobin

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Treatment

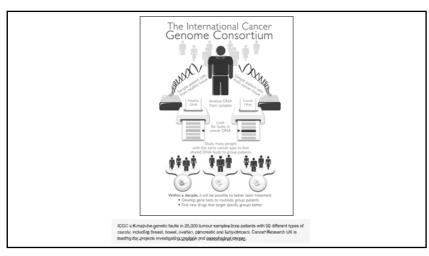


Just some of the chemotherapy protocols

7-2, saw revenue as D.A. or CAC in cases of survivolence and surviv

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Molecular and Genetic Testing are important for the diagnosis of cancer and for predicting risk but can become even more critical when it comes to therapy



25 26

Molecular Diagnostic tests

Molecular diagnostics test a patient's cancer for particular genetic mutations

This can then help doctors work out the best course of treatment for that patient – be that a certain type of chemotherapy, or a **targeted drug** if available for the type of genetic mutation – giving the patient the best possible chance of a good outcome.

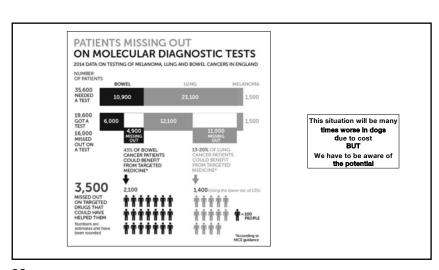
These tests can mean patients can avoid side effects from the drugs that will probably not work for them.

What are the tests?

For lung cancer, patients' tumour samples can be tested for faults in two genes: <u>EGFR</u> and ALK. <u>EGFR</u> faults mean they're likely to be sensitive to drugs like <u>gefitinib</u> and <u>erlotinib</u>. ALK faults suggest the drug <u>crizotinib</u>.

For bowel cancer, certain forms of the <u>KRAS and NRAS</u> genes suggest the patient may benefit from drugs like <u>cetuximab</u>.

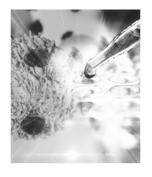
For melanoma, patients with faulty forms of the <u>BRAF</u> gene can be offered drugs like <u>yemurafenib</u> and <u>dabrafenib</u>.

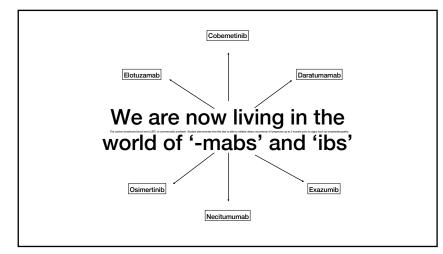


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Immunotherapy

- Treatments that harness the bodies own immune system to destroy tumours
- Immune checkpoint inhibitors remove the brakes on normal immunological control e.g. Nivolumab - small lung cell cancer, melanoma
- IMM-101 killed bacterium to stimulate the immune system to reawaken when the cancer has switched it off
- Monoclonal antibodies e.g. Herceptin[®] (Trastuzumab) - HER2 positive breast cancer
- Non-specific cancer immunotherapies and adjuvants e.g. cytokines, interleukins, drugs e.g. Thalidomide in Multiple myeloma





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Some common cancers in which vaccines are being tested

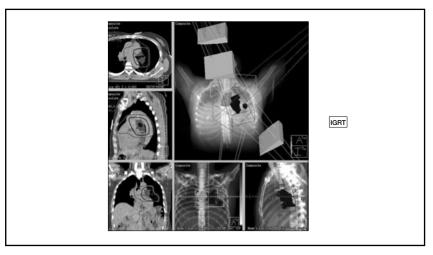
Some of the more common types of cancer in which vaccines are now being studied include:

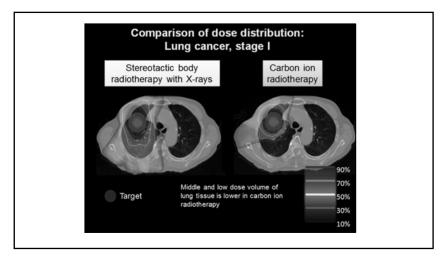
- Brain tumors (especially glioblastoma)
- Breast cancer
- Cervical cancer
- Colorectal cancer
- Kidney cancer
- Lung cancer
 Lymphoma
- Melanoma
- Pancreas cancer
- Prostate cancer

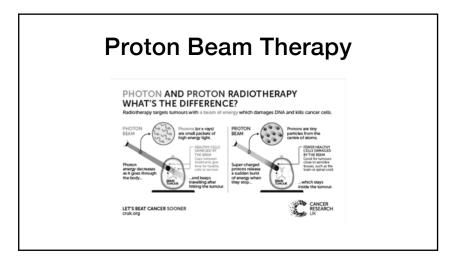
Advances in Radiotherapy

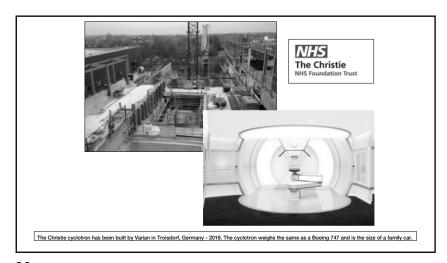
- IMRT intensity modulated radiotherapy varies the beam according to the shape of the target
- IGRT image guided radiotherapy external beam radiation with the position verified using imaging prior to each fraction
- High Dose Brachytherapy hollow tubes inserted into the affected area e.g. prostate deliver high dose radiation directly to the tissue - ultrasound guided
- CFRT High Dose Conformal Radiotherapy 3D dose calculation using 3D anatomic and functional imaging

31



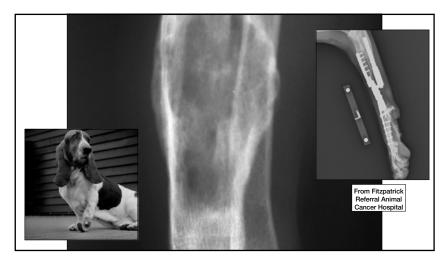






What else is new in Dogs?

- There are advances both in the medical and surgical fields of veterinary cancer treatment
- •The Veterinary Society of Surgical Oncology
- Incorporates surgery and other treatment modalities
- Exciting pioneering work at centres such as Fitzpatrick Referrals Animal Cancer Hospital
- Limb sparing ops for dogs with osteosarcoma
- •Extensive lymph node removal in e.g. anal adenocarcinoma's, MCT's
- More aggressive multimodal combined techniques
- •And of course animals too are beginning to get more access to 'ib's' and 'mabs'



37



