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Major new NIHR grant could help patients with early bowel cancer avoid unnecessary chemotherapy after surgery

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17 February 2020

Researchers at The Royal Marsden NHS Foundation Trust and The Institute of Cancer Research, London have been awarded a prestigious £3 million grant by the National Institute for Health Research (NIHR) and the Medical Research Council (MRC) to investigate whether a blood test can identify which bowel cancer patients will benefit from chemotherapy following surgery.

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Professor David Cunningham, Consultant Medical Oncologist at The Royal Marsden NHS Foundation Trust and TRACC study lead

Bowel cancer is the third most common cancer in the UK, with over 40,000 people diagnosed every year. Following surgery, patients with high-risk stage II or stage III bowel cancer are offered chemotherapy to kill any remaining cancer cells as a standard ?one-size-fits-all?

approach.

However, around half of these patients will have been cured by surgery alone, meaning that they do not gain any benefit from chemotherapy. In addition to receiving this unnecessary treatment, these patients may also suffer from the side-effects of chemotherapy, which can impact both their short and long term quality of life and can range from mouth ulcers and loss of appetite, to nerve damage and blood clots.

Identifying patients who will benefit from chemotherapy

Researchers at [The Royal Marsden NHS Foundation Trust](#) [8] and [the ICR](#) [9] want to be able to identify those patients who need chemotherapy and those who don't, ensuring that only patients who will benefit from further treatment receive it.

The team, led by [Professor David Cunningham](#) [10], will analyse blood samples taken from patients after surgery and look for DNA derived from tumour cells (ctDNA). This process, known as a 'liquid biopsy', will be used to identify which patients will benefit from chemotherapy. The presence of ctDNA in the blood indicates that, despite surgery, some tumour cells still remain, and the patient needs further treatment with chemotherapy.

Predicting recurrence of bowel cancer

The study, which is also being funded by [The Royal Marsden Cancer Charity](#) [11], is an extension of the TRACC clinical trial. TRACC was established in 2016 to find out [whether analysis of ctDNA in blood tests can predict the recurrence of bowel cancer](#) [12] earlier than the standard method of a CT scan. The study now has over 700 patients recruited from around the UK.

This new phase of TRACC will enrol patients from hospitals around the country over four years, with the first patient recruited in February 2020.

Taking patient priorities into account

The trial was designed in collaboration with patients representatives for the NIHR Biomedical Research Centre (BRC) at The Royal Marsden and the ICR, including a funding co-applicant, to ensure that the views and priorities of patients, such as reducing over-treatment and minimising the risk of side-effects, were taken into account.

Professor David Cunningham, TRACC study lead, Consultant Medical Oncologist at The Royal Marsden and Director of the NIHR BRC at The Royal Marsden and the ICR, said:

'We are striving to deliver personalised care to our patients so that the patients who really need chemotherapy after bowel cancer surgery get it and those who do not can avoid the side effects of treatment without a detriment to cure and have better quality of life.'

The use of a simple blood test to tailor treatments to individual patients could revolutionise treatment for operable bowel cancer within five to eight years, sparing around 6,500 patients from unnecessary chemotherapy every year, and may enable the NHS to save millions annually.?

Peter Wheatstone, Patient Advocate for the NIHR BRC at The Royal Marsden and the ICR, and co-applicant on the TRACC grant, said:

?As a bowel cancer patient, I agreed to have chemotherapy because it wasn't possible to tell if all of the cancer had been removed by surgery. Although my treatment finished several years ago I still suffer from some of the long-term side effects of chemotherapy but have no idea whether I actually benefited from it.

The TRACC trial gives me hope that it may be possible to identify patients who do not require chemotherapy, sparing many from unnecessary side-effects.?

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Our research: Gastrointestinal Cancers [13]

Improving cure rates, reducing over-treatment and complications, and preventing and managing adverse side effects from treatment

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