

# Clinical Research Facility

Newsletter Issue 1, March 2019



Welcome to the first issue of our brand new newsletter! We are excited to launch these newsletters so we can share information about our latest trials, provide updates, and share our outcomes.



## *In this Issue...*

Messages from the Director of Research at UCLH & the Director of the CRF

The NIHR UCLH CRF and LWENC

What's been keeping us busy

Just started or starting shortly

New trials in multiple myeloma and Parkinson's disease

A patient's perspective on trial participation

Patient feedback: What do patients think about the CRF?

# Welcome Messages



## UCLH Director of Research, Prof Bryan Williams

UCLH is amongst the leading research-active hospitals in the NHS. Over the past 10 years, our NIHR BRC has been helping to foster a culture of early phase clinical translation of innovative new treatments, either from pull-through of in-house discovery science at UCL, or in partnership with SMEs and big Pharma.

This has been very successful and is growing fast. Fundamental to that success has been the availability of a high quality Clinical Research Facility (CRF) to host and deliver phase 1 and 2 trials. These are amongst the most complex of studies that require high level expertise to mitigate potential risks.

The complexity is further enhanced at UCLH because we are attempting to tackle some of the most intractable problems in medicine, for example, with innovative new treatments for patients with cancers that have been resistant to treatment with existing medicines, or rare and complex neurological disorders and a vast range of complex diseases in various medical disciplines. Thus, the continued success of the BRC and the clinical transitional research enterprise at UCLH and UCL and the hope of our patients for successful new treatments, are all critically dependent on the continued success of our NIHR CRF which now embraces two modern state of the art facilities at 170 Tottenham Court Road and at the Leonard Wolfson Experimental Neurology Centre at Queen Square. This is where we really see the delivery of leading edge biomedical science for treatment of our patients at UCLH and beyond.

## UCLH CRF Director, Prof Vincenzo Libri



Welcome to our new CRF newsletter, through which we hope to share our activities and achievements with the public. Now is a particularly exciting time for us, following the full integration of our two clinical research facilities. This represents a significant milestone towards increased efficiency and our ultimate goal to expedite the evaluation and delivery of novel, safe and effective therapies.

The CRF is now well established and our clinical and research governance teams are very well integrated. With this opportunity I would like to express sincere gratitude to all CRF staff for their significant contribution to the recent challenging reorganisation across the two sites, and their continued support to our trials, with exemplary professionalism, enthusiasm and dedication to improving patient outcomes.

CRF trials represent some of the most complex and high intensity studies that could not be delivered on a typical NHS ward. Case studies reported in this newsletter are just examples of our innovative portfolio which prioritises early phase mechanistic trials including immunotherapies, cell and gene therapies, as well as single gene antisense oligonucleotide (ASO) therapies delivered by intrathecal administration.

As part of our ongoing commitment to act on feedback we receive from patients, carers, and CRF users, one important goal of this newsletter is to promote a culture of open communication, and we hope that our newsletter will offer an opportunity to collate ideas on how to create an even better environment at the CRF in the best interest of our patients.

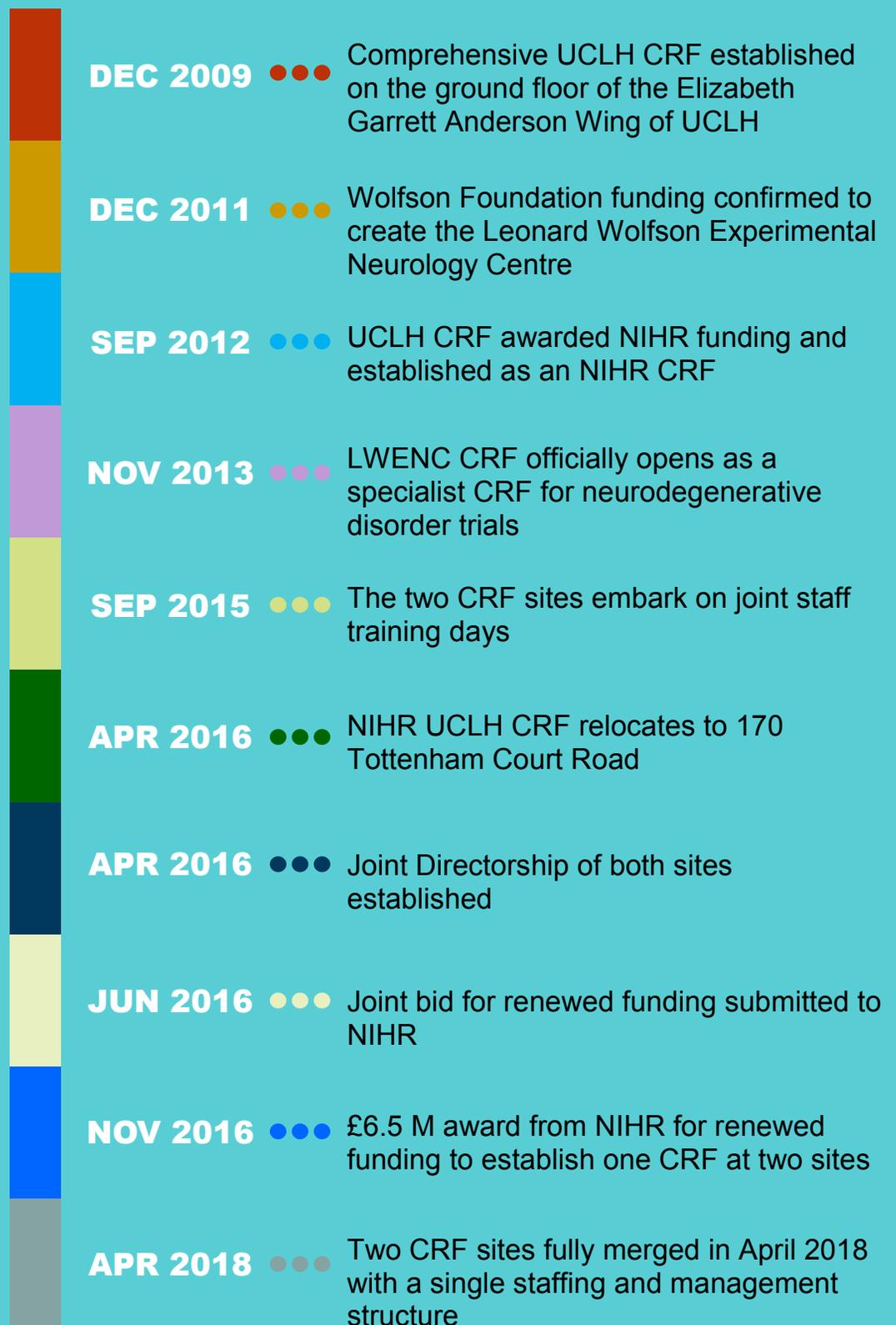
I hope you will enjoy reading.



# One CRF at Two Sites

## The NIHR UCLH Clinical Research Facility and Leonard Wolfson Experimental Neurology Centre:

### A History from Conceptualisation to Success



# What's been keeping us busy

A snapshot of our impact over the last 12 months

30 new studies opened



**NEW**

The NIHR UCLH CRF and Leonard Wolfson Experimental Neurology Centre CRF fully merged in April 2018 to form one single powerhouse for early phase clinical trials at UCLH.

A total of  
**731**  
participants

were seen at the UCLH CRF as part of a research study resulting in a total of

**6791**  
appointments



**65% versus 35%**

We currently have more commercially Sponsored trials on the CRF portfolio



## CRF research participant appointments

**4927**

at  
Bloomsbury



**1864**

at Queen  
Square



**3419**  
treatment  
visits

Most of our trials are in **cancer (43%) & neurology (37%)**

but we also run studies in all other therapeutic areas including

- rheumatology
- gastroenterology
- endocrinology
- cardiology
- blood disorders
- reproductive health



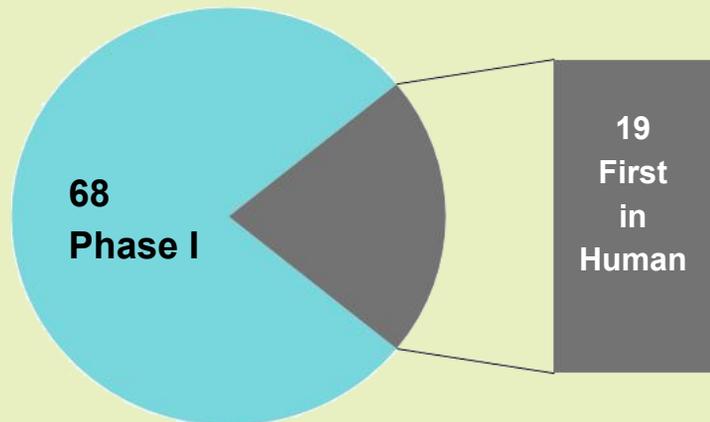
137 trials are actively recruiting!



58 applications from **32 distinct** Principal Investigators



We have approximately 150 trials active across our two sites at any one time!



As of 1st March 2019  
**68 Phase I**  
trials were open or in set-up, including  
**19 FIH studies**



## FOCUS ON... The DREAMM2 trial

### An important step forward in multiple myeloma

Towards the end of 2018, we opened a new study called DREAMM2. This trial, Sponsored by GlaxoSmithKline (GSK), follows on from a First in Human, Phase I study (also conducted at the UCLH CRF) that tested a new drug referred to as 'GSK2857916' in patients with multiple myeloma, which is a type of bone marrow cancer.

In the UK alone, multiple myeloma affects around 17,500 people at any one time, and around 5,700 new cases are diagnosed. Myeloma is the 19th most common cancer in the UK, and less than half of people diagnosed with myeloma in England and Wales survive their disease for five years or more. Incidence rates for myeloma are projected to rise by 11% in the UK by 2035\*

The NIHR UCLH CRF was the first site in the world to recruit a patient to the First in Human trial specifically for the treatment of relapsed and refractory (treatment resistant) multiple myeloma patients, and other advanced hematologic malignancies.

In October 2017 the European Medicines Agency (EMA) granted PRIME (Priority Medicine) designation to GSK2857916, a designation by the EMA to enhance support for the development of

medicines that target an unmet medical need. GSK2857916 has also received orphan drug designation from the EMA and FDA for multiple myeloma, and in November 2017, GSK announced that Breakthrough Therapy Designation had been received from the US Food and Drug Administration for monotherapy in patients with multiple myeloma who have failed at least three prior lines of therapy.

Breakthrough Therapy Designation is designed to fast track the development and review of drugs that are intended to treat a serious condition. The PRIME and Breakthrough Therapy Designations are based on the preliminary results from the Phase 1 trial which showed an overall response rate of 60% in heavily pre-treated patients with relapsed or refractory multiple myeloma. These results were presented at the American Society of Hematology in December 2017 and the European Myeloma Network in April 2018.

The purpose of the Phase 2 DREAMM2 trial is to investigate additional doses and clinical effectiveness of GSK2857916. The UK Chief Investigator for the 2 trial is Dr Rakesh Popat, a Consultant Haematologist at UCLH. GSK2857916 is currently not licensed for treatment.

\*[www.myeloma.org.uk](http://www.myeloma.org.uk) and [www.cancerresearchuk.org](http://www.cancerresearchuk.org)

***"This new immunotherapy represents an exciting step forward for the treatment of this currently incurable cancer. The phase 1 trial was a very complex protocol with multiple clinical services involved due to potential toxicities. The NIHR UCLH CRF was instrumental in co-ordinating the trial and treating patients to the highest levels of safety"***

**Dr Rakesh Popat, UK Chief Investigator**



### *Did you know...*

The UCLH CRF is one of 23 NIHR CRFs in England

Some of our trials are in close partnership with life science companies

NIHR CRFs are specifically designed to support high-intensity and complex clinical research

# FOCUS ON... The OXB102 trial

## Innovation in Parkinson's disease



The CRF dosed the first global patient for the OXB102 trial (also known as AXO-Lenti-PD). This gene therapy study is aimed at improving the supply of dopamine in the brains of people with Parkinson's disease (PD).

The experimental drug is injected directly in to the brain's striatum, one of the principal components of the basal ganglia (a region of the brain that plays a critical role in muscle coordination and movement) during a neurosurgical procedure.

In people affected by Parkinson's disease (PD), parts of the brain become progressively damaged over many years resulting in motor symptoms including tremor, rigidity and bradykinesia (slowness of movement). This deterioration is caused by a loss of dopamine-producing neurons (nerve cells) in an area of the brain called the substantia nigra. In turn, this leads to a reduction in the availability of dopamine, a neurotransmitter (a chemical released by neurons) that has an important role in controlling movement and balance.

Gene therapy works by introducing genes via an inactivated viral vector (virus) to specific cells providing them with the genetic instructions needed to change their fate. AXO-Lenti-PD is a next generation gene therapy, developed by Oxford BioMedica and Axovant Sciences Ltd for the treatment of PD, and contains three genes that are responsible for producing dopamine, delivered in a lentiviral vector.

The therapeutic rationale for AXO-Lenti-PD treatment of PD is to provide dopamine replacement to the dopamine-depleted striatum of PD patients by gene transfer of the three critical enzymes in the dopamine biosynthesis pathway.

The trial will assess patients with PD from UCLH, the National Hospital for Neurology and Neurosurgery (NHNN), London, Cambridge University Hospital and the Henri Mondor Hospital, Paris. Professor Thomas Foltynie is the UCLH Principal Investigator. Professor Ludvic Zrinzo led the surgery for the first global patient recruited to the study.



***"The study will investigate the potential benefit of this treatment to patients with Parkinson's disease by looking at its impact on symptoms, such as tremor, rigidity, and bradykinesia, and seeing if they improve. While we do not yet know if it is effective, it is hoped this therapy will provide patient benefit for many, many years following a single treatment. It is extremely important that this trial is hosted by CRF. The CRF staff are experienced, knowledgeable and thorough, and even more importantly are kind and considerate when dealing with vulnerable patients. This has major influence on patient recruitment and retention and thus on trial success"***

**Professor Thomas Foltynie, Principal Investigator**

***"It is a pleasure to work with the team at UCLH on this study for AXO-Lenti-PD. Their meticulous attention to detail and expertise in the treatment of patients with Parkinson's disease is key to the success of this study"***

**Gavin Corcoran, M.D., Executive Vice President of Research and Development at Axovant**

# Hot off the Press - our Latest Studies

## Just started or starting shortly

### **CALDOSE**

*Principal Investigator - Farooq Rahman*

*Sponsor - Immunic AG*

This is a phase 2 dose-finding study to evaluate the efficacy and safety of IMU-838 for induction and maintenance therapy in moderate-to-severe ulcerative colitis. IMU-838 (vidofludimus calcium) is a new compound that selectively inhibits the human enzyme dihydroorotate dehydrogenase (DHODH). The inhibition of nucleotide synthesis seems to be a promising approach to treat this patient group.

### **TACTICAL**

*Principal Investigator - Sam Janes*

*Sponsor - UCL*

This is a first-in-human single-site phase I dose de-escalation study and multi-centre phase II double blind randomised, placebo controlled trial of a new treatment, MSCTRAIL, which consists of cells carrying an anti-cancer gene, in combination with cisplatin and pemetrexed chemotherapy for metastatic lung cancer. The overall aim of the trial is to determine the safety and preliminary efficacy of repeated doses of MSCTRAIL when delivered in combination with cisplatin and pemetrexed.

### **Biogen-ALS**

*Principal Investigator - Vincenzo Libri*

*Sponsor - Biogen*

ALS is a rare neurodegenerative disease resulting in loss of motor neurons and their axons within the cortex, brainstem, and spinal cord. Patients suffer from progressive loss of muscle mass, strength, and function in bulbar, respiratory, and voluntary muscles. This first-in-human Phase 1 study will be a multiple -ascending-dose evaluation of BIIB078 in participants with C9ORF72-ALS.

### **BP40234**

*Principal Investigator – Martin Forster*

*Sponsor - Roche*

This is a phase 2 trial to evaluate the therapeutic activity of RO6874281, an immunocytokine, consisting of interleukin-2 variant (IL-2V) targeting fibroblast activation protein-A (FAP), in combination with atezolizumab (Anti-PD-L1), administered intravenously, in participants with advanced and/or metastatic solid tumours

### **DREAMM6**

*Principal Investigator - Rakesh Popat*

*Sponsor - GSK*

A phase I/II, open-label, dose escalation and expansion study to evaluate safety, tolerability, and clinical activity of the antibody-drug conjugate GSK2857916 administered in combination with lenalidomide plus dexamethasone (Arm A), or bortezomib plus dexamethasone (Arm B) in participants with relapsed / refractory multiple myeloma – (DREAMM 6). The CRF is currently participating in the related DREAMM2 trial and recently completed the Phase I BMA117159 trial (read more about DREAMM2 and BMA117159 on page 6).



# Research participant interview

## Meet Sandra Burch

Meet Sandra Burch, one of our wonderful clinical trial participants at the NIHR UCLH CRF

Sandra is part of the GIT38 trial, a Phase 1/2 study exploring the safety and effectiveness of a new drug in patients with breast cancer

We asked Sandra a few questions about her experience so far of participating in a clinical trial



### Has your experience of participating in this study been what you expected?

Yes, although I was not really sure what to expect. The environment doesn't feel like a normal hospital, and patient care is second to none.

### What do you feel is the most positive things about taking part in a clinical study?

Having access to oncologists who have knowledge of new potential drugs. More frequent assessments means I'm really well looked after. For example I have 8 weekly scans as part of the trial and don't have to wait long to know what the results are. It means I have reduced anxiety and less sleepless nights.

### What do you feel is the most negative thing (if anything) about taking part in a clinical study?

It might be difficult for someone that doesn't like needles (or coming in to the hospital) as there are very regular assessments and checks done during a trial.

### Based on your experiences of participating in a clinical trial, would you encourage other people to volunteer too?

Yes totally, I would not hesitate to recommend taking part in a trial, or to recommend the UCLH Clinical Research Facility!

### What would you say to someone who is thinking about taking part in a study but they are not sure?

Make sure to look at websites that offer information about clinical trials, as there is lots of material out there. Maybe ask your doctor's advice too if you have questions about clinical research participation.

*A big thank you to Sandra (and to all of our patients) from the CRF team!*

*None of what we do would be possible without your involvement and voluntary participation in research!*



# Feedback from our participants

## What our trial participants think matters to us



We surveyed 50 trial participants and this is what they said about their experience at the CRF

### All patients surveyed said...

...our staff were polite and friendly

....they had confidence in the clinical research staff treating them

...their privacy was maintained whilst in the facility

....the facility was clean and comfortable

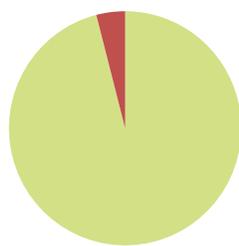
....they believe we put their safety and wellbeing above everything

....they experienced the kindness they would want for a loved one

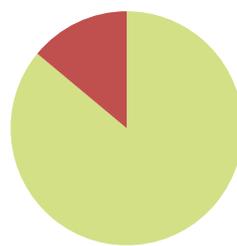
...they felt that our staff work effectively as a team

...they would recommend participating in research at the UCLH CRF to other people such as friends and family

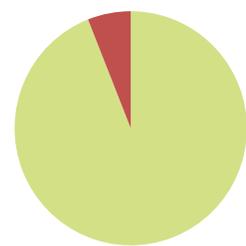
100%



96% of participants felt that getting to the CRF for their appointment was very convenient



86% of participants were satisfied with the process of being reimbursed for their trial related expenses



94% of participants said that their appointment started on time

**Thank you to everyone that took part in our survey!**

**Feedback from our participants is important, and we will do our very best to improve in areas that our participants have said could be better**

Remember you can always provide comments and feedback to us at anytime by emailing [clinicalresearchfacility@uclh.nhs.uk](mailto:clinicalresearchfacility@uclh.nhs.uk)

## *And finally...*

We would like to thank our funders, the National Institute for Health Research (NIHR), the Wolfson Foundation, and the UCLH-UCL Biomedical Research Centre (BRC) for their support.

Thank to all our staff for their dedicated, caring and empathic approach to all patients attending the UCLH CRF

A very special thank you goes to our research patients and carers. Without their willingness, and admirable commitment in taking part in our studies, our work and achievements simply wouldn't be possible!



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If you would like more information about any of the articles in this newsletter, please email us at [clinicalresearchfacility@uclh.nhs.uk](mailto:clinicalresearchfacility@uclh.nhs.uk)

We also welcome ideas about topics that you would like to see covered in future editions of this newsletter.

This newsletter was edited and designed by Dr Raj Khengar (CRF General Manager) on behalf of the UCLH CRF.