

may be indicated for life-prolonging treatment and symptom management in hormone-receptor poor tumors, in hormone-receptor rich tumors progressing during endocrine treatment and in the presence of life-threatening metastases, such as lymphangitic lung lesions. With the exception of life-threatening disease, single agent sequential treatment is preferable to combination chemotherapy due to lower risk of complications. Of special interest to elderly individuals are capecitabine, gemcitabine, vinorelbine, liposomal doxorubicin, weekly taxanes.

217 INVITED
Favoring empirical extrapolation from trials in younger postmenopausal women with breast cancer

Abstract not received.

218 INVITED
Favoring specific clinical research for elderly women

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Multidimensional geriatric assessment has been shown to significantly add information on elderly cancer patients to be entered in clinical trials, allowing their division into three gross categories:

1. fit patients, who may be treated as adult patients,
2. vulnerable patients, who should receive treatments adapted to their limited organ reserve and partially compromised functional status, and
3. frail patients, who are candidates to palliative cares only.

The high response rate with combination chemotherapy in advanced breast cancer is probably not worth the added toxicity in elderly vulnerable patients. No results from the usual combination chemotherapy regimens have been so far published in women older than 70 years. The preferred first step should be then that of conducting single agent phase II–III studies with the potential advantage of avoiding excessive toxicity. At progression the choice could be again that of testing a new non-crossresistant drug. The results with weekly docetaxel, weekly paclitaxel, gemcitabine and capecitabine need to be confirmed on a larger number of vulnerable patients, while vinorelbine has been already proven as an active and well tolerated drug. Another interesting anthracycline with reduced cardiotoxicity is liposomal doxorubicin, which has a good activity without excessive toxicity in adult patients with breast cancer, therefore specific studies addressed to older patients are warranted. The new monoclonal antibody trastuzumab should also be tested in old patients due to its mild toxicity, with the possible exception of cardiac effects if used with anthracyclines. No adjuvant chemotherapy regimen can be considered as standard in women older than 70 years, since the classical, but also the i.v. CMF every 3 weeks, can be administered in general only at a reduced dosage and have not been tested in the frame of controlled clinical trials specifically designed for unselected elderly patients. Retrospective studies on adjuvant chemotherapy have been showing that only a part of patients at risk are treated and in some of them adjuvant therapy has to be prematurely interrupted. The best design of clinical trials of adjuvant chemotherapy for elderly vulnerable patients could possibly compare single agents (liposomal doxorubicin, vinorelbine, capecitabine) versus no therapy.

of principle with mechanistic analysis" strategy will allow optimisation of therapy from the beginning, and provide important feedback to pre-clinical drug developers. Translational research is also essential in late (phase III) clinical trials to identify prognostic and/or predictive factors that will help defining different patient populations that may benefit to differing degrees from new treatments, and thus provide further insight and refine clinical practice in a more and more patient-tailored approach.

However, the implementation of translational research as a key component of drug development and clinical research is complex and involves patients in various ways. Thereby it imposes some new ethical, legal, logistical and management constraints. Moreover translational research may require highly sophisticated machines, specific imaging techniques, biochemistry laboratories and imposes other infrastructural prerequisites, some of which should be in the direct vicinity of the clinical trial site. The usefulness of data generated along translational research projects is highly dependent on the quality of the assays and the availability of sufficient numbers of samples to conduct valid analyses. The most common sources of tissues for research are residual surgical material and blood removed in the course of diagnosis and treatment of disease. These have the greatest potential as research tools but the real integration of translational research into a routine research agenda still face a number of challenges which relate to ethics (commercial or non commercial research, how should a patient consent, confidentiality), regulations (responsibilities, transfer of material across countries, property of material and research findings, confidentiality), logistics (collection of tissue, storage of tissue, tumor banking), scientific (defining the priorities to use the tissue) and costs (who will pay and what are the implications).

220 INVITED
Women's involvement

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At its most basic women's involvement in translational research in breast cancer comes about because of each woman's cancer and because of the scientific need for research material. The involvement presents challenges on all sides. The woman is challenged by the cancer diagnosis itself and by decisions about treatment. The request to sign a consent form, perhaps asking for consent to unspecified future research, is a further challenge. The medical team also faces a number of challenges in this process, including the obligation to ensure that the woman is making a truly informed choice (rather than consent).

Challenges for scientists and health professionals include the areas of collaboration with women in the administration and conduct of translational research, effective communication, gaining trust, working with laws and guidelines, information giving, allowing time for real decision making.

Challenges for women are to inform themselves, to value research, to communicate their views, to participate in decision making, to be prepared to active participants in the translational research process.

There are also challenges for society – to support translational research, to support clinical trials and those who take part in them, to ensure that the dignity and rights of trial participants are maintained, to legislate for the proper conduct of trials, to ensure that people (and their families) are not discriminated against on genetic grounds.

221 INVITED
Challenges of translational research: legal aspects

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Translational research may impose the collection of tumor tissue during the investigational treatment. The increasing possibilities for using tissues for research and the developments in genetics have made stored human biological materials as well very important. We will focus on the legal and ethical problems raised by tissue banking for translational research.

Using human biological materials raises a lot of legal and ethical questions (commercialization, protection of privacy of the source, implementation of informed consent, new findings, role of research ethics committees etc.). Research with human subjects and research with personal data is covered by detailed European regulation. The research use of human biological materials however has not been regulated in a detailed manner so far. On the EU level, there is the draft European Directive on human cells and tissues, but this text covers only the therapeutic use of cells and tissues, not research use. The EU directive on the legal protection of biotechnological inventions deals with the question of informed consent for tissue retrieval in an indirect manner. On the level of the Council of Europe, the European Convention on Human Rights and Biomedicine provides for two general articles, one covering the principle of non-commerciality, the other covering the informed consent principle. A draft instrument on the research use of stored tissue is on the agenda of a specific working group of the Council of Europe.

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ROUND TABLE

Challenges for translational research

219 INVITED
Translational research – key to the understanding of clinical trials

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The landscape for cancer research is profoundly different today from that only one decade ago. Basic science is moving rapidly and biotechnological revolutions in molecular targeting, profiling and immunology have completely modified the opportunities and concepts for cancer treatment. Following this rapid evolution the concept of translational research has been developed to characterize the process linking clinical research and sound laboratory experiments which are needed to validate the hypotheses emerging from basic and pre-clinical research. Translational research in early clinical trials (Phase I and II) is an integral aspect of the development of the new generation of cancer drugs as it is necessary to implement radically different clinical trial design and to validate new biological end-points if the full potential of these new agents is to be realized. The "proof