

Issue 36 Autumn 2017

# search

For supporters of The Institute of Cancer Research, London



**Focus on: prostate cancer**

**Meet the stars of #teamICR**

**Fighting drug resistance with new technology**

# Our mission is to make the discoveries that defeat cancer.

Written and produced by The Institute of Cancer Research, London  
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# Editorial

I am delighted to be able to share with you, our supporters, that in our last financial year 2016-17 you donated a record £16 million to help fund the vital research taking place in our labs in Chelsea and Sutton.



This included a record £5.7 million from gifts left to us in Wills. On page nine, you can read our interview with Suzanne O'Connor, whose PhD at the ICR was funded by a legacy from one of our generous supporters. A gift of this nature really does have limitless potential, and I hope you will feel inspired to think about the difference you could make when you next come to make your Will.

This dedicated, committed support from our donors is all the more important as we look to the future and how we can continue to lead the world in the discovery of new cancer drugs and improving the outlook for cancer patients.

I do hope you enjoy reading this issue of Search and hearing about the discoveries that your generous support has made possible.

Thank you.

**Lara Jukes**

Director of Development

The Institute of Cancer Research, London

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## New chemotherapy approach offers breast cancer patients a better quality of life

A clinical trial run by the ICR's Professor Judith Bliss has found that the chemotherapy drug capecitabine is just as effective as the current standard approach at preventing the return of breast cancer, but gives patients a better quality of life.

In the trial, around 4,400 patients were treated with epirubicin, followed by either capecitabine or the current standard treatment, known as CMF, after surgery.

Compared with patients given CMF, those on capecitabine had fewer side-effects and a better quality of life.

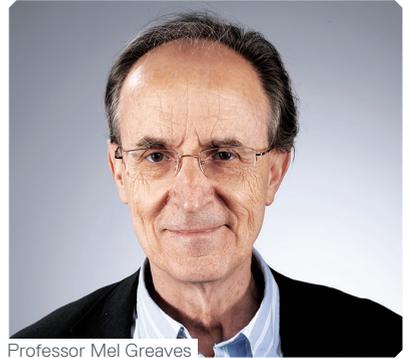
In addition, more than 85 per cent of patients in both groups lived for at least five years without their cancer returning.

## ICR researchers honoured for their contributions to science

Researchers from across the ICR have been recognised by some of the most prestigious organisations in science.

Professor Mel Greaves was awarded The Royal Society's Royal

Medal in recognition of his research, which has dramatically improved our understanding of childhood leukaemia.



Professor Mel Greaves



Professor Richard Houlston

Professor Richard Houlston was elected as a Fellow of the Royal Society in recognition of his outstanding contribution to cancer research. Election to the Royal Society is the highest accolade in UK science.

Professor Clare Isacke was elected as a member of the European Molecular Biology Organisation, joining a group of more than 1,700 of the best researchers across Europe.

Dr Sebastian Guettler was awarded a Lister Institute Research Prize Fellowship – an award granted annually to up to five of the most promising early-career biomedical researchers in the UK.

## Ovarian cancer drug delivers ‘very promising’ results in early trial

**A new targeted treatment for ovarian cancer has shown ‘very promising’ results in an early clinical trial – shrinking tumours in half of women with the disease.**

The drug could hold huge promise for women whose cancers have stopped responding to standard treatment.

A team led by Dr Udai Banerji, Deputy Director of the Drug Development Unit at the ICR and The Royal Marsden, tested the drug in 15 women with ovarian cancer as part of a wider phase I clinical trial.

Phase I trials are run to test a drug’s safety, and it is highly unusual to see major clinical responses at this stage.

But in the new study, the drug significantly shrank tumours in seven of the 15 patients – results the researchers described as ‘exciting’ and ‘very promising’.

Dr Banerji said: “It’s early days of course, but I’m keen to see this treatment assessed in later-stage clinical trials as soon as possible.”

## Immunotherapy kinder than chemotherapy for patients with head and neck cancer

**A study led by the ICR’s Professor Kevin Harrington has shown that the immunotherapy nivolumab is kinder than chemotherapy for people with advanced head and neck cancer. The treatment eases many of the negative effects of the disease on patients’ quality of life.**

Head and neck cancer and the treatment for it can have a huge impact on patients – affecting their speech, breathing, eating and drinking, facial appearance, and general wellbeing.

But patients taking part in a major clinical trial led by Professor Harrington, reported

that nivolumab helped them maintain a better quality of life for longer.

In contrast, people treated with standard chemotherapies reported a decline in quality of life from the start of treatment.

Professor Harrington, Professor of Biological Cancer Therapies at the ICR, and Clinical consultant at our partner hospital, The Royal Marsden, said: “Our research has found that nivolumab really is a game-changing treatment for patients with head and neck cancer. Not only does it extend survival – we have now shown that patients feel much better in the extra time that the drug grants them.”

## Bob Champion Cancer Trust funds new researcher

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The Bob Champion Cancer Trust has been a long-standing funder of our research into male cancers. We are delighted it has recently pledged £187,000 to fund a post-doctoral Fellow in Dr Gerhardt Attard's team over the next three years.

Our scientists have developed an innovative new blood test. It will predict in advance whether prostate cancer patients are likely to become resistant to treatment.

The Bob Champion Fellow will be developing new ways of using high-performance computing to analyse the data from blood tests. This will help us take the blood test forward into large-scale clinical trials so that we can predict how prostate cancer might progress prior to treatment, and stay one step ahead of the disease as it evolves.



Dr Gerhardt Attard

## Highest ever level of legacy donations

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**In our last financial year we received the highest level of legacy donations we have ever had – a total of £5.7m from more than 300 people.**

Legacy gifts are a wonderful way of supporting our research and giving hope to future generations of cancer patients – and leaving a legacy doesn't cost you a penny in your lifetime. Past legacies have

helped to fund PhD studentships and purchase new equipment, such as a flow cytometer for our labs in Sutton. This has enabled us to analyse cell samples more quickly and in more detail than ever before.

For more information about leaving a gift in your Will to the ICR, please contact Jenny Seymour in the Development Office at [legacy@icr.ac.uk](mailto:legacy@icr.ac.uk) or on 020 7153 5430.



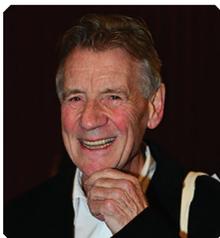
Chapel Choir

## Carols from Chelsea returns

Our flagship event, Carols from Chelsea, will once again return to the Royal Hospital Chelsea in December.

This festive evening is a highlight of our social calendar and one of our key fundraising events. Thanks to our generous supporters and sponsors, we raised over £125,000 last year to help fund our vital research.

In 2016 we were joined by celebrity guests including Michael Palin (pictured), Elizabeth McGovern and Vanessa Kirby. We were treated to superb musical performances from the soprano Sophie Bevan, the BBC Young Choristers of the Year and the popular Chapel Choir.



We look forward to welcoming our supporters again on 5 December 2017. Tickets will be on sale in October.  
[www.icr.ac.uk/carols](http://www.icr.ac.uk/carols)

## Spring appeal raises £50k for new equipment

We are very grateful to everyone who supported our Spring appeal. Your donations of more than £50,000 will enable us to purchase a new, more advanced chromatography machine for Dr Sebastian Guettler's Structural Biology Team.

This machine will help Dr Guettler and his colleagues to run more advanced experiments and to speed up their research – helping accelerate the discovery of new cancer drugs.

Dr Guettler's work involves the detailed analysis of proteins – tiny molecules which do most of the hard work in our cells – which can be hijacked by cancer cells to drive uncontrolled growth. His team uses chromatography machines to purify the proteins before they are studied, so they can be seen in the clearest possible detail.

Dr Guettler has also recently been awarded the prestigious Lister prize. Look out for more news about his team in future issues of Search.

You can still donate to the appeal at [www.icr.ac.uk/proteins](http://www.icr.ac.uk/proteins)



Dr Sebastian Guettler

# Profile:

## Dr Wojciech Niedzwiedz

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**Dr Wojciech Niedzwiedz joined the ICR earlier this year from the University of Oxford. He leads the Genome Instability and Cancer Team, studying how cells repair DNA damage to help improve cancer therapies**

Dr Niedzwiedz's research is helping to identify cancer's Achilles' heel.

Cancer is fundamentally caused by changes in our genes allowing tumour cells to multiply out of control. Dr Niedzwiedz's team is trying to understand what the faults are within cancer cells that allow this to happen – so that these vulnerabilities can be targeted by new types of treatment.

As part of this, Dr Niedzwiedz is studying how cells replicate their genomic information, the blueprint for life, as accurately as possible. His lab is using innovative techniques to understand in detail the systems that cells use to protect their genome, and attempting to find out how they repair one of the

most toxic types of damage they can suffer – DNA double-strand breaks.

Dr Niedzwiedz joined the ICR because of the exceptional research environment and opportunities to work with world-class scientists from many different research fields, and its track record in translating lab findings into new treatments.

He says: "The ICR has excellent clinical scientists with knowledge and expertise in the field of translational research, as well as biological samples from a broad range of cancers. Being able to collaborate with such high-quality researchers allows the fundamental science done in my lab to have a more translational focus, which may one day yield novel cancer therapies".

"By understanding the molecular mechanisms of DNA replication and repair, my team can help to discover smarter treatments for cancer that are kinder to patients".

### Name

Wojciech Niedzwiedz

### Joined the ICR

January 2017

### Specialist subject

DNA replication and repair

### Interests

Dr Niedzwiedz likes art and also enjoys sports such as skiing and water sports



# Profile:

## Suzanne O'Connor

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Suzanne O'Connor is one of our PhD students. Her PhD in medicinal chemistry is being funded by a generous £100,000 donation left to the ICR by Mrs Mair Robinson in her Will.

Suzanne's PhD project is attempting to find ways to block a protein that is known to help cancer cells survive – which could lead to drugs that tackle cancer in a new way.

She is looking in detail at a protein called Hsp70, which is found in high levels in many different tumour types. It helps refold proteins that have been folded incorrectly in cells.

Usually chemotherapy drugs put cancer cells under a lot of stress – but Hsp70 helps them deal with the stress and survive, so treatments to block its activity could potentially boost the effectiveness of chemotherapy.

Before joining the ICR, Suzanne completed a Master's degree in Drug Development at Imperial College London, and worked in the pharmaceutical industry where she helped to design compounds to treat cancer.

Suzanne wanted to study at the ICR because of its reputation in cancer research and scientific expertise in discovering and developing drugs to treat cancer.

“The project I'm working on is multidisciplinary, which is really interesting as it incorporates both chemistry and biology,” Suzanne says. “In medicinal chemistry we design and make new molecules, then test them in a biological assay.

**Name**

Suzanne O'Connor

**Joined the ICR**

October 2016

**Specialist subject**

Early stage drug discovery, studying proteins that drive cancer and identifying ways to target them with drug molecules

**Interests**

In her spare time she likes to travel to new countries and experience new cultures

The results from this testing help us figure out what elements of the molecule are important and what molecules we should make next.”

Suzanne says the generosity of the ICR's donors is what helps drive forward cancer research. “Legacy gifts mean the ICR can invest in training scientists like me who will lead cancer research into the future. I am so delighted to have the opportunity to work alongside scientists who have years of drug discovery expertise. Learning from them will be an invaluable part of my PhD.”



# How our cancer tech is fighting drug resistance

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**Our scientists are pioneering research that could help solve the challenge of drug resistance. Cancer is able to resist treatments by evolving over time, and picking up genetic changes that provide immunity to drugs. It is the biggest challenge in cancer research and treatment.**

Our researchers cannot meet this challenge without the latest in cancer technology. Here is some of the innovative tech our scientists are using to understand and tackle drug resistance, and to discover the latest drugs that will hit cancer in new ways.

## **Mass spectrometry**

Our new ICR Team Leader Dr Jyoti Choudhary will use a state-of-the-art machine called an Orbitrap Fusion Lumos Tribrid mass spectrometer to take our research on cancer's communication networks to a new level.

Her laboratory will use mass spectrometry to gain a fuller understanding than ever before of the abundance of signalling proteins used by cancer to drive drug resistance, growth and spread.

The technology charges particle samples and sorts them based on their physical properties and weight.

## **NucliTrack**

Our researchers have developed a computer program that can track the trajectory of moving cells better than ever before – and made it available to other scientists.

The program, called NucliTrack, uses machine learning – a form of artificial intelligence – to 'learn' how cells normally move around.

It will help us to study biological processes such as signalling and cell division, which are both important elements in cancer development.

### Bessel beams

Bessel beams are 'optical tweezers' – highly focused laser beams that are being studied for use as tractor beams in other areas of research.

At the ICR, Professor Jon Pines is using them to reveal details in cells that cannot be seen using normal light. This 'lattice' microscope is supported by donations to one of our ICR fundraising appeals.

### Magnetic resonance imaging

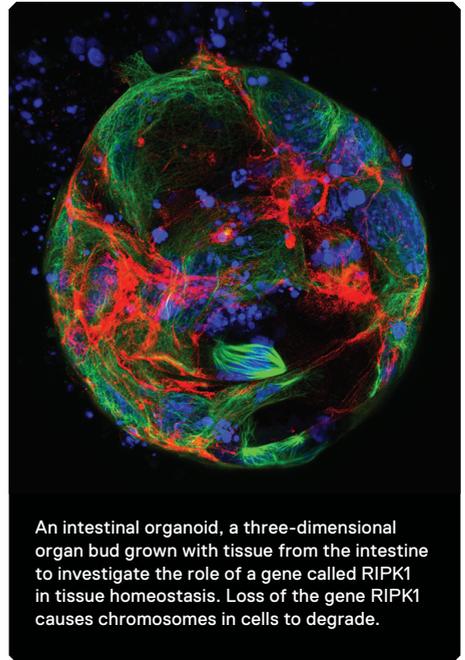
Our ICR researchers use magnetic resonance imaging (MRI) scanning technology to make images of cancers – and are also leaders in developing the technology in new ways.

Team Leader Dr Simon Robinson is designing new tests that image some of the properties of living tumours – such as the levels of oxygen deep within cancers, or their volume of blood. Some of these tests cannot be done yet in the clinic, but in the future they could be used in patients to identify more aggressive cancers, and offer more effective treatments.

### Genome sequencing

Scientists in our Tumour Profiling Unit, which sequences cancer genes for our researchers, recently became the first in the UK to gain access to a new kind of next-generation genome sequencing machine – which could revolutionise our research.

The NovaSeq, made by manufacturer Illumina, can decode entire DNA sequences faster than ever before, at a fraction of the previous cost. It uses components called flowcells to sequence up to 96 entire human genomes per week.

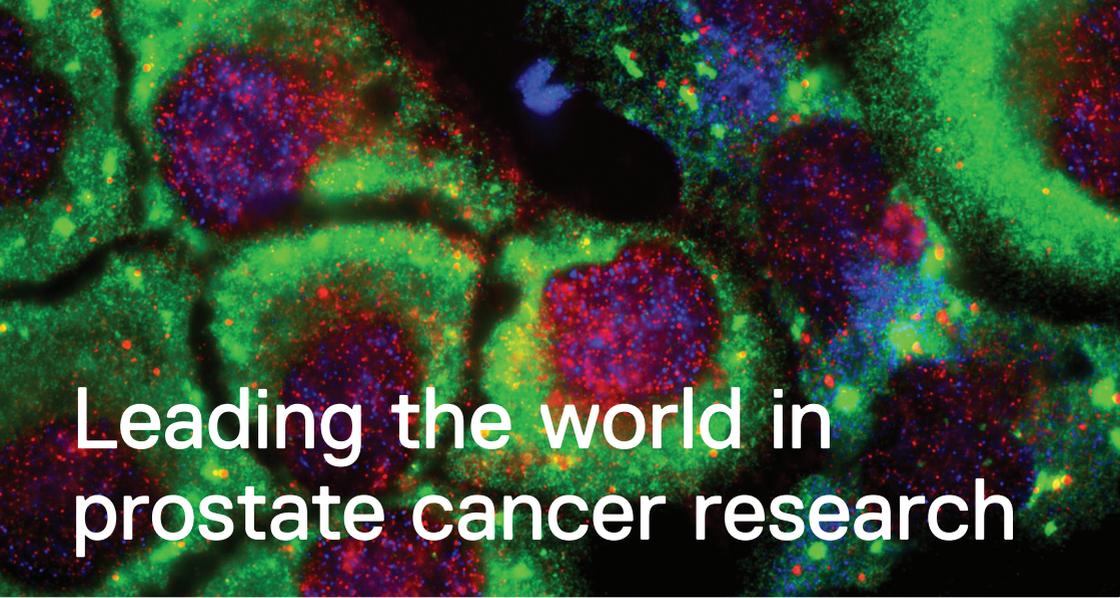


An intestinal organoid, a three-dimensional organ bud grown with tissue from the intestine to investigate the role of a gene called RIPK1 in tissue homeostasis. Loss of the gene RIPK1 causes chromosomes in cells to degrade.



The NovaSeq genome sequencer

Our tech is helping us to tackle drug resistance. To learn more about our appeal to raise funds for new liquid chromatography machines, visit [icr.ac.uk/proteins](https://www.icr.ac.uk/proteins)



# Leading the world in prostate cancer research

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## Researchers at the ICR are known around the world for their success in improving treatments for men with prostate cancer.

Our wide-ranging programme of prostate cancer research has delivered new targeted cancer drugs, radiotherapy regimens, genetic discoveries and diagnostic blood tests. Together these have had huge benefits for patients – helping men to live longer, improving their quality of life and increasing cure rates.

Here are some of our most exciting research advances in prostate cancer – improving treatment for men today, and heralding a brighter future for tomorrow's patients.

### **Precision medicine**

We've long been at the forefront of precision cancer medicine, which gives individual patients the best treatments according to the genetic profile of their cancer. In the past two decades a new wave of targeted drugs has extended life by blocking vulnerabilities in specific types of cancer – including abiraterone, which was

discovered at the ICR and is now a routine treatment for advanced prostate cancer.

Professor Johann de Bono is a world-famous prostate cancer scientist and leader of numerous trials of new prostate cancer drugs. "It's a tremendously exciting and inspiring time to be a researcher in our field," says Professor de Bono, who leads a team of researchers at the ICR and our partner hospital, The Royal Marsden.

"Our biggest achievements include the discovery of abiraterone and the successful clinical trials that led to it being used worldwide to extend the lives of hundreds of thousands of men. We are also proud to have been involved in trials of several other drugs, including enzalutamide, cabazitaxel and radium-223, which have been used globally in prostate cancer treatment."

Trials have become ever more precise – with patients now routinely matched to treatments with the best possible chance of success. One standout example is the drug olaparib, the development of which was underpinned by our research and which was approved by the

NHS last year for women with a type of ovarian cancer. Trials led by Professor de Bono's team have now shown that olaparib could work in prostate cancer, for men whose tumours have mutations in specific genes.

Professor de Bono says: "Men on trials at our unit generally live twice as long with advanced cancer as they did in the early 2000s. By spotting when a cancer is progressing and having a range of trials to choose from, average survival has gone from around two to around four years – with some men living a decade or more."



### Liquid biopsies

The need to match patients to the most suitable trials of the best treatments has been one of the drivers of a new revolution in clinical research – a revolution with our scientists a global driving force.

Dr Gerhardt Attard, one of our Team Leaders explains: "We've known for a long time that not all cancers are the same, and some respond better or worse to treatment."

Dr Attard, who also works in the Drug Development Unit with The Royal Marsden adds: "The challenge is to spot much sooner when a treatment is not working, so we can stop it and move patients on to something else that is more likely to work."

Dr Attard has led the development of a new type of blood test – called a liquid biopsy – that stays one step ahead of evolving prostate cancer as it mutates into a more aggressive form. This test analyses cancer DNA circulating in the blood to determine whether the drug abiraterone is still working – and flags to doctors when a patient will benefit more from another therapy.

Dr Attard says: "Liquid biopsies are quicker, simpler and less invasive than traditional biopsies and scans. They are also potentially more accurate, because they can pick up DNA from multiple tumours throughout the body and give a comprehensive picture of cancer genetics. In the future, I aim for it to become routine to use these tests to track tumour mutations and make faster decisions."

### Gut feeling

Precision drugs and liquid biopsies are already used to treat prostate cancer, whether as NHS treatments or in research studies. But our researchers also have other big ideas that could fundamentally alter how prostate cancer is treated in the future.

Professor David Dearnaley led the recent CHHiP trial, which showed that fewer, larger doses of radiotherapy are just as effective as the standard regime, sparing patients the inconvenience of unnecessary hospital appointments. When delivered using precision radiotherapy the new regime also reduces the rate of side-effects.

He explains: "A lot of our research is focused on reducing the side-effects of treatment. Radiotherapy effectively cures a lot of our patients, but often at the cost of some long-term side effects – of which bowel problems are one of the most common and limiting to quality of life."

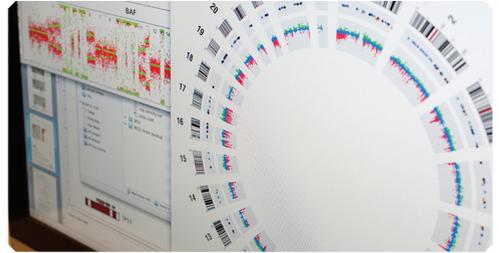
One of the most intriguing ideas his team is looking at is the impact of gut bacteria on treatment side-effects.

X-rays kill many of the 'good bacteria' in the gut that help with digestion, which means that men treated for prostate cancer often experience significant symptoms and struggle to digest foods they could before.

Professor Dearnaley says: "In the future, we want to take faecal samples from men before treatment, and use genetic profiling of their gut bacteria to repopulate their digestive systems with the right mix.

"We've already identified several main types of bacterial populations in patients – which we call enterotypes – and ultimately we aim to use this information to improve treatment.

"We're also taking genetic profiles of men with prostate cancer and then following them for a long time – 10, 15 years or more – to see if we can find clues in their genes that could help us work out who will develop some of the longer-term side-effects of radiotherapy. We want to link these changes with the detailed biophysics of treatments given using Big Data methods and find out if we can individualise radiotherapy for patients."



### Genetic panels

Professor Ros Eeles also carries out genetic profiling of men with prostate cancer – but on an even bigger scale. As a leader of several international research groups – including hundreds of researchers at universities worldwide – her team analyses DNA from hundreds of thousands of men with and without prostate cancer to try to find genetic clues about the disease.

Professor Eeles says: "We've found around 100 genetic factors that influence a man's chance of developing prostate cancer, or developing a more aggressive form. These DNA coding differences give researchers clues to follow that will illuminate the disease's biology, and could lead to new treatments."

"In the future, we also want to see tests for these genetic differences being used to predict the risk a cancer will develop or progress. We believe we are at the point now where these tests will give useful information to doctors in addition to existing measures of risk – the challenge is in finding how to bring this technology into the NHS, at an affordable cost."

Our researchers have long been at the forefront of prostate cancer research. They are still leading in some of our traditional areas of strength – like drug discovery and radiotherapy – and are also now pioneering brand new approaches that could transform prostate cancer treatment.

# Anniversary for abiraterone

This year marks the fifth anniversary of abiraterone, discovered at the ICR, becoming available on the NHS for men with advanced prostate cancer. Here is a potted history of the research that led to this pioneering drug reaching the clinic.

**1990s:** Our scientists start looking for ways to shut off the body's production of testosterone in men with prostate cancer. The hormone fuels the disease.

**1992:** We file the first of our patents on abiraterone. The next step is to turn the chemical we designed into a medicine for patients.

**1996:** With help from commercial partners, initial phase I clinical trials begin. Progress is stalled by concerns about possible side-effects, and a misunderstanding about the biology of prostate cancer: most scientists believe cancers that stop responding to testosterone-blocking drugs no longer rely on the hormone.



Some of the abiraterone team

**2000s:** By now, researchers including Professor Johann de Bono have argued that some treatment resistant cancers do still need testosterone – but they find a way to produce it themselves. That means renewed interest in drugs like abiraterone.

**2004:** A small study is followed by larger trials showing that up to 70 per cent of men with advanced cancer respond to abiraterone.

**2010:** A pivotal phase III trial shows that patients with late-stage prostate cancer given abiraterone live for several more months than men taking a placebo – with some benefiting for much longer.

**2011:** Abiraterone is approved in the US, then also by the European Medicines Agency, opening the door to the drug being made available in the UK.

**2012:** Abiraterone is made available on the NHS in England, Wales and Northern Ireland. It becomes a standard treatment for advanced prostate cancer, extending the lives of hundreds of thousands of men in the UK and worldwide.

**2016:** NICE, which judges which treatments the NHS will fund, announces abiraterone will be made available in England for some men earlier in the course of their treatment.

**2017:** Results from a large clinical trial show that abiraterone may be beneficial when used even earlier in treatment – at diagnosis.

For more information about all our research, visit [icr.ac.uk](http://icr.ac.uk)

# Meet the stars

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We are hugely grateful to the thousands of people who so generously support us every year. Their dedicated efforts helped to raise a record-breaking £16 million in our last financial year. Here are just a few of our fundraising stars, who have in their different ways made such a difference to our work.



## ‘Hollywood Dave’ Griffiths

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You may remember Dave from our last edition of Search. So far he’s completed six of the 10 marathons he’s aiming to run – and in addition he finished the Hadrian’s Wall ultra-marathon in a heatwave, coming 242nd out of 1,000 runners.

Dave is taking on the challenge in honour of his wife Michelle, who is undergoing treatment for thyroid cancer.



## Bjorn, Anna and Matty Ventris

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This summer Anna and Matty Ventris, accompanied by friends and family members, cycled coast to coast, from Cumbria to North Yorkshire, in memory of their mum Rebecca Ventris. The route was around 180 miles but the group all managed to complete it, with no punctures and only one crash. They raised a fantastic £5,000.

Dad Bjorn Ventris also ran the Virgin Money London Marathon for us in 2016, and the family have now raised over £17,000 to help fund our research.

# of #teamICR



## Karen and Kevin Capel

Prime Minister Theresa May has celebrated the dedication of Karen and Kevin Capel's fundraising. They set up Christopher's Smile in memory of their son, Christopher, who died of a brain tumour in June 2008, aged five years old.

Christopher's Smile has now raised more than £1 million for childhood cancer research, which includes funding four full-time researchers at the ICR. As well as providing extensive financial support for developments in children's cancer treatment, the Capels campaign tirelessly for children to have better access to innovative new treatments.

The Capels were chosen for a Points of Light Award by the Prime Minister for the significant impact they are making. The award recognises outstanding volunteers, who are making a change in their community.



## Climb of Life trekkers

Now in its 11th year raising money for the ICR, the Climb of Life is an annual mountain trek organised by fundraiser Graeme Chapman MBE. The amount raised for us by the Climb of Life now totals over £800,000 – and with Graeme and his trekkers aiming to raise another £100k this year, they are now tantalisingly close to the £1 million mark.

We wish those trekkers taking on the challenge this November the very best of luck.

**Would you like to join  
#teamICR?**

**Contact: Heather Lacey  
Supporter Events Manager  
020 7153 5375  
heather.lacey@icr.ac.uk**

# Lucas' Legacy

## Family and friends raise over £100,000 in memory of Lucas Williams

Jo and Andrew Williams have set up the charity Lucas' Legacy to fund research into and raise awareness of childhood brain tumours. 'Team Lucas' initially aimed to reach £50,000 in 2016 but through the hard work of everyone involved they raised more than double that – £102,621 in just one year.

Jo and Andrew's son Lucas died in August 2015, just 11 weeks after first becoming ill. He was nearly seven years old. Lucas had a tumour in the midline area of the brain. Midline tumours currently have limited treatment options and little is known about them.

In order to change this, Jo and Andrew chose to support the work of the ICR's Professor Chris Jones. His team aims to find the genes that are driving the development of childhood brain tumours and identify ways of translating these findings into new treatments for children and young people. Funding from Lucas' Legacy is allowing Professor Jones to expand his research into midline tumours – a new area for the team.

In January 2016 the Williams family, their friends and supporters started fundraising as a way to help them through the year without Lucas. They stood in the cold and rain clutching collection buckets. Supporters of all ages have joined 'Team Lucas' and have walked, boxed, run, climbed, rowed, swum and baked. There were marathons, ultra-marathons, triathlons and junior triathlons, coast-to-coast cycling, football and cricket tournaments, local fairs and even a climb to Everest base camp.



Jo and Andrew Williams say: "We want to help make sure that no other child or family has to go through what Lucas went through, and what we are going through every day, without our beautiful, kind, funny, clever boy."

Professor Jones says: "We are so humbled to have the support of Lucas' Legacy. Their generosity, in Lucas' name and memory, is helping us to learn more about midline tumours and work towards more effective treatments. Our heartfelt thanks to everyone involved – their support will help us to improve the outlook for children with these tumours."

If you would like to get involved and support the ICR's childhood cancer research, please contact:

**Thomas Bland**  
**Development Team**  
**020 8722 4200**  
**[thomas.bland@icr.ac.uk](mailto:thomas.bland@icr.ac.uk)**

# Events calendar

Whether you like to run, cycle, trek or simply enjoy festive carols, we have an event for you. By joining #teamICR this year, you'll be helping us make the discoveries that defeat cancer.

## Social

### Carols from Chelsea

5 December 2017

We invite you to join us in Christopher Wren's beautiful chapel at the Royal Hospital Chelsea for an evening of traditional Christmas carols and readings.



A Chelsea Pensioner at Carols from Chelsea

## Run

### Great Birmingham 10K

6 May 2018

Take part in a fun, music-themed 10K race through Birmingham, the UK's second biggest city. Cross the startline to the most popular tunes from the 70s, 80s, 90s or present day, and walk, jog, run – or even dance – your way round the route.

### Edinburgh Marathon Festival

26–27 May 2018

Choose from 5K, 10K, half marathon or full marathon in the picturesque city of Edinburgh. You start in the city centre then run along the beautiful coast, taking in the views of the hills as you go. Not your normal city run!

## Cycle

### Vietnam to Cambodia cycle ride

March 2018

If you're looking for something a little more demanding, sign up now for this 10-day, 400km ride from bustling Ho Chi Minh City to the ancient temples of Angkor Wat.

### Prudential RideLondon-Surrey 100

29 July 2018

We have guaranteed places in this popular 100-mile cycle past London landmarks and out to the Surrey hills. Take on your next cycling challenge with #teamICR.

## Trek

### Ben Nevis trek

22–24 June 2018

Join #teamICR for an exciting weekend conquering the highest peak in Britain, which reaches 1,343m (4,409ft) above sea level.

### Great Wall of China trek

20–28 October 2018

This moderate challenge takes you over watch towers and mountains, through historic battlement stations that are well off the tourist trail.



If you are already taking part in an event, get in touch and use your own place to raise funds for us. See our website for our full events calendar at [icr.ac.uk/challenge](http://icr.ac.uk/challenge) or contact the team on 020 7153 5375 or [sports@icr.ac.uk](mailto:sports@icr.ac.uk)

[www.icr.ac.uk](http://www.icr.ac.uk)