ICR The Institute of Cancer Research

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search

For supporters of The Institute of Cancer Research, London

Unravelling the secrets of childhood leukaemia
Using sound waves to destroy tumours
Raising £1m in memory of Kelly Turner

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

Earlier this year, a landmark study by the ICR's Professor Mel Greaves made headlines across the world. By compiling decades of research, he showed for the first time the likely cause of the most common type of childhood leukaemia – and, crucially, that it could be preventable. You can read more about Professor Greaves's world-leading research into childhood leukaemia on pages 10-11.

Major life-changing discoveries like Professor Greaves's don't just happen by accident. They are the result of many years of hard work, international collaboration and – critically – long-term funding from our partner organisations and you, our donors, who believe in the difference we are making to the lives of cancer patients. Your support for our work is so important. Thank you.

Looking ahead, in the coming months we are planning to refresh the format of *Search* magazine. Thank you to all those who responded to our survey in the last issue – your comments are so helpful and will ensure we continue to provide a magazine our supporters will love reading.

If you haven't yet told us what you think about *Search*, there is still time to do so at **www.icr.uk/search-survey** – alternatively you can simply fill out the attached form at the back of this issue and send it back to us.

I do hope you enjoy reading this edition of *Search*. Thank you again for helping us make the discoveries that defeat cancer.

Lara Jukes
Director of Development
The Institute of Cancer Research, London

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Genetic testing can help target chemotherapy in aggressive breast cancer

A trial led by ICR Professors Judith Bliss and Andrew Tutt has found that women with an aggressive form of breast cancer who also have faults in their BRCA genes do better on carboplatin chemotherapy than on standard treatment.

Women with advanced 'triple-negative' breast cancer who had inherited a BRCA mutation were twice as likely to benefit from carboplatin as they were from docetaxel, which is currently a standard treatment for these patients.

Triple-negative breast cancer has limited treatment options because it doesn't respond to standard hormone therapies, and response rates to chemotherapy remain low.

The trial could change clinical practice guidelines by ensuring that women with triple-negative breast cancer are considered for BRCA testing – so the best available treatment can be selected for them.

Professor Chris Jones

Some children with incurable brain cancer could benefit from adult therapy

Research led by the ICR's Professor Chris Jones has found that children with incurable brain tumours could benefit from potentially life-extending treatment if genetic testing is used to personalise therapy – as it is in many adults.

Scientists analysed the DNA of children on a trial of the drug avastin, and found that while the trial was deemed to have 'failed' overall, many children with particular genetic traits had actually responded well to treatment.

Some of these children survived more than a year longer than others on the trial.

In these children, avastin also appeared to cause immune cells to flood in to help destroy their tumours – raising the possibility that they could be good candidates for future immunotherapy.

Prostate cancer DNA test identifies men with six-fold increased risk

A major new study of more than 140,000 men has identified 63 new genetic variations in the DNA code that increase the risk of prostate cancer.

By testing for these genetic variants, alongside more than 100 others previously linked to prostate cancer, the researchers were able to predict which men were most at risk of developing the disease during their lifetime.

The 1 per cent of men who are at highest risk, having inherited many of these risky variants, are nearly six times more likely to develop prostate cancer than the population average.

The research was led by the ICR's Professor Ros Eeles, who is now planning to trial a DNA test on saliva samples to establish whether preventative treatment could reduce the cases of prostate cancer among those men at highest risk.

Professor Ros Eeles

Major immunotherapy trial shows benefits in prostate cancer

A trial led by Professor Johann de Bono at the ICR and The Royal Marsden has become the first to show the benefits of immunotherapy in prostate cancer.

The trial found that some men with advanced, otherwise untreatable disease survived much longer than expected when taking the immunotherapy pembrolizumab.

One year on, some 11 per cent of men with very advanced prostate cancer were still benefiting from the drug – with many of them showing impressive remissions and prolonged disease control.

The team is now planning a new clinical trial to see if immunotherapy can become a standard part of treatment for these men.

Spring appeal raises £70,000 for research into immunotherapy

We are incredibly grateful to all our donors who supported this year's spring appeal. Thanks to your generosity, we raised £72,000 to help fund our cutting-edge work in immunotherapy. A further £24,000 was raised to support research into prostate cancer and a rare type of sarcoma called rhabdomyosarcoma.

Immunotherapy involves using the body's own immune system as a weapon against cancer. Some immunotherapies have shown spectacular responses, effectively curing some patients with advanced cancer, including in melanoma and head and neck cancer. Our researchers have led some of the trials that have brought these treatments into the NHS.

Thanks to your generosity, we will be able to build on this early excitement and ensure immunotherapy will benefit more patients in the future. We are also setting up a brand new immunotherapy team at the ICR, and we look forward to introducing the new researchers in future editions of *Search*.

£10,000 raised in memory of ICR researcher James Morden

James Morden

Friends and colleagues of an ICR researcher sadly killed last year have raised almost £10,000 in his memory. James Morden was a talented Senior Medical Statistician in the ICR's Clinical Trials and Statistics Unit. He died in a road traffic collision in September 2017 while on a camping weekend with friends.

In his memory, a group of his colleagues, friends and family members decided to attempt the Three Peaks Challenge – climbing the largest mountains in England, Wales and Scotland over a 24-hour period, reaching a total ascent of more than 10,000 feet.

The team successfully completed the challenge in June, raising money for an annual career development award. The new scheme will enable young statisticians and clinical trials staff to have extra training in new research methods.

Professor Judith Bliss, Director of the Clinical Trials and Statistics Unit says: "James was a truly valued colleague and was always keen to improve his skills – so the career development award in his name will be a fitting and lasting tribute. Ensuring we use the most contemporary methods for our clinical trials will help in our pursuit of smarter, kinder treatments for patients."

Remembering Rudy Walk celebrates its fifth year

In June, 100 family members, friends and supporters gathered for the fifth annual Remembering Rudy Walk. This event is held every year to celebrate the life of Rudy Menon, who died from a rare form of brain cancer in 2013, aged 26.

The Walk starts on the south bank of the River Thames under Westminster Bridge and ends at the iconic Tower Bridge. Professor Chris Jones and his team from the ICR joined the group for the walk – and afterwards The Rudy A Menon Foundation presented Professor Jones with a cheque for £25,000 towards his research.

We are immensely grateful to the Menon family and their supporters, who have so far raised more than £100,000 to help us in our efforts to find new and kinder treatments for young patients with brain cancer.

Remembering Rudy walkers

Rudy's brother Arjun with Professor Chris Jones

Two Schottlander Innovation Awards support early career scientists

The Schottlander Research Charitable Trust has made two awards of nearly £100,000 each to enable early-career researchers at the ICR to conduct their own innovative pilot projects addressing key questions in cancer research.

The first project, led by Dr Stephen Pettitt, will attempt to develop a new, cheap way to measure the barriers to DNA replication in cancer cells – information that could be used in the development of new treatments.

For the second project, Dr Marco Punta and Dr Vicky Jennings will work together to establish whether some cancer cells, once they become resistant to treatment, carry genetic mutations that could leave them vulnerable to attack by the immune system.

The Schottlander Innovation Awards were established in 2015 as a meeting of minds and interests between the Schottlander family trustees and the ICR: in supporting innovative research, and in providing opportunities for the ICR's early career scientists.

Profile: Professor Judith Bliss

Professor Judith Bliss is Director of our Clinical Trials and Statistics Unit, and Deputy Head of our Division of Clinical Studies.

The ICR's Clinical Trials and Statistics Unit leads the design, conduct and analysis of cancer clinical trials – a vital part of taking newly discovered cancer treatments from the lab to patients. Statisticians like Professor Bliss ensure that the trial collects enough data of sufficient quality to be confident that a treatment is safe and effective.

As well as her leadership role, much of Professor Bliss's personal research involves trials designed to maximise the benefits of breast cancer treatments – including comparing different chemotherapies, refining radiotherapy, and optimising the scheduling of hormone therapy.

Professor Bliss has made major contributions to trials that have changed clinical practice. She was the statistical lead on the pioneering START trial, which showed that breast cancer patients can safely have fewer, larger doses of radiotherapy as part of their treatment, meaning fewer trips to the hospital for patients, and lower costs for the NHS.

And last year, Professor Bliss was recognised with a Senior Investigator Award from the UK's National Institute for Health Research. This award acknowledges the leadership she provides in clinical trials, her contribution to UK clinical research and the impact of her research on patient outcomes, as well as her efforts to involve patients and the public in her work.

As part of her award Professor Bliss will be a key source of advice to the Department of Health and Social Care's Chief Scientific Adviser.

Professor Bliss says: "At the Clinical Trials and Statistics Unit, we're driven by a desire to make trials more efficient and robust, to provide results that can influence clinical practice internationally.

"I hope to keep improving clinical trials for the benefit of all patients with cancer."

Name
Professor Judith Bliss

Joined the ICR
1985

Specialist subject
An expert in the design and analysis of clinical trials for cancer.

Interests
Professor Bliss enjoys outdoor activities including hill walking, sailing and gardening, and enjoys relaxing with a good book.

Profile: Dr Matt Clarke

Dr Matt Clarke is a Clinical Research Fellow at the ICR and The Royal Marsden. Previously a surgical trainee, he joined the ICR after spending six months building his research skills with Professor Chris Jones's Glioma Team, which is looking to better understand how gliomas – a type of brain tumour – develop in children.

Dr Clarke is now completing a PhD project in the same team, looking to improve the way we classify gliomas in infants.

Currently, these tumours are classified as either high- or low-grade based on their microscopic appearance. High-grade gliomas tend to be more aggressive in their behaviour.

However, the survival rate of infants with high-grade glioma is significantly better than that of older children with the same disease, suggesting that things are not as clear-cut as the current classification system implies.

Dr Clarke is analysing infant glioma samples using a number of techniques – looking at their microscopic, molecular and genetic properties – to see if they can be better characterised, and therefore treated more effectively.

For example, there may be distinctive sub-types of glioma that may benefit from different treatments.

Dr Clarke says: "If we want to better understand and treat the disease, it's vital to study all aspects of it. What may look like a particular tumour under the microscope could turn out to be something different based on its genetic or molecular profile.

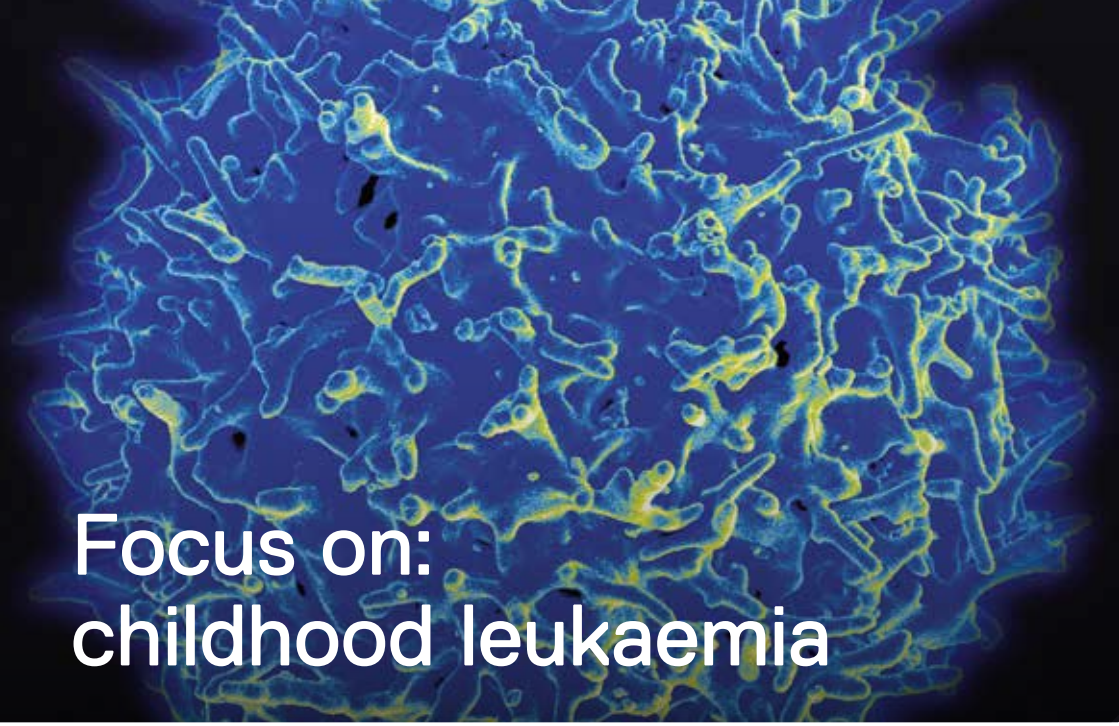
"I have already identified a number of distinct types of infant glioma, some of which have different genetic characteristics. These genetic features could act as targets for treatment, offering the prospect of better, more personalised care for these children in future."

Name
Dr Matt Clarke

Joined the ICR
2016

Specialist subject
Studying infant glioma to understand its biology and genetics to help doctors diagnose and treat the disease.

Interests
Dr Clarke is very keen on engaging the public in cancer research, and was named the ICR's Public Engager of the Year in 2017. He also loves reading and spending time in the countryside.



Focus on: childhood leukaemia

For decades, research at the ICR has transformed our understanding of childhood leukaemia and how it is treated. Now, research from Professor Mel Greaves, Director of our Centre for Evolution and Cancer, could once more revolutionise the way we view the disease.

As one of the world's most eminent cancer scientists, Professor Mel Greaves has had a huge influence on our understanding of childhood leukaemia. Since joining the ICR in 1984, he has built his career on viewing the disease – and cancer more broadly – through the lens of evolutionary biology.

A defining moment for Professor Greaves came some 40 years ago when a visit to a children's ward inspired him to devote his career to cancer.

At the time, little was known about childhood leukaemia. The same chemotherapies would cure some children but fail in others – with doctors unable to predict whether or not a treatment was likely to be successful.

So Professor Greaves began his work into the biology of childhood leukaemia in the hope of improving the diagnosis and treatment of the disease. He also became interested in how his research could lead to ways of preventing children from developing leukaemia.

Understanding leukaemia's origins

It was already known that leukaemia was a disease of white blood cells, which help police our bodies for threats as part of our immune system.

But Professor Greaves became the first to use methods inspired by immunology to separate childhood leukaemia into subtypes, based on the type of cell involved.

By studying cancer cells' identity with antibodies made in his laboratory, Professor Greaves was able to show that the cellular origin of a child's cancer – part of its evolutionary history – had a significant effect on its response to treatment.

Concentrating his efforts on acute lymphoblastic leukaemia (ALL), the most common type in children, Professor Greaves established an international consortium for classifying different forms of the disease.

Before long, his work led to doctors treating the different subtypes of ALL in more sophisticated or selective ways, and kick-started other scientific efforts that have led to the more detailed understanding of leukaemia we have today.

Causes and evolution

By this time Professor Greaves had already made an enormous difference to the lives of children across the world. But a slight shift in direction, inspired by his earlier studies, further transformed our understanding of leukaemia – and has even made an impact on our understanding of cancer itself.

During his research, Professor Greaves had spotted that the major subtype of ALL, called common ALL, had a marked incidence peak at two to five years of age, and was more common in developed countries. This provided a strong clue to its causation that he decided to follow.

By looking at differences between identical twins, who have the same inherited DNA, he went on to realise that two distinct events drive the development of the disease.

First, particular white blood cells have initial mutations that arise in the womb but only rarely lead to leukaemia, and then second 'mutational events' occur after birth that prime a child to later develop the disease.

And Professor Greaves also showed that ALL evolves in response to the environment around it. Its development follows the rules of evolution as laid down by Charles Darwin: the survival of the fittest, with aggressive cancer cells emerging only if the environment is right.

Centre for Evolution and Cancer

Professor Greaves went on to apply his evolutionary theories to cancers more generally, asking big questions about how treatments could be used to control the disease by influencing the path of evolution.

He has become a leading figure in the study of cancer evolution, consistently pushing colleagues across the world to appreciate the evolutionary nature of the disease and ultimately establishing the Centre for Evolution and Cancer at the ICR.

This Centre is one of very few across the world devoted to the study of cancer evolution, and is playing a key role in our work to discover a new wave of drugs that could target the fundamental processes that drive cancer evolution, or even control the evolution of cancers to favour the less aggressive cells in a tumour.

Clean childhoods

Meanwhile, Professor Greaves has continued to lead research into his first passion, saving the lives of children with leukaemia.

In a landmark paper published earlier this year, compiling decades of genetic, immunological and statistical research, Professor Greaves presents strong evidence that the second

Professor Mel Greaves

mutational step – a genetic change in a pre-cancerous cell that makes it cancerous – comes in the form of exposure during childhood to one or more common infections like the flu.

However, this only happens in children who acquired the first mutation before birth and, in the very first year of life, have a deficit of exposure to benign or beneficial bacteria that prime the new born immune system. Infants who have minimal social contacts with older siblings or other children or who are not breast fed are, for example, more at risk of ALL.

It's a revolutionary insight into the causes of leukaemia that could have far-reaching implications.

Professor Greaves explains: "This body of research is a culmination of decades of work, and at last provides a credible explanation for how the major type of childhood leukaemia develops. It strongly suggests that ALL has a clear biological cause, and is triggered by a variety of infections in predisposed children whose immune systems have not been primed."

Public health

The most important implication of his latest research, Professor Greaves says, is that most cases of childhood leukaemia are likely to be preventable. It also busts some persistent, damaging but unsubstantiated myths about the causes of leukaemia, such as that the disease is caused by exposure to electromagnetic waves or pollution.

ALL might be prevented, says Professor Greaves, with simple and safe interventions to expose infants to a variety of common and harmless, but beneficial, bugs. It might even be prevented by specific oral probiotics.

But Professor Greaves cautions: "Before we get to public health initiatives, we need to test this prevention strategy in a model system of childhood leukaemia." He is now planning research in mice to work out how the disease might, in the future, be prevented in children, sparing them and their families the trauma of a diagnosis of ALL.

Professor Greaves's career has had a great impact on our understanding of childhood leukaemia, as well as pioneering new ways of thinking about cancer in a broader sense.

"It's been tremendously gratifying to help unravel the fundamental and genetic biology of leukaemia over the past 40 years," says Professor Greaves, as he reflects on his career so far.

"I hope that our research will continue to have a real impact on children, by helping us to develop kinder, more effective treatments – and, potentially, by preventing many cases of childhood leukaemia altogether."

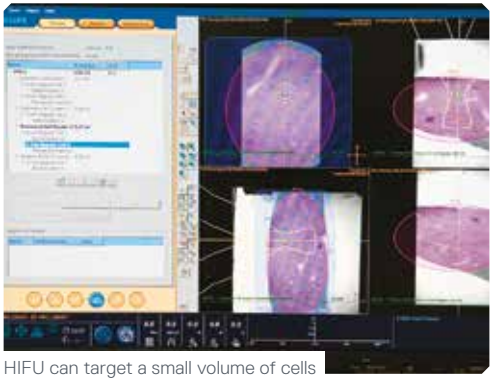
The new technology using sound waves to blast cancer

Ultrasound has been used to detect cancer inside the body for more than 70 years. But what if it could be used to treat cancer too? Here at the ICR, we've pioneered a technology that uses ultrasound to destroy tumours without the need for surgery.

Called high-intensity focused ultrasound, or HIFU, the technique uses highly targeted sound waves to heat and destroy cells inside the body.

It's already showing promise in relieving pain in patients with secondary tumours in the bone and recurrent gynaecological cancers – and could one day be used as a cancer-destroying treatment that also makes treatments like immunotherapy and radiotherapy more effective.

HIFU treatment requires careful planning



HIFU can target a small volume of cells

"Focused ultrasound is exciting because it can target tumours very precisely," explains Professor Gail ter Haar, Professor of Therapeutic Ultrasound at the ICR.

"The point onto which the ultrasound beam is focused gets very hot, but the surrounding tissue is left unharmed. It's like using a magnifying glass in the sun to start a fire, where you need to form a sharp focal spot on the dry tinder."

Trailblazers

Professor ter Haar has been leading the field of HIFU research for decades.

She says: "When I joined the ICR, there was some research into the effect of heating cancer cells to make them more sensitive to radiotherapy. But by increasing the temperature to 56°C, for just a second, we found we could actually kill the cells directly.

"After a lot of preclinical work, we built our own prototype machine, and used it to treat a small number of patients with liver cancer." Her work formed the basis of a fully-fledged HIFU system, developed in China, that is still in use today.

Working together

However, early HIFU machines used ultrasound imaging to guide the treatment, which couldn't be used at the same time as the beam. That limits the potential of HIFU as a curative treatment, because the beam needs to be targeted very precisely.

To overcome that obstacle, in 2004 Professor ter Haar turned to Professor Nandita deSouza, Professor of Translational Imaging at the ICR and lead academic radiologist at the ICR and our partner hospital, The Royal Marsden.

Professor Gail ter Haar

Professor deSouza is an expert in magnetic resonance imaging (MRI), which uses magnets to see inside the body.

She says: "Much of my research is around using MRI to improve treatments for patients. This seemed like the perfect fit."

Working with the US-based Focused Ultrasound Foundation, they were able to secure the equipment they needed from technology and healthcare company Philips to adapt an existing MRI machine at The Royal Marsden for HIFU, and began a trial treating patients with late-stage cancer who had painful bone metastases.

"Some of these patients were in such pain that they were unable to extend their arm, or even sit down," says Professor deSouza.

"Using HIFU, we were able to destroy the nerve cells around the tumours, relieving the pain."

Improving lives

With the first trial showing that the machine works as expected, Professor deSouza is now recruiting for a new trial, using HIFU to target tumours directly in patients with recurrent gynaecological cancer.

She explains: "These women have no other treatment options, so we're looking to improve their quality of life, either by reducing their pain, or by reducing their bleeding,"

It's a challenging job, as the ultrasound focus must avoid any of the surrounding organs, such as the bowel.

"We've treated six patients so far, and we've already had some good results," she says. "I'm hopeful the trial will show that HIFU can improve these patients' quality of life."

Going further

In future, Professor ter Haar believes, HIFU could be an even more versatile treatment.

One area of particular promise is to use the technology along with radiotherapy. Heating cancer cells increases their sensitivity to radiation, so combining HIFU with radiotherapy could be an effective way to treat cancer.

Professor ter Haar says: "We're already looking at ways to target the areas of tumours that radiotherapy can't treat alone. Combining the two could be more effective than using either one alone."

She and her team are carrying out complex work that could lay the groundwork for such combination treatment. For example, they recently built a 'virtual', computerised tumour that accurately mimics the effects of HIFU on cancer cells.

Professor Nandita deSouza

This will play an important role in helping Professor ter Haar's team to refine methods for measuring and calibrating combined HIFU-radiotherapy treatments.

Our researchers are continuing to explore the potential of HIFU in other new, and sometimes surprising, ways.

"There's even evidence that HIFU can trigger the immune system to attack the tumour, supporting other treatments like immunotherapy," says Professor ter Haar.

HIFU is a pioneering, exciting technology that could be used as a brand new form of cancer treatment in the future – and it was developed at the ICR.

Having already shown great promise in treating cancer-associated pain, our researchers are leading efforts to bring it to patients to treat cancers that other treatments on their own can't cure.

Acclaimed opera singers come together to support the ICR

Our exciting new fundraising event, Recital for Research, draws on top opera talent to raise money for our research.

Soprano Louise Kemény

A world-class group of opera singers united for a brand new ICR fundraising event, Recital for Research. The singers came together in the intimate setting of London's Spencer House to celebrate and support the ICR.

We were delighted that soprano Louise Kemény, mezzo-soprano Ann Murray DBE, tenor Toby Spence and bass Matthew Rose gave their time to perform at the event.

The sold-out evening featured arias, ensembles and lieder by Mozart, Strauss, Puccini and Tchaikovsky.

After the musical programme, Professor Ros Eeles introduced the ICR's research to the guests, describing her work to increase our understanding of the genetic causes of prostate cancer.

In total, the event raised £44,000 towards our vital research.

Ann Murray, the world-renowned mezzo-soprano, said: "Cancer can have a terrifying impact on people's lives but it's heart-warming to know that so much progress is being made in research. That's why I am so pleased to be able to sing and help support the ICR's science, which is finding new and improved ways to diagnose and treat cancer."

Charlotte Orrell-Jones, Head of Events at the ICR, said: "We're hugely privileged to have such incredible singers give their time to perform at our event. It was a fantastic evening and the music was simply glorious – all in support of the ICR's life-changing cancer research."

Recital for Research will be returning next year and tickets will be available in spring 2019.

Matthew Rose performing at the recital

Carol singers at the Royal Hospital Chelsea

Flagship carols event returns to Chelsea this December

Our flagship event, Carols from Chelsea, will once again kick off the festive season when it returns to the Royal Hospital Chelsea on Tuesday 4 December.

This joyful evening of carols and readings is a highlight of our social calendar, and one of our biggest fundraising events of the year. Last year, we were joined by celebrity guests including Jeremy Paxman and Prue Leith – and thanks to our generous guests and sponsors, the event raised more than £100,000.

We look forward to welcoming guests again this year. Tickets will be on sale in October at **www.icr.ac.uk/carols**

Doing it for Kelly

The Kelly Turner Foundation aims to raise £1 million for research into a type of sarcoma.

The Kelly Turner Foundation was set up by Martin and Linda Turner, in memory of their daughter Kelly who died of of a rare kind of cancer called desmoplastic small round cell tumour (DSRCT) in 2017, aged 17. Through their remarkable fundraising efforts, they have already raised more than £600,000 towards our research to improve the outlook for people with this type of cancer.

DSRCT is a type of cancer called a sarcoma, and is a particularly aggressive kind that occurs mostly in adolescents and young people. It is difficult to treat and patients often have a very poor prognosis. Few scientists in the world study DSRCT.

It was Kelly's desire during her last week of life that the money her family had raised for her treatment should be used to fund research at the ICR, to help discover a targeted treatment for her disease.

Martin and Linda's hope is that other young people will have a better chance of surviving this disease: "We are never going to give up. We told Kelly we never would and we never will. Her wish was that once she was well she would carry on fundraising to bring immunotherapy or other new treatments to the UK."

Kelly's legacy will have a tremendous impact on our ability to carry out important research into DSRCT. The money raised is supporting the Sarcoma Molecular Biology Team, led by Professor Janet Shipley.

Kelly Turner

Professor Shipley's team wants to change delivery of cancer care for young people with DSRCT by gaining greater understanding of its genetic changes and by discovering treatments with fewer side-effects.

Thanks to the incredibly generous support of the Kelly Turner Foundation, we now anticipate making significant progress towards creating effective treatments for DSRCT. The Foundation's donations will allow us to build on the research we had already carried out, on a scale not possible before.

We are honoured that Kelly's wish was for us to receive this funding, which will now help others with her condition.

Events calendar

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

Know someone with a London Marathon ballot place?

If you or someone you know has been one of the lucky 50,000 runners awarded a London Marathon ballot place for the 2019 race, we would love for you to use that place to run for #teamICR.

As part of our team, you will receive non-stop support in the run-up to the race and on the day itself, including an ICR running vest to wear with pride. We don't mean to boast, but one of our 2018 team members described being part of #teamICR as being part of 'the greatest team in the world'!

If you would like to use your place to help us make the discoveries that defeat cancer,

London Marathon

please visit **www.icr.ac.uk/londonmarathon** and click 'I have a ballot place', or drop us an email to **sports@icr.ac.uk**. We would love to hear from you.

If you've been unsuccessful, we still have a final few charity places, so please visit **www.icr.ac.uk/londonmarathon** and click 'Apply for 2019'.

Cycle

Prudential RideLondon-Surrey 100

4 August 2019

We will have guaranteed places in the RideLondon-Surrey 100 race next year. To register your interest, please visit **www.icr.ac.uk/ridelondon**, and we will be in touch as soon as our places open.

Trek

Great Wall of China Trek

1–9 June 2019

Trek for five days over watch towers and mountains, through historic battlement stations that are well off the tourist trails. Take on this once-in-a-lifetime experience for the ICR.

See our website for our full events calendar at **icr.ac.uk/challenge** or contact the team on **020 7153 5375** or **sports@icr.ac.uk**

www.icr.ac.uk