

THE AUSTRALIAN

Forrest-backed clinic urges cancer research revolution

Michael Winlo of Linear Clinical Research. Picture: Colin Murty.

SARAH-JANE TASKER THE AUSTRALIAN 8:34PM January 8, 2018

Australian cancer patients are missing out on drug trials that could prolong their life because of structural and technology failings, a roadblock one Perth doctor is hoping to change with the financial backing of Andrew Forrest.

Michael Winlo, chief executive of drug trial company Linear Clinical Research, says it is best practice for cancer patients to be on trials, yet only 5 per cent of adults are, compared with more than 80 per cent of children with the disease.

He is hoping to see the figure for adults lifted through his work with the Eliminate Cancer Initiative, which is backed by Mr Forrest's Minderoo Foundation. Linear — based at the Harry Perkins Institute at Perth's Sir Charles Gardiner Hospital — is one of the founding sites of the ECI network, which has a mission to make cancer non-lethal for the next generation.

The Minderoo foundation has committed \$75 million over five years to drive the initiative.

The projects ECI is targeting include tobacco legislation, a new model for brain cancer trials and a trial network — a collection of sites working to increase the number of patients in clinical trials.

Dr Winlo said he believed there would be fewer cancer deaths if the project succeeded.

“If involved in a trial, you will get better care and more attention, particularly if you've run out of therapeutic options and you have advanced disease. Suddenly you could have options to extend your life,” he said.

“We've had over 200 people on trials and we know that there are at least three cases of complete cure. Around 40 per cent get some benefit, either stabilisation of the disease or some shrinkage of the tumour. Not all of those patients will have sustained progression but they are not coming on to a trial to die, which was the old way of thinking with drug trials.”

In paediatric cancer almost 80 per cent of children go on a clinical trial, and as a result, paediatric cancer survival rates have gone up dramatically.

“If you can get more people involved and participating in trials, you will get system benefits from accelerating the whole drug approval process,” Dr Winlo said.

The trial expert highlighted that oncology had attracted about 60 per cent of investment funds that went into drug therapies. There were more than 1700 phase one human trials globally in this field.

“There is a great need for a better infrastructure to figure out all of those trials. We need to improve our capacity to support those trials and get the benefit from it,” he said.

“ECI recognises that the world is doing a great job developing therapies. If we can build our capacity and become organised, we can be more attractive to bring those trials here and we'll get the benefits of that work.”

The plan is that if a patient presents at an ECI site, they could be matched to one of several trials available nationally and then have that trial administered locally.

“We've got lots of cases where we are the only site in Australia recruiting for a potentially beneficial trial and patients find out about us and fly to us from elsewhere,” Dr Winlo said.

“But they are the activist patients who can afford it. If you were taking a patient-focused approach, you'd make it easier for patients to connect to hopefully life-changing therapy.”

Drug companies often talk about trialling new therapies offshore because Australia doesn't have the population base to support extended research. However, Dr Winlo said Australia had the population density but needed better co-ordination of trials and the patient population.

"The first step is to create this network of empowered sites nationally, so we can expose more therapies to local patients," he said.

"We can likely start matching people this year and demonstrate the power of a nationally co-ordinated trial network, and then it's a matter of delivering those trials locally, which could be another year." He said the technology was available to conduct local trials; it was a matter of tapping into and expanding on what was already there.

"We have a commercial imperative to force the world forward.

"I'm hoping we can be a function of change in the health system," Dr Winlo said.

He highlighted that one of the roadblocks to a more co-ordinated approach was that trial selection was complex for patients and clinicians, and they were not always aware of what was available or the potential benefits.

"We run off paper, which lengthens the time it takes to find and qualify patients," Dr Winlo said.

"We need to identify sites that already use electronic health records ... the more delays we have in moving into that world, the further away patients are from benefiting from these trials."

Dr Winlo said there were plans to make good use of health data but prior investment was lacking, which meant that there were legacy systems that were not easy to connect and co-ordinate. He said that institutions tended to be more risk-averse when it came to sharing data through the use of technology.

"Very few Australian hospitals are operating with electronic health records, which traps vital clinical data and makes it unavailable for research and analysis," he said.

"We need to embrace electronic data to get the most out of our rich health data and take advantage of all the global initiatives in digital health."

Dr Winlo said that having worked in technology mecca Silicon Valley for six years, he had seen what a progressive world looked like.

He said in Australia, there was a huge gap between what was possible with health data and the current reality.

"I'm very driven to close that gap. This opportunity is a once in a lifetime. You've got someone as motivated as the Mindaroo Foundation to drive some of this change. It's an opportunity to rethink the whole way things are done," he said.



Austen's guide to sex harassment

If you're struggling to make sense of the sexual harassment issues swirling around us, you could do worse than read Jane Austen.



Lyon spun web that strangled England

On the surface it was simple: Australia won the the Ashes because they bowled fast and batted slow.
