Day to remember

Friday 10 January

News, sport and entertainment that have shaped lives on this day in history.

News

❑ 1645: Archbishop of Canterbury William Laud was beheaded on Tower Hill for treason.

❑ 1840: Sir Rowland Hill, pictured, introduced the Penny Post – 112,000 letters were posted in London on the first day.

❑ 1863: The London Underground railway was opened by William Gladstone, pictured. The Metropolitan Railway went from Paddington to Farringdon Street, stopping at seven stations.

❑ 1880: Grock the circus clown was born as Adrien Wettach in Switzerland.

❑ 1890: Cleopatra's tomb was discovered.

❑ 1901: The first oil strike – in Texas.

❑ 1920: The League of Nations held its first meeting in Geneva. It was dissolved in 1946 and replaced by the United Nations.

❑ 1929: The cartoon character TinTin appeared for the first time.

❑ 1935: The so-called King and Oueen of Hollywood, Douglas Fairbanks and Mary Pickford, were divorced.

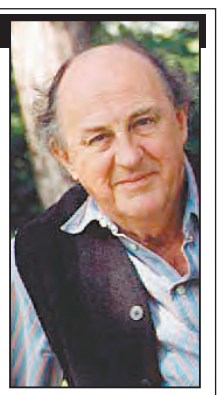
❑ 1971: Coco Chanel, French fashion designer and one of the most influential couturiers of the 20th century, died aged 87.

❑ 1993: Diana, Princess of Wales, separated from her husband, wanted to divorce Prince Charles, according to press reports.

ON THIS DAY LAST YEAR:

Transport Secretary Stephen Byers said "certain aspects" of Britain's railways had got worse under the Labour government.

TODAY'S BIRTHDAYS



- Dorothy Malone, actress, 78
- Anton Rodgers, pictured, actor, 70
- Rod Stewart, rock singer, 58
- Aynsley Dunbar, drummer, 57
- Donald Fagen, rock musician, 55
- George Foreman, former boxer, 54
- Pat Benatar, rock singer, 50
- Shawn Colvin, folk singer, 45
- Caroline Langrishe, actress, 45

Friday's spotlight: **Fundraising for a new laboratory and**

New start

PART FIVE

Today we continue the story of Leukaemia Busters founders Doctors David and Bee Flavell as they grieve for their son and work towards a cure.

FUNDRAISING SHOP: Bee and David Flavell with David Gower and Gary Linekar.

TIRELESS WORK: As well as seeking new drugs and research

THE SABRE-RATTLING between the US and Iraq over the invasion of Kuwait was in full swing when the *Daily Echo* launched its Leukaemia Busters campaign on September 27, 1990.

With a target of £150,000, the appeal, in memory of my son Simon, was to enable us to build a specialised laboratory at Southampton General Hospital where we could develop new antibody-based treatments for children with incurable forms of leukaemia.

With superb editorial coverage from the newspaper's health reporter, Jacqui Goddard, the appeal soon got into full swing.

The general hospital kindly gave us temporary office space to run the appeal from, which we filled with donated office furniture and computers as local support flooded in.

Aside from my part-time secretary, we had no staff to administer the appeal so we relied on volunteers.

There followed a flurry of fundraising, with individuals and groups organising events ranging from scaling Britain's tallest peaks to toy sales organised by eight-year-olds.

It saved my wife Bee and I from a deep pit of mourning, giving us the comfort, strength and energy to hope that one day our efforts would benefit others like Simon.

We were kept buoyant by a feeling that he was still alive in our actions; even today this sentiment dominates our working lives.

The new laboratory became fully operational by the end of 1992 and we set to work developing the antibody-based drugs. These new "smart" drugs would act very differently from current treatments. Basically, we hoped they would avoid many of the nasty side effects of conventional chemotherapy, making treatment safer and more effective.

The new drug was made up from an antibody "armed" with a very powerful toxin called saporin.

It only homes in on the leukaemia cells, delivering a toxin that kills them selectively without damaging normal surrounding cells. This type of drug is termed an immunotoxin and can be likened to a guided missile with saporin as the warhead and the antibody as the delivery missile.

By late 1994 we had completed all the development work necessary on our first immunotoxin, called BU12-SAPORIN, designed for patients with lymphoma and acute lymphoblastic leukaemia.

It was time to carry out early clinical tests of this drug to determine its safety in patients, an undertaking that would require close collaboration with physicians, research nurses, pharmacists and clinical trial managers at each of the hospitals involved.

Search for a new laboratory

AS the appeal progressed Bee and I began planning the new laboratory.

First, we had to identify suitable space in the hospital and then negotiate with the authorities about developing this area for our own particular needs.

An old, virtually-unused surgeon's changing area and a redundant stretch of corridor adjacent to our existing laboratory leapt out at us as the ideal place.

Construction began in October 1991, when the appeal reached the £80,000 mark and we took occupancy just six months later.

On March 10, 1993 Gary and Michelle Lineker officially opened The Simon Flavell Leukaemia Research Laboratory, entirely built and equipped using funds raised from the *Echo* appeal.

At last we had the facilities that would allow us to make a serious start on our quest, one we would now pursue daily in a lab fronted by Simon's name.

trials for a pioneering drug were the next challenges faced by Bee and David Flavell

after mourning

the Flavells are constantly involved in fundraising as well as activities with their two daughters Serena and Sapphira.

We teamed up with the drug development office at the Cancer Research Campaign and began treating adult lymphoma patients in Southampton and Leeds. At this stage we had no choice but to work with adults until the safety of the drug had been established. Only then would we be allowed to use it in children.

This early trial was slow-going due to the limited availability of suitable patients and, by 1997, we had treated only eight people.

Happily, BU12-SAPORIN proved safe to use in adults and also showed some activity against the disease in patients who had very advanced disease.

It was at that point that we turned our attention to getting a trial under way in children with relapsed leukaemia.

If we succeeded in doing this we would become the first group in Britain to use an antibody-based treatment for children with leukaemia.

By now virtually all of our research and clinical trial work was being supported by Leukaemia Busters.

It soon became obvious that it was going to require a gargantuan effort to persuade the authorities to allow us to use our new drug in children, even though the patients we proposed approaching were at the end of the line.

In meeting after meeting we argued for its use until, after more than two years, it was finally agreed we could go ahead.

The first child patient – a six-year-old girl with leukaemia that had recurred despite a bone marrow transplant – was treated with BU12-SAPORIN on September 17, 2001.

Treating children was a nerve-racking experience.

This was further compounded by the fact the disease was very advanced in this group of patients, who were particularly fragile and had a limited life expectancy.

It was emotionally difficult to be involved. Even though I personally knew neither the children nor their parents, I still had my own vivid memories, knowing only too well the emotional turmoil they were going through.

However, in our own personal quest we've conducted almost 2,000 separate experiments in the Simon Flavell Leukaemia Research Laboratory over the ten-year period since opening in 1992, all of them aimed at developing and evaluating new antibody-based treatments for childhood leukaemia.

The result of all that laboratory work has been three separate early-stage clinical trials in adults and children, two of which are in progress as I write.

To fully test all of our experimental findings gathered over recent years will require a further 11 clinical trials, taking an estimated eight years to complete – and that's a long time for all those patients and their families out there.

Of all the problems that this type of complex work entails, the greatest frustration for me has always been the length of time required to turn laboratory findings into practical benefits for patients through a process aptly-named translational research. This rightly occurs because of the responsibility that the Medicines Control Agency (a government regulatory body) has in ensuring patient safety when any new experimental drug is proposed for use in humans.

There is no doubt in my mind that safety is of paramount importance, particularly when it comes to little patients.

Again I have a poignant personal experience here, with a last ditch experimental treatment given with our contrivance and consent to Simon, a treatment that left him damaged and in pain during his last few weeks, a decision which with hindsight I now bitterly regret.

You can imagine therefore that there's nobody more acutely aware or concerned about safety than I, but at the same time I recognise that this has to be balanced against possible benefits; sometimes you need to take risks when pioneering.

In reality, putting a new drug into human beings means that we need to satisfy a multitude of requirements demanded by the regulatory authorities and, to effectively achieve this, requires additional money, time and effort.

A lack of money has often slowed us down in the past when we've had to put some essential investigation on hold until a time when we could afford it.

Furthermore, none of what we do today is going to get any easier; in fact, everything is going to become increasingly more difficult as new European rules on clinical trials come into force in 2004.

The purpose of the new rules is to increase the quality and harmonise clinical trial work conducted in all the member states of the EU, ultimately with patient-safety in mind.

The consequences of this are far-reaching and will mean that we will have to do things differently, adding to the cost.

This would be all well and good if we were a large profit-making pharmaceutical company, but we're not and never will be. If we fail to adhere precisely to the new regulations then we will be breaking the law and run the risk of prosecution.

If this had been the situation ten years ago then we would probably never have got started with this work and our new treatment would never have made it into patients in the first place.

I am certain, however, that we will overcome such difficulties, building on the successes we've already had that have, after all, led to the first national clinical trials with an antibody in children with leukaemia.

It is the extent of work that lies ahead that gives us great optimism and excitement that we can and will contribute to making an impact on childhood leukaemia in the foreseeable future.

To do so will mean some changes in our way of thinking to adapt to a rapidly-changing world and to broaden the breadth and scope of the charity's interests, working ever closer with our colleagues on projects throughout the UK.

Leukaemia Busters is set to expand and grow to meet this challenge.

We have held a steady course over the years and will continue to do so for as long as it takes and so long as our work has the generous support from our backers.

Everyone knows that the stakes are high and I, for one, prefer not to take on the role of a gambling man in this instance.

There are too many personal memories and too many other Simons dying on a daily basis to allow us to be driven off course or side-tracked. It is for them that we will continue with even greater vigour, more determined than ever before.

Contact Leukaemia Busters by writing to the fund at Southampton General Hospital, Southampton S016 6YD.

Telephone: 023 8063 6607

e-mail: www.leukaemiabusters.org.uk

LEUKAEMIA BUSTERS
Reg. Charity No. 1010957
Cure for ALL Campaign