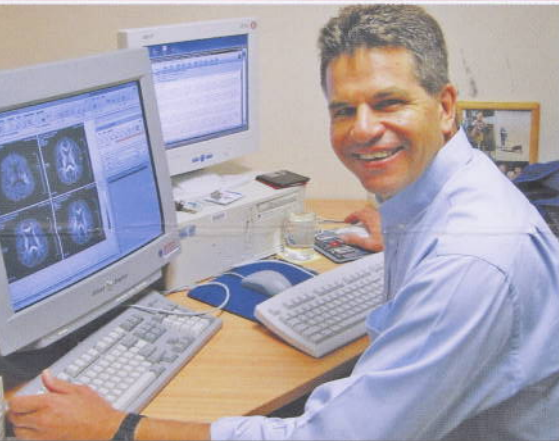


WINTER 2010

Research UPDATE



A/Prof Stephen Rose

Improved MRI techniques for brain tumours

WRI researchers are currently investigating better ways of detecting recurring brain tumours through MRI technology.

Despite recent advances in brain tumour treatments, the one-year mortality rate for high-grade tumours is approximately 80%.

A factor contributing to poor outcomes is the limitations in current neuroimaging technologies, including reliable identification of tumour recurrence distinct from chemo-radiotherapy induced injury.

This presents a significant challenge as recurrent tumour and radiation induced tissue injury have common radiological appearances on MRI.

A/Prof Stephen Rose from the University of Queensland said their project has identified a new MRI strategy that accurately determines whether a tumour has been successfully treated or is growing despite treatment.

"We are very pleased with the results of this initial study. It indicates that we are on our way to this technology being introduced as a part of standard clinical practice," A/Prof Rose said.

WRI would like to acknowledge Dr Jonathon Chalk's contribution to this study before passing away from cancer in October 2008.

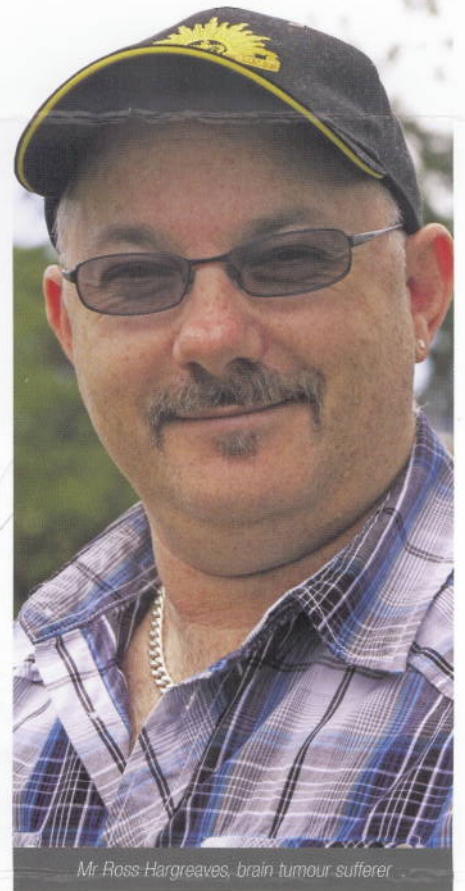
Ross' story

"When I was 34 years old, I started seeing a new GP who suggested I undergo a series of tests to examine the cause of my acid reflux. I had an endoscopy in August 2003. The procedure went without a hitch and everything was clear. However, in the recovery room I started to suffer from anxiety and delusions of paranoia believing that I had been in a car accident and that my children were being hidden from me.

A CT scan was ordered to investigate my agitated state. Within an hour a neurosurgeon came to my room and told me that I had a brain tumour and that I should call in my family. The neurosurgeon informed us that I had an advanced oligodendroglioma in the front left lobe with a large fluid cyst attached causing major swelling. The prognosis was very depressing as I was told I only had three months to live and I should tell my three children aged nine to 13 that I would not live until Christmas.

A biopsy of the tumour was taken which revealed it was a relatively low grade tumour, but unfortunately it was found too late. I was told to go home as they would not operate. Not happy with this opinion I pursued other options and found Dr David Walker*. I underwent a front left lobectomy to debulk the lesion and remove the cyst. The operation was a success and thankfully in my case, apart from depression and

*Dr Walker is a WRI researcher.



Mr Ross Hargreaves, brain tumour sufferer

anxiety issues, I have been very lucky as I am approaching seven years since diagnosis.

Alas, there are still residual cancer cells sitting dormant on the right side of my brain which can't be treated. I am just waiting for the day when an MRI shows a new lesion forming. I believe brain tumours are often overlooked when people talk about 'cancer'... it is so sad especially when there have been two people I know who have developed brain tumours in the last few years and passed away. I wholeheartedly support any medical research that leads to advances in the treatment of brain tumours and hope that one day a cure is found for this debilitating illness."