



### **Professor Michelle Haber AM, Speech**

Premier Baird, Minister Skinner, Members of Parliament, Tour de Cure Chairman and Board Members, ladies and gentlemen.

It was with great pleasure that I accepted today's invitation to speak about Tour De Cure – a marvellous team of people running a tremendous event that has come to mean a great deal to me since I first met one of the ride founders, Gary Bertwistle 6 years ago.

Tour de Cure's support for our research at Children's Cancer Institute over the past 5 years has been over half a million dollars. For that, we are extremely grateful. Tour de Cure have supported both Children's Cancer Institute and also our long-term clinical research partners at the Kids Cancer Centre at Sydney Children's Hospital, to conduct cutting edge, world-class translational bench to bedside research that saves children's lives.

The close partnership I have been privileged to have with Tour de Cure has resulted in me becoming a champion and advocate for Tour de Cure, speaking at a number of corporate and community functions, thus growing the mutual support, the virtuous cycle that is so essential between leading researchers and the community. This community engagement, together with the support of both State and Federal governments makes sure the best research can be leveraged to the maximum extent possible through that community engagement, and in doing so growing the funding pool that drives the research that saves the lives of children with cancer.

As a specific example, some years ago, we developed at Children's Cancer Institute, a new diagnostic test, Minimal Residual Disease testing, that could be used to identify, within 5 weeks of diagnosis, those children with Acute Lymphoblastic Leukaemia, the commonest childhood cancer, who were at particularly high risk of relapsing on standard therapy and dying of their disease. This test was able to do this by being able to detect one residual cancer cell in a million normal bone marrow cells. These are the cells that had escaped chemotherapy and would grow and divide to cause



the relapse. Once these high risk kids had been identified through the test, treating

doctors could then intensify their treatment. Since we introduced this test into clinical trial, it has resulted in a doubling of the survival rate of these high risk children from 35% to 70% over a 10 year period. That translates to more than 40 children on that trial alone being alive and well today who would otherwise have died of their disease.

Tour De Cure heard about the results of this study and were so impressed that they provided vital support for a follow-on Minimal Residual disease clinical trial, that not only continued to improve survival rates by intensifying therapy in high risk children, but also reduced therapy in low risk children, to avoid unnecessary toxic side effects. For this study they provided more than \$400K over three years. These studies have used the latest medical research technology to guide and tailor treatment which has increased survival rates and improved quality of life for children with leukaemia. Minimal Residual Disease testing has transformed the way children with acute lymphoblastic leukaemia are treated in the clinic, and is now standard of care for all Australian children with this disease. True bench to bedside research!

Based on that success, we at Children's Cancer Institute, are now establishing our internationally leading national child cancer personalised medicine program, jointly led with Kids Cancer Centre at Sydney Children's Hospital. Called Zero Childhood Cancer, this program recognises that, to cure every child, we need tailored treatments to target each child's individual cancer. And when Tour de Cure heard about this exceptionally exciting program, they began supporting that too, and have become partners with us on this journey, along with the NSW State Government and most recently the Federal government. The pilot study for this program is currently underway in NSW with already 28 children who are at highest risk of treatment failure enrolled. At completion of this pilot, a national clinical trial of the program will open next year, involving clinical and research partners throughout Australia and also overseas. This ground-breaking program, leading the world from here in NSW, will bring hope to



Tour De Cure-hosted event at NSW Parliament House,

10 November 2016

children with the highest risk, most aggressive cancers, wherever in Australia they may be.

When Gary Bertwistle and Geoff Coombes invited my husband Paul to ride in Tour de Cure's Signature Tour in 2013, I accompanied him with our young daughter. Those days on the ride were truly a privilege as I was able to see first-hand how Tour de Cure brings the message about the need for more funding for cancer research to people all over the country. Paul was a guest rider and I had an opportunity to speak on behalf of Tour de Cure in one of the small country towns in South Australia on the ride, and I spoke at the dinner in the local school hall, and was so impressed to see the enormous engagement and involvement of the local community, both adults and the kids at the school, as a result of Tour de Cures activities.

Like Tour de Cure, we as researchers can't ride alone. Medical research, children's cancer research, needs both Government and community support, and so being here with both Government and Tour de Cure is indeed a great pleasure. For all their valuable support over many years, I thank Tour de Cure. They are an enormous asset to the research community and as a result, to the lives of children and adults with cancer. I wish them many more years of riding with us toward the day where we will in partnership with community, one day find a cure for children's cancer, and then both our work will have been done.

Thank you.