INTERVIEW

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CNS Oncology

Introduction to our new Associate Editor

Annick Desjardins*, MD, FRCPC, speaks to Roshaine Gunawardana, Managing Commissioning Editor:

Annick Desjardins is Associate Professor within the Department of Neurology and is the Director of Clinical Research at The Preston Robert Tisch Brain Tumor Center at Duke. In 2003, Dr Desjardins completed her residency in Adult Neurology at the Université de Sherbrooke, Quebec, Canada. Following a 2-year fellowship in neuro-oncology at The Preston Robert Tisch Brain Tumor Center at Duke, she joined the Center as faculty, in July 2005. She is a Fellow of the Royal College of Physicians of Canada.

She has been the Principal Investigator on over 30 therapeutic trials in neuro-oncology, including investigator initiated and international multicenter studies, and has held several Investigational New Drug applications. She has over 80 peer-review publications and six book chapters. She has written invited expert reviews for *Hospital Pharmacy Europe*, *Nature Reviews Neurology*, *Clinical Care Options* and *MEDscape CME*. She is reviewer for *Neuro-Oncology*, *Cancer*, *Journal of Neuro-Oncology*, *Clinical Cancer Research*, *Expert Review of Anticancer Therapy*, *Cancer Research*, *Molecular Cancer Therapeutics* and *Future Oncology*.

Q What was the impetus for you to build a career working in the treatment of brain tumors?

I have known since I was very young that I wanted to work with cancer patients. When I was in medical school, I fell in love with neurology. The next logical step was to specialize in neuro-oncology.

Q Leading on from your recent editorial in *CNS Oncology* focusing on your work with bevacizumab, in your opinion, when should bevacizumab be given to patients to derive the most benefit?

What I always tell my patients, is that bevacizumab is a great drug, as long as we use it in a smart way and with respect: meaning for patients with residual tumors after a subtotal resection, patients with a prolonged steroid-need and/or patients with a tumor in a location of the brain triggering significant neurologic difficulties.

Q A problem with this drug is patients not showing response. Do you think in the future it will be possible to test which patients will benefit from bevacizumab treatment?

We are absolutely looking into ways of better identifying ahead of time who will or will not benefit from bevacizumab. This is absolutely an area of active research and of great interest.

“...bevacizumab is a great drug, as long as we use it in a smart way and with respect...”

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“We need to better educate and care for the residual brain injury following the diagnosis and treatment of brain cancer.”

Q There have been mixed results with anti-VEGF therapies. What do you think the future holds for this type of therapy?

We know that this disease will most probably never be controlled by only one drug. A combination of drugs, used together or sequentially, will be necessary and I do think that anti-VEGF therapies will remain one of the components of this drug combination.

Q You have also been working with poliovirus to treat brain tumors. What is the rationale behind this treatment approach?

The rationale for this approach is that cancer cells have the receptor for poliovirus. The goal is that by infecting some cancer cells with the modified poliovirus, we will trigger an immune response directed at the infected tumor cells and at the same time, against the cancer cells.

Q If the results of the current study are positive, what will be the next steps for the poliovirus treatment?

Once we have confirmed the ideal dose and safety of the modified poliovirus, we will then proceed with a Phase II clinical trial to confirm its efficacy and better evaluate its safety in a larger patient population. Once this is done, the goal will be to expand the therapy to other tumor types.

Q Other cancers are being treated with viruses. Do you think that this type of treatment could play an important role in the treatment of cancer?

By their ability to bypass currently known resistance mechanisms and by their ability to activate the patients' own immune system, which had been previously blunted by the cancer, oncoviruses, and immunotherapies in general, are

absolutely a part of the interventions necessary in the regimen against cancer.

Q How do you see your own research progressing over the next 5–10 years?

In the next 5–10 years, we will need to continue working not only on improving the survival of our patients, but also continue on trying to understand why some patients stop responding to certain therapies and how we can prevent and/or overcome that. As patients survive longer and longer, we will also need to improve our understanding and care of brain cancer survivors. Many patients and caregivers do not understand why there are residual neurologic complications once the tumor is controlled. We need to better educate and care for the residual brain injury following the diagnosis and treatment of brain cancer. It think the complications from the tumor, the brain injury itself, scare many people, including physicians, and that it is one of the reasons why brain tumors have such a bad reputation.

Disclaimer

The opinions expressed in this interview are those of the interviewee and do not necessarily reflect the views of Future Medicine Ltd.

Financial & competing interests disclosure

A Desjardins is on the advisory board for Genentech/Roche. She is a co-owner of the intellectual property related to the modified poliovirus (PVSRIPO), for which there is a patent pending. The author has no other relevant affiliations or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript. This includes employment, consultancies, honoraria, stock ownership or options, expert testimony, grants or patents received or pending, or royalties.

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