

CCLG: The Children & Young People's Cancer Association research: Exploring potential indicators of the likely course of disease: analysing blood samples from patients recruited to the rEECur clinical trial

Project title: The prognostic value of circulating tumour DNA and RNA and circulating proteins in recurrent and refractory Ewing sarcoma: biomarker analysis from the rEECur trial

Project stage: In progress (started June 2025, ending December 2027)

Funded by: Funded by Bone Cancer Research Trust, the Ewing's Sarcoma Research Trust, Great Ormond Street Hospital Charity, CCLG and CCLG Special Named Funds; #PearlPower, the Kieran Maxwell Legacy, Rosie Rocks the World, and the David Vernon Fund

Led by: Professor Martin McCabe, University of Manchester



About the project

At present, standard clinical information is used to predict Ewing sarcoma survival, such as the time from initial diagnosis to recurrence, and where in the body the recurrence has occurred. However, this is not always accurate, so researchers are looking at alternatives.

Blood-based biomarkers are an exciting option - they are molecules found in the blood which can be measured and used to predict the likely course a disease will take and patients' survival. While several potential biomarkers with the potential to predict survival have been identified, these have mostly been tested in newly diagnosed patients or in a mixed group of patients with newly diagnosed or recurrent Ewing sarcoma. It is therefore difficult to know whether these markers are able to predict survival when Ewing sarcoma has returned or did not respond to treatment.

Professor McCabe and team want to understand whether blood-based biomarkers are better than, worse than, or as accurate as standard clinical information in predicting survival. This will show whether biomarkers should be measured as part of routine practice.

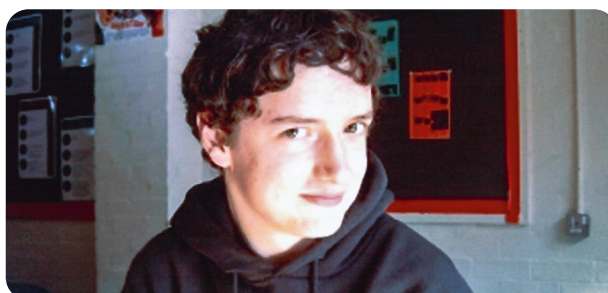
To achieve this, this project will provide additional funding to the rEECur international clinical trial, an ongoing study investigating the most effective treatment for Ewing sarcoma which has returned after treatment (recurrent) or has not responded to initial treatment (refractory). The extra funding will support the collection and analysis of blood samples from recruited patients, allowing the study of possible biomarkers in recurrent and refractory Ewing sarcoma.

Another vital aspect of this research will be to determine whether blood-based biomarkers could be used as early detectors of recurrent disease, capable of picking this up before it can be identified and measured using scans.

The results of this research will help to guide the most accurate approach to monitoring and predicting the course a patient's disease will take, allowing for a more informed approach to the management of Ewing sarcoma. If blood-based biomarkers are found to be equally or more accurate than clinical information alone, they will be taken forward for further investigation in future clinical trials. Ultimately, this project could pave the way towards their routine monitoring throughout a patient's journey through diagnosis, treatment and follow-up, as part of standard care.



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