

EORTC Enters Agreement with Imaging Biometrics for Advanced Imaging Trials

IB'S MR Perfusion Software will be used to help assess disease response and progression

Milwaukee, WI, USA –

Imaging Biometrics, LLC (IB), a provider of advanced visualization and analytical software solutions, has signed an agreement with the European Organisation for Research and Treatment of Cancer (EORTC) to evaluate magnetic resonance imaging (MRI) datasets using its proprietary dynamic susceptibility contrast (DSC) MRI perfusion software, IB Neuro™. This software will be used in three EORTC Brain Tumor Group studies: the EORTC 26053 CATNON intergroup trial, the EORTC 26091 TAVAREC trial, and the EORTC 26101 trial.

IB Neuro uses DSC algorithms to provide information about blood volume and blood flow in the brain. These critical perfusion parameters are valuable for detecting new tumor growth or tumor recurrence, and should assist in tailoring personalized treatment plans for patients. MR perfusion imaging may also play an important role in the development of improved treatment therapies, which is another objective of these studies.

IB Neuro

Cleared by the United States Food and Drug Administration (FDA), IB Neuro incorporates proprietary algorithms to correct for contrast agent leakage to more consistently distinguish between normal and abnormal tissue. This rich information should enable better decisions in tailoring individual treatment plans for patients with brain tumors and other brain disorders.

“We are delighted that the EORTC has contracted with us to assist them in these important clinical initiatives”, said Michael Schmainda, IB’s President and CEO. “IB Neuro is renowned for its ability to accurately discriminate between tissue types and we look forward to working with the EORTC and advancing healthcare.”

The EORTC Brain Tumor Group trials

EORTC trials 26053, 26091, and 26101 were designed to improve treatments for patients with anaplastic gliomas, recurrent grade II and grade III gliomas, and glioblastomas. With an annual incidence of approximately five cases per 100,000 persons, gliomas are the most frequently occurring brain tumor in adults. Low-grade diffusely infiltrating glioma and anaplastic glioma constitute about 30-40% of all glial tumors in adults. Glioblastomas represent roughly 60-70% of all gliomas, and for this type of glioma there is no curative treatment.

Anaplastic gliomas in which the 1p/19q genes are co-deleted are known to be sensitive to chemotherapy. Median survival for patients with these type tumors with 1p/19q co-deletion is well over six to seven years or even longer if radiochemotherapy with PCV is used, but for patients whose tumors do not exhibit this 1p/19q loss, median survival is only two to three years. The phase III **EORTC 26053 CATNON trial** is designed to establish whether concurrent or adjuvant temozolomide chemotherapy improves the outcome in patients with anaplastic gliomas lacking 1p/19q co-deletion.

Median survival for patients with low grade gliomas ranges between five to ten years, and standard treatment for newly diagnosed tumors is surgery often followed by radiotherapy. Treatment for recurrence is typically a second resection plus chemotherapy, and, given the situation, it might also include re-irradiation. This does control disease in most patients, but this control is limited, on average less than one year, and overall survival is poor. The randomized **EORTC 26091 TARAVEC trial** is investigating whether the addition of bevacizumab to temozolomide chemotherapy improves outcome in recurrent grade II and grade III gliomas.

The medium survival time for patients with glioblastoma is poor, 12-15 months, and there is no curative treatment for this disease. Standard first line treatment consists of surgical resection followed by radiation and concomitant and adjuvant temozolomide therapy, but there are no standard treatment options for recurrence. The phase II **EORTC 26101 trial** is exploring the sequence of bevacizumab and lomustine in the treatment of patients with first recurrence of a glioblastoma.

About the EORTC

The EORTC is a unique organization – a vibrant example of the fact that academic science and research know no national boundaries. Established in 1962, the EORTC is a non-profit European research organization operating as an international association under Belgian law.

The EORTC currently links a network of more than 2,500 pre-clinical scientists and oncologists in more than 300 hospitals in over 30 countries. It encompasses all aspects of cancer research, from translational research and new drug development to large phase III clinical trials and meta-analyses.

The 170 members of the EORTC Headquarters staff handle some 6,000 new patients enrolled each year in cancer clinical trials, approximately 30 protocols that are permanently open to patient entry, over 50,000 patients who are in follow-up, and a database of more than 180,000 patients.

The ultimate goal of the EORTC is to improve the future of cancer therapy by developing new agents and innovative approaches and to test more effective treatment strategies using commercially available drugs, or surgery and radiotherapy.

<http://www.eortc.org/>

About Imaging Biometrics™ LLC

Imaging Biometrics develops and provides visualization and analytical solutions enabling clinicians to better diagnose and treat diseases with greater confidence. Through close collaboration with top researchers and clinicians, sophisticated advancements are translated into platform-independent software plug-ins which can extend the base functionality of workstations, imaging systems, PACS, or medical viewers. By design, IB's advanced visualization software seamlessly integrates into routine clinical workflows. For more information about Imaging Biometrics, visit the company's website at www.imagingbiometrics.com

For More Information Contact:

info@imagingbiometrics.com

Imaging Biometrics, LLC