
Cancer Research for the Ozarks

A Community Clinical Oncology Program

Springfield, Missouri

The Year in Review
2009-2010

Cancer Research for the Ozarks *The Year In Review 2009-2010*

As I see it



Robert Carolla MD
Principal Investigator

The grant year of 2009-2010 for CRO has been one of challenges and rewards. Perhaps our greatest challenge has been accruals. We were lagging behind at mid year then had a sudden surge of registrations in the last months and were able to achieve over 119 treatment credits. This meets 92% of our goal as dictated by the NCI. Unfortunately cancer control accruals fell significantly short. We achieved only 61% of our goal. This disappointment is in part due to the lack of exciting and stimulating cancer control protocols.

At the group meetings, increasing accruals is the number one goal to ensure the survival of cooperative groups. However, recognizing the increasing difficulties that investigators face in accruing patients, the NCI has decreased our treatment credit requirements to 120 and cancer control to 70 for our next grant year. This decrease however, is also accompanied by a \$60,000 budget cut.

I view the potential increasing deficit not as a problem but another challenge that we must face. CRO has faced many challenges in its 25 years of existence and this one will be met by the energy and dedication of our investigators, executive director and dedicated staff. CRO as well as all CCOPs and research bases are facing increased levels of regulatory scrutiny. This past year we underwent audits from 6 of our research bases: Wake Forest, NSABP, RTOG, SWOG, GOG and MD Anderson. In the face of this increased scrutiny I am pleased to report that our deficiencies were minimal and those acquired have been addressed by comprehensive action plans which have satisfied our reviewers and essentially put us in full compliance. The outstanding audit results have only been possible due to the dedication of all participants of CRO. Thank you for your willingness to always do a good job. I have had recent personal experiences being an auditor at other institutions, one of which is an NCI designated comprehensive cancer center, and I was surprised at the number of errors in patient care, and IRB non-compliance. This exceeds our track record at CRO.

Now on the positive side, I am excited over the addition of two new affiliates; Skaggs Cancer Center in Branson and Central Care Cancer Center in Bolivar. As we work to cut costs, I foresee increased consolidation of services and resources. The statistical centers of several cooperative groups are merging and it is possible that smaller cooperative groups may fall by the wayside. Based on the Institute of Medicines report, the NCI is revamping the clinical trials program with the hope that newer drugs and exciting protocols can be brought to the forefront faster.

Clinical research is always a challenge, but we have the basic structure to meet these challenges as we move forward. I am very proud to be the PI of this outstanding organization.

Progress Report

Marilyn Bauer, BSN, MEd, MHA, *CRO Director*

CRO Website Established

On August 10, 2009, Cancer Research for the Ozarks' website went live for the first time. The website is useful for cancer patients, their families and friends, physicians and health care providers. All open protocols are listed, with a link to the National Cancer Institute for additional protocol information. All investigators are listed by their specialty and hospital affiliation. There is also a glossary of terms to help patients and families understand cancer-related terms and abbreviations. The CRO DVD plays on the home page, and illustrates clinical trials from the perspective of patients who participated.

The website will continue to be a work in progress, as new protocols are added, others close and new physicians become investigators. You can take a peek by clicking on <http://www.ozarkscancerresearch.org/default.aspx> 2,111 visitors logged onto our website from August 2009 through May 31, 2010.

CRO Steering Committee Meetings

A CRO Steering Committee and Dinner Meeting was held Thursday, August 20, 2009. Dr. Larry J. Geier, Kansas City Cancer Center, was the guest speaker. Dr. Geier spoke on hereditary Colorectal Cancer and the steps his active practice group has in place to identify individuals with Lynch Syndrome. Myriad Pharmaceutical Company sponsored the evening. Twenty-five physicians and research staff enjoyed the evening of learning. Dr. Robert Carolla, Principal Investigator, provided an update on CRO activities and services.

On March 22, 2010, Dr. Stephen Jones from the US Oncology Research in Houston, TX was with us for a presentation on Innovative Biologics in Breast Cancer including Adjuvant Herceptin therapy. Genentech Pharmaceuticals provided the speaker and a wonderful meal for those attending at TOUCH restaurant. Thirty-five investigators and guests attended the event. Dr. Carolla gave a brief update of CRO activities and welcomed our guest.

Community Outreach

A board of administrators and physicians from Cox and St. John's explored the possibility of setting up a community IRB for CRO during the past year. The group decided **not** to pursue the establishment of an additional IRB specifically for CRO. Instead they agreed to expand the opportunity for clinical trials to outlying communities by exploring the interest of oncologists in Branson, Bolivar, Rolla and West Plains. Both CoxHealth and St. John's IRB agreed to provide regulatory or IRB coverage for these smaller communities.

Initial contact was made with oncologists and administrators at these four area institutions to explore their interest in participating in cancer research. Dr. Carolla, Debbie Cane, Basava Raju and Marilyn Bauer from CRO met Monday, December 7th with administrators and physicians at Skaggs in Branson and the Carrie J. Babb Cancer Center (Central Cares PA) in Bolivar. The meetings were very productive. It was exciting to see the eagerness at both institutions to begin offering clinical trials to their patients.

Formal agreements have been signed with Skaggs and Central Cares PA. Both institutions decided to work with Cox's Institutional Review Board for regulatory coverage. Cox's IRB reviewed their policies to include coverage of the outlying community centers. Investigators completed regulatory training and were accepted by the NCI to participate in research. Basava Raju, CRO's study coordinator, trained the nurses and pharmacy assistants that will assist the investigators with enrollments.

This was an exciting time for Cancer Research for the Ozarks and oncology patients being cared for in our outlying communities.

Dr. Carolla SWOG Auditor

CRO's Principal Investigator, Dr. Robert Carolla, is serving as an auditor for Southwest Oncology Group. His first audit was Oct. 5-6, 2009 with the Atlanta CCOP. Dr. Carolla audited Moffitt Research Base on April 27 & 28 2010. Dr. Carolla's auditing experience is great for CRO. We gain new ideas and better ways of accomplishing our work from other research sites he visits.

New Investigators

We are happy to announce that seven new physicians have completed the process to become investigators for CRO. Dr. Jayaram Bharadwaj joined St. John's Clinic – Cancer & Hematology in June of 2009. Dr. Kerry Williams and Dr. Brooke Gillett joined Oncology Hematology Associates in August of 2009. Drs. Jiantao Ding and Mittie M. Dragosljvich from Skaggs and Dr. Leo Shunyakov with Central Cares, PA became investigators as we affiliated with them. Dr. Charles Woodall MD, a surgeon at CoxHealth, completed requirements to become a CRO investigator in February 2010.

Changes for Joplin Affiliate

Sisters of Mercy Health System acquired St. John's Regional Medical Center in Joplin in November 2009. St. John's has been an affiliate of Cancer Research for the Ozarks since 1997 and is managed by research nurse Rita Glaze, RN. There are three medical oncologists, one radiation oncologist and one thoracic surgeon who enroll patients. The affiliate has its own IRB, and opens its own clinical trials through CRO's research bases. Currently there are 127 patients at St. John's Joplin who are on study or in follow up.

Research Base Audits

On April 15, 2009 MDAnderson visited CRO for their required three year audit. The only deficiency found was related to pharmacy records. A corrective action plan was developed and submitted by CRO staff. On June 3, 2009 our RTOG audit found only late data submission required a corrective action plan. A corrective plan was submitted and was accepted by NCI. On August 5 & 6 three SWOG auditors conducted their visit with CRO. A deficiency requiring a re-audit regarding signing in and out pharmacy drugs was noted. GOG was with us on August 28, 2009. A corrective action plan was submitted and found to be acceptable. Moffitt conducted its three year audit at CRO on Sept. 28, 2009. No deficiencies were found. Wake Forest University conducted a study

specific audit of their trial 98308 CLL/COLD-fx study with CRO in October. Information was sent to Wake Forest for their review. A minor regulatory issue was noted. NSABP was here on April 5 & 6, 2010. Wake Forest was with us on May 21st. A corrective plan for NSABP is in development at this time. Only minor deficiencies were noted in the Wake Forest audit.

NCCTG will be here on August 9th & 10th for their first audit with us. We also know SWOG will be back for a re-audit of our pharmacy services in August. We do not have a specific date at this time.

Internal monthly audits of our pharmacy and quarterly auditing of patient charts occurs at CRO. CRO staff view audits as a means to improve our practices for the good of our patients. Overall our audits have shown much improvement with decreasing deficiencies from three years ago.

Staff Promotions at CRO

Debbie Cane was promoted to the Office Manager position at CRO on August 3rd. In her new position, Debbie is responsible for coordinating the day to day running of all CRO office functions and special projects. She supervises clerical and volunteer staff.

Stephanie Bryson was promoted to the Regulatory Compliance Coordinator position vacated by Debbie as she was promoted. Stephanie manages all activities related to regulatory compliance and data management for submission of clinical trials for approval by both CoxHealth and St. John's Institutional Review Boards. She corresponds with NCI and numerous national research bases necessary to ensure timely and accurate compliance with all regulatory codes.

Lisa Hamilton has joined CRO as a clinical research assistant replacing Stephanie Bryson. Lisa is an LPN who previously worked with Drs. Buckner and Woods at Ferrell Duncan clinic where she assisted Dr. Buckner with clinical trials. Lisa does long term patient follow-up at the administrative office.

Staff Institute New Study Meetings

CRO staff expressed a need to increase their knowledge of new studies approved for enrollments. As a result of the request, CRO staff now meets on the fourth Tuesday of the month to discuss and share new study knowledge. Each new study is assigned to a staff member for review and to present at the meeting.

CRO in the News

The Greene County Medical Society Journal featured an article in its July 2009 issue written by Dr. Robert Carolla about the advancement of Cancer Research for the Ozarks. He noted that CRO's newest research base affiliation is with North Central Cancer Treatment Group (NCCTG), a part of the Mayo Clinic Cancer Center. He stated that NCCTG viewed the relationship between the community physician and the scientific investigator as a partnership,

and therefore ideas for protocols could be developed jointly assuring the most promising new scientific concepts are brought forward for study.

The Springfield News-Leader published an article in July detailing CRO's 5-year grant award from the National Cancer Institute. The local National Public Radio affiliate, KSMU, interviewed Marilyn Bauer about the background of CRO and its funding from the National Cancer Institute. Marilyn emphasized CRO's joint sponsorship from CoxHealth and St. John's and how both health care systems provide support and leadership.

The Springfield Business Journal published an article on research occurring in Springfield in their August 24- 30, 2009 issue. CRO's director was quoted as promoting clinical trials as the best in cancer treatment available.

The February 2010 edition of the "Make Today Count Messenger" profiled CRO and the services we provide. Why one would want to participate in a clinical trial and the benefits of participating are addressed in the article.

Marketing

The following is a list of events and speaking engagements CRO has participated in during the past 9 months.

<u>Event</u>	<u>Date</u>	<u>Description</u>
Breast Cancer Foundation of the Ozarks (BCFO) Support Group	6/16/09	CRO staff presented clinical trials available for breast cancer
BCFO of Branson Support Group	6/23/09	Discussion of clinical trials with breast cancer survivors
Barons Club	7/24/09	Dr. Carolla spoke about CRO to this group of leaders from universities, hospitals, prominent local businesses, etc
CRO Steering Committee	8/20/09	Dr. Larry Geier, Kansas, City Cancer Center spoke on hereditary colorectal cancer and the steps his active practice group has in place to identify individuals with Lynch syndrome.
Pink Ribbon Event	10/3/09	Cox's annual event is an educational forum promoting breast cancer awareness. CRO's Sharon Hodge RN spoke on clinical trials for breast cancer patients.
Oct. Women's St. John's	10/20/09	St. John's annually sponsors a breast cancer forum as an awareness event. CRO's new web-site at www.ozarkscancerresearch.org was promoted.
Pink Ribbon Rally	10/24/09	This 17 th annual event was held at Battlefield Mall. CRO's director shared

Multicultural Festival	1/18/10	information on clinical trials with a large crowd of survivors and onlookers. This event celebrates diversity in Springfield, a predominantly white community. The event attracted approximately 1,000 people. CRO staffed a booth sharing information about clinical trials.
Philanthropic Education Organization	2/23/10	Shared CRO services with this group of twenty plus women at their monthly meeting.
Southeast Rotary	3/25/10	Dr. Carolla addressed the Southeast Rotary at their weekly meeting regarding CRO and our services. Approximately 75 business professionals attended the luncheon.
Chub O'Reilly Cancer Center Open House	5/4/2010	The O'Reilly family was honored during the Grand re-opening of St. John's Cancer Center. CRO staffed a booth and shared with the 120 attendees services CRO provides.

Achieving Target Credit Goals

As with other CCOPs, low accruals to trials has been concerning for CRO this grant year. We have taken many steps to increase our participation including meeting with medical oncologists to discuss the issue, extensive marketing of specific trials, the addition of two new affiliates, recognition of top enrolling physicians in our monthly Communiqué and so on.

Each year the National Cancer Institute (NCI) sets credit goals for Community Clinical Oncology Programs (CCOPs). Credits are assigned to protocols and awarded to the CCOP when a patient is enrolled in a cancer treatment or prevention trial. Credits are also awarded for long-term follow up visits for patients in large cancer prevention trials. Cancer Research for the Ozarks' assigned NCI target credits for this fiscal year were 130 cancer treatment credits and 90 cancer control or prevention credits. At fiscal year's end, Cancer Research for the Ozarks had accumulated 119.1 cancer treatment credits and 54.9 cancer control credits.

Credits are different from enrollments. An enrollment is defined as one patient enrolled into one trial. Enrollments tell us the number of patients in particular trials. Not all enrollments receive credit. This past year, CRO had 167 enrollments for credit, and 9 no-credit enrollments, for a total of 176. Of that total, our affiliates in Joplin at St. John's Regional Medical Center, Freeman Health, and Skaggs contributed 31 enrollments. Last year our affiliates contributed 19.7% of our total enrollments. This year they have contributed 17.6%

CRO Finances

In 2008, Cancer Research for the Ozarks received a 5-year grant from the National Cancer Institute for \$ 4,239,818 which supplied us with \$624,608 this past fiscal year. Grant dollars go a long way, but do not completely support CRO. We are very fortunate and grateful to also have the support of Springfield’s two major health care systems—CoxHealth and St. John’s.

One of our continuing objectives is to reduce expenses paid by our sponsors who help support our work. Of note, in fiscal year 2005-2006 *these* systems contributed \$245,154 in support of CRO. The two tables below compare our FY 2008-2009 and FY 2009-2010 revenues. This past year, despite less revenue, we decreased our cost to CoxHealth and St. John’s to \$9,528 each.

CRO could not exist without the generosity of the administrations from both systems. Our sincere thanks to them.

Revenues	Fiscal Year 2008-2009
Federal	\$641,391
Other	\$179,628
Total Revenues	\$821,019
Total Expenses	(\$883,954)
Deficit *	(\$62,935)

Revenues	Fiscal Year 2009-2010
Federal	\$624,608
Other	\$277,715
Total Revenues	\$959,105
Total Expenses	\$978,160
Deficit *	(19,055)

*The deficit is split equally between CoxHealth and St. John’s
 Fiscal year 2008-2009 - \$31,467 each
 Fiscal year 2009-2010 - \$9,528 each

Meeting the CRO Goals for 2009-2010

Last year, we defined goals. Below are the goals, and our report of progress toward meeting them.

CRO Goals	Achievements
Exceed our target treatment credits of 130 by 7 enrollments or 5% for this grant year.	Enrollments to clinical trials have been a struggle this year throughout the country due to the lack of trials and increased difficulty of conducting them. CRO was fortunate to have achieved 119.1 treatment credits.
Meet our target cancer control credits of 90 for this grant year.	CRO earned 54.9 cancer control credits this grant year. Enhancing our enrollments to clinical trials has been and will continue to be a major focus for CRO.
Complete development of a CRO website to be a user friendly site where health care professionals and community members have easy access to clinical trials available at CRO.	CRO's website went live on August 10, 2009. The website is useful for cancer patients, their families and friends, physicians and health care providers. All open protocols are listed, with a link to the National Cancer Institute for additional protocol information. All investigators are listed by their specialty and hospital affiliation. There is also a glossary of terms to help patients and families understand cancer-related terms and abbreviations.
Explore the feasibility of a Community IRB for CRO.	A board of administrators and physicians from Cox and St. John's explored the possibility of setting up a community IRB for CRO during the past year. The group decided not to pursue the establishment of an additional IRB specifically for CRO. Instead they agreed to expand the opportunity for clinical trials to outlying communities by exploring the interest of oncologists in Branson, Bolivar, Rolla and West Plains. Both CoxHealth and St. John's IRB agreed to provide regulatory or IRB coverage for these smaller communities.
Enhance community awareness of CRO through presence at community events, media coverage of successful trials and other newsworthy occurrences, continuation of monthly email newsletter, broaden distribution of CRO video.	CRO was represented at eleven community events this past year. Monthly, the CRO Communiqué is distributed to health care professionals and others interested in research in our community. The one page newsletter addresses newsworthy occurrences in cancer research. The CRO web-site has proven to be very successful with 2,111 hits since it went live on August 10, 2009.
Greater participation of Principal Investigator and Administrator with CCOP and research base committees.	Dr. Carolla is serving as an auditor for SWOG. He participated in two SWOG audits this year. Dr. Carolla has attended SWOG, NSABP, and NCCTG's research base meetings this year. Marilyn Bauer, CRO's director attended NCCTG and NSABP's

	<p>annual meetings. Both Dr. Carolla and Marilyn Bauer volunteered to serve on NCI's CCOP Strategic Plan committees but were not selected.</p>
<p>Sponsor bi-yearly educational CRO steering committee meetings with an attendance of at least 50 for each meeting.</p>	<p>A CRO Steering committee meeting was held on August 20, 2009. Dr. Larry J. Geier, Kansas City Cancer Center, was the guest speaker. Dr. Geier spoke on hereditary Colorectal Cancer and the steps his active practice group has in place to identify individuals with Lynch Syndrome. On March 22, 2010 Dr. Stephen Jones from the US Oncology Research in Houston, TX was with us for a presentation on Innovative Biologics in Breast Cancer including Adjuvant Herceptin therapy.</p>
<p>Work towards a year of successful audits. CRO is expecting audits from six research bases this year.</p>	<p>This was a year of audits from our research bases. RTOG, SWOG, GOG, Moffitt, NSABP, and Wake Forest were here for their 3-year audit with us. Our eighth research base NCCTG will be here in August for their first visit with CRO. Overall our audits have shown much improvement with decreasing deficiencies from three years ago. Only one re-audit of our pharmacy services is required. This is scheduled for August 2010. Many steps have been taken to assure our pharmacy records are compliant.</p>
<p>Explore the development of a volunteer ambassador program of past trial participants and the role they may provide for CRO.</p>	<p>We did not reach this goal. Our focus the last half of this grant year was more on increasing enrollments to available trials. We will work on this goal next year.</p>
<p>Work for improved quality assurance at CRO with:</p> <ol style="list-style-type: none"> 1. Timely and accurate data submission to cooperative groups 2. Addressing queries as they occur. 3. Quarterly departmental chart audits 4. Stabilization of CRO staff 5. Quarterly inventory assessment of our pharmacy. 	<p>Quality assurance is a major goal at CRO.</p> <ol style="list-style-type: none"> 1. Efforts to send the study coordinator and follow-up CRA to assist with data submission are in process and we believe this will assist in this area. 2. Monthly, a listing of queries found on the research bases websites are compiled and sent to the respective staff responsible for correcting them. Per policy CRO staff are to address the queries within the month and if not let the director know of their difficulty. 3. Prior to research base audits our staff reviews their patient charts and then have a peer review the chart. This 2nd review has been helpful with us in audits. Quarterly our study coordinator audits a chart from each enrolling staff member. 4. Two CRO staff have left our department this past year. One who left was newly hired and left after 3 months. 5. Major efforts have been taken to assure our pharmacy records are complete and in compliance with research regulations following our SWOG audit in August 2009 where a re-audit of our pharmacy was found necessary. Monthly audits of our pharmacy services now occur.

Goals & opportunities for CRO in the next year are as follows:

- Exceed our target treatment credits of 120 by 5% resulting in 126 treatment credits for this grant year.
- Exceed our cancer control target credits of 70 by 5% giving us 73.5 credits for this year.
- Educate cancer patients at Cox and St. John's while enhancing our enrollments into clinical trials by placing a letter into the new patient packets showing physician support of cancer research and introducing CRO to the patient.
- Increased efforts to keep CRO investigators and health care extenders aware of clinical trial availability by:
 - CRO's PI sending monthly letter to investigators informing them of new opened trials and those trials closed during the month.
 - Sharing a clinical trial (multidisciplinary if possible) at Cox's weekly tumor conferences
 - CRO staff to attend nurse practitioner meetings at Cox to share trials they can assist us in recruiting participants.
- Capture patient screening information in CRO's CREDIT database for monthly analysis.
- Work with pharmacy to correct issues with handling of research drugs. Conduct internal audits monthly.
- Explore feasibility of getting more surgical oncology trials at CRO.
- Explore the development of a volunteer ambassador program of past trial participants and the role they may provide for CRO.
- Increase web-site usage to 4,000 hits for grant year 2010-2011.
- Establish internal audits of our affiliate charts and regulatory records
- Work for improved quality assurance at CRO with:
 1. Timely and accurate data submission
 2. Decrease queries and turn around time to address those that do occur
 3. Stabilization of CRO staff with no vacancies this next year
 4. Quarterly departmental chart audits
 5. Review and updating of Standard Operation Procedures at CRO
 6. Continue to master the capabilities of our CREDIT data base
 7. Continue with efforts to accurately track CRO finances
 8. Job shadowing to assure coverage of all aspects of CRO business in case of an emergency

Protocol Reports: 2-Year Comparison of Registrations & Credits

Treatment

RESEARCH BASE	2008-2009 REGISTRATIONS	2008-2009 CREDITS	2009-2010 REGISTRATIONS	2009-2010 CREDITS
CTSU	50	49.8	65	62.3
GOG	18	22.5	14	16.00
MD ANDERSON	0	0	0	0
NCCTG	1	1.0	8	8.00
NSABP	26	30.5	13	15.50
RTOG	3	3.0	1	1.00
SWOG	29	29.8	15	16.30
<i>Wake Forest</i>	0	0	0	0
Grand Totals	127	136.6	116	119.1

Cancer Control & Prevention

RESEARCH BASE	2008-2009 REGISTRATIONS	2008-2009 CREDITS	2009-2010 REGISTRATIONS	2009-2010 CREDITS
CTSU	6	3.0	10	7.0
GOG	11	5.5	11	5.5
MD ANDERSON	1	1.0	0	0
MOFFITT	1	1.0	0	0
NCCTG			17	17.0
NSABP (<i>new</i>)	3	1.5	6	4.5
NSABP (<i>follow up visits</i>)	56	16.8	17	5.1
RTOG	4	4.0	0	0
SWOG (<i>new</i>)	1	0.5	6	5.5
SWOG (<i>follow up visits</i>)	40	10.4	31	9.3
WAKE FOREST	13	13.0	1	1.0
Grand Totals	136	56.7	99	54.9

Registrations by Affiliate/Site (Follow up credits not included)

AFFILIATE*/SITE	2008-2009 REGISTRATIONS	2008-2009 CREDITS	2009-2010 REGISTRATIONS	2009-2010 CREDITS
Central Care, PA			0	0
CCOP	0	0		
Cancer Hematology Center	54	20	69	61.5
Ferrell-Duncan Clinic	15	9	16	14.0
Freeman Medical Center (Joplin)	17	4	16	15.0
St. John's Regional Med Center (Joplin)	12	1	14	14.0
Oncology Hematology Associates	27	5	50	46.1
Radiation Therapy Center	0	0	1	1.0
Skaggs Regional Medical Center			1	.5
Women's Oncology Care	2	1	9	7.5
St. John's Radiation Onc.	0	0	0	0
Grand Totals	127	40	176	159.6

All-inclusive 12-month Accrual for All Types of Protocols by Research Base

RESEARCH BASE	2008-2009 REGISTRATIONS	2008-2009 CREDITS	2009-2010 REGISTRATIONS	2009-2010 CREDITS
CTSU	56+1	52.8	75+1	68.1
GOG	29	28.0	25	21.5
MD ANDERSON	1	1.0	0	0
MOFFITT	1	1.0	0	0
NCCTG	1	1.0	25	27.5
NSABP	29+9	32.0	19+8	25.1
RTOG	7	7.0	1	1
SWOG	30	30.3	21+0	30.8
WAKE FOREST	13	13.0	1	1
Total Reg. & Credits	167+10	166.10	167+1	159.6
<i>Industrial Trial Reg.</i>	4	0	8	0
<i>Plus follow-up</i>	96	27.2	48	14.4
Grand Total		<u>193.3</u>		<u>174.0</u>

*Credit + noncredit registrations. **Registrations totaled.

Patient Registrations By Physician through May 31, 2010

	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter		Total	
	c	n/c	c	n/c	c	n/c	c	n/c	c	n/c
Abdalla	0	0	0	0	0	0	0	0	0	0
Albritton	0	0	0	0	1	0	0	0	1	0
Bharadwaj	0	0	1	0	0	1	0	0	1	1
Bonebrake	0	0	2	0	7	0	7	0	16	0
Bosscher	1	0	0	0	6	0	2	0	9	0
Carolla	0	0	2	0	2	0	1	0	5	0
Clouse	0	0	0	0	0	0	0	0	0	0
Croy	1	0	1	0	2	0	2	0	6	0
Cunningham	2	0	0	0	2	0	7	0	11	0
Ellis	2	0	1	0	5	0	5	0	13	0
Farber	0	0	0	0	0	0	0	0	0	0
Gillett	0	0	0	1	0	0	6	0	6	1
Grant	0	0	0	0	0	0	0	0	0	0
Hassan	2	0	2	0	1	0	1	0	6	0
Holden	2	1	6	0	7	0	2	1	17	2
Hoos	1	0	1	0	2	0	0	0	4	0
Johnson, Jeff	0	0	0	0	0	0	0	0	0	0
Johnson, Robert	0	0	0	0	0	0	0	0	0	0
Kent, Elizabeth	1	0	0	0	0	0	1	0	2	0
Kim, Helen	0	0	0	0	0	0	0	0	0	0
LaFrancis	1	0	0	0	2	0	2	0	5	0
Lewis	1	0	0	0	0	0	0	0	1	0
Lloyd-Smith	0	0	0	0	0	0	0	0	0	0
Meyers	0	0	0	0	0	0	0	0	0	0
Miller	2	0	1	0	2	0	0	0	5	0
Nair	2	0	1	0	3	0	5	0	11	0
Pinheiro	0	0	0	0	0	0	0	0	0	0
Raju	5	0	4	0	4	2	5	0	18	2
Ross	1	0	0	0	0	0	2	0	3	0
Skelley	1	1	0	0	0	0	1	0	2	1
Tiriveedhi	1	0	4	0	4	1	2	0	11	1
Driver	0	0	0	0	0	0	0	0	0	0
Williams	0	0	3	1	0	0	11	0	14	1
Total	26	2	29	2	50	4	62	1	167	9

Co-Investigator Registrations

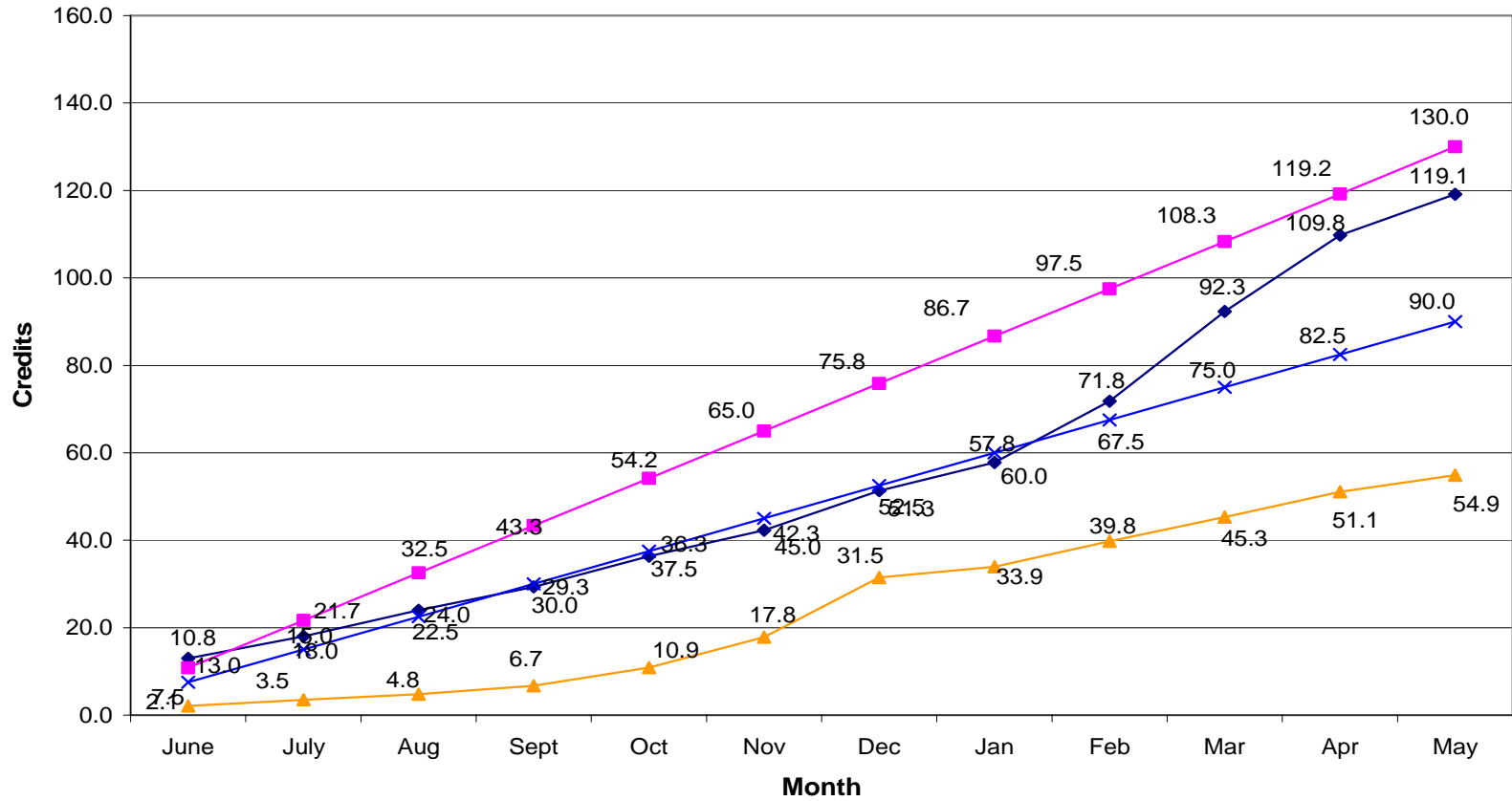
June 1, 2009 to May 31, 2010

	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter		Total	
	c	n/c	c	n/c	c	n/c	c	n/c	C	n/c
Kim, Helen	1	0	0	0	1	0	3	0	5	0
Kim, Nathan	0	0	2	0	0	0	0	0	2	0
Biggers, Brian	0	0	0	0	0	0	1	0	1	0
	1	0	2	0	1	0	4	0	8	0

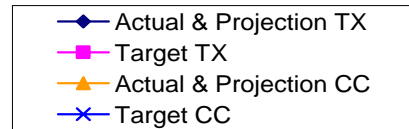
Top Protocols By Registration

	Number	Title	Registrations	Credits
1	CTSU E5103	A Double-blind Phase III Trial of Coxorubicin and Cydophosphamide Followed by Paclitaxel With Bevacizumab or Placebo in Patients With Lymph Node Positive and High Risk Lymph Node Negative Breast Cancer	19	19.00
2	NCCTG N08C7	Phase III, Randomized, Placebo-controlled, Double-Blind Trial of Flaxseed for the Treatment of Hot Flashes	15	15.00
3	GOG 0252	A Phase III Clinical Trial of Bevacizumab with IV versus IP Chemotherapy in Ovarian, Fallopian Tube and Primary Peritoneal Carcinoma.	12	9.0
4	CTSU CALGB 40101	Cyclophosphamide and Doxorubicin (CA) (4 vs. 6 Cycles) Versus Paclitaxel (4 vs. 6 Cycles) as Adjuvant Therapy for Breast Cancer in Women with 0-3 Positive Axillary Lymph Nodes: A 2X2 Factorial Phase III Randomized Study	10	10.00
5	ECOG E2805	ASSURE: Adjuvant Sorafenib or Sunitinib for Unfavorable Renal Carcinoma	8	6.0
6	GOG 0213	A Phase III Randomized Controlled Clinical Trial Of Carboplatin And Paclitaxel Alone Or In Combination With Bevacizumab (Nsc #704865, Ind #7921) Followed By Bevacizumab And Secondary Cytoreductive Surgery In Platinum-Sensitive, Recurrent Ovarian, Fallopian Tube And Peritoneal Primary Cancer.	8	8.0
7	NSABP R-04	A Clinical Trial Comparing Preoperative Radiation Therapy and Capecitabine with Preoperative Radiation Therapy and Continuous Intravenous Infusion (CVI) of 5-Fluorouracil in the Treatment of Patients with Operable Carcinoma of the Rectum	7	5.5
8	SWOG S0307	Phase III Trial of Bisphosphonates as Adjuvant Therapy for Primary Breast Cancer	6	6.00
9	NSABP B-40	A Randomized Phase III Trial of Neoadjuvant Therapy in Patients with Palpable and Operable Breast Cancer Evaluating the Effect on Pathologic Complete Response (pCR) of Adding Capecitabine or Gemcitabine to Docetaxel when Administered Before AC with or without Bevacizumab and Correlative Science Studies Attempting to Identify Predictors of High Likelihood for pCR with Each of the Regimens	5	7.5
10	NSABP B-44-I	BETH Trial: A Multicenter Phase III Randomized Trial of Adjuvant Therapy for Patients with HER2-Positive Node-Positive or High Risk Node-Negative Breast Cancer Comparing Chemotherapy Plus Trastuzumab with chemotherapy Plus Trastuzumab Plus Bevacizumab	5	0

June 1, 2009 - May 31, 2010 Credits



Cancer Research for the Ozarks
Totals through 5/31/2010



Cancer Research for the Ozarks Staff

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Cancer Research for the Ozarks

*has a mission rooted in the spirit of collaboration
between CoxHealth and St. John's Health System.*

*Inspired by our faith-based call to serve others, we seek to promote the
quality of life within the communities we serve by providing innovative
cancer research, education, and personal compassionate presence to our
patients, family members, and staff.*