

**CRO Communiqué**  
**Keeping you informed about CRO progress**  
**February 2014**

**Top Enrolling Physicians for January 2014**

Physician	Patient Registrations	Treatment Credits	Control Credits	Total Credits
Dr. Carlson (Mercy Spfld)	9	3.9	4	7.9
Dr. Bonebrake (Cox)	3	1	2	3
Dr. Ellis (Cox)	1	0	1	1
Dr. Gillett (Cox)	1	1.1	0.1	1.2
Dr. Hanson (Mercy St. Louis)	2	2	0	1
Dr. Hoos (Mercy Spfld)	12	1	0	2
Dr. Hu (Mercy St. Louis)	1	1	0	1
Dr. Rodgers	1	0	1	1
Dr. Sleckman (Mercy St. Louis)	1	0	1	1
Dr. Raju (Mercy Spfld)	1	0	1	1
<b>Total</b>	<b>21</b>	<b>10</b>	<b>10.1</b>	<b>20.1</b>

**NCI 6-month Accruals for Grant Year 2013-2014**

Below is a chart of the NCI 6-month credit accrual statistics (June 2013 – November 2013) for all CCOPs. At the end of November 2013, CRO had earned 50.8 treatment credits and 59.8 cancer control credits. As noted below, CRO was one of 11 CCOP/MBCCOPs achieving combined credit accruals above 95. While our accruals have been down it appears that they have been at other CCOPs as well. We are doing a great job! Thank you for your hard efforts and support it is paying off.

**Achievement of 6-month  
TOTAL Credit Accrual  
Accrual**

64 CCOP/MCCOPs Range 1 – 269

**Achievement of 6-mo  
Treatment Credit Accrual**

64 CCOP/MCCOPs Range 1 - 123

**Achievement of 6-mo  
Cancer Control Credit**

64 CCOP/MCCOPs Range 0 -134

Number of CCOPs/MBCCOPs (%)	6-month Credit Accrual	Number of CCOPs/MBCCOPs (%)	6-month Credit Accrual	Number of CCOPs/MBCCOPs (%)	6-month Credit Accrual
11(17%) <b>*CRO 110.4</b>	95 - ≥ 100	2(3%)	95 - ≥ 100	4 (6%)	95 - ≥ 100
4(6%)	76 – 94	2(3%)	76 – 94	3(5%)	76 – 94
18 (28%)	51 – 75	8 (12%) <b>*CRO 50.8</b>	51 – 75	4 (6%) <b>*CRO 59.6</b>	51 – 75
16(25%)	26 – 50	22(34%)	26 – 50	13 (20%)	26 – 50
15 (23%)	≤ 10 – 25	30 (47%)	≤ 10 – 25	40 (62%)	≤ 10 – 25

**Profile Study**

**NSABP B-52** “Docetaxel, Carboplatin, Trastuzumab, and Pertuzumab With or Without Estrogen Deprivation in Treating Patients With Hormone Receptor-Positive, HER2-Positive Large Operable or Locally Advanced Breast Cancer” is our profile study this month. This trial will determine whether the addition of estrogen deprivation to neoadjuvant therapy consisting of docetaxel, carboplatin, trastuzumab, and pertuzumab (TCHP) yields a greater rate of pCR (breast and noted) than TCHP alone. Secondary aims include determining whether the addition of estrogen deprivation to TCHP improves the pCR rate in the breast, recurrence-free interval, overall survival, and secondary primary invasive cancer. Patterns of pCR, recurrence-free interval, and overall survival by menopausal status will also be assessed. This trial has been approved by the CIRB.

## **New Studies Approved in January, 2014 Through Cox & Mercy Springfield's IRB's**

None

## **New Studies Approved and Opened in January with the CIRB**

**Alliance A031201** “Enzalutamide With or Without Abiraterone Acetate and Prednisone in Treating Patients With Castration-Resistant Metastatic Prostate Cancer”

**ECOG E1A11** “Randomized Phase III Trial of Bortezomib, LENalidomide and Dexamethasone (VRd) Versus Carfilzomib, Lenalidomide and Dexamethasone (CRd) Followed by Limited or Indefinite DURation Lenalidomide MaintenANCE in Patients with Newly Diagnosed Symptomatic Multiple Myeloma (ENDURANCE)”

## **Studies sent to Cox & Mercy IRB's for Permanent Closure in January 2014**

**Alliance N0877** “Phase I/Randomized Phase II Trial of Either Dasatinib or Placebo Combined with Standard Chemo-Radiotherapy for Newly Diagnosed Glioblastoma Multiforme (GBM)”

**SWOG 0702** “A Prospective Observational Multicenter Cohort Study to Assess the Incidence of Osteonecrosis of the Jaw (ONJ) in Cancer Patients with Bone Metastases Starting Zoledronic Acid Treatment”