CRO Communiqué

Keeping you informed about CRO progress
July 2013

Top Enrolling Physicians for June 2013

Physician	Patient Registrations	Treatment Credits	Control Credits	Total Credits
Dr. Bechtel (Mercy St. Louis)	1	1	0	1
Dr. Bonebrake (Cox)	2	2	0	2
Dr. Carlson (Mercy Spfld)	5	0.6	2	2.6
Dr. Croy (Mercy Joplin)	1	1	0	1
Dr. Hoos (Mercy Spfld)	1	0	1	1
Dr. Holden (Mercy Spfld)	2	2	0.5	2.5
Dr. Hu (Mercy St. Louis)	1	0	0.5	0.5
Dr. Nair (Mercy Spfld)	2	2	1	2
Dr. Oza (Good Samaritan)	2	0	1	1
Dr. Rodgers (Mercy St. Louis)	1	0	0.5	0.5
Dr. Vu (Freeman)	1	1	0	1
TOTALS	19	8.9	6.5	15.4

CRO earned 8.9 treatment and 6.5 control credits this past month. While we have not received or grant award our NCI's expectations this grant year we know they will be much higher with the addition of our new affiliates. We will need to step up our accruals to meet NCI's targets in the next 11 months. Working together we can do it!

CRO in Comparison to other CCOP's for grant year 2012– 2013

Overall CRO earned 107% of our targeted credits while all 65 NCI CCOP's averaged 87% of their target credits this past grant year. Thanks to everyone for your contribution to our success as a CCOP. We do a great job! Below is a table comparing CRO's achievement over the past grant year with the other 64 CCOPs/MBCCOP's.

Treatment

Range= 6% - 150%

Number of CCOPs	% of 12-month goal achieved*
16 (25%)	**95 ≥ 100%**
16 (25%) ***CRO 85%**	76 – 94%
18 (28%)	51 – 75%
9 (14%)	26 – 50%
6 (9%)	≤ 10 – 25%

Cancer Control

Range= 3% - 267%

Number of CCOPs	% of 12-month goal achieved*
22 (34%) ***CRO 137%**	95 ≥ 100%
8 (12%)	76 – 94%
14 (22%)	51 – 75%
13 (20%)	26 – 50%
8 (12%)	≤ 10 – 25%

Total Accrual Goals

Range= 8.5% - 163%

Number of CCOPs/	% of 12-month goal achieved*
21(32%) ***CRO 107%**	95 ≥ 100%
10 (15%)	76 – 94%
20 (31%)	51 – 75%
8 (12%)	26 – 50%
6 (9%)	≤ 10 – 25%

NCORP Grant

On Monday, June 24th the Board of Scientific Advisors approved the NCORP (NCI Community Oncology Research Program) concept. The NCI team is working to develop the RFAs and the NCORP Guidelines and those documents will need internal NCI approval and then NIH approval. Release of the RFA is scheduled for sometime this fall. CRO has begun drafting our application. The presentation to the BSA is now available for viewing at the following address: http://videocast.nih.gov/summary.asp?Live=12906 The NCORP presentation begins at approximately 3:35:17 (drag the curser over the lower bar below the video).

Leukemia & Lymphoma Society's Man and Woman of the Year

Laura Winstead, CRO's Regulatory Compliance Coordinator was awarded the "Woman of the Year" award for the Leukemia and Lymphoma Society on Thursday, June 27th. For 10 weeks Laura was involved with the campaign to raise money for the Society. Laura is very proud to announce her team collected over $15,000 giving her the title of LLS Woman of the Year for Southwest Missouri! Being a leukemia survivor, Laura says it was a privilege to raise money and awareness for an organization that has given her so much. Look for Laura on Springfield billboards, in *USA Today* and *Springfield's Business Journal*.

CALGB

The Alliance Board of Directors approved CRO as a main member of the Alliance. At this time, the grants for the legacy groups (ACOSOG, CALGB and NCCTG) still exist in support of the Alliance cooperative group research program and new Alliance members are being rostered under CALGB. CRO's sites CoxHealth, Mercy Springfield,

Phelps County and Mercy St Louis have been activated on the CALGB membership roster. CRO will be audited within 18 months of the first accrual and at least every 3 years after the initial audit.

Study Profile

S0702 "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," was opened at CRO in June as our Mercy St. Louis affiliate recommended it as being a good trial for them. The primary objective of this study is to prospectively assess the cumulative incidence of osteonecrosis of the jaw at 3 years in cancer patients with bone metastasis receiving zoledronic acid treatment. All participants must have bone metastasis from multiple myeloma, solid tumors or other malignancies for which intravenous bisphosphate has clinical indicators in the treatment of metastatic bone disease and be planning to receive zoledronic acid for metastatic bone disease within 30 day after registration. Prior radiation treatment to the maxillofacial area is not allowed. The trial is worth a NCI cancer control credit of 0.5. Dr. Oza at Good Samaritan placed two patients on this trial this month while Dr Hu at Mercy St. Louis registered one to the trial this month.

New Studies Approved in June, 2013

Opened at Cox and Mercy Springfield

ECOG E2211- A Randomized Phase II Study of Temozolomide or Temozolomide and Capecitabine in Patients with Advanced Pancreatic Neuroendocrine Tumors

NSABP B-51 A Randomized Phase III Clinical Trial Evaluating Post-Mastectomy Chest Wall and Regional Nodal XRT and Post-Lumpectomy Regional Nodal XRT in Patients with Positive Axillary Nodes Before Neoadjuvant Chemotherapy Who Convert to Pathologically Negative Axillary Nodes After Neoadjuvant Chemotherapy

RTOG 1112 Randomized Phase III Study of Sorafenib Versus Stereotactic Body Radiation Therapy Followed By Sorafenib in Hepatocellular Carcinoma

Opened at Cox

SWOG S0702 "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

Studies Permanently Closed to Enrollment at Cox & Mercy in June 2013

NCCTG N08C9 Phase III, Randomized Study of Sulfasalazine versus Placebo in the Prevention of Acute Diarrhea in Patients Receiving Pelvic Radiation Therapy