

**CRO Communiqué**  
**Keeping you informed about CRO progress**  
**December 2012**

**Top Enrolling Physicians for December 2012**

Physician	Patient Registrations	Treatment Credits	Control Credits	Total Credits
Dr. Biggers	2	0	2	2
Dr. Bonebrake	2	2	1	3
Dr. Carlson	3	0	3	3
Dr. Ellis	2	2.3	.5	2.8
Dr. Hoos	3	0	3	3
Dr. Pinheiro	2	0	0	0
TOTALS	14	4.3	9.5	13.8

Our NCI assigned target credits for grant year 2012-2013 are 110 treatment credits and 80 cancer control credits. Half way through our NCI grant year, we have earned 42 treatment credits and 36.7 cancer control credits. This leaves us 13 treatment and 3.3 cancer control credits behind where we need to be to meet our NCI goals for the year. We are hoping to get our treatment enrollments back on track soon.

**Study Profile**

This month's study profile is CTSU CALGB 80802 "Phase III Randomized Study of Sorafenib Plus Doxorubicin Versus Sorafenib in Patients with Advanced Hepatocellular Carcinoma (HCC)". This is for locally advanced or metastatic disease. Patients must have no prior adjuvant therapy with sorafenib or other VEGF inhibitors and no prior systemic treatment for metastatic disease. Eligibility criteria includes no history of congestive heart failure or myocardial infarction for past 6 months and no known CNS tumors including brain metastases.

**Screening for Clinical trials**

The CCOP program is in the process of transforming into the new NCORP (NCI Community Oncology Research Program) program. At this time, we are not sure what the changes will include but we do know there will be a renewed emphasis on patient screening and enrollment. At the CCOP Principal Investigators and Administrators meeting this past September, we were presented with a patient screening tool that collects the data most likely required for patients we screen for clinical trials. We have worked with our CREDIT database developers to modify the pre-screening tool in CREDIT to collect additional information making it comparable with the proposed screening tool presented at the meeting in September. Staff will be asking investigators why patients chose not to go on a clinical trial as needed screening information. We appreciate your assistance in helping us capture this important information. From it we will be able to objectively evaluate and see where we can place a greater emphasis to enhance our enrollments.

**Dr. Carlson Appointed to GOG Committee**

Congratulations to Dr. Jay Carlson. Dr. Carlson has been appointed to serve on the Gyn Oncology Committee and Cancer Prevention and Control Committee at GOG. He will begin his committee term at the January 24- 27, 2013 GOG meeting in San Diego.

*A very Merry Christmas and Happy New Year to you!*

*From the Staff at Cancer Research for the Ozarks*



## **New Studies Approved in November 2012**

### **Opened at Cox and Mercy Springfield**

**GOG-0270** GROningen International Study on Sentinel nodes in Vulvar cancer (GROINSS-V) II - An observational study

**GOG 0278** Evaluation of Physical Function and Quality of Life (QOL) Before and After Non-Radical Surgical Therapy (Extra Fascial Hysterectomy or Cone Biopsy with Pelvic Lymphadenectomy) For Stage IA1 (LVSI+) and IA2-IB1 (< 2cm) Cervical Cancer

**GOG 3001** A Phase 3 Randomized, Double-blind, Placebo-controlled, Multicenter Study of AMG 386 With Paclitaxel and Carboplatin as First-line Treatment of Subjects With FIGO Stage III-IV Epithelial Ovarian, Primary Peritoneal or Fallopian Tube Cancers

### **Studies Permanently Closed to Enrollment at Cox & Mercy in November 2012**

**GOG 0186G** A Phase II Randomized, Double Blinded Evaluation of Oral Everolimus (RAD001) Plus Bevacizumab vs. Oral Placebo Plus Bevacizumab in the Treatment of Recurrent or Persistent Epithelial Ovarian, Fallopian Tube or Primary Peritoneal Cancer

**SWOG S0800** A Randomized Phase II Trial of Weekly Nanoparticle Albumin Bound Paclitaxel (Nab-Paclitaxel) with or without Bevacizumab, Either Preceded By or Followed By Q 2 Week Doxorubicin (A) and Cyclophosphamide (C) Plus Pegfilgrastim (Peg-G) As Neoadjuvant Therapy for Inflammatory and Locally Advanced Her-2/Neu Negative Breast Cancer