

CRO Communiqué
Keeping you informed about CRO progress
April 2015

Top Enrolling Physicians for March 2015

| Physician | Patient Registrations | Treatment Credits | Control Credits | Total Credits | To Date Registered Exceptional Responders |
|-------------------------------|-----------------------|-------------------|-----------------|---------------|---|
| Dr. Ali (Phelps) | 1 | 1.14 | 0 | 1.14 | |
| Dr. Bonebrake (Cox) | 1 | 0 | 1 | 1 | |
| Dr. Bechtel (Mercy St. Louis) | 1 | 2 | 0 | 2 | |
| Dr. Carlson (Mercy Spfld) | 1 | 0 | 1 | 1 | 1 |
| Dr. Donegan (Mercy St. Louis) | 1 | 1 | 0 | 1 | |
| Dr. Ellis (Cox) | | | | | 2 |
| Dr. Hanson (Mercy St. Louis) | 1 | 0.8 | 0 | 0.8 | |
| Dr. Holden (Mercy Spfld) | | | | | 2 |
| Dr. Huq (Mercy St. Louis) | 2 | 0 | 2 | 2 | |
| Dr. Pinhero (Mercy Spfld) | 1 | 0 | 0 | 0 | |
| Dr. Raju (Mercy Spfld) | 1 | 0.54 | 0 | 0.54 | 1 |
| Dr. Tiriveedhi (Mercy Spfld) | 1 | 1 | 0 | 1 | |
| Dr. Verma (Cox) | 1 | 1 | 0 | 1 | |
| TOTALS | 12 | 7.48 | 4 | 11.48 | 6 |

We currently have 57.3 treatment and 51.08 cancer control credits for this 9-month grant period. To be on track to make our 220 credit goal for the year we need to be at 82.5 for both treatment and cancer control credits. We know enrollments are down throughout many NCORP programs but it remains very concerning for CRO as it may cause us to lose reimbursement as a higher funded NCORP site. We have noted registered Exceptional Responder submissions above. There are additional tissues submissions that are being considered for approval.

Institutional Review Board

CoxHealth has decided to no longer have an internal IRB. They will be using an outside IRB for their IRB needs beginning in May. Mercy Springfield's IRB has agreed to accept IRB responsibility for CRO studies at CoxHealth, Freeman, Central Care and Phelps County since it already approves CRO studies for the other CRO sites (Mercy Springfield, Mercy Joplin and Mercy St. Louis and Good Samaritan). CRO is working to transfer all of CRO's studies opened at Cox to the Mercy Springfield IRB. It will take a little effort to get this all completed but once done it will be good for CRO's efficiency and a big time saver.

NCI Director Leaving

NCI's Director, Harold Varmus, MD, left the Directorship of the National Cancer Institute on March 31st. Varmus who has led the NCI for the past 5 years is looking forward to new opportunities to pursue scientific work in New York, where he calls home. Douglas Lowy, the current deputy director, will serve as acting director for NCI beginning April 1. Lowy, a long-time NCI intramural researcher, received the National Medal of Technology and Innovation from President Barack Obama in 2014 for his research that led to the development of the human papillomavirus vaccine. Here is a link to more information

http://www.cancerletter.com/articles/20150304_1

Study Profile

ECOG 2511 "Cisplatin and Etoposide With or Without Veliparib in Treating Patients With Extensive Stage Small Cell Lung Cancer or Metastatic Large Cell Neuroendocrine Non-small Cell Lung Cancer is our study profile this month. This randomized phase I/II trial studies the side effects and best dose of veliparib when given together with or without cisplatin and etoposide and to see how well they work in treating patients with extensive stage small cell lung cancer or large cell neuroendocrine non-small cell lung cancer that has spread to other parts of the body. Drugs used in chemotherapy, such as cisplatin and etoposide, work in different ways to stop the growth of tumor cells, either by killing the cells, by stopping them from

dividing, or by stopping them from spreading. Veliparib may stop the growth of tumor cells by blocking some of the enzymes needed for cell growth. Giving cisplatin and etoposide with or without veliparib may work better in treating patients with extensive stage small cell lung cancer or metastatic large cell neuroendocrine non-small cell lung cancer.

Central Care Exceeds Target enrollment

Congratulations to CRO's component, Central Care who have achieved enrollment greater than 3.5% of their annual analytic cases since August 1, 2014. Per CRO's component contract one physician or research nurse will be allotted \$1,200 to attend an upcoming research base meeting within the current grant year..

CRO Weekly Study Profile

CRO has locally begun to profile a medical oncology study weekly. The featured trials schema and the eligibility criteria are given to our investigators and physician extenders. If our component site would like to receive the flyer please let us know. We are happy to send them to you.

New Studies Approved and Opened in March, 2015

ECOG-ACRIN E4112 - Prospective Study of Magnetic Resonance Imaging (MRI) and Multiparameter Gene Expression Assay in Ductal Carcinoma in Situ (DCIS)

Going to the Mercy IRB– Mercy Springfield and Mercy St. Louis sites only

Closed Protocols in March, 2015

Alliance A221301 - Olanzapine for the Prevention of Chemotherapy Induced Nausea and Vomiting (CINV) in Patients Receiving Highly Emetogenic Chemotherapy (HEC): A Randomized, Double-Blind, Placebo-Controlled Trial

Closed to Accrual on 03/16

GOG-0260 - A Phase II Evaluation of Elesclomol Sodium and Weekly Paclitaxel in the Treatment of Recurrent or Persistent Platinum-Resistant Ovarian, Fallopian Tube or Primary Peritoneal Cancer

Closed to Accrual on 03/16

RTOG 0937 - Randomized Phase II Study Comparing Prophylactic Cranial Irradiation Alone to Prophylactic Cranial Irradiation and Consolidative Extra-Cranial Irradiation for Extensive Disease Small Cell Lung Cancer (ED-SCLC)

Closed to Accrual on 02/27