

# CRO Communiqué Keeping you informed about CRO progress November 2015

## **Top Enrolling Physicians for October 2015**

					Registered	Tissue
	Patient	Treatment	Control	Total	Exceptional	Procurement
Physician	Registrations	Credits	Credits	Credits	Responders	Phase II
Dr. Biggers (Cox)	2					2
Dr. Bonebrake (Cox)	1	1	0.25	1.25		
Dr. Bumberry (Mercy Spfld)	2	0	2	2		
Dr. Crighton (Cox)	1					1
Dr. Carlson (Mercy Spfld)	4	0.40		0.40		
Dr. Hahs (Mercy St. Louis)	1		1	1		
Dr. Hanson (Mercy St. Louis)	9		2.5	2.5		
Dr. Hassan (Freeman)	1	0.06		0.06		
Dr. Hoos (Mercy Spfld)	1		1	1		
Dr. Luedke (Mercy St. Louis)	1	0.13		0.13		
Dr. Oruwari (Mercy St. Louis)	2		1	1		
Dr. Rogers (Mercy St. Louis)	1	0.14		0.14		
Dr. Sleckman (Mercy Spfld)	1	0.14		0.14		
Dr. Tiriveedhi	1	1.11		1.11		
Dr. Toothaker (Phelps)	2	0.14		0.14		1
TOTALS	30	3.12	7.75	10.87		4

Our accruals as noted above remain extremely low as we earned 10.87 credits this past month despite 30 enrollments. NCI's target accrual for CRO this year is 170 credits. To achieve this we must average 14.17 credits each month. Please continue to make every effort to place our patients on a clinical trial.

### CRO listed on NRG Website as Top Accruing NCORP Sites

We did it again. CRO was recognized by the Alliance and now NRG for grant year 2014-2015 enrollments. NRG Oncology Outstanding Site Participation Recognition for the past grant year can be found at the following link. <a href="https://www.nrgoncology.org/About-Us/Membership/Outstanding-Site-Participation-Recognition">https://www.nrgoncology.org/About-Us/Membership/Outstanding-Site-Participation-Recognition</a> Accrual totals are based on enrollments on NCTN and NCORP trials credited to NRG Oncology during the past grant year. Thanks to every investigator and research staff who have made this possible.

### **NCORP's First Year Reviewed**

Dr. Worta McCaskill-Stevens's highlighted the NCORP program's advancement over the previous 12 months at the annual NCORP Principal Investigator and Administrators meeting on August 28, 2015. Here is the link to her comments. http://prevention.cancer.gov/news-and-events/news/ncorps-first-year-reviewed

### Fresh Tissue + Blood Supplement

Phase II of our fresh tissue + blood procurement is underway. Four paired tissue + blood specimens have been collected at this time. We need 25 additional collections to reach our goal of 29 fresh tissue + blood specimens. This study is to collect 29 pairs of tissue and blood from patients with active solid tumors and lymphomas. There is particular interest from the NCI in less prevalent malignancies, such as Small Cell Lung, Pancreatic, Head & Neck, Ovarian and Bladder cancers, as well as Sarcomas, Melanomas, and Non-Hodgkin Lymphomas.

#### **Study Profile**

E7208 "Irinotecan Hydrochloride and Cetuximab With or Without Ramucirumab in Treating Patients With Advanced Colorectal Cancer With Progressive Disease After Treatment With Bevacizumab-Containing Chemotherapy" is our profile study this month. Drugs used in chemotherapy, such as irinotecan hydrochloride, work in different ways to stop the growth of tumor cells, either by killing the

cells or by stopping them from dividing. Monoclonal antibodies, such as cetuximab and ramucirumab, can block tumor growth in different ways. Some block the ability of tumor cells to grow and spread. Others find tumor cells and help kill them or carry tumor-killing substances to them. Cetuximab and ramucirumab may also stop the growth of colorectal cancer by blocking blood flow to the tumor. It is not yet know whether giving cetuximab and irinotecan hydrochloride together is more effective with or without ramucirumab in treating colorectal cancer. The purpose of this randomized phase II trial is studying the side effects and how well giving cetuximab and irinotecan hydrochloride with or without ramucirumab work in treating patients with advanced colorectal cancer with progressive disease after treatment with bevacizumab-containing chemotherapy

### **CIRB Closures:**

**SWOG S1007**: A Phase III Randomized Clinical Trial of Standard Adjuvant Endocrine Therapy +/-Chemotherapy in Patients with 1-3 Positive Nodes, Hormone Receptor-Positive and HER2-Negative Breast Cancer With Recurrence Score (RS) of 25 or Less

Closure to Accrual effective 10/15/2015

<u>ALLIANCE A091401</u> Randomized Phase II Study of Nivolumab with or without Ipilimumab in Patients with Metastatic or Unresectable Sarcoma

Pre-registration suspended temporarily effective 10/06/2015

<u>NRG-GY003</u> - Phase II Randomized Trial of Nivolumab with or Without Ipilimumab in Patients with Persistent or Recurrent Epithelial Ovarian, Primary Peritoneal or Fallopian Tube Cancer Temporary closure effective 10/07/2015.

**ECOG-ACRIN 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)

Temporarily closed to accrual 10/13/2015

# **Archived (no further follow-up)**

**SWOG S1202** A Randomized Placebo-Controlled Phase III Study of Duloxetine for Treatment of Aromatase Inhibitor (AI)-Associated Musculoskeletal Symptoms in Women with Early Stage Breast Cancer

Closed/Archived 10/01/2015