Alliance for Clinical Trials in Oncology
NEWS
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IN MEMORIAM

Emil "Tom" Frei III, MD: Pioneer in Cancer Research, 1924-2013

Frei III

Emil "Tom" Frei III, MD, one of the world's leading oncologists, a pioneer of chemotherapy and a leader in medical research, clinical practice and education, died April 30. He was 89. Dr. Frei served as a Physician-in-Chief Emeritus of Dana-Farber Cancer Institute, and was one of the founders of the Cancer and Leukemia Group B (CALGB), a legacy group of the Alliance for the Clinical Trials in Oncology. He served as CALGB Group Chair for 16 years, from 1956 to 1963, and again from 1981 to 1990. He was a true pioneer in the field of oncology.

Dr. Frei is well known for developing successful combinations of chemotherapy in children's leukemia as well as post-surgical chemotherapy treatments that improved outcomes. Dr. Frei and his colleagues demonstrated that a tumor would be less likely to develop resistance to multiple drugs administered concurrently than to a single agent alone. This concept (combination chemotherapy) was considered a major breakthrough in the 1950s and 1960s. Today it stands as a keystone of cancer treatment.

Throughout his distinguished career, Dr. Frei served more than 40 years in top scientific leadership positions, including as Chief of Medicine at the National Cancer Institute (NCI) and as Associate Scientific Director at University of Texas MD Anderson Cancer Center. He also provided leadership in the education of more than 300 clinical oncologists, many of whom now hold leadership positions and have made major contributions.

Dr. Frei authored many articles regarding the treatment of cancer, and he co-authored a textbook, Cancer Medicine, which was the first published about oncology. He also received numerous awards during his career, including the Mary Lasker Foundation Award; Jeffrey A. Gottlieb Memorial Award; NIH Distinguished Alumni Award; Fellow, American Academy of Arts and Sciences; Pollin Prize; and AARC Lifetime Achievement Award.

Dr. Frei attended St. Louis University in St. Louis, MO, before attending Colgate University through the Navy's V-12 program during World War II. He then attended Yale Medical School and graduated in 1948. Dr. Frei also served during the Korean War as a physician. He began his pioneering research at the NCI in 1955 before moving to MD Anderson in 1965. At MD Anderson, Dr. Frei became the first Head of the Department of Developmental Therapeutics, which evolved into the Clinical Research Center. He continued at MD Anderson until 1972, and he then moved to Dana-Farber Cancer Institute in Boston, MA.

"Through his work he not only helped to develop our field as we know it today, but also established the multi-institutional research and education programs that will ensure progress for cancer patients into the future," said Monica M. Bertagnolli, MD, Group Chair of the Alliance for Clinical Trials in Oncology, Chief of the Division of Surgical Oncology at Dana-Farber/Brigham and Women's Cancer Center, and Professor of Surgery at Harvard Medical School.

SPOTLIGHT ON TRIALS

Discovering New Therapies for Untreated Older Patients with Chronic Lymphocytic Leukemia

Alliance A041202 A Randomized Phase III Study of Bendamustine Plus Rituximab Versus Ibrutinib Plus Rituximab Versus Ibrutinib Alone in Untreated Older Patients (≥ 65 years of age) with Chronic Lymphocytic Leukemia (CLL)

Chronic lymphocytic leukemia (CLL) is the most prevalent form of adult leukemia and is currently incurable. While fludarabine-based chemoimmunotherapy (CIT) is standard initial therapy for younger patients with CLL, optimal initial therapy for older adults with CLL is not as well established. Phase III trials have shown that fludarabine is superior to chlorambucil and that fludarabine plus cyclophosphamide is superior to fludarabine or chlorambucil alone.[1-3] In addition, large phase II and III trials have demonstrated the superiority of chemoimmunotherapy to chemotherapy in this disease.[4-5] However, all of these studies were heavily skewed toward a younger patient population.

A randomized phase III trial has demonstrated that fludarabine is not superior to chlorambucil in patients over the age of 65.[6] Similarly, a recent analysis of front-line Cancer and Leukemia Group B trials in CLL showed that for patients over the age of 69, fludarabine was not superior to chlorambucil in both progression-free survival (PFS) and overall survival (OS). In contrast, the addition of the CD20 monoclonal antibody rituximab to fludarabine improved both PFS and OS over fludarabine alone in both younger patients, and those over the age of 69.[7] Currently, most elderly patients are treated with chlorambucil often in combination with rituximab based on the results of two phase II trials or with the combination of bendamustine plus rituximab (BR).[8-9] Although BR has not been compared directly with chlorambucil plus rituximab, results of a recent phase II trial show an objective response rate (ORR) of 88 percent with a median event free survival of 33.9 months and 90.5 percent OS at 27 months.[10] These results held for patients over the age of 70, and compare favorably with results published for chlorambucil plus rituximab.[10] Toxicity with this regimen is usually manageable, but can be significant, with a reported 64 percent of patients experiencing a grade 3 or grade 4 toxicity, and 19.7 percent of patients experiencing grade 3 or grade 4 myelosuppression. In older patients especially, these toxicities can delay or preclude further therapy. These results underscore the need for new therapies in the older population who may be particularly at risk for significant toxicity.

Bruton's Tyrosine Kinase (BTK) is a crucial mediator of B cell receptor (BCR) signaling in normal B cells and CLL cells, and is genetically upregulated in CLL as compared to normal B cells.[11] Activation of BTK results in cell survival and proliferation through the MAP kinase pathway, PI3K/Akt pathway, and NF-kB. BTK is an attractive drug target because of the key role it plays in CLL signaling. Ibrutinib is an orally-bioavailable irreversible inhibitor of BTK. Pharmacologic inhibition of BTK with ibrutinib has been shown to cause modest apoptosis in vitro, and significantly inhibits B cell proliferation and signaling both in vitro and in vivo.[11] In addition, the combination of ibrutinib with a CD20 monoclonal antibody is appealing because the rapid clearing of peripheral lymphocytosis that is seen with rituximab and other antibodies is expected to increase the rapidity of response with ibrutinib.

The excellent response rates and durable remissions seen thus far with ibrutinib, especially in comparison to modest outcomes and significant toxicity with standard therapy in older patients with CLL, are promising and justify further investigation in a phase III study as initial therapy for this patient population.

In Alliance A041202, Alliance researchers will determine whether ibrutinib containing regimens are superior to standard therapy and whether combination therapy with ibrutinib plus rituximab is superior to ibrutinib alone. Rituximab was chosen as the CD20 antibody as it is currently approved for CLL in combination with fludarabine and cyclophosphamide for CLL, and also because of its common use with bendamustine in both previously treated and recently untreated CLL.

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Spotlight on Trials

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This study will include patients who are 65 years old or older with untreated CLL in need of therapy. Patients will be randomized to one of three treatment arms: a control arm (bendamustine plus rituximab) versus ibrutinib alone versus ibrutinib plus rituximab. The primary endpoint will be PFS, which is an appropriate endpoint in an indolent disease with multiple options for second-line therapy, especially in an older population with competing risk factors for death. Several secondary endpoints also will be evaluated in this study, including OS, time to progression (TTP), duration of response, ORR, complete response (CR), complete and nodular partial response (nPR) rate, minimal residual disease (MRD) status, toxicity and tolerability, geriatric functional status and quality of life, and several correlative markers. Alliance researchers also will determine two-year PFS in each of the three treatment arms, along with which treatment arm produces superior OS, CR rate, complete and nodular partial response (CR/nPR) rate, and overall response (PR plus nPR plus CR) rate among the three treatment arms and compare these arms.

Those eligible to participate in this trial include patients diagnosed with CLL in accordance with International Workshop on Chronic Lymphocytic Leukemia (IWCLL) 2008 criteria; patients must be intermediate or high-risk Rai stage CLL. Patients must not have had prior therapy for CLL (except palliative steroids or treatment of autoimmune complications of CLL with rituximab or steroids). Treatment with rituximab and/or high dose corticosteroids for autoimmune complications of CLL must be completed at least four weeks prior to enrollment. Palliative steroids must be at a dose not higher than 20 mg/day of prednisone or equivalent corticosteroid at the time of registration. Patients also must be 65 years old or older. Patients with active hepatitis B defined by hepatitis B surface antigen positivity or core antibody positivity in the presence of hepatitis B DNA are not eligible for this study.

Alliance researchers hypothesize that this trial will show that regimens containing ibrutinib are superior to standard therapy, and therefore, will be practice changing and will transform initial therapy in this disease. About 523 people will take part in this study.

Correlative laboratory samples obtained through this trial will allow detailed mechanistic studies into the biology associated with ibrutinib therapy. There is an optional separate companion protocol associated with Alliance A041202, CALGB 9665: The CALGB Leukemia Tissue Bank, and three embedded correlative science companion studies: Leukemia Correlative Science in Alliance 041202 (Alliance A041202-LC1); Geriatric Assessment in Alliance A041202 (Alliance A041202-EL1); and Evaluation of Candidate Pharmacogenetic Determinants of Ibrutinib or Ibrutinib/Rituximab Response (Alliance A041202-PP1).

The study protocol for Alliance A041202 is currently in development and it is projected to be activated this summer. The Study Chair is Jennifer Woyach, MD, of The Ohio State University, e-mail: jennifer.woyach@osumc.edu.

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CTSU Recognizes 10 Alliance Investigators as Top Accruers in the NCI Network

Unzeitig

Pluard

Pohar

Levine

Lyss

Isaacs

Smith

Baddi

Krie

Sakr

The National Cancer Institute's Cancer Trials Support Unit (NCI-CTSU) has recognized 10 Alliance for Clinical Trials in Oncology investigators and their research teams as top enrollers to trials available through the CTSU in 2012. Participation in the NCI's Cooperative Group Cancer Clinical Trials Network through the CTSU is instrumental in helping studies led by clinical trial networks and other organizations reach their accrual goals.

Trials were available to all members of the NCI network. The Alliance top accruers include:

- **Gary Unzeitig, MD**, of Doctor's Hospital of Laredo, Laredo, TX – 52 total enrollments; credited to ACOSOG
- **Timothy J. Pluard, MD**, of Washington University School of Medicine in St. Louis, MO – 24 total enrollments; credited to CALGB
- **Kamal S. Pohar, MD**, of The Ohio State University Medical Center in Columbus, OH – 20 total enrollments; credited to CALGB
- **Ellis G. Levine, MD**, of Roswell Park Cancer Institute in Buffalo, NY – 19 total enrollments; credited to CALGB
- **Alan P. Lyss, MDCM**, of Missouri Baptist Medical Center in St. Louis, MO – 19 total enrollments; 11 credited to NCCTG, eight credited to CALGB
- **Claudine Isaacs, MD**, of MedStar Georgetown University Hospital in Washington, DC – 18 total enrollments; credited to CALGB
- **Fredrick P. Smith, MD**, of Sibley Memorial Hospital in Chevy Chase, MD – 18 total enrollments; 15 credited to CALGB
- **Lisa L. Baddi, MD**, of Resurrection Healthcare in Chicago, IL – 16 total enrollments; credited to ACOSOG
- **Amy Krie, MD**, of Avera Cancer Institute in Sioux Falls, SD – 15 total enrollments; three credited to NCCTG
- **Bachir Sakr, MD**, of Women and Infants Hospital in Providence, RI – 15 total enrollments; five credited to CALGB

ASCO Meeting Accepts 33 Alliance Abstracts

Thirty-three study abstracts from the Alliance for Clinical Trials in Oncology will be presented at the 2013 American Society of Clinical Oncology (ASCO) Annual Meeting to be held May 31-June 4 in Chicago, IL. Abstracts will represent eight Alliance committees, including breast, cancer in the elderly, experimental therapeutics, gastrointestinal (GI), genitourinary (GU), health disparities, health outcomes, neuro-oncology, respiratory and symptom intervention. They will be presented during oral sessions, and as general posters and poster discussions. Abstracts will be released on the ASCO website (http://chicago2013.asco.org/) on May 15.

2013 Alliance/ASCO Abstracts* by Committee:

>> Breast

ACOSOG Z1041
ACOSOG Z1041 (Alliance): Definitive analysis of randomized neoadjuvant trial comparing FEC followed by paclitaxel plus trastuzumab (FEC –> P+T) with paclitaxel plus trastuzumab followed by FEC plus trastuzumab (P+T –> FEC+T) in HER-2 operable breast cancer *(oral presentation)*

CALGB 40101
Comparison of doxorubicin and cyclophosphamide (AC) versus single agent paclitaxel (T) as adjuvant therapy for breast cancer in women with 0-3 positive axillary nodes: CALGB 40101 (Alliance) *(oral presentation)*

CALGB 40601
Clinical and translational results of CALGB 40601(Alliance), a neoadjuvant phase III trial of weekly paclitaxel and trastuzumab with or without lapatinib for HER2-positive breast cancer *(oral presentation)*

CALGB 40601
Impact of neoadjuvant chemotherapy plus HER2-targeting on breast conservation rates: Surgical results from CALGB 40601 (Alliance)

NCCTG N0037, N98-32-52
Combination trastuzumab and chemotherapy induces immunity to multiple tumor antigens in patients with HER2-positive metastatic breast cancer: NCCTG (Alliance) studies N0037 and N98-32-52 *(poster discussion)*

NCCTG N0937
N0937 (Alliance): Final clinical results and correlative data of the phase II clinical trial of cisplatin and the novel agent brostallicin in patients with metastatic triple negative breast cancer (mTNBC) *(general poster)*

NCCTG N9831
Generation of adaptive HER2-specific immunity in HER2 breast cancer patients by addition of trastuzumab to chemotherapy in the adjuvant setting: NCCTG (Alliance) study N9831 *(poster discussion)*

NCCTG N9831
The relationship between quantitative HER2 gene expression by the 21 gene RT-PCR assay and adjuvant trastuzumab (H) benefit in NCCTG (Alliance) N9831 *(poster discussion)*

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** Submitted abstracts are considered both confidential and embargoed from the time of submission. For a study to be eligible for acceptance into an ASCO meeting, information contained in the abstract, as well as additional data and information to be presented about the study at the ASCO meeting, must not be disclosed before the findings have been publicly released in conjunction with the ASCO meeting. If information from the abstract or additional study data is disclosed in advance of public release in conjunction with the ASCO meeting, the abstract will be subject to rejection, removal or downgrade, unless an official Confidentiality Policy Exception applies.*

2013 Alliance/ASCO Abstracts continued from page 5

>> Cancer in the Elderly (Breast)

CALGB 	A171201

The effect of renal function on outcomes in the adjuvant treatment of older women with breast cancer. An ancillary data study of CALGB/CTSU 49907 (Alliance) *(poster discussion)*

>> Experimental Therapeutics

Alliance A091102

Alliance A091102 phase II study of MLN8237 (Alisertib) in advanced/metastatic sarcoma *(poster discussion)*

Multiple CALGB Studies

Participation in cancer pharmacogenomic studies: A study of 8,456 patients registered to clinical trials in the Cancer and Leukemia Group B (CALGB) *(oral presentation)*

NCCTG N0871

Genomic profiling identifies responsive patients treated with carboplatin paclitaxel and everolimus as first line treatment for cancer of unknown primary (CUP) NCCTG N0871 *(general poster)*

ACOSOG Z4032

Impact of brachytherapy on local recurrence after sublobar resection? Results from ACOSOG Z4032 (Alliance), a phase III randomized trial for high-risk operable patients with non-small cell lung cancer (NSCLC) *(oral presentation)*

ACOSOG Z4032

Factors impacting oncological outcomes after sublobar resection for NSCLC: Results from ACOSOG Z4032 a randomized trial for high-risk operable non-small cell lung cancer *(poster discussion)*

Alliance Surrogacy

Multi-trial evaluation of progression-free survival (PFS) as a surrogate endpoint for overall survival (OS) in previously untreated extensive-stage small cell lung cancer (ES-SCLC): An Alliance-led analysis *(poster discussion)*

CALGB 	30406

An analysis of the prevalence of HER2 and KRAS mutations, and ALK rearrangements and clinical outcomes based on ALK status of Cancer and Leukemia Group B (CALGB) trial 30406 (Alliance) *(poster discussion)*

CALGB 	30504

Combination chemotherapy with or without maintenance sunitinib malate for untreated extensive stage small cell lung cancer: A randomized, placebo controlled phase II study CALGB 30504 (Alliance) *(oral presentation)*

NCCTG N0923

A randomized double-blinded phase II study of the Seneca Valley Virus (NTX-010) vs placebo for patients with extensive stage SCLC (ES-SCLC) who were stable or responding after at least 4 cycles of platinum-based chemotherapy: Alliance (NCCTG) N0923 study *(poster discussion)*

>> Gastrointestinal (GI)

CALGB GI 80203

Tumor markers of efficacy and resistance to cetuximab (C) treatment in metastatic colorectal cancer (mCRC): Results from CALGB 80203 (Alliance) *(oral presentation)*

CALGB 80303

25-hydroxyvitamin D levels and survival in patients with advanced pancreatic cancer (APC): Findings from CALGB 80303 *(poster discussion)*

NCCTG N0147

Validation of DPYD variants DPYD2A, I560S and D949V as predictors of 5-fluorouracil (5-FU) related toxicity in stage III colon cancer patients (StIIICCPts) from adjuvant trial NCCTG N0147 (Alliance) *(poster discussion)*

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2013 Alliance/ASCO Abstracts continued from page 6

>> Gastrointestinal (GI) *continued*

NCCTG N0147
Prognostic impact of KRAS and BRAF V600E mutations stratified by tumor site in resected stage III colon cancer patients treated with adjuvant mFOLFOX6 with or without cetuximab: NCCTG N0147 (Alliance) *(poster discussion)*

NCCTG N0849
Randomized phase II trial of extended versus standard neoadjuvant therapy for esophageal cancer, NCCTG clinical trial N0849 (Alliance) *(poster discussion)*

>> Genitourinary (GU)

CALGB 90206
Identification of predictive biomarkers of overall survival (OS) in patients (pts) with advanced renal cell carcinoma (RCC) treated with interferon alpha (I) +/- bevacizumab (B): Results from CALGB 90206 (Alliance) *(poster discussion)*

CALGB 90401
A genome-wide association study (GWAS) of docetaxel-induced peripheral neuropathy in CALGB 90401 *(general poster)*

>> Health Disparities (Breast)

CALGB 9741
Body mass index (BMI), tumor subtype and relapse-free survival (RFS) in CALGB 9741 (Alliance) *(poster discussion)*

CALGB 40502
Feasibility and findings from a detailed sociodemographic and psychosocial survey prospectively collected among patients enrolled in a phase III cooperative group metastatic breast cancer trial: CALGB 40502 (Alliance) *(general poster)*

>> Health Outcomes (GI)

CALGB 80405
Quality of life (QOL) and toxicity among patients in CALGB 80405 *(general poster)*

>> Neuro-Oncology

NCCTG N0572
Phase II clinical trial of sorafenib and temsirolimus in recurrent glioblastoma (GBM) patients failing prior RT/temozolomide and prior VEGF inhibitors (VEGFi): NCCTG N0572 *(poster discussion)*

NCCTG N0874
Phase I/II trial of vorinostat combined with temozolomide and radiation therapy for newly diagnosed glioblastoma (N0874-ABTC0902): Final results of the phase I trial *(general poster)*

>> Symptom Intervention

NCCTG N08C3
Phase III double-blind, placebo-controlled study of gabapentin for the prevention of delayed CINV (chemotherapy induced nausea and vomiting) in patients receiving highly emetogenic chemotherapy, N08C3 *(poster discussion)*

NCCTG N08CB
Phase III randomized, placebo (PL)-controlled, double-blind study of intravenous calcium/magnesium (CaMg) to prevent oxaliplatin-induced sensory neurotoxicity (sNT), N08CB: An Alliance study *(oral presentation)*

>> Other

Multiple CALGB Studies
Predictors of accrual success for Alliance cooperative group trials *(general poster)*

Timeline Set for Alliance Membership Transition, Board of Directors Election

The following timeline is based on the assumption that the Alliance for Clinical Trials in Oncology grant award (NCI/CTEP) period will start March 1,2014.

The Alliance Transition Board of Directors will remain in place until the November 2013 Alliance Group meeting. At that meeting, the board will approve a roster of main institutional members, whose principal investigators or designated representatives will constitute a new Alliance Board of Directors.

According to the Alliance Constitution and Bylaws, each main member institution that ranks among the top 40 institutions in total Alliance accrual by three-year rolling average shall select one individual, who may be either the PI or a designated representative, who shall sit on the Board of Directors and have voting privileges. The remaining main member institutions shall elect at-large individuals to sit on the Board of Directors for a three-year term with voting privileges. The number of these individuals shall not exceed 20 percent of the total number of voting board members (i.e., 10 elected representatives). Eligible members may not have a provisionary or probationary status.

In determining eligibility for a voting seat on the board, the Membership Committee and Transition Board of Directors will review accrual from all Alliance member institutions for the three-year time period from September 1, 2010 to August 31, 2013.

	Timeline
September 1, 2010	Start of accrual evaluation period for Alliance institutional membership requirements and Alliance Board of Directors membership.
July 31, 2013	Deadline for Alliance membership applications for legacy institutions wishing to be eligible for Alliance Board membership.
August 31, 2013	End of accrual evaluation period for Alliance institutional membership requirements and Alliance Board of Directors membership.
September 1, 2013	Group Chair appoints Nominating Committee for board elections.
September 13, 2013	Membership Committee and Transition Board of Directors review accrual reports and confirm institutional eligibility for board membership. Transition board approves membership applications submitted by July 31, 2013 and recommended by the Membership Committee.
September 20, 2013	Institutional principal investigators notified of board eligibility. This includes PIs of institutions that ranked in the top 40 with seats on the board and PIs of main members eligible for election "at large" to the Alliance Board of Directors.
September 30, 2013	Nominations and required documentation are due to the nominating committee for institutional representatives wishing to run for election as at-large board members.
October 11, 2013	Nominating Committee selects and announces board candidates.
November 7, 2013	Final board meeting of Alliance Transition Board of Directors: the transition board elects the at-large members of the new board of directors by secret ballot (representatives from main members not on Alliance board by top 40 ranking).
April 2014	Legacy institutions that have not transitioned to an Alliance membership will be inactivated and may not accrue patients as Alliance members. These institutions must submit an Alliance membership application for approval by the Membership Committee and Board of Directors. Institutions may resume accrual upon activation of their Alliance membership.

Alliance Releases New Biospecimen System (BioMS)

The Alliance has developed a new biospecimen logging and tracking system, Biospecimen Management System (BioMS), to replace the existing Specimen Tracking System that was previously used by the Cancer and Leukemia Group B (CALGB).

As of April 2, the CALGB Specimen Tracking System (STS) is retired and the site now redirects to BioMS. Though users of the former STS will note the similar look and feel of BioMS, this new web-based system offers improved functionality and a comprehensive database for the inventory of all specimens collected across the Alliance biorepositories. BioMS tracks the progression of registered patient biospecimens through collection, lab recipient, processing, and distribution. This enables Alliance members to obtain an accurate accounting of the biospecimen inventory at each repository, on each protocol, and from each clinical site (though users can only view and enter data on the biospecimens collected from study participants at their site).

All biospecimen submissions for Alliance trials and legacy trials must be registered in the BioMS system, even if they were previously being tracked through STS or manually on CRF forms. Each biospecimen must be registered in BioMS after it is collected and prior to shipment. Once registration is complete, one can obtain shipping instructions and create and print packing lists to include with the shipment. While the system will not provide FedEx shipment labels, one can use the manage shipment function to indicate which courier is being used and enter the tracking number to track the shipment of all specimens.

The BioMS application requires a valid CTEP-IAM username and password and can be accessed through a computer or tablet with Internet access and a current version of a web browser. It is important to note that the RAVE and BioMS systems are not yet integrated and regardless of the documentation submitted through RAVE, all biospecimens must be registered separately in BioMS.

Need help? Extensive user support is available for BioMS. Training webinars are available and users are encouraged to attend as many training sessions as they need to feel comfortable navigating the new system. The training schedule can be found on the member side of the Alliance website and at http://tinyurl.com/alliance-Bioms-Training. User manuals, frequently asked questions (FAQs), and training videos are available on the BioMS help site at http://tinyurl.com/alliance-bioms. In addition, the BioMS User Support Help Desk is available Monday through Friday from 8 am until 7 pm CST to address any immediate questions or concerns by phone at 855-552-4667 or by e-mail at bioms@alliancenctn.org.

Alliance Board Approves Policies

The Alliance Board of Directors approved the Alliance Policies and Procedures on March 15, 2013. The document consists of 16 sections, and covers the following areas:

- Introduction
- Institutional Membership
- Participants
- Committees
- Meetings
- Study Protocol
- Patient Registration
- Data Management
- Information Systems
- Publications Committee Charter and Mission Guidelines
- Biospecimen Repositories and Translational Research
- Investigational Agents
- Industry Relations
- Public Relations
- Data Sharing
- Study Monitoring and Interim Analyses

The complete policies and procedures document is available for download on the Alliance website at www.AllianceforClinicalTrialsinOncology.org under the Member Services/Governance section on the member side.

Questions regarding the Alliance Policies and Procedures? Contact Trini Ajazi, Chief Administrative Officer, by e-mail at tajazi@uchicago.edu or by phone at 773-702-8672.

Leadership Changes in Alliance Statistics and Data Center

Mandrekar

Ballman

Niedzwiecki

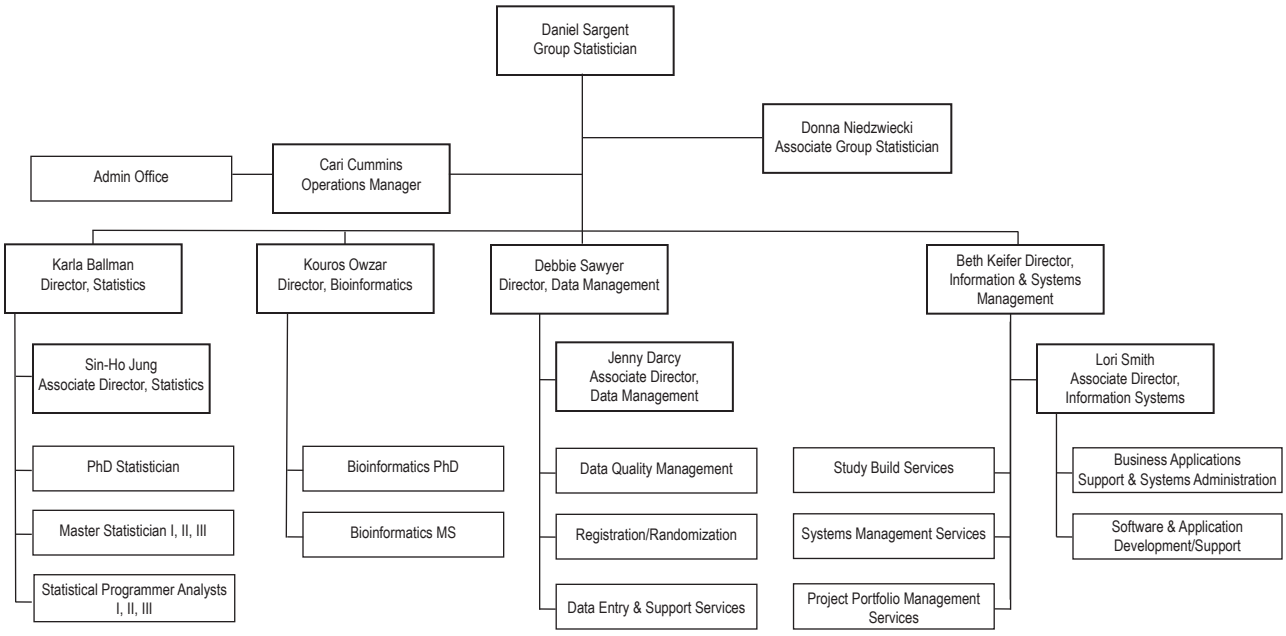
Sumithra J. Mandrekar, PhD, Associate Professor of Biostatistics in the Department of Health Sciences Research at the Mayo Clinic, and Director for Statistics in the Alliance Statistics and Data Center (SDC), recently was named as the new Group Statistician for the Children's Oncology Group (COG). As a result, Dr. Mandrekar, has stepped down from her position within the Alliance. The Alliance congratulates Dr. Mandrekar in her new role with the COG, and is thankful for her strong leadership and instrumental efforts in harmonizing the statistical processes and procedures that accompanied the Alliance merger. Dr. Mandrekar will remain active within the Alliance Respiratory Committee in a limited capacity.

Karla V. Ballman, PhD, Associate Professor of Biostatistics in the Department of Health Sciences Research at the Mayo Clinic, will replace Dr. Mandrekar as the Director for Statistics. Dr. Ballman formerly served as Associate Group Statistician in the Alliance SDC, one of two co-positions eliminated in a move to streamline the administrative structure within the SDC. **Donna Niedzwiecki, PhD**, Assistant Professor of Biostatistics in the Department of Biostatistics and Bioinformatics at the Duke University School of Medicine, will continue as the sole Associate Group Statistician.

The new organizational chart for the Alliance SDC is presented below.

Alliance Statistics and Data Center (Functional)

April 2013

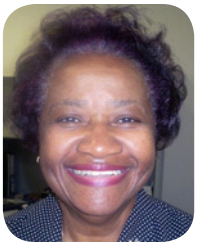


Alliance Members on the Move

Carducci

Vokes

Michael A. Carducci, MD, and **Everett E. Vokes, MD**, are both being honored with the Fellow of the American Society of Clinical Oncology (FASCO) distinction for their service and commitment to ASCO. They will be honored at the Opening Session of the Annual ASCO meeting on June 1. Dr. Carducci is a Professor of Oncology and Urology at the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins. He is co-leader of the Prostate Cancer/GU Oncology Program and the Chemical Therapeutics Program. He is an active member of the Alliance Data and Safety Monitoring Board. Dr. Vokes is the John E. Ultmann Professor of Medicine and Radiation Oncology at the University of Chicago and Physician-in-Chief at the University of Chicago Medicine and Biological Sciences. Dr. Vokes served as vice-chair for the CALGB Respiratory Committee from 1996 until 2004, when he took over as chair; he continues to serve in this role for the Alliance.

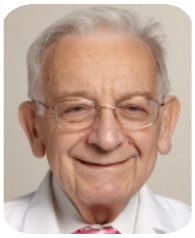


Green

Bettye L. Green, RN, was appointed to a one-year term on the Patient-Centered Outcomes Research Institute's (PCORI) Advisory Panel on Assessment of Prevention, Diagnosis and Treatment Options. This panel is one of four approved by the PCORI Board of Governors to help guide its work. PCORI is an independent, non-profit organization authorized by Congress in 2010 to fund research that will provide patients, their caregivers and clinicians with the evidence-based information needed to make better-informed health care decisions. Ms. Green, a member of the Alliance Patient Advocate Committee, has conducted protocol and grant reviews for numerous organizations, including the U.S. Department of Defense, AVON, NCI, California Breast Board and Susan G. Komen Foundation. She serves on the Patient Advisory Board for Eli Lilly and has served for 12 years as the Chairperson of African American Women in Touch.

Jimmie C. Holland, MD, was presented with the Association of Community Cancer Centers' (ACCC) Annual Achievement Award at the ACCC 39th Annual National Meeting in Washington, DC on March 7. Dr. Holland is the Wayne E. Chapman Chair in Psychiatric Oncology at Memorial Sloan-Kettering Cancer Center in New York, NY. She received her MD degree from Baylor College of Medicine and completed residencies at Malcolm Bliss Mental Health Center, Massachusetts General Hospital, and Edward J. Meyer Memorial Hospital. Dr. Holland is recognized as the founder of the subspecialty of psycho-oncology. She was the first chair of Memorial Sloan-Kettering's Department of Psychiatry and Behavioral Sciences, and the founding president of both the International Psycho-Oncology Society and the American Psychosocial and Behavioral Oncology Society. Dr. Holland served on the Board of Directors for CALGB from 1996 until 1999 and she remains an active member of the Alliance Health Outcomes Committee.

Holland



Holland

James F. Holland, MD, and Jimmie C. Holland, MD, were recognized by the American Association for Cancer Research (AACR) as inaugural Fellows of the AACR Academy. The fellows were selected through a peer review process that evaluated individuals on the basis of their stellar scientific achievements in cancer research and recently were inducted in a ceremony on April 5 at the National Museum of Women in the Arts in Washington, DC. Dr. James Holland is the Distinguished Professor of Neoplastic Diseases at Mount Sinai Medical Center. He served as the Group Chair for the Cancer and Leukemia Group B (CALGB) from 1963 until 1980. The group that became known as CALGB got its roots when he initiated a clinical trial for acute leukemia in 1953. Dr. Holland continues to serve in an active role for the Alliance as an Ex-Group Chair for the Alliance Board of Directors.

Hudis

Clifford Hudis, MD, will serve as president of the American Society of Clinical Oncology (ASCO) for the 2013-2014 term. Dr. Hudis was elected as president in June 2012 during ASCO's 48th Annual Meeting; he begins his term in June 2013. Dr. Hudis is the Chief of the Breast Cancer Medicine Service at Memorial Sloan-Kettering Cancer Center and a Professor of Medicine at Weill Cornell Medical College. He received his MD degree from the Medical College of Pennsylvania and completed his medical residencies at the Hospital of the Medical College of Pennsylvania and the Philadelphia Veterans Administration Hospital. Dr. Hudis joined ASCO

continued on next page

Alliance Members on the Move continued from page 10

in 1991 and has served as treasurer for the ASCO Board of Directors and as a member of the Board's Executive and Planning Committees. He served as the co-chair of the Breast Committee for CALGB since 2003 and now continues in this role for the Alliance. Dr. Hudis also serves as a principal investigator on the Alliance Board of Directors.

Hurria

Arti Hurria, MD, was the recipient of the American Society of Clinical Oncology (ASCO) B.J. Kennedy Award for Scientific Achievement in Geriatric Oncology. This award recognizes members who have made outstanding contributions to the research, diagnosis and treatment of cancer in the elderly, and who have brought an understanding of geriatric oncology to fellows and junior faculty. Dr. Hurria is the director of the Cancer and Aging Research Program at City of Hope. Dr. Huria recieved her MD degree from Northwestern Medical School and completed her residency at Beth Israel Deaconness Medical Center. She currently serves as the chair of the National Comprehensive Cancer Network Senior Adult Oncology Panel and the editor-in-chief of the Journal of Geriatric Oncology. Dr. Hurria is a vice co-chair of the Alliance Cancer in the Elderly Committee.

Morris

Small

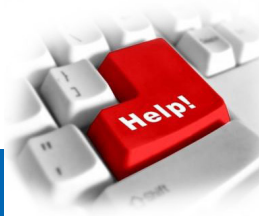
Michael J. Morris, MD, has been selected to serve as the new chair of the Alliance Genitourinary Committee. He succeeds **Eric Small, MD**, of the University of California, San Francisco, who was honored with the 2011 Richard L. Schilsky Award for Outstanding Service to the group. Dr. Morris is a medical oncologist at Memorial Sloan-Kettering Cancer Center, He received his MD degree from the Mount Sinai School of Medicine and completed his medical residencies at the Columbia-Presbyterian Medical Center. Dr. Morris specializes in treating patients with prostate cancer, particularly those who have metastatic disease or who are at high risk of developing metastatic disease. His research bridge the fields of medical oncology and nuclear medicine, and he is working to develop new investigational agents such as radiopharmaceuticals (liquid drugs that deliver radiation therapy directly to cancer cells or to the areas in the skeleton that harbor prostate cancer cells).

Norton

Larry Norton, MD, will be the recipient of the American Society of Clinical Oncology (ASCO) Gianni Bonadonna Breast Cancer Award. This award recognizes an active clinical and/or translational researcher with a distinguished record of accomplishments in advancing the field of breast cancer and with exceptional mentoring abilities. Dr. Norton is the Deputy Physician-in-Chief for breast cancer programs and Medical Director of the Evelyn H. Lauder Breast Center. He is the founding incumbent of the Norna S. Sarofim Chair of Clinical Oncology at Memorial Sloan-Kettering Cancer Center and a Professor of Medicine at the Weill Medical College of Cornell University. Dr. Norton received his MD degree from Columbia University College of Physicians and Surgeons and completed his residencies at the Bronx Municipal Hospital Center and Albert Einstein College of Medicine. He is one of the founders of the Breast Cancer Research Foundation and he currently serves as its scientific director. Dr. Norton served as president of ASCO from 2001 to 2002 and was appointed by President Clinton to serve on the National Cancer Advisory Board. He was the chair of the CALGB Breast Committee from 1995 until 2003 and he continues to serve as a member of the Alliance Breast Committee.

Perlmutter

Jane Perlmutter, PhD, was elected to serve a three-year term as a Patient Advocate Representative on the National Cancer Institute (NCI) Breast Cancer Steering Committee (BCSC). The BCSC functions to coordinate an efficient, cost-effective, science-driven, and transparent process that will identify and promote the best science in breast cancer clinical research by addressing the design and prioritization of phase III trials in breast cancer and large phase II studies. Dr. Perlmutter, whose term begins July 1, 2013, is a member of the Alliance Patient Advocate Committee. Her advocacy work also includes membership with the Clinical Trials Transformation Initiative (CTTI), Clinical Trials Summit's Informed Consent Steering Committee, Translational Breast Cancer Research Consortium (TBCRC), NCI Breast Cancer Local Regional Task Force (BOLD) and as a five-year faculty member at the AACR/ASCO Methods in Clinical Research Workshop.



Web Corner: Navigating the Alliance Website

Helpful Tips for Accessing Information Online

MEMBER PAGES

Getting access to what you need

To access member-specific information, all Alliance members must have a National Cancer Institute (NCI) Cancer Therapy Evaluation Program (CTEP) Identity and Access Management (IAM) username and password.

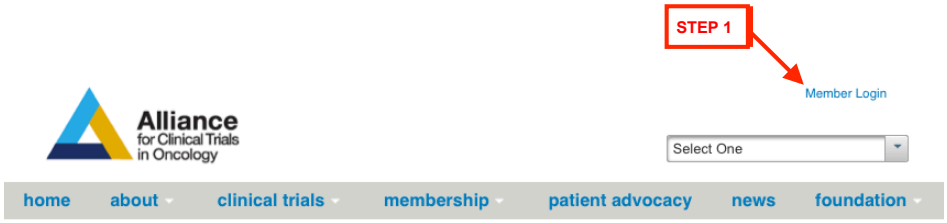
How to get CTEP-IAM username and password.

Visit the CTEP-IAM website: https://eapps-ctep.nci.nih.gov/iam; select Request New Account and follow the instructions.

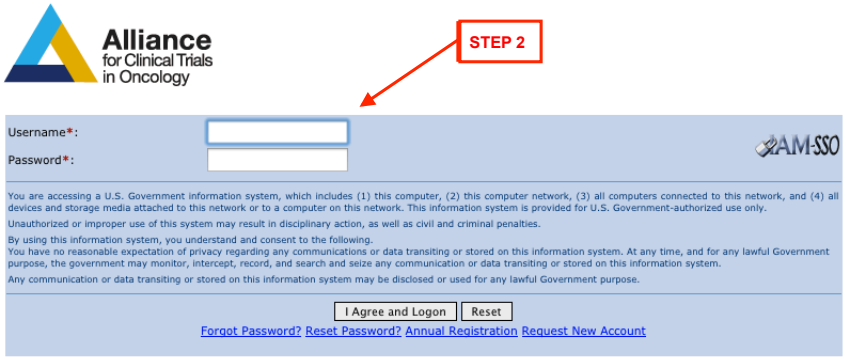
How to log onto the member side.

Follow these two easy steps to get access to the member side.

Step 1 Click Member Login in the upper right corner of Alliance home page



Step 2 Enter your CTEP-IAM username and password



Once logged in, you can move freely between public and member pages.

Call for Posters: Upcoming Alliance Group Meeting

The Alliance will sponsor a poster session at the Group meeting held November 7-9, 2013. If you presented at a meeting between November 2012 and November 2013, please contact Mary Cate Zipprich (mzipprich@partners.org) to express your interest in participating in the poster session and to obtain more details.

Future Meeting Dates

2013 Group Meeting
November 7-9, 2013
Open to Alliance members

2014 Committee Meetings
May 8-10, 2014
Open to Alliance committee members only

Group Meeting
November 6-8, 2014
Open to Alliance members

All meetings will be held at the
InterContinental Chicago O'Hare
5300 N. River Road, Rosemont, IL

For meeting and travel inquiries, contact Katherine Faherty
e-mail: kefaherty@partners.org
phone: 617-525-3022

For more information on the Alliance and updates about meetings, visit AllianceforClinicalTrialsinOncology.org

Did You Know ...

The new **Alliance Service Center** is now open! It offers **triage support** for Alliance information systems, along with user authorization, access, connectivity and password resets. Hours are **8 am to 5:30 pm ET** Monday through Friday, excluding holidays. For general information, **call** 877-442-2542 or **e-mail** AllianceServiceCenter@allianceNCTN.org.

Photos!

New Alliance Website

Want to see your institution featured prominently on the new Alliance website? If so, send us your photos. We welcome photos of all Alliance members and institutions. Just send them to us with a confirmation that all individuals pictured have given their consent for web posting to *Alliance News* at jowens@uchicago.edu. Also, make sure to include a caption with the date, location, and names of individuals in the photos.