Alliance for Clinical Trials in Oncology
NEWS
Winter 2012
Volume 2, No. 2
info@alliance-website.org

Alliance Cancer Control Program Defines Niche in Research Field


Jan C. Buckner, MD


Harvey J. Cohen, MD


Hyman B. Muss, MD


Deborah Schrag, MD


Electra D. Paskett, PhD


Ethan M. Basch, MD

Resolving issues related to quality of life, special populations, prevention, symptom management, and evaluating comparative effectiveness treatment options are the driving forces behind the Alliance Cancer Control Program. Integrated throughout the scientific operations of the Alliance, this comprehensive program conducts innovative scientific studies, including interventional, methodological, and health policy research, to help reduce the incidence, morbidity and mortality of cancer in broad populations, according to Jan C. Buckner, MD, Principal Investigator and Program Director. The program is designed to help researchers better understand the factors that affect cancer risk, identify opportunities to prevent cancer or reduce the impact of cancer and/or its treatment on the patient, improve patient quality of life, and evaluate the feasibility and effectiveness of strategies to prevent and control cancer not only in academic settings, but also in the community and in underserved populations.


Jeff A. Sloan, PhD


James R. Marshall, MD


Charles L. Loprinzi, MD


Robert J. Behrens, MD


Jeffrey Kirshner, MD


Walter P. Peters MD

The program is comprised of six scientific committees, which include:

- Cancer in the Elderly, co-chaired by Harvey J. Cohen, MD, Duke University Medical Center, and Hyman B. Muss, MD, University of North Carolina at Chapel Hill
- Comparative Effectiveness Research, chaired by Deborah Schrag, MD, Dana-Farber Cancer Institute
- Health Disparities, chaired by Electra D. Paskett, PhD, The Ohio State University Medical Center

continued on next page

Alliance Cancer Control Program Defined

continued from page 1

- Health Outcomes, co-chaired by Ethan M. Basch, MD, Memorial Sloan-Kettering Cancer Center, and Jeff A. Sloan, PhD, Mayo Clinic
- Prevention, chaired by James R. Marshall, MD, Roswell Park Cancer Institute
- Symptom Intervention, chaired by Charles L. Loprinzi, MD, Mayo Clinic

Program investigators not only conduct cancer control domain-specific clinical trials and translational research, they also provide input into other studies run by the Alliance disease, modality and discipline committee investigators.

Program Initiatives

Currently, there are approximately 56 studies in the program's portfolio that are either active, in development or closed to accrual with ongoing analyses or manuscript in preparation. Research initiatives include the assessment of patients' quality of life, with a special focus on special populations; interventions to improve quality of life; continued research in developing quality of life and economic analysis measures and functional status assessment; outcomes assessment and symptom intervention; assessment of ways to collect patient-reported outcomes; prevention using both chemoprevention and behavioral strategies; and economic analyses of clinical treatment trials. The program also furthers comparative effectiveness research initiatives designed to inform decisions by providing evidence on the effectiveness, benefits and harms of different treatment options.

Inside the program's portfolio, there are numerous trials of note. Take for instance, several biomarker studies: one trial will validate and compare biomarkers in the early detection of prostate cancer (GLN010). Another study explores the effects of vitamin D on several biomarkers for breast cancer risk (CALGB 70806). Three symptom intervention trials focus on neuropathy. One evaluates the effectiveness of glutathione in preventing peripheral neuropathy caused by paclitaxel and carboplatin in patients with ovarian cancer (N08CA). Another compares two different schedules of calcium/magnesium in the treatment of oxaliplatin-induced neuropathy (N08CB). Researchers are also conducting a natural history study of paclitaxel-associated acute pain syndrome (or paclitaxel-induced arthralgias/myalgias), which is now hypothesized to be the result of paclitaxel-induced nerve injury (N08C1). Other notable trials include a study that compares two home-based programs using printed materials and a pre-recorded MP3 device for improving sleep in cancer survivors ((N07C4), and another that evaluates the effectiveness of patient education, exercising and counseling to prevent lymphedema in breast cancer patients (CALGB 70305).

Research Base

The Alliance Cancer Control Program also serves as the research base – providing protocols, data management and analysis, and quality assurance – for the Alliance Community Clinical Oncology Programs (CCOPs) as well as non-CCOP community members. The program's Community Oncology Committee is charged with promoting the integration and multidisciplinary participation of community members within the Alliance. This committee is led by co-chairs Robert J. Behrens, MD, Iowa Oncology Research Association; Jeffrey Kirshner, MD, Hematology Oncology Associates of Central New York; and Walter P. Peters, MD, Columbia Surgical Associates.

Program Governance

Overall direction for the program is provided by a steering committee, which is responsible for administrative oversight, and an executive committee, which assumes scientific oversight.

Alliance Study Update

Trial Seeks to Individualize Treatment for Rectal Cancer

NCCTG N1048 (PROSPECT) A phase II/III trial of neoadjuvant FOLFOX, with selective use of combined modality chemoradiation versus preoperative combined modality chemoradiation for locally advanced rectal cancer patients undergoing low anterior resection with total mesorectal excision

Approximately 40,000 new cases of rectal cancer are diagnosed each year in the United States, according to the American Cancer Society. Of these cases, about 22,000 deaths are expected to result. Currently, the standard of care for locally advanced rectal cancer is trimodality therapy using chemotherapy and pelvic radiation (or 5FUCMT) prior to surgery. Although radiation therapy to the pelvis has been a standard and important part of the treatment for rectal cancer and has been shown to decrease cancer recurrence in the same area in the pelvis, some patients experience undesirable side effects from the radiation. It is not yet known whether some patients can avoid radiation therapy if their rectal cancer responds to neoadjuvant chemotherapy (FOLFOX). In this study, Alliance investigators will learn whether radiation can be safely omitted for some patients.

NCCTG N1048, also referred to as PROSPECT (Preoperative radiation or selective preoperative radiation and evaluation before chemotherapy and TME) is a randomized phase II/III trial of the selective use of radiation therapy in intermediate risk rectal cancer. Alliance investigators will study how well chemotherapy with selective use of radiation compares to consistent use of radiation therapy in treating rectal cancer patients. All patients will undergo surgery. Investigators hypothesize that if patients respond to neoadjuvant chemotherapy (FOLFOX), it will be safe to omit the 5FUCMT without compromising outcomes. It is anticipated that this strategy will minimize toxicity and enhance outcomes for select locally advanced rectal cancer patients. The study is not designed to eliminate radiation, but rather to see if it can be used selectively as opposed to consistently for all patients.

Patients will be randomized to either neoadjuvant combined modality therapy with 5FUCMT or to initial pre-operative chemotherapy with selective use of radiation depending on response to neoadjuvant chemotherapy (FOLFOX). The phase II/III design is efficient and includes the phase III comparison. The phase III component will evaluate clinical outcomes of both groups relative to co-primary endpoints of disease-free survival and time to local recurrence (TLR). The phase II component will focus on safety and early evidence of inferiority of the intervention group compared to the other group based on the pelvic R0 resection rate and TLR.

General eligibility criteria include patients who are at least 18 years old, have clinical stage II or III rectal cancer located 5-12 cm from the anal verge; and have had no prior cancer treatment. Refer to the NCCTG N0148 (PROSPECT) protocol document, which can be found on the Cancer Trials Support Unit (CTSU) menu at www.ctsu.org, for complete information on the trial design, treatment plan and patient eligibility.

This study has the potential to personalize rectal cancer therapy and increase the number of available approaches to treatment. It also includes clinical (quality of life and PRO-CTCAE) and biological (genomic characterizations, immunologic studies, and pharmacogenomics) correlative studies.

Study chairs

Deborah Schrag, MD, Dana-Farber Cancer Institute,
e-mail: deb_schrag@dfci.harvard.edu
Robert McWilliams, MD, Mayo Clinic,
e-mail: mcwilliams.robert@mayo.edu
Alessandro Fichera, MD, University of Chicago,
e-mail: afichera@surgery.bsd.uchicago.edu

Alliance Members on the Move

Stephen S. Grubbs, MD, has been elected to a **Community Oncology seat** on the **American Society of Clinical Oncology (ASCO) Board of Directors** for a three-year term, beginning June 2012. Dr. Grubbs is managing partner at Medical Oncology Hematology Consultants, PA, Newark, Delaware, and is Principal Investigator of Christiana Care CCOP and member of the Board of Directors for the Alliance for Clinical Trials in Oncology. He has held positions at Christiana Care Health System, Dartmouth Medical School, St. Francis Hospital, Memorial Hospital of Salem County, and Jefferson Medical College.

Clifford A. Hudis, MD, has been elected **President of the American Society of Clinical Oncology** (ASCO) for a one-year term beginning in June 2013. During his term as ASCO President, he will also serve as an ex-officio member of the Conquer Cancer Foundation Board. Dr. Hudis will take office as President-Elect during ASCO's 48th Annual Meeting in Chicago in June 2012. Following his term as ASCO President, he will serve as the ASCO Immediate Past President from June 2014 to June 2015.

Dr. Hudis is Chief of the Breast Cancer Medicine Service at Memorial Sloan-Kettering Cancer Center, a Professor of Medicine at Weill Cornell Medical College, and Co-Chair of the Breast Committee of the Alliance for Clinical Trials in Oncology.

Daniel J. Sargent, PhD, has been named the **Ralph S. and Beverley E. Caulkins Professorship in Cancer Research**. Dr. Sargent is a consultant in the Division of Biomedical Statistics and Informatics, Department of Health Sciences Research, at Mayo Clinic in Rochester, and also Group Statistician and Director of the Statistics and Data Management Program for the Alliance for Clinical Trials in Oncology.

Dr. Sargent's primary research interest is in the conduct and methodology of clinical trials in cancer. His work has led to new standards for Food and Drug Administration (FDA) approval of therapies for colon cancer to accelerate the approval process, and he is actively pursuing validation of new endpoints in multiple types of cancer.

Deadline Extended for Alliance Foundation Awards

The Alliance for Clinical Trials in Oncology Foundation invites Alliance institution researchers to submit applications for the **2012 Clinical Scholar Award** and **2012 Investigator Award** by **February 20, 2012**.

Applications should propose studies that assess interventions in cancer patients and/or examine biological specimens obtained from cancer patients. Awards are exclusively for oncology junior faculty at Alliance institutions (rank below Associate Professor), and applicants must have completed training in an oncology clinical specialty (e.g., medical, surgical, radiation, gynecologic, etc.).

Proposals must be related to the research of the Alliance scientific committees. Projects supported by other non-institutional funds are not eligible.

The 2012 awards are supported with generous grants from Celgene, Novartis Oncology, and Millennium.

How to Apply

Instructions for submitting applications are available on the Alliance web site at **www.alliance-website.org**. All applications must be submitted by February 20, 2012.

For More Information

Contact Denise Collins-Brennan by phone at 617-525-6457 or by e-mail at dcollinsbrennan@partners.org

Alliance Abstracts / July-December 2011

Breast

ACOSOG Z0010
Prognostic significance of occult metastases in sentinel lymph nodes and bone marrow in women with clinical T1 or T2 N0 M0 breast cancer: Results of the ACOSOG Z0010 trial. Giuliano AE, Hawes D, Ballman K, McCall L, Green E, Whitworth PW, Blumencranz PW, Reintgen DS, Morrow M, Leitch AM, Hunt K, Cote LJ. *Journal of the American Medical Association 306(4):385-93, 2011*

ACOSOG Z1031
Analysis of luminal-type breast cancer by massively parallel sequencing. Ellis MJ, Ding L, Shen D, Suman V, Luo R, Tao Y, Hoog J, Snider J, Lin L, Davies S, Tine V, Chang LW, Bose R, Chen K, Wallis JW, Ota D, M, Watson M, Wilson RK, Hunt K, Mardis E. *American Association for Cancer Research Annual Meeting, 2011*

CALGB 40502
Genome-wide copy number analysis of circulating tumor cells from patients (pts) with metastatic breast cancer (MBC). Magbanua MM, Sosa EV, Eisenbud LE, Scott J, Olshen A, Pinkel D, Rugo HS, Park JW. *Journal of Clinical Oncology 29(27/Sept 20 Suppl):9, 2011*

NCCTG / NSABP B-34
NSABP protocol B-34: A clinical trial comparing adjuvant clodronate vs. placebo in early stage breast cancer patients receiving systemic chemotherapy and/or tamoxifen or no therapy - Final analysis. Paterson AHG, Anderson SJ, Lembersky BC, Fehrenbacher L, Falkson CI, King KM, Weir LM, Brufsky AM, Dakhil S, Lad T, Baez-Diaz L, Gralow JR, Robidoux A, Perez EA, Zheng P, Geyer CE, Swain SM, Costantino JP, Mamounas EP, Wolmark N. *San Antonio Breast Cancer Symposium, 2011*

NCCTG / E5194
A quantitative multigene RT-PCR assay for predicting recurrence risk after surgical excision alone without irradiation for ductal carcinoma in situ (DCIS): A prospective validation study of the DCIS score from ECOG E5194. Solin LJ, Gray R, Baehner FL, Butler S, Badve S, Yoshizawa C, Shak S, Hughes L, Sledge G, Davidson N, Perez EA, Ingle J, Sparano JA, Wood W. *San Antonio Breast Cancer Symposium, 2011*

NCCTG / N9831
Correlation between BMI and clinical outcome of patients with early stage HER2 + breast cancer from the N9831 clinical trial. Crozier JA, Moreno-Aspitia A, Ballman KV, Martino S, Kutteh LA, Davidson NE, Kaufman PA, Perez EA. *San Antonio Breast Cancer Symposium, 2011*

NCCTG / N0937
N0937: Phase II trial of brostallicin and cisplatin in patients with metastatic triple negative breast cancer. Moreno-Aspitia A, Rowland KM, Liu H, Hillman DW, Stella PJ, Perez EA. *San Antonio Breast Cancer Symposium, 2011*

NCCTG / N9831
Impact of quantitative measurement of HER2, HER3, HER4, EGFR, ER and PTEN protein expression of benefit to adjuvant trastuzumab in early-stage HER2+ breast cancer patients in NCCTG N9831. Perez EA, Ballman KV, Reinholz MM, Dueck AC, Cheng H, Jenkins RB, McCullough AE, Chen B, Davidson NE, Martino S, Kaufman PA, Kutteh LA, Sledge GW, Geiger XJ, Ingle JN, Tenner KS, Harris LN, Gralow JR, Rimm DL. *San Antonio Breast Cancer Symposium, 2011*

NCCTG / N9831
Quantitative measurement of antigen degradation in NCCTG N9831 tissue microarrays. Cheng H, Rimm DL, Reinholz MM, Lingle WL, Ballman KV, Dueck AC, Chen B, McCullough AE, Jenkins RB, Perez EA. *San Antonio Breast Cancer Symposium, 2011*

Cancer Control

CALGB 70802
Clinical trial efficacy vs. real world effectiveness of cisplatin and etoposide in the care of elderly Medicare patients with extensive stage small cell lung cancer. Lamont EB, He Y, Lan L, Joffe S. I*nternational Society of Geriatric Oncology Meeting, 2011*

Multiple NCCTG studies
Quality of life (QOL) in patients who present with malignant melanoma undergoing SLN biopsy (CP). Diekmann BB, Pockaj B, Novotny PJ, Sloan JA. *International Society for Quality of Life Research Meeting, 2011*

Multiple NCCTG studies
Genetics and QOL: How the interface can impact research and practice. Bartels M, Goldberg R, Sloan J. *International Society for Quality of Life Research Meeting, 201*1

GI

ACOSOG Z6041
Quality of life (QOL) and anorectal function (AF) after chemoradiation and local excision (LE) in patients with uT2uN0 rectal cancer treated in the Z6041 trial. Chan E, Shi Q, Zhao X, Cataldo P, Marcet J, Medich D, Pigazzi A, Oommen S, Thomas C, Garcia-Aguilar J. *American College of Surgeons, 2011*

ACOSOG Z9001
Microscopically positive margins for gastrointestinal stromal tumors: Analysis of risk factors and risk of recurrence. McCarter MD, Ballman K, McCall L, Ota DM, Dematteo R. *Western Surgical Association, 2011*

CALGB 9581
Endpoints for validation of tumor markers for recurrence risk: Recurrence-free interval (RFI), disease-free survival (DFS), overall survival (OS), and colon-cancer specific survival (CCSS) in CALGB 9581. Mahmoud NN, Lopatin M, Lee M, Clark-Langone K, Niedzwiecki D, Venook AP. *Annals of Oncology, 2011*

NCCTG / RTOG 98-11
Long-term update of US GI intergroup RTOG 98-11 Phase III trial for anal carcionoma: Concurrent chemoradiation with 5FU mitomycin yields better disease-free and overall survival than 5FU-cisplatin. Gunderson LL, Winter KA, Ajani JA, Pedersen JE, Benson AB, Thomas CR, Mayer RJ, Haddock MG, Rich TA, Willett CG. *American Society for Radiation Oncology Annual Meeting, 2011*

Leukemia

CALGB 10001
Abl kinase domain mutations leading to relapse of Ph+ acute lymphoblastic leukemia (ALL) occur commonly and can be detected at initial diagnosis: Molecular results from CALGB 10001. Koval GE, Wetzler M, Owzar K, Bloomfield CD, Malnassy GL, Sher DA, Larson RA, Stock W. *Blood (ASH Annual Meeting Abstracts) 118(21):2541, 2011*

CALGB 10101, 19901
Alemtuzumab consolidation does not improve outcome for CL patients with high risk genomic features on successive CALGB trials. Jones JA, Stark A, Zhao WJ, Lin TS, Rai KR, Marcucci G, Peterson B, Larson RA, Heerema NA, Byrd JC. *Blood (ASH Annual Meeting Abstracts) 118(21):1791, 2011*

CALGB 8461, 9665, 20202
ASXL1 mutations identify a high-risk subgroup of older patients with primary cytogenetically normal (CN-) acute myeloid leukemia (AML) within the European Leukemianet (ELN) 'favorable' genetic category: A Cancer and Leukemia Group B study. Metzeler K, Becker H, Maharry KS, Radmacher MD, Kohlschmidt J, Mrozek KA, Nicolet DR, Whitman SP, Wu Y, Schwind S, Powell BL, Carter TH, Wetzler M, Moore JO, Kolitz JE, Baer MR, Carroll AJ, Larson RA, Caligiuri MA, Marcucci G, Bloomfield CD. *Blood (ASH Annual Meeting Abstracts) 118(21):417, 2011*

CALGB 8525, 8923, 9420, 9621, 9720, 10201, 19808
Poor outcome of RUNX1-mutated (RUNX1-mut) patients (pts) with primary, cytogenetically normal acute myeloid leukemia (CN-AML) not receiving allogeneic stem cell transplantation (AlloSCT) in first complete remission (CR1) and associated gene- and MicroRNA (miR) expression signatures. Mendler JH, Maharry KS, Radmacher MD, Mrozek KA, Kohlschmidt J, Nicolet DR, Becker H, Metzeler K, Schwind S, Whitman SP, Blum WG, Powell BL, Kolitz JE, Carter TH, Wetzler M, Moore JO, Carroll AJ, Baer MR, Larson RA, Caligiuri MA, Marcucci G, Bloomfield CD. *Blood (ASH Annual Meeting Abstracts) 118(21):3454, 2011*

CALGB 9011, 9712, 10101
Impact of age on outcomes following initial therapy with various chemotherapy and chemoimmunotherapy regimens in patients with chronic lymphocytic leukemia (CLL): Results of CALGB studies. Woyach J, Ruppert AS, Rai KR, Lin TS, Appelbaum F, Tallman M, Belch A, Larson RA, Byrd JC. *Blood (ASH Annual Meeting Abstracts) 118(21):289, 2011*

CALGB 9621, 10503, 19808
Cytogenetic, molecular and clinical features associated with rare CBFB-MYH11 fusion transcripts in patients (Pts) with acute myeloid leukemia (AML) and inv(16)/t(16;16). Edwards CG, Maharry KS, Mrozek KA, Schwind S, Paschka P, Nicolet DR, Kohlschmidt J, Prior TW, Wu Y, Kolitz JE, Blum WG, Pettenati MJ, Dal Cin PS, Carroll AJ, Caligiuri MA, Larson RA, Marcucci G, Bloomfield CD. *Blood (ASH Annual Meeting Abstracts) 118(21):2514, 2011*

CALGB 9710
Adding mercaptopurine and methotrexate to alternate week ATRA maintenance therapy does not improve the outcome for adults with acute promyelocytic leukemia (APL) in first remission: Results from North American Leukemia Intergroup trial C9710. Powell BL, Moser BK, Stock W, Gallagher R, Willman C, Stone RM, Rowe JM, Coutre S, Feusner JH, Gregory J, Couban S, Appelbaum F, Tallman M, Larson RA. *Blood (ASH Annual Meeting Abstracts) 118(21):258, 2011*

Lymphoma

CALGB 50203
Interim FDG-PET imaging in stage I/II non-bulky Hodgkin lymphoma: Would using combined PET and CT criteria better predict response than each test alone? Kostakoglu L, Schöder H, Hall NC, Straus DJ, Johnson JL, Schwartz L, LaCasce AS, Jung S, Bartlett NL, Canellos GP, Cheson BD. *Blood (ASH Annual Meeting Abstracts) 118(21):3644, 2011*

CALGB 8461, 8525, 8923, 9420, 9621, 9665, 9720, 10201, 19808, 20202
Prognostic utility of the European LeukemiaNet (ELN) genetic-risk classification predicts outcome of adults with de novo acute myeloid leukemia (AML): A study of 1,550 patients (pts). Mrozek KA, Marcucci G, Maharry KS, Nicolet DR, Becker H, Whitman SP, Metzeler K, Schwind S, Wu Y, Kohlschmidt J, Pettenati MJ, Koduru P, Heerema NA, Block AM, Patil SR, Baer MR, Kolitz JE, Moore JO, Carroll AJ, Larson RA, Bloomfield CD. *Blood (ASH Annual Meeting Abstracts) 118(21):414, 2011*

Neuro-Oncology

NCCTG / N0776
NCCTG phase II trial of bevacizumab in combination with sorafenib (BEV/SOR) in recurrent glioblastoma (rGBM). Galanis E, Anderson SK, Lafky JM, Kaufmann TJ, Uhm JH, Giannini C, Kumar SK, Northfelt DW, Flynn PJ, Jaeckle KA, Buckner JC. *Neuro-Oncology 13(3):62, 2011*

NCCTG / N0776
Improved outcome in recurrent glioblastoma (RGBM) patients treated with bevacizumab (BEV) and sorafenib (SOR) is predicted by a greater drop in apparent diffusion coefficient (ADC) on MRI imaging. Kaufmann TJ, Anderson SK, Jaeckle KA, Uhm JH, Northfelt DW, Flynn PJ, Buckner JC, Galanis E. *Neuro-Oncology 13(3):138, 2011*

NCCTG / N0272
Phase II trial of imatinib mesylate; (Gleevec; ST1571) in the treatment of recurrent oligodendroglioma and mixed oligoastrocytoma. A North Central Cancer Treatment Group study. Jaeckle KA, Anderson SK, Kosel ML, Sarkaria J, Brown P, Flynn P, Buckner JC, Galanis E. *Neuro-Oncology 13(3):89, 2011*

NCCTG / RTOG 0525
RTOG 0525: A randomized phase III trial comparing standard adjuvant temozolomide (TMZ) with a dose-dense (DD) schedule in newly diagnosed glioblastoma (GBM)
Gilbert MR, Wang MH, Aldape KD, Stupp R, Hegi M, Jaeckle KA, Armstrong TS, Wefel JS, Won M, Blumenthal DT, Mahajan A, Schultz CJ, Erridge SC, Brown PD, Chakravarti A, Curran WJ, Mehta MP. *Neuro-Oncology 13(3):51, 2011*

NCCTG / RTOG 0525
Clinical, molecular, and molecular-clinical profile (MCP) exploratory subset analysis of RTOG 0525: A phase III trial comparing standard (STD) adjuvant temozolomide (TMZ) with a dose-dense (DD) schedule for glioblastoma (GBM). Mehta M, Wang M, Aldape K, Gilbert M, Stupp R, Curran W, Sulman E, Jaeckle K, Blumenthal D. *European Multidisciplinary Cancer Congress in Stockholm, 2011*

NCCTG / RTOG 0525
RTOG 0525: Exploratory subset analysis from a randomized phase III trial comparing standard adjuvant temozolomide with a dose-dense schedule for glioblastoma. Mehta MP, Wang M, Aldape K, Stupp R, Jaeckle KA, Blumenthal D, Erridge S, Curran W, Gilbert M, Brown PD. *American Society for Radiation Oncology Annual Meeting, 2011*

Respiratory

CALGB 30406
Outcome of advanced NSCLC patients with EGFR exon 19 and 21 mutations treated with erlotinib (E) alone or in combination with carboplatin/paclitaxel (CP) in CALGB 30406. Janne PA, Wang X, Socinski MA, Crawford J, Gu L, Capelletti M, Edelman MJ, Villalona-Calero MA, Kratzke RA, Vokes EE, Miller VA. *IASLC, 14th World Conference on Lung Cancer:O39.01, 2011*

NCCTG / N0426 / N0423
Circulating tumor cell cytokeratin-19 gene expression as a prognostic factor in lung cancer: analysis based on North Central Cancer Treatment Group (NCCTG) clinical trials (N0423/426). Reinholz MM, Mandrekar SJ, Foster N, Meyers JP, Kitzmann KA, Jett JR, Bernath AM, Wender D, Zinner R, Dy G, Molina JR, Lingle WL, Adjei AA. *Journal of Thoracic Oncology 6(Suppl S):S1076-7, 2011*

Disease and Modality Committee Members

The next Alliance Committee Meeting will be held March 15-17, 2012 at the InterContinental Chicago O'Hare. The meeting is open to committee members and Alliance staff who are approved to attend. Invitations to attend the meeting were sent by e-mail to committee members in mid-January. Make sure to register for the meeting and arrange travel as soon as possible.

Future Meeting Dates

2012 Spring Committee Meetings
March 15-17, 2012
InterContinental Chicago O'Hare
5300 N. River Road
Rosemont, IL 60018

2012 Group Meeting
June 28-30, 2012
InterContinental Chicago O'Hare
5300 N. River Road
Rosemont, IL 60018

2012 Fall Expanded Committee Meetings
November 15-17, 2012
InterContinental Chicago O'Hare
5300 N. River Road
Rosemont, IL 60018

2013 Spring Committee Meetings
March 14-16, 2013
InterContinental Chicago O'Hare
5300 N. River Road
Rosemont, IL 60018

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

For more information on the Alliance,
visit www.alliance-website.org