

## SPOTLIGHT ON MEMBERS

# Alliance Presents Research Honors, Awards to Outstanding Members

The Alliance for Clinical Trials in Oncology Foundation annually invites applications for grants to support research activities of oncology junior faculty working at Alliance institutions. This research includes studies that assess interventions in cancer patients and/or examines biological specimens obtained from cancer patients. This year, with the support of Amgen, Inc., Genentech Inc., and Millennium Pharmaceuticals/The Takeda Oncology Company, the foundation presented awards to four young investigators during the 2013 Alliance Fall Group Meeting Plenary Session in Chicago, IL.



Chung

### **2013 Alliance Scholar Award in Honor of Emil “Tom” Frei III, MD**

*funded by the Alliance for Clinical Trials in Oncology Foundation and Amgen, Inc.*

#### **Caroline Chung, MD, MSc, FRCPC, CIP**

Assistant Professor, Department of Radiation Oncology

University Health Network - Princess Margaret Cancer Centre

*“Randomized Phase II Study: Corticosteroids + Bevacizumab versus Corticosteroids + Placebo for Radionecrosis after Radiosurgery for Brain Metastases”*



Aggarwal

### **2013 Alliance Scholar Awards**

*sponsored by Millennium Pharmaceuticals/The Takeda Oncology Company*

#### **Rahul Aggarwal, MD**

Assistant Clinical Professor, Division of Hematology/Oncology

University of California, San Francisco

*“The Role of Potent Androgen Receptor Blockade in Hormone-Naïve Biochemically Relapsed Prostate Cancer”*



Schroeder

#### **Mark A. Schroeder, MD**

Assistant Professor of Medicine, Division of Oncology, Section of Stem Cell Transplantation  
Washington University School of Medicine

*“Azacitidine for Modulation of GVHD and GVL Post Transplant”*



Wu

### **2013 Alliance Scholar Award**

*sponsored by Genentech, Inc.*

#### **Christina Wu, MD**

Assistant Professor Internal Medicine

The Ohio State University Medical Center

*“Analysis of the Effect of HSP110ΔE9 on Prognosis in Stage III Colon Cancers with Microsatellite Instability”*

## Spotlight on Members

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The Alliance Publications Committee, in collaboration with the Group Chair's Office, continues a tradition that began last year: to highlight and share the Group's notable publications. Each year, the committee produces a booklet for the Alliance Fall Group Meeting that contains abstracts of Alliance original manuscripts published in the preceding 12 months. The committee also selects the three most significant manuscripts from that time period, based on review by Alliance scientific leadership as well as a separate review panel. Each nominated manuscript must satisfy at least one of the following criteria: potential to change the standard of care; potential to change the way clinical trials are designed and/or executed; and potential to change our understanding of cancer biology. At least one nomination has to have a junior investigator as first author (one who has completed training within the previous eight years), if such a manuscript had been published and met the qualifications.

**The 2012-2013 "Best of" Alliance Published Manuscripts** reflect original manuscripts published by the three legacy groups between September 1, 2012 and August 31, 2013. This year's recipients are:



Hughes

**Kevin S. Hughes, MD, FACS**

Associate Professor of Surgery

Harvard Medical School

*"Lumpectomy Plus Tamoxifen with or without Irradiation in Women Age 70 Years or Older with Early Breast Cancer: Long-term Follow-up of CALGB 9343"*

*Journal of Clinical Oncology 31(19):2382-2387, 2013*



Rubenstein

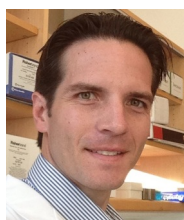
**James Rubenstein, PhD, MD**

Assistant Professor of Medicine, Brain Oncology

University of California, San Francisco

*"Intensive Chemotherapy and Immunotherapy in Patients with Newly Diagnosed Primary CNS Lymphoma: CALGB 50202 (Alliance 50202)"*

*Journal of Clinical Oncology 31(25):3061-3068, 2013*



Hickey

**Christopher J. Hickey, PhD**

Post-Doctoral Fellow

Mitchell Cancer Institute - University of South Alabama

*"Lenalidomide-mediated Enhanced Translation of C/EBPalpha-p30 Protein Upregulates Expression of the Anti-leukemic MicroRNA-181a in Acute Myeloid Leukemia"*

*Blood 121(1):159-169, 2013*



Herzan

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Congratulations to **Debra L. Herzan, RN, OCN, CCRP!** She is this year's non-physician recipient of the Joan K. Mauer Memorial Award for Excellence in Clinical Trial Audits and Quality Assurance from the National Cancer Institute. Established in 2012 to honor the former Branch Chief of NCI's Clinical Trials Monitoring Branch, the award was presented at the 2013 Alliance Fall Group Meeting in Chicago, IL. Herzan, Senior Research Nurse Clinician at the University of Minnesota Masonic Cancer Center, was nominated by David D. Hurd, MD, in recognition of her "exceptional dedication as a volunteer auditor for CALGB (Alliance)." Dr. Hurd, Professor and Director, Blood and Marrow Transplant Program at the Wake Forest University School of Medicine, and Co-Chair of the Alliance Audit Committee, was the 2012 recipient of the cooperative group award.

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## Spotlight on Members

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The Richard L. Schilsky Cancer and Leukemia Group B Achievement Award was established in 2010 to recognize the 15-year tenure of Dr. Schilsky as Group Chair of CALGB. The award acknowledges the significant contributions of an individual to cooperative group research. As an organization, it is vital for the Alliance for Clinical Trials in Oncology to identify and honor the talented people responsible for its success. The award was presented during the 2013 Alliance Fall Group Meeting Plenary Session in Chicago, IL, and is made possible through generous donations from Alliance members and industry supporters.



Muss

### **2013 Richard L. Schilsky Cancer and Leukemia Group B Achievement Award** **Hyman B. Muss, MD**

Professor of Medicine, University of North Carolina School of Medicine

Director, Geriatric Oncology Program, UNC-Lineberger Comprehensive Cancer Center Program

*An experienced clinician-scientist. Dr. Muss has served as Co-Chair of the Alliance Cancer in the Elderly Committee since 1996, and has been a Cancer and Leukemia Group B member since 1979, serving as Co-Chair of the CALGB Breast Committee from 1996 to 2003. His research and expertise is largely focused on geriatric oncology and the care of older women with breast cancer. He has developed and served as principal investigator on multiple clinical and translational trials and was the lead author of a CALGB trial and seminal New England Journal of Medicine article that compared standard adjuvant chemotherapy with oral chemotherapy in older women with early stage breast cancer.*

*Dr. Muss has received several notable awards, including the B.J. Kennedy Award in Geriatric Oncology from the American Society of Clinical Oncology in 2008 and the 2012 Susan G. Komen for the Cure Brinker Award for Scientific Distinction. In acceptance of this award, he delivered a presentation entitled "The Most Fortunate Man in the World: The CALGB, the Alliance, and Jacob."*



Facktor

Three prominent researchers were selected to present the keynote address and named lectures during the 2013 Alliance Fall Group Meeting.

**Plenary Session Keynote Address: Matthew A. Facktor, MD**, Clinical Associate Professor of Surgery, Temple University School of Medicine, and Director of Thoracic Surgery, Geisinger Medical Center. Dr. Facktor presented the lecture entitled "ProvenCare® Lung Cancer: Re-engineering Cancer Care Delivery." He discussed how the ProvenCare program aims to improve outcomes and end unwarranted variation in lung cancer care.



Gritz

**Jimmie C. Holland Lecture: Ellen R. Gritz, PhD**, Professor and Chair and Olla S. Stribling Distinguished Chair for Cancer Research, Department of Behavioral Science, Division of OVP, Cancer Prevention and Population Sciences, University of Texas MD Anderson Cancer Center. Dr. Gritz presented the lecture entitled "Adverse Effects on Cancer Outcomes and Tobacco Cessation Treatment." *This named lecture honors Dr. Holland, who is Wayne E. Chapman Chair in Psychiatric Oncology at Memorial Sloan-Kettering Cancer Center and known as the founder of the sub-specialty psycho-oncology in cancer.*



Loprinzi

**Charles G. Moertel Lecture: Charles L. Loprinzi, MD**, Regis Professor of Breast Cancer Research and Professor of Oncology, Mayo Clinic, and Chair, Alliance Symptom Invention Committee. Dr. Loprinzi presented the lecture entitled "An Odyssey into the Land of Symptom Control." *This named lecture honors Dr. Moertel, who was recognized as an international expert in gastrointestinal cancer research and clinical trials methodology and a founding member and chairman of the North Central Cancer Treatment Group.*

## New Alliance Board of Directors

The Alliance would like to thank the Transition Board of Directors for serving on the board from July 2011 to November 2013. During this time of transition, the group has accomplished much and we are in a great position to move forward with the newly elected Board of Directors. The new Alliance board is constituted of Principal Investigators (or their designee) from the top 40 accruing institutions and 10 representatives elected by the Principal Investigators from the remaining main member institutions. A retreat for the new board is being planned for March 2014.

Monica M. Bertagnolli, MD

Group Chair

Edith A. Perez, MD

Group Vice Chair

### Program Principal Investigators and Directors

Jan C. Buckner, MD

Cancer Control Program

Gini F. Fleming, MD

Central Protocol Operations Program

Heidi Nelson, MD

American College of Surgeons Clinical Research Program

Daniel J. Sargent, PhD

Statistics and Data Management Program

TBD

Translational Research Program

### Principal Investigators (or Designees)

Steven R. Alberts, MD

Mayo Clinic

Daniel M. Anderson, MD

Metro-Minnesota CCOP

James N. Atkins, MD

Southeast Cancer Control Consortium CCOP

Maria R. Baer, MD

University of Maryland Greenebaum Cancer Center

Nancy L. Bartlett, MD

Washington University School of Medicine

James D. Bearden III, MD

Upstate Carolina CCOP

Robert J. Behrens, MD

Iowa Oncology Research Association CCOP

Clara D. Bloomfield, MD

Ohio State University Medical Center

Daniel R. Budman, MD

North Shore-LIJ Health System CCOP

Harold J. Burstein, MD, PhD

Dana Farber Cancer Institute

Jeffrey Crawford, MD

Duke University Medical Center

Shaker R. Dakhil, MD

Wichita CCOP

Konstantin H. Dragnev, MD

Dartmouth Hitchcock Medical Center

Martin J. Edelman, MD

University of New Mexico MB-CCOP

Bret E. Friday, MD, PhD

Essentia Health Duluth Clinic CCOP

Apar K. Ganti, MD

University of Nebraska Medical Center

Stephen L. Graziano, MD

State University of New York Upstate Medical University

Jon M. Greif, DO, FACS

Bay Area Tumor Institution CCOP

David L. Grisell, DO

Greenville CCOP/Cancer Centers of the Carolinas

Howard M. Gross, MD

Dayton CCOP

Stephen S. Grubbs, MD

Christiana Care Health System - Christiana Hospital CCOP

Clifford A. Hudis, MD

Memorial Sloan Kettering Cancer Center

Kelly K. Hunt, MD

University of Texas MD Anderson Cancer Center

David D. Hurd, MD

Wake Forest University School of Medicine

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## New Alliance Board of Directors

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Hedy L. Kindler, MD	University of Chicago
Jeffrey J. Kirshner, MD	Hematology Oncology Associates of Central New York CCOP
Carla Kurkjian, MD	University of Oklahoma Health Sciences Center
Nguyet A. Le-Lindqwister, MD	Illinois Oncology Research Association CCOP
A. Marilyn Leitch, MD	University of Texas Southwestern Medical Center
Ellis G. Levine, MD	Roswell Park Cancer Institute
Alan P. Lyss, MD	Heartland Cancer Research CCOP
Benjamin T. Marchello, MD	Montana Cancer Consortium CCOP
Gilbert D. Padula, MD	Grand Rapids Clinical Oncology Program CCOP
Barbara A. Parker, MD	University of California San Diego Moores Cancer Center
Charles J. Ryan, MD	University of California San Francisco Medical Center - Mount Zion
Michael A. Schwartz, MD	Mount Sinai Medical Center CCOP
Thomas C. Shea, MD	University of North Carolina at Chapel Hill
William M. Sikov, MD	Rhode Island Hospital
Gamini S. Soori, MD	Missouri Valley Cancer Consortium CCOP
Preston D. Steen, MD	Sanford Research USD CCOP
Philip J. Stella, MD	Michigan Cancer Research Consortium CCOP
Scott T. Tagawa, MD	Weill Medical College of Cornell University
Gary W. Unzeitig, MD	Doctor's Hospital of Laredo
Daniel A. Vaena, MD	University of Iowa Hospitals and Clinics
Claire F. Verschraegen, MD	University of Vermont
Douglas J. Weckstein, MD	New Hampshire Oncology Hematology Associates
Matthias Weiss, MD, PhD	Marshfield Clinic CCOP
Lee G. Wilke, MD	University of Wisconsin Hospital and Clinics
Lee M. Zehngbot, MD	Florida Hospital CCOP
Robin T. Zon, MD	Northern Indiana Cancer Research Consortium CCOP

### Modality Chairs

Jeffrey Bogart, MD	Radiation Oncology Committee
Kandie Dempsey, MS, RN, OCN	Clinical Research Professionals Committee
Steven Devine, MD	Transplant Committee
Patrick Gavin, RPh	Patient Advocate Committee
Eric Hsi, MD	Pathology Committee
Lisa Kottschade, RN, MSN, CNP	Oncology Nursing Committee
Lawrence Schwartz, MD	Imaging Committee

### Former Group Chairs

James Holland, MD	Mount Sinai School of Medicine
James Ingle, MD	Mayo Clinic
O. Ross McIntyre, MD	Dartmouth Medical School, NCCC
David Ota, MD	Duke University
Richard L. Schilsky, MD	American Society of Clinical Oncology

## Alliance Welcomes Two New Committees



Watson

The Alliance welcomes two new committees to the Translational Research Program (TRP): the **Biorepository Committee** and the **Sequencing Committee**. The TRP is one of six Alliance programs and is comprised of seven committees, including biorepository and sequencing. The TRP focuses on molecularly driven oncology, ensuring optimal integration of translational endpoints into Alliance trials and maximizing the scientific productivity resulting from pre-existing and developing Alliance tissue resources.



Nakamura

The Biorepository Committee is responsible for coordinating the Alliance Biorepository Systems, an integrated biorepository program with locations at The Ohio State University, Washington University Medical Center, Mayo Clinic, and Brigham and Women's Hospital, and manages a network of molecular reference core laboratories that provide specialty biospecimen and image analysis services required for Alliance protocols. Leadership for this committee is provided by **Mark Watson, MD, PhD**, from Washington University.

The Sequencing Committee is focused on establishing the internal scientific and operational infrastructure to review and facilitate innovative clinical and translational research using next generation sequencing (NGS) as a platform. The committee's research, involving whole-genome/whole-exome sequencing using NGS, provides the potential for comprehensive analysis to facilitate novel biological insight and the identification of predictive biomarkers. This committee will also help facilitate concepts using NGS by identifying appropriate sequencing laboratories and investigational approaches. The committee is chaired by **Yusuke Nakamura, MD, PhD**, from the University of Chicago.

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## Annual ASTRO Meeting Highlights Alliance Radiation Oncology Study



Miller

An Alliance radiation oncology study, NCCTG N08C9 Phase III Randomized Study of Sulfasalazine versus Placebo in the Prevention of Acute Diarrhea in Patients Receiving Pelvic Radiation Therapy, has been highlighted in the Press Program for the American Society for Radiation Oncology's (ASTRO's) 55th Annual Meeting, "Patients: Hope, Guide, Heal," at the Georgia World Congress Center in Atlanta.

Patients receiving radiotherapy (RT) for cancers in the pelvic region can experience diarrhea, a negative side effect of radiation treatment. Sulfasalazine, an oral tablet used to treat inflammation of the bowels, had been shown in a past trial of 31 patients to decrease diarrhea during pelvic RT (Killic 2001). Sulfasalazine does not reduce diarrhea, according to research presented by **Robert C. Miller, MD**, Professor of Radiation Oncology at Mayo College of Medicine, Vice Chair for Research (Protons) in the Department of Radiation Oncology at Mayo Clinic, and the principal investigator of the study.

The trial was conducted to evaluate the effectiveness of sulfasalazine versus placebo in the treatment of enteritis (inflammation of the intestinal tract) during pelvic RT. A total of 87 patients, with 78 patients

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# Alliance Researchers Receive Patient-Centered Outcomes Research Grants

Two Alliance researchers recently received multi-year grants from the Patient-Centered Outcomes Research Institute (PCORI) to fund comparative effectiveness research that will help patients and their providers make better informed decisions about their care, including cancer care. **Caprice C. Greenberg MD, MPH**, of the University of Wisconsin School of Medicine and Public Health, and **George J. Chang, MD, MS**, of the MD Anderson Cancer Center, serve as co-chairs of the Alliance American College of Surgeons Clinical Research Program's Cancer Care Delivery Research Committee. Both proposals were sponsored by the Alliance for Clinical Trials in Oncology Foundation.



Greenberg

The PCORI awards will fund studies on post-treatment surveillance over three years:

- Dr. Greenberg: *“Post-Treatment Surveillance in Breast Cancer: Bringing CER to the Alliance”*
- Dr. Chang: *“Patient-Centered, Risk-Stratified Surveillance after Curative Resection of Colorectal Cancer”*



Chang

Dr. Greenberg's study seeks to develop a new approach to surveillance following breast cancer treatment that is more patient-centered and effective than the existing one-size-fits-all approach and will consider individual risk factors. The project's three primary goals include: using existing data from clinical trials sponsored by one of the leading cancer cooperative groups to evaluate how risk of recurrence and side effects of treatment vary based on patient and cancer characteristics; using existing data to evaluate the effectiveness of the latest imaging technology for improving survival in patients previously treated for breast cancer; and engaging cancer survivors, providers, and health outcomes researchers in the development of an improved patient-centered approach to guide post-treatment care, as well as to identify the highest-priority strategies for prospective randomized trials.

Dr. Chang's study will address the critical question of “what is the best way to monitor for recurrence based on an individual's tumor characteristics, conditions and preferences?” By tailoring the strategy for monitoring to the individual CRC survivors — taking into account their risk for recurrence, eligibility for salvage treatment, and personal preferences — the study seeks to show that the effectiveness of cancer monitoring would be improved and the burden on patients and the healthcare system would be reduced.

Both observational studies will utilize data from the National Cancer Data Base (NCDB) and other databases, and will engage cancer survivors, health care providers and researchers to guide the development of an improved approach to surveillance that recognizes individual patient risk factors and allows for design of future prospective studies. The knowledge gained by these studies will provide important new tools to guide patients and their clinicians in making individualized decisions regarding cancer surveillance.

*PCORI is an independent, nonprofit research funding institution authorized by Congress as part of the Patient Protection and Affordable Care Act of 2010. This institution is funded through a trust fund that receives monies from the Treasury and through fees assessed on private and public health plans. PCORI funds comparative effectiveness research and intends to give patients a better understanding of the prevention, treatment and care options available, and the science that supports those options.*

# Hormone Therapy May Help Treat Postmenopausal Patients with Ductal Carcinoma In Situ

CALGB 40903 Phase II Study Neoadjuvant Letrozole for Postmenopausal Women with Estrogen Receptor Positive Ductal Carcinoma in Situ (DCIS)

Ductal carcinoma in situ (DCIS) will be diagnosed in over 60,000 women in the United States this year.<sup>1</sup> The incidence of DCIS has risen almost five-fold over the last 15 years, and now represents 25 to 30 percent of all mammographically detected breast cancer.<sup>2</sup> The current treatment of DCIS is based on a presumption that DCIS is a non-obligate precursor of invasive breast cancer that does not itself demonstrate invasive potential. The goal of treatment is prevention of invasive cancer, which is accomplished through aggressive local control. One-third of women diagnosed with DCIS will undergo mastectomy; the rest will undergo some combination of surgery, radiation and systemic hormonal therapy.<sup>3-4</sup> In fact, despite the 99 percent survival rate from DCIS, the locoregional treatments for DCIS are not much different than those recommended for the invasive cancers these interventions are aimed to prevent.

At issue is that some fraction of DCIS has the potential to become invasive cancer. There is a paucity of natural history studies of observation alone, since DCIS is generally surgically resected upon diagnosis. The few retrospective reports of women who had biopsies that were assumed to be benign but on later review were found to have DCIS report a 20 to 50 percent risk of invasive cancer in the twenty years after biopsy.<sup>5-8</sup> Thus, non-surgical management for those who may never progress to invasive cancer could be reasonable, provided that a low-risk subgroup of DCIS could be identified. One approach would be to treat women with estrogen receptor-positive (ER+) DCIS with preoperative endocrine therapy in order to reverse malignant changes. If successful, some women could avoid surgery for this disease. The aromatase inhibitors (AIs) are ideal candidates for use in such a setting.

Letrozole is a highly selective non-steroidal competitive inhibitor of the aromatase enzyme system. It has been shown to effectively inhibit the conversion of androgens to estrogens both in vitro and in vivo.<sup>9</sup> Some data that

suggest that it may be the most effective AI in the neoadjuvant setting.<sup>10-11</sup> It is administered orally, has few adverse effects, and unlike tamoxifen, does not lead to an increase in endometrial cancer. At least one clinical study shows that neoadjuvant letrozole may be more effective than tamoxifen in Her2-positive invasive cancers.<sup>12</sup> Since about 50 percent of DCIS lesions are Her-2/neu positive, letrozole may be particularly suited for neoadjuvant studies in DCIS. Major side effects associated with letrozole therapy include musculoskeletal pain in 15 to 25 percent of patients and fracture rate, which in one study was reported to be 8.6 percent versus 5.8 percent in the letrozole group compared to the tamoxifen treated group at 51 months.<sup>13-14</sup>

CALGB 40903 is a phase II trial studying how well letrozole works in treating women with ductal DCIS. It is a neoadjuvant study of six months of aromatase inhibitor therapy for ER+ postmenopausal DCIS. The goal will be to determine whether preoperative aromatase inhibitor treatment for DCIS results in mammographic and MR-detectable radiographic regression or stabilization of disease. This study is designed to establish a foundation from which to plan novel, less aggressive treatment algorithms for patients with pre-invasive breast disease.

Patients' core biopsy specimen and surgical excision specimen may be collected for correlative studies. Patients also may complete various quality of life sub-studies, including the Menopause Specific Quality-of-Life Questionnaire (MEMOQOL), the Brief Pain Inventory (BPI-SF), the Functional Assessment of Cancer Therapy - General (FACT-G), the Self-Efficacy for Coping with Side Effects, the Medication Taking Behavior (MMAS), and the Beliefs about Medicines Questionnaires at baseline and periodically during study.

Refer to the study protocol (CALGB 40903), which can be found on the CTSU menu ([ctsu.org](http://ctsu.org)) for complete information on the trial design, treatment plan and patient eligibility. The Study Chair is E. Shelley Hwang, MD, MPH, Duke University Medical Center, e-mail: [shelley.hwang@dm.duke.edu](mailto:shelley.hwang@dm.duke.edu).

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# Alliance Members on the Move



Stadler

**Walter Stadler, MD**, was appointed chief of the Section of Hematology/Oncology at the University of Chicago. He has been serving in an interim capacity since January 2013 and has been a member of the Department of Medicine faculty for over 20 years. Stadler is a member of the Alliance Genitourinary Committee. His research focuses on new treatments for urological cancers such as the development of molecular and imaging markers for predicting response to anti-angiogenic therapies and other molecular targeted therapies.

Two members of the Alliance Patient Advocate Committee have been appointed to the National Cancer Institute's Central Institutional Review Board (NCI CIRB) Initiative. Both will serve as consumer advocates with **Laura Cleveland** on the

Adult CIRB Late Phase Emphasis and **Karl Schwartz, MFA**, on the Adult CIRB Early Phase Emphasis. Cleveland and Schwartz will each serve two-year terms and will assist in providing centralized IRB oversight for institutions conducting certain multi-site oncology trials. The Adult Late Phase IRB reviews all phase III cooperative group trials from the Alliance (ACOSOG, CALGB and NCCTG), ECOG, GOG, NCIC, NSABP, RTOG and SWOG, as well as any other studies opened in the Cancer Trials Support Unit (CTSU). The Adult - Early Phase IRB (newly formed this year) reviews NCI-sponsored early phase trials.



Cleveland



Schwartz

Adult CIRB Late Phase Emphasis and **Karl Schwartz, MFA**, on the Adult CIRB Early Phase Emphasis. Cleveland and Schwartz will each serve two-year terms and will assist in providing centralized IRB oversight for institutions conducting certain multi-site oncology trials. The Adult Late Phase IRB reviews all phase III cooperative group trials from the Alliance (ACOSOG, CALGB and NCCTG), ECOG, GOG, NCIC, NSABP, RTOG and SWOG, as well as any other studies opened in the Cancer Trials Support Unit (CTSU). The Adult - Early Phase IRB (newly formed this year) reviews NCI-sponsored early phase trials.

## Spotlight on Trials

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### Sources

- Breast Cancer Facts and Figures 2007-2008. American Cancer Society, 2008.
- Ernster VL, Ballard-Barbash R, Barlow WE, Zheng Y, Weaver DL, Cutter G, Yankaskas BC, Rosenberg R, Carney PA, Kerlikowske K, Taplin SH, Urban N, Geller BM: Detection of ductal carcinoma in situ in women undergoing screening mammography. *J Natl Cancer Inst* 2002, 94:1546-1554.
- Burstein HJ, Polyak K, Wong JS, Lester SC, Kaelin CM: Ductal carcinoma in situ of the breast. *N Engl J Med* 2004, 350:1430-1441.
- Baxter NN, Vimig BA, Durham SB, Tuttle TM: Trends in the treatment of ductal carcinoma in situ of the breast. *J Natl Cancer Inst* 2004, 96:443-448.
- Eusebi V, Feudale E, Foschini MP, Micheli A, Conti A, Riva C, Di Palma S, Rilke F: Long-term follow-up of in situ carcinoma of the breast. *Semin Diagn Pathol* 1994, 11:223-235.
- Page DL, Dupont WD, Rogers LW, Landenberger M: Intraductal carcinoma of the breast: follow-up after biopsy only. *Cancer* 1982, 49:751-758.
- Collins LC, Tamimi RM, Baer HJ, Connolly JL, Colditz GA, Schnitt SJ: Outcome of patients with ductal carcinoma in situ untreated after diagnostic biopsy: results from the Nurses' Health Study. *Cancer* 2005, 103:1778-1784.
- Sanders ME, Schuyler PA, Dupont WD, Page DL: The natural history of low-grade ductal carcinoma in situ of the breast in women treated by biopsy only revealed over 30 years of long-term follow-up. *Cancer* 2005, 103:2481-2484.
- Bhatnagar AS, Hausler A, Schieweck K, Lang M, Bowman R: Highly selective inhibition of estrogen biosynthesis by CGS 20267, a new non-steroidal aromatase inhibitor. *J Steroid Biochem Mol Biol* 1990, 37:1021-1027.
- Haynes BP, Dowsett M, Miller WR, Dixon JM, Bhatnagar AS: The pharmacology of letrozole. *J Steroid Biochem Mol Biol* 2003, 87:35-45.
- Geisler J, Haynes B, Anker G, Dowsett M, Lonning PE: Influence of letrozole and anastrozole on total body aromatization and plasma estrogen levels in postmenopausal breast cancer patients evaluated in a randomized, cross-over study. *J Clin Oncol* 2002, 20:751-757.
- Ellis MJ, Coop A, Singh B, Mauriac L, Llombert-Cussac A, Janicke F, Miller WR, Evans DB, Dugan M, Brady C, Quebe-Fehling E, Borgs M: Letrozole is more effective neoadjuvant endocrine therapy than tamoxifen for ErbB-1-and/or ErbB-2-positive, estrogen receptor-positive primary breast cancer: evidence from a phase III randomized trial. *J Clin Oncol* 2001, 19:3808-3816.
- Thorne, C: Management of arthralgias associated with aromatase inhibitor therapy. *Curr Oncol* 14 Suppl 2007, 1:S11-9.
- Coates A.S., et al.: Five years of letrozole compared with tamoxifen as initial adjuvant therapy for postmenopausal women with endocrine-responsive early breast cancer: update of study BIG 1-98. *J Clin Oncol* 2007, 24:486-492.

### Alliance Radiation Oncology Study

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evaluable for the primary endpoint and with evenly distributed baseline factors, were enrolled in the study. Patients received sulfasalazine or placebo orally, twice each day during RT and for four weeks after RT. The primary endpoint was maximal severity of diarrhea, based on the Common Terminology Criteria for Adverse Events (CTCAE 4.0), during and up to six weeks after RT. A health care provider graded on a weekly basis the maximum severity and the duration of maximum severity of diarrhea, rectal bleeding, abdominal cramping, tenesmus (a sensation of incomplete defecation) and constipation. Patients completed bowel function questionnaires weekly during RT treatment, afterwards for six weeks and at 12 and 24 months post-RT. A two-sided, Wilcoxon rank-sum test was used to test the equality of the distributions of maximum diarrhea severity grades.

An interim analysis of the study revealed a statistically significant excess of grade  $\geq 3$  diarrhea (passing seven or more stools per day) in patients receiving sulfasalazine versus placebo (29 percent versus 11 percent,  $p=0.037$ ). The study was halted in May 2013 when it was determined that it was unlikely for the sulfasalazine to indicate beneficial results.

“Although 2001 research had suggested a benefit for sulfasalazine, we were very surprised to find that patients receiving sulfasalazine experienced worse diarrhea than those receiving placebo,” said Dr. Miller. “For the prevention of radiotherapy-related diarrhea, we now know that sulfasalazine will not benefit patients. This trial clearly illustrates the necessity for large, phase III, randomized controlled trials to understand which drugs and therapies will relieve the more negative side effects for patients receiving radiation therapy.”

## Future Meeting Dates

### 2014 Spring Group Meeting

May 8-10, 2014

Open to Alliance members

### Fall 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 Alison Lewandowski  
e-mail: [alewandowski@partners.org](mailto:alewandowski@partners.org)  
phone: 617-525-3022

For more information on the Alliance and updates about meetings,  
visit [AllianceforClinicalTrialsinOncology.org](http://AllianceforClinicalTrialsinOncology.org)