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There has never been a time with greater potential for success than the present. The time is ripe for advances, and Alliance is positioned to achieve greater success than ever before. Alliance scientific and operations programs work year-round to develop and maintain a robust research



program and infrastructure that delivers new cancer prevention and treatment options to our patients. The magic that happens when talented people get together to tackle big issues in Alliance is amazing. I cannot thank you all enough for your commitment to this important work and your generosity on all fronts. You donate your most precious resource - your time - and this makes our success possible.

Thank you for all that you do!

Monica C. Bertagnoli, MD

2019 MEETINGS

**ALLIANCE SPRING
GROUP MEETING**
May 9-11

**ALLIANCE FALL
GROUP MEETING**
November 7-9

Loews Chicago O'Hare
Hotel in Rosemont, IL

ANNOUNCEMENTS

[Three New Trials Now Recruiting: Alliance A041703 for refractory disease; Alliance A0211701 for new onset diabetes cohort and Alliance A221602 for chemotherapy induced nausea, vomiting prevention](#)

[Call for Abstracts: American College of Surgeons Quality and Safety Conference](#)

[In Memoriam: Co-Chair, Alliance Cancer in the Older Adult Committee - Arti Hurria, MD](#)

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Value of Local Therapy in an Era of Unprecedented Scientific Advancement



Jeffrey A. Bogart, MD

Jeffrey A. Bogart, MD, Chair of the Alliance Radiation Oncology Committee, discusses novel combinations of systemic therapy with radiotherapy.

The optimal integration of radiotherapy is particularly well suited for study within the National Cancer Institute's National Clinical Trials Network. In an era highlighted by tremendous advances in precision medicine, molecular targeted therapy, and modulation of the immune system, there is a

great need to assess the value proposition of existing therapies.

[Read more](#)

Treatment-Related Financial Difficulties: Patient and Practice Perspective

Rena M. Conti, PhD and Gabriela Gracia, PhD, Principal Investigator* and Research Manager at Questrom School of Business, Boston University, discuss financial toxicity in the context of an upcoming Alliance trial that will assess financial difficulty in patients with blood cancer.*



Rena M. Conti, PhD

Financial difficulties related to treatment can carry significant emotional, psychological and psychosocial effects for patients. While new treatments are improving survival rates and patients' overall quality of life, these advancements are offset by rising health care costs (ASCO, 2018; Ubel 2013). Financial difficulties encompass medical and non-medical expenses and can lead to skipping medication or foregoing treatment, borrowing money, going into debt and cutting back on living expenses. [Read more](#)

Making Connections Alliance Clinical Research Professionals at the Forefront



Jennifer Dill, CCRP

Jennifer Dill, CCRP, Chair of the Alliance Clinical Research Professionals Committee, shares important information about resources currently available to clinical research professionals to improve a site's ability to implement Alliance protocols.

Thank you to those who were able to attend the Alliance Fall Group Meeting in November! We had great discussions, questions and sharing of best practices among Clinical Research Professionals (CRP)!

The past few years have presented numerous changes to the NCTN program, forcing sites to change internal processes. This required a shift in our meeting content and format at Group meetings. The issues we were facing at our sites were less about

how to implement particular protocols, but more about learning the new CTSU initiatives, which has been a challenge. [Read more](#)

Disparities Corner



Prostate Cancer Disparities in Minority Men, Challenges in Accruing to Clinical Trials

Evan Kovac, MD, CM, FRCSC, Assistant Professor in the Department of Urology at Montefiore Medical Center, The University Hospital for Albert Einstein College of Medicine, shares his experience with accruing minority patients to a prostate cancer trial for testing decision tools.

Men from minority populations, especially those of African ancestry, have worse prostate cancer-related outcomes (1-4). The reasons for this disparity are multi-factorial. Low socioeconomic status, limited access to health care services and poor compliance are often compounded by aggressive biology that is driven by both genetic and genomic factors (5). It is therefore imperative that men from high-risk communities possess the necessary understanding of their disease in order to make informed decisions regarding the available treatment options. [Read more](#)

Alliance for Clinical Trials in Oncology