



Introduction to CALGB and Overview of PI Responsibilities

Richard L. Schilsky, M.D.
Group Chairman, CALGB

CALGB Group Meeting, June 2005

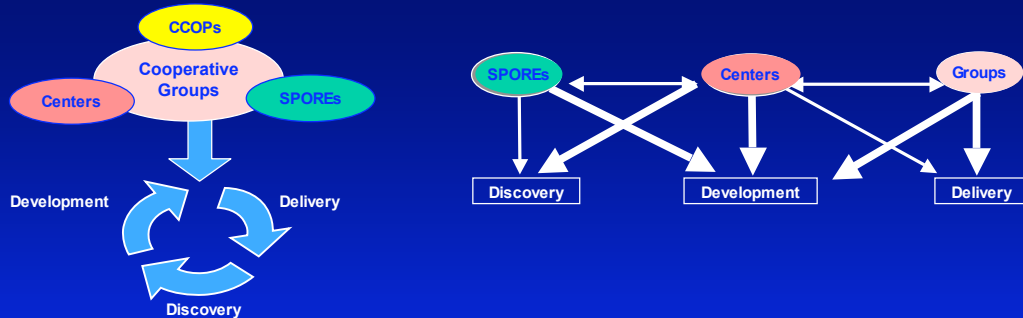
U.S. Cooperative Groups

Consortia of institutions that conduct
research in cancer treatment, prevention,
biology and health outcomes.

U.S. Cooperative Groups

- Multi-disciplinary: CALGB, ECOG, SWOG, NCCTG, COG
- Modality-based: ACOSOG, ACRIN, NSABP, RTOG
- Disease-based: GOG

Cancer Cooperative Groups in the Clinical Trials System



Major Accomplishments of the Cancer Cooperative Groups

Clinical

- Adjuvant therapy – Colon, Breast, Lung, Prostate, Ovarian, Cervical
- Bone marrow transplant – Breast
- Curative childhood therapies
- Combined modality therapies in solid tumors
- FDA approval of new drugs/uses
- Chemoprevention of cancer

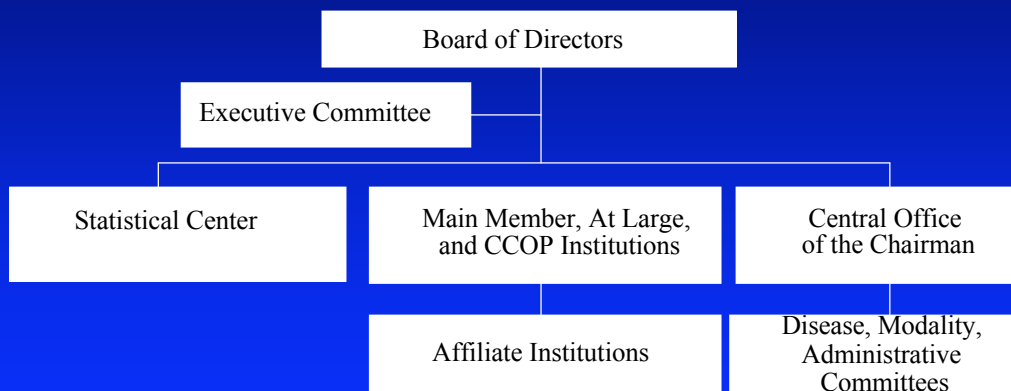
Laboratory

- Risk-adapted therapy for leukemia
- Her-2/neu and anthracycline responsiveness (breast)
- 18q/MSI in colon cancer prognosis
- Predictive value of EGFR overexpression in H&N metastases

CALGB

- Founded 1956
- 27 main members, 7 At Large members, 14 CCOPs, 225 affiliates
- Annual accrual: 4000 to 100 active studies
- Headquarters: University of Chicago; Statistical Center: Duke University

CALGB Organizational Chart



U.S. Cooperative Groups

Scientific Organization

- Disease committees
- Modality committees
- Specimen repositories
- Image archives
- Reference laboratories
- Statistical Center

U. S. Cooperative Groups

Types of Studies

- Phase I, II, III treatment trials
- Prevention trials
- Correlative science studies
- Pharmacology studies
- Cancer control and health outcomes

CALGB Committees

- Disease Committees: Breast, Leukemia, Lymphoma, GI, GU, Melanoma, Respiratory
- Modality Committees: Leukemia Correlative Science, PET, Surgery, Pathology, Transplant, Rad. Onc., Cancer Control and Health Outcomes, Cancer in the Elderly, Oncology Nursing, CRA, Imaging
- Repositories: Leukemia Tissue Bank, Lung Cancer Tissue Bank, Pathology Coordinating Office, Imaging Core Laboratory

U. S. Cooperative Groups

Funding

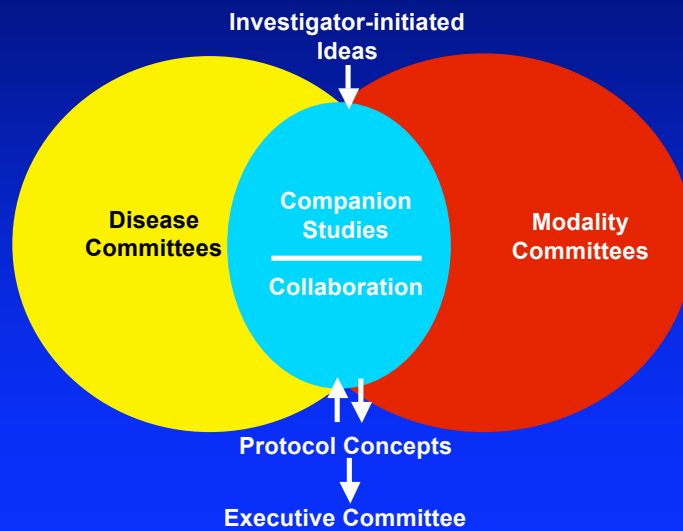
- NCI cooperative agreements, grants
- Private foundations
- Pharmaceutical industry

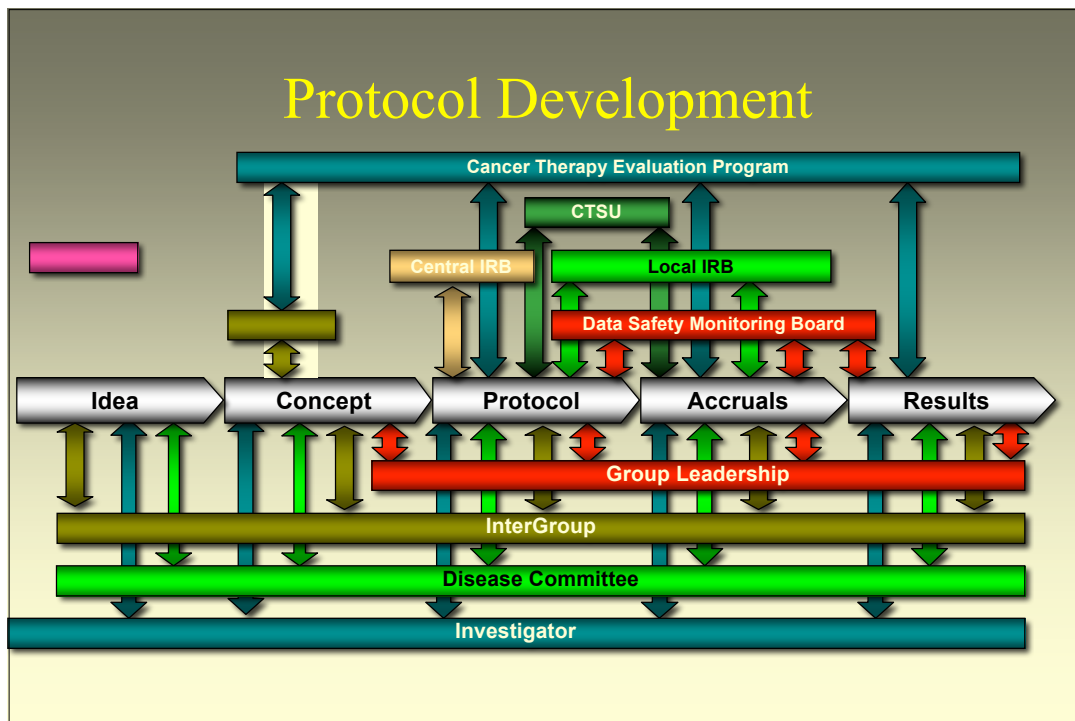
U. S. Cooperative Groups

Intergroup Activities

- Intergroup committees
- Intergroup correlative science
- Group Banking Committee
- Cancer Trials Support Unit
- Central IRB

Protocol Development





Advantages of Groups

- Access to large (unique) patient populations; expert statisticians; thought leaders; mentoring
- Research resources: administrative and data management centers; specimen repositories; reference laboratories
- Quality assurance procedures in place; training for research staff
- Study results definitive and generalizable

Disadvantages of Groups

- Cumbersome bureaucracy with review at many levels
- Intensive or sophisticated monitoring of patients not feasible at all sites
- Uniform tissue handling and acquisition of complex data sets difficult
- Competing priorities with industry

Accomplishments

- Curative therapy of childhood acute leukemia
- Adjuvant therapy for breast, colorectal and NSCL cancer
- Role of chemo/radiotherapy in locally advanced NSCLC, esophageal, nasopharyngeal, cervical cancer
- Role of high dose chemotherapy for breast cancer
- Interferon therapy for melanoma
- Efficacy of fludarabine as front-line therapy for CLL
- Efficacy of 5-azacytidine as therapy for MDS
- Breast, prostate, colorectal cancer prevention

Setting Standards of Care

- FDA approvals based on cooperative group data:
 - cisplatin for NSCLC
 - paclitaxel for ovarian and NSCLC
 - paclitaxel as adjuvant therapy for breast cancer
 - tamoxifen for breast cancer prevention
 - interferon for high risk melanoma
 - 5-azacytidine for MDS
 - oxaliplatin for met. CRC
 - FISH probe for Her-2/neu

Recent “Positive” Trials

- Bevacizumab for advanced breast and NSCLC and for 2nd line met. CRC
- Trastuzumab for adjuvant therapy of Her2/neu + breast cancer

PI Responsibilities: all aspects of CALGB program in the network

- Administrative
- Regulatory
- Quality control
- Accrual
- Financial
- Scientific leadership
- Publication
- Mentoring

PI Responsibilities: Administrative and Regulatory

- Keep membership rosters up to date
- Submit required documents to RSS or CO (1572 forms, HIPAA training, human subjects protection training, COI forms, lab certifications, etc.)
- IRB approvals/updates
- Adverse event reporting
- Investigational drug ordering

PI Responsibilities: Quality Control

- Responsible for protocol conduct, data quality and data integrity at all sites in network
- Must have authority over CALGB data management personnel/activities
- Responsible for all audit preparations and monitoring by outside agencies or companies

PI Responsibilities: Accrual

- Minimum requirements: main member, 50; at large member, 30; affiliate 6 registrations/year
- Accrual to all studies not required
- Develop a CALGB portfolio that matches patient mix, investigator interest, availability of other protocols; highlight CALGB protocols for colleagues/staff/referring physicians
- Failure to meet accrual requirements can lead to loss of funding or of membership status

PI Responsibilities: Financial

- Multiple payment programs from multiple sources
- Responsible for accounting for all CALGB funds
- General philosophy: funds should be directed to support those who do the work ,i.e., data management staff, pathologists, surgeons, etc.

PI Responsibilities: Scientific Leadership

- Bring people to meetings
- Encourage submission of protocol concepts
- Introduce faculty to committee leaders
- Identify potential research facilities
- Nominate Executive Committee members
- Suggest speakers/topics for plenary sessions
- Participate in ad hoc committees/retreats

PI Responsibilities: Publication and Mentoring

- Identify network co-authors for manuscripts
- Participate in Group review of CALGB manuscripts
- Send fellows/residents to Group meetings
- Encourage applications for CALGB Foundation grants