



## CALGB to Launch Web Site

The Information Systems staff at the CALGB Central Office is developing a World Wide Web site, which will be implemented as an alternative to the costly paper-based information distribution method currently being used. Both information and documents will be available via the Web at a fraction of the time and cost of traditional methods.

The Central Office will utilize this technology to offer on-line, up-to-date versions of the Group Roster and the *CALGB Policies and Procedures* manual. You will even be able to download an issue of the *Cal Gab* and read it on-line from the CALGB web site.

Access to the web site will be password secure. An information page will be available to the general public and will contain basic information about the CALGB and its activities. However, account names and passwords, to be distributed to the CALGB membership by the Central Office, will be required to access services for CALGB members.

By the use of several standard Internet utilities, the web server will serve documents in a cross-platform

format. Using Acrobat®, a freely distributed software utility from Adobe Systems Inc., individuals on different computing platforms (e.g., MacOS, Windows, OS/2, UNIX, and DOS) will be able to view and print a document exactly as it was formatted by its creator.

As an example of the efficiency of distributing forms via the Internet, the Internal Revenue Service has posted all federal tax forms in Acrobat® format. This allows anyone with Web access to visit the IRS web page and download a fresh, clean, up-to-date copy of most tax forms.

The web server will be implemented in three stages. The first stage will occur at the Central Office when the Group Roster, *CALGB Policies and Procedures* manual, and CALGB newsletters will be offered on-line. The next two stages will provide on-line documents from the Statistical Center and, finally, the Data Management Center. The Central Office is also considering offering meetings- and protocol-related materials via the Internet.

The web page will be introduced at the upcoming Fall Group Meeting in Pittsburgh, where a demonstration of its capabilities will be given.

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*The Cal Gab is published quarterly by the Cancer and Leukemia Group B and distributed to the active membership.*

*Suggestions for articles are encouraged. Copy deadlines are: January 15, April 15, July 15, October 15*

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*\*Please Note: While we make every effort to provide accurate dosing information in the Cal Gab, you should always check the appropriate drug dosages before prescribing and/or administering any medication.*

### Future CALGB Meetings

|   |                         |                    |
|---|-------------------------|--------------------|
| <b>Spring Core Meeting</b>              | <b>March 1997</b>       | <b>Raleigh, NC</b> |
| <b>Spring Group Meeting</b>             | <b>June 20-22, 1997</b> | <b>Site TBA</b>    |
| <b>Fall Combined Core/Group Meeting</b> | <b>Oct./Nov. 1997</b>   | <b>Site TBA</b>    |

**Fall Meeting Registration Deadline  
is October 15, 1996  
Hotel Reservation Deadline  
is October 10, 1996**

**All Fall Meeting Information and Registration Forms  
are in this issue.**

**There will not be a separate mailing.  
For extra forms, contact Elmetrica Holman at (312) 702-9163**

## Message from the Group Chair...

During the coming year, the CALGB will be preparing for a competing renewal of the federal grants that support our research programs, infrastructure, and institutions. I ask you to examine the term and the process carefully: competing renewal. There is no question that the process is competitive in many ways. At the present time, we do not anticipate a significant increase in the NCI budget for the cooperative groups. Clearly, there will be competition among the existing groups for the available resources. There are also new groups on the horizon that may compete for support from the NCI and, if successful, will dilute the limited funds available. Thus, the CALGB may well be competing for a diminishing share of the available federal dollars, and it is critical that we develop a grant application that clearly highlights the many strengths and accomplishments of our Group.

The CALGB is being challenged in other ways as well, not just in the quest for federal support. Clinical revenues at most institutions are declining as managed care organizations focus increasingly on controlling the costs of patient care without much concern for improving the overall quality of care. As a result, the clinical research infrastructure and training programs at many institutions are being threatened; physicians have less time to devote to clinical research and CRA positions are increasingly difficult to support. At the same time, contract research organizations (CROs) as well as physician practice groups and cancer center networks have initiated clinical trials that often compete for patients with studies conducted by the CALGB. In particular, CROs are developing a broad portfolio of randomized clinical trials in common diseases that directly compete with CALGB studies and provide better per-capita funding, thereby enticing oncologists to offer these studies—rather than cooperative group protocols—to their patients.

Although the competition is intense on every front, the focus of the competing renewal process should really be on “renewal” rather than competition. Now is the time to critically reevaluate the CALGB, to reexamine our priorities, reinvent our Committees, rejuvenate

our institutions, and renew our commitment to conducting the most innovative research possible with the highest standards of performance. Indeed, we began this process more than a year ago with the recruitment of new institutions to join the Group, the restructuring of several of our Committees, and the reassessment of our scientific priorities. The timetable for developing the competing renewal application is finite—the grant must be submitted by June 1, 1997—but the process of renewing the CALGB is, in fact, continuous and infinite.

In the short term, institutions can best serve the Group and be most competitive in peer review by enhancing accrual to CALGB studies and by ensuring that data quality is outstanding and that meeting attendance reaches new heights. It is essential that CRAs submit delinquent data and that Study Chairs publish the results of completed trials. Each of these activities will help ensure the greatest likelihood of success for our competing renewal application. However, the long-term success of the CALGB as a research organization will depend almost entirely on each of our institutions bringing their best and brightest young faculty to the Group. The “renewal” of CALGB ultimately depends on our success in training new investigators, encouraging their independence, supporting their ideas, and introducing them to the many exciting opportunities in cooperative group research. We must reach out to scientists in other disciplines, such as pathology, epidemiology, and molecular genetics, as well as to physicians in other specialties, to focus on the problem of cancer and to apply their expertise in the cooperative group setting.

Our “renewal” as a group depends more on people than on grants, more on ideas than on dollars. During the coming year, we will focus on the future but we must remember that the future is all around us in the medical students, residents, and fellows we are training today. Bringing the best young people to the Group will ensure that our renewal is successful not just this year, but for many years to come.

**Richard L. Schilsky, M.D.**

## TRANSITIONS

**Mark Green, M.D.**, CALGB Vice-Chair and Chairman of the Respiratory Committee and Data and Safety Monitoring Board, will be leaving his position at the University of California, San Diego to assume the position of Director of the Hollings Cancer Center at the Medical University of South Carolina. He will also be a Professor of Medicine at the university and the Chief of Hematology/Oncology. Dr. Green will continue in his various roles within the CALGB.

**Dr. Edison Liu**, a medical oncologist at the University of North Carolina at Chapel Hill and Chair of the CALGB Correlative Sciences Solid Tumor Committee, has been appointed to lead the NCI Division of Clinical Sciences. The NCI's Director, Richard Klausner, appointed Dr. Liu to direct the newly created division, which was formed in October 1995 to consolidate the Institute's intramural clinical research programs.

Discussions are under way as to the future structure of the Correlative Sciences Solid Tumor Committee. As of press time, a new Chair for the Coordinating Committee has not been selected.

**Karminder Gill** has been appointed to the position of Data Coordinator at the CALGB Data Management Center (DMC) and will assume responsibility for respiratory and cancer control studies. He succeeds Wendy Smith, who left the DMC to accept employment with a CRO. Mr. Gill, who was the former Registrar for the CALGB, has a B.A. in Economics from Davidson College and a M.S.P.H. in Health Policy from the University of North Carolina at Chapel Hill. His e-mail address is [ckgill@ccstat.mc.duke.edu](mailto:ckgill@ccstat.mc.duke.edu).

### CALGB Core and Group Meetings Restructuring

Please Note: The Executive Committee has approved a restructuring of CALGB Core and Group Meeting schedules. The CALGB will continue to hold two Group Meetings per year, one in conjunction with a Sequential Core Meeting in the Fall. A separate Sequential Core Meeting will be held in the Spring. The new schedule will be:

|                 |  |
|-----------------|--|
| <b>March</b>    | <b>Core Meeting</b>                    |
| <b>June</b>     | <b>Group Meeting</b>                   |
| <b>November</b> | <b>Combined Group and Core Meeting</b> |

## Blue Cross and Blue Shield Support of Pediatric Cancer Care

Cancer is relatively rare in children, but it is the second most common cause of death for children (up to age 18). While the incidence of cancer in children has increased over the last five years, survival rates have improved dramatically. The current cure rate is 65% overall and there is a 90% response rate in many tumor types with appropriate therapy. These impressive numbers are the result of early, aggressive treatment prescribed by pediatric oncologists and performed by highly trained medical professionals at multidisciplinary cancer centers.

Studies have shown that the survival rates of children with cancer are 20% to 40% higher if their treatment is coordinated by pediatric oncologists at specialty cancer centers. To that end, the Blue Cross and Blue Shield Association, along with two NCI-supported clinical oncology cooperative groups—the Pediatric Oncology Group (POG) and the Children's Cancer Group (CCG)—have formed a Pediatric Cancer Network that will provide subscribers to Blue Cross and Blue Shield plans access to pediatric cancer treatment and cancer clinical trials.

The Pediatric Cancer Network is built on a model of pediatric cancer care delivery consisting of three levels of care coordinated by a pediatric oncologist. Levels II and III care are delivered by Network Centers. The three levels and the care they provide are:

### Level I

Preliminary diagnosis up to the point of suspicion of cancer and routine follow up. This care can be provided by pediatricians in the community. Aftercare is coordinated with the treating Network Center.

### Level II

Definitive diagnostic evaluation, e.g., biopsies and staging of cancer; active treatment and surveillance for complications and recurrences; and follow up once a year after five years for late effects of treatment. Care is provided or directed by a board-certified/eligible pediatric hematologist/oncologist affiliated with a Network Center. Hospital-based Level II services are provided by Network Centers with multidisciplinary teams offering protocol-based evaluation and treatment.

### Level III

Highly specialized care for rare cancers requiring specific expertise, e.g., retinoblastoma, bone marrow transplants, and stereotactic radiosurgery. This level of care is provided at Network Centers with a demonstrated expertise in the disease or treatment modality.

Membership in the Pediatric Cancer Network is open to hospitals meeting current POG and CCG selection criteria standards, as well as standards of the American Academy of Pediatrics and the American Society of Pediatric Hematology/Oncology. As members of either POG or CCG, institutions are in compliance with Network standards, but they must still undergo a separate review process to be designated a Network member. Institutions that are not cooperative group members or affiliates may also apply to join the Network, but must meet the specified standards for membership.

For further information on the Pediatric Cancer Network, contact the Blue Cross and Blue Shield Association at: (312) 440-6000.

### Study Funding

Support is available to qualifying institutions for participation in these studies. Payments are made through the main member institution.

|   |   |
|---|---|
| 9170 Febrile Episodes in Neutropenia III                  | 9399 Prostate Cancer Prevention Trial (SWOG 9217)           |
| 9254 NHL: Anti-B4-bR Post-ABMT                            | 9411 Econ Analysis/Modeling of Costs of Care for CALGB 9111 |
| 9270 Asprn: Early Stage Colorect. in Hi Risk Pats         | 9473 Trial of Omega 3 Fatty Acids for Cancer Cachexia       |
| 9293 13-cRetin: 2° Prim. Tmrs (NSCLC) (MDAnderson)        | 9484 Linkage Mol & Epidem Br Ca Invest Spec Registry Comp   |
| 9332 Navel/Navel+Doxorubicin, Small Cell Lung             | 9490 Oral Analgesic Protocol Improve Pain Control?          |
| 9334 Sclerosis: Pleural Effusns- Talc Thoracos. vs Slurry | 9499 13-cRetin:2nd Prim Tmrs H&N (RTOG 9115/MDACC)          |
| 9335 NSC: Video Asstd Wedge Resctn + RT in High risk T1   | 9511 PEG-Asparaginase During Chemo for Acute ALL            |
| 9371 Weight Loss Prgm of Women w. Br Ca                   |   |

For more information, contact:  
Mary Sherrell  
CALGB Financial Officer  
(312) 702-9856.

## Abstract Deadlines

### American Society of Clinical Oncology (ASCO) Abstract Deadlines

• **November 14, 1996**  
CALGB Central Office deadline for receipt of abstracts

• **November 21, 1996**  
After Executive Committee review, abstracts will be returned with comments

• **December 1, 1996**  
ASCO deadline for receipt of abstracts



### American Association for Cancer Research (AACR) Abstract Deadlines

• **October 28, 1996**  
CALGB Central Office deadline for receipt of abstracts

• **November 4, 1996**  
After Executive Committee review, abstracts will be returned with comments

• **November 12, 1996**  
AACR deadline for receipt of abstracts

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The CALGB would like to thank the following individuals for their generous support of the CALGB Foundation during 1996.

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# DATA MANAGEMENT

## QUALITY TOXICITY DATA

By Sandra M. Bothun, B.S., C.C.R.A., CALGB Data Coordinator

Quality data is everyone's responsibility. The CALGB Group Chair, Richard L. Schilsky, M.D., reiterated this point when he stated "high quality data is the responsibility of every component and individual comprising CALGB, not just the Data Management Center."

As a breast cancer Data Coordinator I will use several CALGB breast cancer protocols as examples in addressing a key component in ensuring quality data: gathering and reporting toxicity information. Toxicity is defined as "the extent, quality, or degree of being poisonous." The CALGB uses several forms that capture toxicity information, with the C-090 and C-272 forms being the most widely used. Protocol 9344, however, has its own C-297 and C-298 toxicity reporting forms.

Most of a Data Coordinator's time is spent reviewing patient toxicity data. The toxicity information is vitally important and is used by both the Statisticians and Study Chairs to determine the usefulness of the drugs and dosage used in the study. If the toxicities associated with a certain drug or a particular dose prove to be unacceptable, the drug and/or dose will be evaluated further. Protocols have been temporarily closed for this type of evaluation.

Every toxicity form sent to the CALGB Data Management Center (DMC) is checked for completeness and accuracy. If supporting documents are sent with the toxicity information, they are carefully read, checked, and compared with the data recorded on the toxicity forms. This is the most time-consuming aspect of quality control performed by a Data Coordinator.

It is essential that Clinical Research Associates (CRAs) follow the directions on toxicity forms. Most of the forms require that if the data is unknown, unobtainable, not done, or not applicable, a "-1" should be entered in the blank. There should be no empty boxes unless the directions on the form specifically allow this. Zeros should not be entered in the boxes as space fillers. If the instructions on the form are unclear, please contact the DMC.

Unless specified on the form, decimal points should not be placed in a box nor should one create additional boxes. Occasionally, CRAs will create a toxicity type because they feel it is not covered in the CALGB Common Toxicity Criteria; however, *this should not be done*. Most treatment types have a category called "other," which should be used in these instances. If the toxicity is unusual and cannot be categorized using the CALGB Common Toxicity Criteria, one should record it on the flowsheet and the Data Coordinator will enter it in the computer for the Statistician to evaluate.

The data submission schedule found in each protocol will give the time frame that must be used for each toxicity form. Dates on the toxicity form should match those on the follow-up form following the schedule required by the protocol. A good example of this is CALGB 9342. This protocol requires that the toxicity and follow-up forms be submitted every two cycles. The time period must start on day one of cycle one and end on day one of cycle three. The next submission period will begin on day one of cycle three and end on day one of cycle five and so on. It is very time consuming for the Data Coordinator to change and edit all the forms that are not properly dated.

Study 9344 has its own unique problems. The C-297 and

C-298 (version 2.0) toxicity forms require that the date the ANC falls below 500 and 1,000 be recorded. Often a date would be recorded for an ANC less than 500 but the date for the ANC less than 1,000 for the same time period would not be recorded. If the ANC is less than 500 then it should also be less than 1,000 for the same time period. The only time that the dates should differ would be when the ANC fell below 1,000 before it fell below 500.

This protocol also calls for toxicities that are a grade 2 or higher to be recorded. I find that quite a few grade 1 toxicities are being recorded on the forms. Please do not record grade 1 toxicities for 9344, as these toxicities will have to be deleted.

Please note that as of July 15, 1996, the C-297 and C-298 forms have been revised. These forms have been shortened and the grades and types of toxicities captured have changed. Only grade 3 - 5 nonhematologic or grade 4 - 5 hematologic toxicities will now be recorded, and flowsheets will once again be required for submission with these forms. These changes are reflected in Protocol Update #8 and version 3.0 of C-297 and C-298 forms and apply only to patients entered on study after July 15, 1996.

Please remember that section 13.0 in the protocol details which toxicities must be reported as an ADR requirement for this study. Flowsheets are required to capture all toxicities for patients on this study. Only if the requirements are met for ADR submission will the forms be sent by the institutions to the CALGB Central Office, which in turn will send the appropriate copies to the NCI, DMC, and the Study Chair.

For all studies, make sure that all hematologic toxicities are captured on the appropriate toxicity forms. The Cancer Therapy Evaluation Program (CTEP) has been asked to make a ruling on the necessity of capturing lymphocyte toxicities, but until such a ruling occurs, the lymphocyte toxicities must still be recorded.

The *CALGB Policies and Procedures* manual requires that all toxicities recorded on the toxicity reporting forms must also be recorded on the flowsheets. This is a means of verification. A common mistake we see at the DMC is the practice of merely recording the type of toxicity without grading it. Often an "R-remark" is recorded but no grade is recorded for the toxicity. Queries must then be sent to determine the exact grade of the toxicity.

The C-090 toxicity reporting form requires that only treatment-related toxicities be recorded. The C-272, C-297, and C-298 forms require that all treatment, nontreatment, and toxicities of unknown cause be recorded. This is confusing to many CRAs. Please follow the directions on the toxicity form required for your study.

Determining the source and cause of a toxicity is often difficult. Please check with the patient's treating physician, the CALGB Principal Investigator, and/or the nurse treating the patient for their help in recording the most accurate information. On some toxicity forms, I have noticed that a CRA will enter the source code 3 (unknown cause) for every toxicity source recorded for a patient. It's not difficult to guess that the CRA coded unknown cause because she was not a trained medical expert and had not consulted with the

## DATA MANAGEMENT

Continued from page 4

treating physician for his or her opinion. Occasionally, even the treating physician may not be able to determine the exact cause of the toxicity. In these cases, the Study Chair is also available for consultations.

Please use the CALGB Common Toxicity Criteria that is provided in every CALGB protocol. We find that some CRAs are still using their institutional grading system to determine the toxicity grade instead of using the required CALGB Common Toxicity Criteria. Remember that the grade recorded should reflect the most abnormal value occurring during the time period covered on the form. We frequently see all of the grades for each type of toxicity recorded instead of just the highest grade. The Data Coordinators will edit this data and select the highest grade for each type of toxicity.

All baseline toxicities should be graded and recorded on the flowsheet. Only if this toxicity worsens should it be graded and recorded on the toxicity reporting form.

Granulocyte refers to segmented neutrophils plus bands. The segs and bands must be added together as a part of the neutrophil count or an incorrect ANC will be calculated. Do not use eosinophils and basophils in this calculation.

Refer to the ADR section of the protocol for ADR requirements. Check this section to see which toxicities are considered unexpected. This distinction will vary with each protocol.

In conclusion, please remember to check the data submission schedule to determine how often the toxicity forms must be submitted and to make sure that the dates on the follow-up form match exactly. Also, consistently record and grade all toxicities on the study-specific forms and flowsheets. You should check with trained medical personnel to verify the source, grade, and type of toxicity recorded for your study patients.

Good quality data is what we should be striving for at the CALGB. The goal of the DMC is to ensure that good quality data is entered into the database. We are committed to help you so that we can realize this goal. Don't hesitate to call us if you have any questions about protocol requirements. Together we can make sure that the decisions regarding any present or future cancer treatment are based on quality data.

## ACKNOWLEDGMENTS

The following organizations have generously supported CALGB educational programs, publications, research, and data resources during 1996.

Amgen Inc.

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Merck U.S. Human Health

Myriad Genetic Laboratories, Inc.

The National Cancer Institute

The National Institutes of Aging

Ortho Biotech Inc.

Pfizer Inc.

Pharmacia & Upjohn

Rhone-Poulenc Rorer Pharmaceuticals Inc.

Sandoz Pharmaceuticals Corporation

Schering Corporation

SmithKline Beecham

U.S. Army Medical Research Acquisition Activity (DoD)

Vince Lombardi Memorial Classic

## Investigational Drug Reminder

Please note the following revision to Section 12.1 of the *CALGB Policies and Procedures* manual:

It is not legally permissible to substitute commercial drug for investigational drug unless a person's life is in danger. If a situation should arise in which a substitution appears necessary, please contact one of the Executive Officers at the CALGB Central Office.

David Grinblatt, M.D.: (312) 702-9814

Gini Fleming, M.D.: (312) 702-9329

# ONCOLOGY NURSING

## Informed Consent: What Does It Mean?

By Ellen L. Smith, R.N., M.S., A.O.C.N., Oncology Clinical Nurse Specialist  
Dartmouth-Hitchcock Medical Center

### Question:

As a nurse involved in a collaborative process of obtaining informed consent from patients entering CALGB trials, I have become increasingly sensitive to patient anxiety and apprehension brought about by the informed decision-making process. Following the consent process, many patients remain confused and do not understand what treatment on a particular trial entails. Yet, some still will sign the consent form and go ahead with treatment. How can I be certain that patients truly understand their treatment options and treatment-related issues so that a signature on a consent form equates with *informed* consent?

### Answer:

An individual gives informed consent if he or she *understands* the intervention, is competent to make decisions, receives and understands a disclosure of the intervention, acts voluntarily, and then consents to the intervention.<sup>1</sup> Many health professionals have probably said something like this to patients considering treatment via a clinical trial: "Signing this consent form does not obligate you to receive or continue treatment via this trial, it merely tells us that you *understand* the treatment plan and the associated risks and benefits." Actually, many patients who consent to treatment via a clinical trial *do not* understand what they have read in a consent form, even following extensive verbal explanations by the physician and/or nurse.

Criticisms of the standard consent form relate to its structure and content, such as (a) the tendency to emphasize compliance with legal requirements at the expense of readability, and (b) the use of language best understood only by the highly educated.<sup>2,3,4</sup> In one study investigating informed consent for cardiovascular trials, 32% of patients reported signing the consent form without reading it.<sup>5</sup> Within the CALGB, evidence exists to suggest that consent forms do not necessarily promote informed consent in all patients. Members of a minority advocacy group have identified consent forms to be a significant barrier to clinical trial accrual.<sup>6</sup> Upon review of only two consent forms, the group identified the following problems. Consent forms were (a) too lengthy, (b) written at an advanced reading level, (c) perceived by patients to exist for the protection of the physician/institution versus the patient, and (d) too heavily focused on rare versus common side effects.<sup>6</sup>

Following are suggestions for facilitating informed consent:

**Make Consent Forms Easier to Read.** It is not uncommon for oncology consent forms to be written at a 12th grade or higher

reading level. Consent forms should be written at or below an 8th grade level so as to be appropriate for the majority of readers.<sup>3</sup> There are several computer programs which can assess readability. Most importantly, be aware that approximately 20% of Americans are illiterate.<sup>3</sup>

Following are a few suggestions for simplifying consent forms:<sup>3</sup> Avoid polysyllabic words; use short sentences; define technical or difficult words; write in a conversational style; and write in active voice.

**Get Involved in the Consent Process.** Following or concurrent with the physician-patient discussion regarding treatment via a trial, the nurse is best prepared to educate the patient concerning the "details." The nurse can simplify explanations given by the physician or found in the consent form. Nurses should be alert to factors which may influence understanding and trial participation such as psychological, sociocultural, economic, and quality-of-life issues.<sup>5</sup>

**Give Patients Time to Make a Decision and Involve Others.** Patients should be given time away from the clinical setting to consider their options. When possible, significant others should be encouraged to participate in the patient-physician-nurse consultation. Significant others and the patient's primary care provider have an increased sensitivity to patient concerns and/or other confounding issues, and can help the patient weigh the options. Patients who ultimately choose treatment via a clinical trial should sign the consent form only after having an opportunity to consider the options and to obtain answers to follow-up questions.

**Use Varying Educational Techniques.** Adjunctive educational techniques, designed to enhance understanding and to influence patient attitudes concerning participation in a research study, can be helpful. Examples of these techniques include the use of audio and video tapes, NCI brochures, and computerized programs.<sup>7</sup> Some institutions have developed true and false questionnaires which assess patient knowledge of the treatment options following the consent process.

**Become Involved in Study Design.** Nurses can influence the informed consent process indirectly by becoming involved in the study design, reviewing proposed procedures in developing studies for demands on study participants, giving feedback on protocol contents, and by serving as members of their institutional review board.<sup>8</sup>

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In an effort to increase awareness of CALGB trials that are experiencing low accrual, we will attempt to highlight one trial in each issue of the Cal Gab.

**CALGB PROTOCOL 9371: A Weight Loss Program of Women With Breast Cancer: A Pilot Feasibility Study. Study Chair, Consuelo Skosey, R.N.**

Obesity is known to increase the risk of breast cancer in women, and there is evidence that obese women with breast cancer are more likely to develop metastases and have a shorter survival.<sup>1,2,3</sup> Researchers found that obesity was strongly associated with higher proportions of nonprotein-bound estradiol and albumin-bound estradiol and lower levels of sex hormone binding globulin (SHBG)-bound estradiol than controls.<sup>4,5</sup> D.V. Shapira's study in *Cancer* (67(8):2215-8, 1991) demonstrated that increasing obesity had a direct correlation with progressive fall in SHBG and suggested that obesity was associated with lower SHBG levels which, in turn, result in higher free estrogen levels. These higher free estrogen levels may stimulate growth of hormone-responsive breast cancer.

Investigators have suggested that diet and weight reduction for obese breast cancer patients may be useful in reducing the risk of recurrence. CALGB 9371 is evaluating the feasibility of conducting a weight loss intervention program in a cooperative group setting; identifying short-term compliance of women with breast cancer enrolled in a weight-loss intervention program; and demonstrating any correlation between the weight loss and circulating levels of hormones and SHBG.

Accrual to this study has been slow. Currently there are 71 patients out of a projected 150 enrolled. One reason for the low accrual numbers is that many CALGB participants may be unaware of

this study. CALGB 9371 was initially open to women participating in an adjuvant CALGB study; however, the study has since been amended to include patients receiving adjuvant therapy, not necessarily on a CALGB protocol. Current eligibility criteria are: women must have been diagnosed with pathological Stage I or Stage II adenocarcinoma of the breast and be scheduled to receive adjuvant therapy. Patients must be more than 10% over their ideal body weight and have the approval of their treating physician to participate. Patients are registered prior to receiving adjuvant therapy. After completion of therapy, patients are reregistered to begin a one year weight loss program. Patients are registered to Weight Watchers free for one year. To correlate weight loss with SHBG and circulating levels of hormones, three plasma levels are drawn during the patient's participation.

We believe that CALGB 9371 is a study in which many women would be willing to take part since their participation could reduce their risk of disease recurrence as well as improve their general health and well being. In addition, the CALGB is receiving financial support from the NCI Division of Cancer Prevention and Control, the Department of Defense, and the pharmaceutical industry to encourage accrual. Funds in the amount of \$250 will be given to qualifying non-CCOP institutions for every patient enrolled; CCOP institutions will receive .5 Cancer Control credit.

**\* Activations**

◆ 6/15/96

**CALGB 9620:** Autologous Stem Cell Transplantation for Acute Myeloid Leukemia in Second Remission: A Phase II Study. Study Chair: Charles Linker, M.D.

◆ 7/15/96

**CALGB 9594:** Intermittent Androgen Deprivation in Patients with Stage D2 Prostate Cancer, Phase III. Study Chair: Eric Small, M.D.

**CALGB 9662:** Clonality Analysis in Patients Undergoing Autologous Bone Marrow Transplant For Non-Hodgkin's Lymphoma. Study Chair: D. Gary Gilliland, M.D., Ph.D.

**E3293:** Biologic Correlates to Response and Survival in Colon Cancer. Study Chair: Margaret Kemeny, M.D.

**S9623:** A Comparison of Intensive Sequential Chemotherapy using Doxorubicin plus Paclitaxel plus Cyclophosphamide with High Dose Chemotherapy and Autologous Hematopoietic Progenitor Cell Support for Primary Breast Cancer in Women with 4 - 9 Involved Axillary Lymph Nodes, Phase III, Intergroup. Study Co-Chairs: Clifford Hudis, M.D. and Stephanie Williams, M.D.

**\* Closures**

**CALGB 8763:** Immunoglobulin and T Cell Receptor Gene Rearrangement Studies in Adult All: Monitoring of Minimal Residual Disease. Study Chair: Jeffrey Sklar, M.D., Ph.D. (5/31/96)

**CALGB 9236:** Dose Intensive Multi-Modality Therapy in Limited Small Cell Lung Cancer: A Phase II Study-Limited Access. Study Chair: Steven J. Westgate, M.D. (7/15/96)

**CALGB 9351:** Phase II Study of High Dose Chop in Previously Untreated Low Intermediate, High Intermediate, and High Risk Non-Hodgkin's Lymphoma: IWF Grades E-H. Study Chair: Margaret A. Shipp, M.D. (7/31/96)

**CALGB 9532:** Chemotherapy for Advanced Non-Small Cell Lung Cancer: Randomized Phase II Trial of: Vinorelbine/Ifosfamide or Paclitaxel/Ifosfamide. Study Chair: Michael C. Perry, M.D. (7/15/96)

**R E F E R E N C E S**

1. Enriori CL and Reforzo-Membrives J. Peripheral aromatization as a risk factor for breast and endometrial cancer in postmenopausal women: A review. *Gynecol-Oncol*, 1984; 17(1):1-21.
2. Donegan WL, Hartz AJ, and Rimm AA. The association of body weight with recurrent cancer of the breast. *Cancer*, 1978; 41:1590-94.
3. Boyd NF. Body weight and prognosis in breast cancer. *J. Natl. Cancer Ins*, 67:785-89.
4. Moore JW. Serum concentrations of total and nonprotein-bound estradiol in patients with breast cancer and in normal controls. *Int J. Cancer*, 1982; 29:17-21.
5. Ota DM, Jones LA, Jackson GL, Jackson PM, Kemp K, and Bauman D. Obesity, nonprotein-bound estradiol levels and distribution of estradiol levels, and distribution of estradiol in the sera of breast cancer patients. *Cancer*, 1986; 57:558-562.

# CALGB FALL MEETING INFORMATION

Pittsburgh Hilton and Towers - Gateway Center, Pittsburgh, Pennsylvania 15222  
October 31 - November 4, 1996

## • INFORMATION ON PITTSBURGH

Wherever you go in Pittsburgh, chances are that you'll cross a bridge or use a tunnel to get there. Surrounded by tall, green hills and located at the confluence of three mighty rivers—the Allegheny, the Monongahela, and the Ohio—Pittsburgh boasts a rich history. America's renaissance city, Pittsburgh is a city of Old World charms. *Travel & Leisure* reported that: "It's a city where most people go home to their parents for Sunday dinner, a community with strong neighborhoods and a lot more beauty than people imagine."

Situated where two of the rivers meet, the elegant Pittsburgh Hilton and Towers affords the best views of the city. It's in the heart of the Golden Triangle—a compact downtown area that's easily within walking distance of shops, restaurants, and a thriving cultural district. The "T" (the city's downtown subway system) is conveniently located across from the Hilton. For only a dollar, you can ride the "T" to Station Square—located across the river from downtown—which is filled with shops, boutiques, and restaurants.

Pittsburgh is also a convenient location for business travelers. It is a 90-minute flight from 20 states and Canada.

## • MEETING REGISTRATION

Group Meetings are open to the membership of the CALGB, as well as to invited guests.

**Funding:** The purpose of the committee budgets in the Central Office grant is to support Core Meetings, not Group Meetings. Committee Chairs may, however, request that their budgets be used to support the travel and lecture fees of non-CALGB speakers at their Group Meeting Committee meetings, providing that the constraints of their budgets will permit these expenses.

**Deadline and Fees:** \$35 (for registrations received before October 15); \$55 (on-site). Registration fees are nonrefundable.

**Substitutions:** If you are unable to attend the meeting, substitutions are permissible, providing, however, you inform the Central Office in writing by October 15. After this date, we will be unable to accept substitutions.

## • TRANSPORTATION

**Airline:** The CALGB has contracted with USAir for a 5% discount off reduced fares and 10% discount off unrestricted fares to the CALGB Group Meeting. Contact I.T.S. (International Travel Service), CALGB's official travel coordinator at 1-800-255-8664 or e-mail [aslloan@itvlsvc.com](mailto:aslloan@itvlsvc.com) with your travel requirements. Be sure to indicate to the travel representative that you are attending CALGB's Group Meeting in order to receive the discount should you choose to utilize USAir.

**Ground Transportation:** Least expensive fares and most convenient and reliable service can be found with Pittsburgh's Airlines Transportation Company located in the airport's baggage claim area. Average driving time from the airport to the Pittsburgh Hilton is 25-30 minutes. Fare is \$12 one-way; \$20 round-trip. (Average cab fare cost is approximately \$30 one-way.)

## • HOTEL RESERVATIONS

Rates: \$102 single occupancy;  
\$122 double occupancy  
Towers: \$132 single occupancy;  
\$152 double occupancy

Room rates are subject to 12% state and local taxes.

**Hotel Check-in/Check-out Times:** Check-in is 3:00 pm; check-out is 12:00 noon.

**Deadline:** October 10, 1996. Reservations received after the cut-off date will be accepted on a space-available basis only.

**Deposits:** A one-night's deposit will be required when making your reservation. Should you fail to cancel your reservation 48 hours prior to arrival, your deposit will be forfeited. (Note: your room will be guaranteed for late arrival when reservation is accompanied by a deposit, payable by either check or credit card.)

**Phone Reservations:** Call the Pittsburgh Hilton at (412) 391-4600 requesting the Reservations Department or 1-800-HILTONS. Be sure to identify yourself as a Cancer and Leukemia Group B attendee

in order to receive the special convention rate and have credit card information available at the time of your call.

**Fax Reservations:** (412) 594-5144. Fax the completed copy of the Hotel Reservation Form from this newsletter directly to the hotel. Be sure to include your credit card information on the form along with expiration date.

**Reservations by Mail:** Send the completed Hotel Registration Form from this newsletter directly to the hotel. If using the mail-in method, be aware of your mailing date. Reservations should be received at the hotel by October 10 to ensure availability.

**Cancellations:** If you must cancel your reservation, be sure to notify the hotel **48 hours prior to scheduled arrival in order to avoid forfeiture of deposit.** Also, be sure to obtain a cancellation number plus the name of the person with whom you cancelled your reservation.

## • HOTEL SERVICES

**Business Center Services:** The hotel operates a full-service business center. Hours are 9:00 am - 5:00 pm weekly; 9:00 am - Noon on weekends (subject to change).

(NOTE: You will find that hotel business center prices are typically quite costly.)

## • CALGB RECEPTION

Saturday, November 2  
7:00 pm - 10:00 pm  
Any registered CALGB attendee may participate in the reception, which will be held at the Pittsburgh Hilton, at no charge.

## • A/V PREPARATION

All slides and transparencies should be clear, crisp, and legible from a long distance.

**Slides:** To project well, a 35mm slide should be easy to read with the naked eye. All slides should be horizontal.

**Overhead transparencies:** Use large type and be aware that the image narrows from top to bottom.

### MEETING INFORMATION

If you have questions regarding your Meeting Registration, contact:  
Elmetrica Holman (312) 702-9163.

If you have questions about reimbursement, contact Braunda Ridley (312) 702-9775.  
For other meetings-related questions, contact Helen Pollard, Meetings Manager (312) 702-4129.

## CALGB 1996 TENTATIVE FALL GROUP MEETING SCHEDULE

\* Closed Meetings

\*\* Additional registration fee required

### THURSDAY, OCTOBER 31, 1996

|  |         |   |         |
|--|---------|---|---------|
| Extended Executive Committee*  | 5:00 pm | - | 8:00 pm |
| Foundation Long Range Planning & Development Committee*                  | 3:00 pm | - | 4:00 pm |
| Foundation Finance Committee*  | 3:00 pm | - | 4:00 pm |
| Foundation Finance/Long Range Planning & Dev. Committee - Joint Meeting* | 4:00 pm | - | 5:00 pm |

### FRIDAY, NOVEMBER 1, 1996

|   |         |   |         |
|---|---------|---|---------|
| Special Extended Executive Committee Meeting* | 8:00 am | - | 4:00 pm |
| CRA Continuing Education Workshop             | 1:00 pm | - | 5:00 pm |
| Data & Safety Monitoring Board*               | 4:00 pm | - | 8:00 pm |
| Oncology Nursing Core Committee*              | 4:00 pm | - | 8:00 pm |
| CRA Liaisons*                                 | 5:00 pm | - | 6:00 pm |

### SATURDAY, NOVEMBER 2, 1996

|  |          |   |          |
|--|----------|---|----------|
| Registration   | 7:00 am  | - | 7:00 pm  |
| Foundation Board of Trustees*                        | 7:00 am  | - | 9:00 am  |
| Surgical CRA Workshop                                | 8:00 am  | - | 12:00 pm |
| Data Audit Committee*                                | 9:00 am  | - | 11:00 am |
| Health Outcomes Research Council*                    | 9:00 am  | - | 11:00 am |
| Leukemia Committee                                   | 9:00 am  | - | 12:00 pm |
| Respiratory Committee/Thoracic Surgery Sub-Committee | 9:00 am  | - | 12:00 pm |
| GI Committee   | 9:00 am  | - | 12:00 pm |
| Oncology Nursing Core Committee*                     | 9:00 am  | - | 12:00 pm |
| Constitution Committee*                              | 11:00 am | - | 12:00 pm |
| Plenary Session                                      | 1:00 pm  | - | 3:00 pm  |
| Ethics in Oncology                                   | 3:00 pm  | - | 4:30 pm  |
| Radiation Oncology Workshop                          | 3:30 pm  | - | 5:00 pm  |
| Membership Committee*                                | 4:00 pm  | - | 5:00 pm  |
| Cancer in the Elderly Working Group                  | 4:00 pm  | - | 6:00 pm  |
| Oncology Nursing Committee                           | 4:00 pm  | - | 7:00 pm  |
| Cancer Control Committee                             | 4:00 pm  | - | 7:00 pm  |
| PET Committee  | 4:00 pm  | - | 7:00 pm  |
| CRA Committee  | 4:00 pm  | - | 7:00 pm  |
| Prostate Committee                                   | 4:00 pm  | - | 7:00 pm  |
| Correlative Sciences Leukemia/Lymphoma Committee     | 4:00 pm  | - | 7:00 pm  |
| GI Surgery Sub-Committee                             | 5:00 pm  | - | 7:00 pm  |
| Radiation Oncology Committee                         | 5:00 pm  | - | 7:00 pm  |
| Reception  | 7:00 pm  | - | 10:00 pm |

### SUNDAY, NOVEMBER 3, 1996

|   |          |   |          |
|---|----------|---|----------|
| Registration                                  | 7:00 am  | - | 3:00 pm  |
| Pharmacy Core Committee*                      | 7:00 am  | - | 8:30 am  |
| Epidemiology Working Group                    | 7:00 am  | - | 9:00 am  |
| Surgery Committee                             | 7:00 am  | - | 9:00 am  |
| Institution Performance Evaluation Committee* | 7:00 am  | - | 9:00 am  |
| 9082 Monitoring Committee*                    | 8:00 am  | - | 9:00 am  |
| CCOP/CGOP Committee                           | 8:00 am  | - | 9:30 am  |
| Minority Consortia                            | 8:00 am  | - | 10:00 am |
| Correlative Sciences-Prostate Cancer          | 8:00 am  | - | 10:00 am |
| Psycho-Oncology Committee                     | 8:00 am  | - | 11:00 am |
| Breast Committee                              | 8:00 am  | - | 12:00 pm |
| Lymphoma Committee                            | 8:00 am  | - | 12:00 pm |
| Clinical Economics Committee                  | 9:00 am  | - | 12:00 pm |
| Membership Committee*                         | 12:00 pm | - | 2:00 pm  |
| CAPS (9270) Workshop**                        | 12:00 pm | - | 3:00 pm  |
| Radiation Oncology Committee                  | 1:00 pm  | - | 3:00 pm  |
| AIDS Malignancies Working Group               | 1:00 pm  | - | 3:00 pm  |
| Breast Surgery Sub-Committee                  | 1:00 pm  | - | 3:00 pm  |
| Correlative Sciences Solid Tumor Committee    | 1:00 pm  | - | 3:00 pm  |
| Pharmacy Committee                            | 1:00 pm  | - | 3:00 pm  |
| Board of Directors*                           | 3:00 pm  | - | 6:00 pm  |

### MONDAY, NOVEMBER 4, 1996

|                                |         |   |         |
|--------------------------------|---------|---|---------|
| Genetics Education Workshop ** | 8:00 am | - | 2:30 pm |
|--------------------------------|---------|---|---------|

## FALL GROUP MEETING ANNOUNCEMENTS

### Plenary Session Speakers

The Plenary Session for the Fall 1996 CALGB Group Meeting will be held on November 2, 1996 from 1:00 p.m. - 3:00 p.m. Scheduled speakers and the topics of their addresses are:

“Economic Analyses Alongside Clinical Trials”

Jane C. Weeks, M.D., Dana-Farber Cancer Institute and Chair of the CALGB Clinical Economics Committee

“Advances and Opportunities in Melanoma”

John Kirkwood, M.D., Professor of Medicine, University of Pittsburgh



### Clinical Trial Management for Beginner Clinical Research Associate Workshop

Please Note: There will be no Clinical Trials Management for Beginner Clinical Research Associates Workshop at the Fall Group Meeting. Instead, the Workshop will be held during the March Core Meeting.

## CONTINUING MEDICAL EDUCATION CREDITS

### M.D., Ph.D., D.O., and P.A.s

The University of Chicago has approved cosponsorship of CALGB's Fall Group Program. The University of Chicago is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. Approval of approximately 25.0 credit hours in Category I of the Physician's Recognition Award of the American Medical Association has been granted.

### R.N., O.C.N., and A.R.N.P.s

The Illinois Nurses Association has approved Continuing Education Credit (36.0 contact hours) for nurses.

### **PROGRAM OBJECTIVES:**

Nurses attending CALGB Group Meeting sessions will:

- 1) Acquire information regarding the importance of recent advances in the field of genetics;
- 2) Have a better understanding of their central role in the clinical applications of DNA diagnostic technologies;
- 3) Be able to identify and integrate the health care professional role with the existing genetic services;
- 4) Summarize the role of monoclonal antibodies in the therapy for cancer patients; and
- 5) Discuss nursing implications related to patients receiving the 17-1A and IDEC C2B8 monoclonal antibody.

### C.C.R.A.'s

An application for approval of approximately 13.0 CEUs has been submitted to the Society of Clinical Research Associates.

### **PROGRAM OBJECTIVES:**

CRAs attending the CALGB Group Meeting will:

- 1) Obtain the most recent information regarding nurse/data management issues on CALGB protocols; and
- 2) Be able to promote quality data management and protocol compliance of patients entered on CALGB trials in the clinical setting.

CME and CEU forms and instructions will be available at the Information Table at the Group meeting located at CALGB Registration.

# MEETING REGISTRATION FORMS

## GENETICS EDUCATION WORKSHOP REGISTRATION FORM

CALGB Fall Group Meeting - Monday, November 4, 1996  
8:00 am - 2:30 pm

The CALGB continues its education programs in genetics with another workshop at the Fall 1996 Group Meeting. The content will differ from that presented at the previous workshop held at the Spring Group Meeting in Miami Beach.

### Schedule-at-a-Glance

- Introduction to Molecular Genetics
  - Basic Concepts
  - Patterns of Inheritance
  - Past, Current, and Future Endeavors of the Human Genome Project
- Predictive Testing for Cancer
- Obstacles to Testing
- Psychological Aspects of Presymptomatic Testing
- Social, Legal, and Ethical Implications of DNA Testing
- Role Playing Focused Around the Informed Consent Process

### Genetics Education Workshop Registration Form

CALGB Fall Group Meeting - Monday, November 4, 1996

(NOTE: You must be registered for the Group Meeting in order to attend this Workshop)

WORKSHOP FEE: \$20 (Lunch on own)

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Institution: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Business Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Main Member: \_\_\_\_\_ Affiliate: \_\_\_\_\_

To register, FAX or mail this form along with payment to:

CALGB

Elmetrica Holman

208 S. LaSalle, Suite 2000

Chicago, IL 60604-1104

FAX: (312) 345-0117

Telephone: (312) 702-9163

# MEETING REGISTRATION FORMS

## CAPS WORKSHOP REGISTRATION FORM

CALGB Group Meeting  
Sunday, November 3, 1996  
12:00 pm - 3:00 pm

Protocol 9270, the Colorectal Adenoma Prevention Study (CAPS) using aspirin, is an important study for the CALGB. The Division of Cancer Prevention and Control (DCPC) is working with the CALGB on ways to increase accrual to this Intergroup study. In addition to a newsletter devoted entirely to CALGB 9270 and a special annual workshop, the CALGB holds workshops at its biannual Group Meetings.

### Tentative Schedule

- Overview of CALGB 9270
  - Randomization update
  - 9270 poster
  - Obstacles to accrual
  - Patient dropout
- NCI DCPC Report
- Accrual Strategies
  - Ways of identifying potential 9270 candidates
  - Recruitment methods

### Question and Answer Session

## CAPS Workshop Registration Form

CALGB Fall Group Meeting - Sunday, November 3, 1996

NOTE: You must be registered for the Group Meeting in order to attend this Workshop.

WORKSHOP FEE: \$25 (Includes lunch)

Name \_\_\_\_\_ Degree \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Institution \_\_\_\_\_ Cooperative Group \_\_\_\_\_

Please check your area of practice or specialty below:

- Oncology
- Surgery
- Gastroenterology
- Oncology Nursing
- Clinical Research Associate
- Other \_\_\_\_\_

- Please check here if you are not receiving the CAPStone newsletter devoted to CALGB 9270 and would like to be added to the mailing list.

To register, FAX or mail this form along with payment to:

CALGB  
Elmetrica Holman  
208 S. LaSalle, Suite 2000  
Chicago, IL 60604-1104  
FAX: (312) 345-0117  
Telephone: (312) 702-9163

PITTSBURGH HILTON & TOWERS  
RESERVATION FORM  
Cancer and Leukemia Group B (CALGB)  
1996 Fall Group Meeting  
October 31 - November 4, 1996

Note: Hotel Reservation Deadline is October 10, 1996

Please Print or Type:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Tel. No.: \_\_\_\_\_

Arrival Day/Date: \_\_\_\_\_ Departure Day/Date: \_\_\_\_\_  
(Check-in time is 3:00 pm) (Check-out time is 12:00 noon)

Name of person(s) sharing Accommodations: \_\_\_\_\_

- Single Occupancy - \$102  
 Double Occupancy - \$122  
 Towers: Single Occupancy - \$132; Double Occupancy - \$152  
 \*Government Rate Requested - (official government I.D. required)  
\* Subject to availability

- I request a non-smoking room       I request a handicapped-accessible room  
please describe handicap: \_\_\_\_\_

Pittsburgh Hilton meets and exceeds all ANSI Handicap Codes.

Room rates are in effect for the entire duration of your stay, based on availability. Rates do not include state and local tax of 12%.

Deadline for receipt of reservations is October 10, 1996. Reservations received after this date will be accommodated on a space-available basis.

Please enclose a check or money order for one night's deposit or provide credit card information below to guarantee your room. Be advised credit card will be immediately charged for 1st night's deposit.

**Make your check payable to: Pittsburgh Hilton**

My check is enclosed

**Credit Card Information**

- American Express       VISA       Master Card  
 Diner's Club       Discover       Carte Blanche

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

MAIL (with check or credit card information) or FAX (with credit card information) this Hotel Reservation Form to:

**Pittsburgh Hilton & Towers**  
**Gateway Center**  
**Pittsburgh, PA 15222**  
**Attn: Reservations**  
**FAX: (412) 594-5144**



**CALGB FALL GROUP MEETING  
REGISTRATION FORM  
October 31, 1996 - November 4, 1996**

**Please print or type:**

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Institution: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Business Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Please check your area of practice or specialty below:

- |  |   |
|--|---|
| <input type="checkbox"/> Administration              | <input type="checkbox"/> Onc. Nursing/Clinical Research Associate |
| <input type="checkbox"/> Cytogenetics                | <input type="checkbox"/> Pathology                                |
| <input type="checkbox"/> Clinical Research Associate | <input type="checkbox"/> Pharmacy                                 |
| <input type="checkbox"/> Epidemiology                | <input type="checkbox"/> Psycho-Oncology                          |
| <input type="checkbox"/> Hematology                  | <input type="checkbox"/> Radiation Oncology                       |
| <input type="checkbox"/> Hem/Oncology                | <input type="checkbox"/> Statistics                               |
| <input type="checkbox"/> Immunology                  | <input type="checkbox"/> Surgery                                  |
| <input type="checkbox"/> Oncology                    | <input type="checkbox"/> Urology                                  |
| <input type="checkbox"/> Oncology Nursing            | <input type="checkbox"/> Other _____                              |

**PAYMENTS:**

- |   |  |
|---|--|
| <input type="checkbox"/> Advance Registration Fee <b>\$35.00</b><br>if received by October 15.<br>On-site registration fee is \$55.                                       | <input type="checkbox"/> _____   |
| <input type="checkbox"/> Genetics Education Workshop Fee <b>\$20.00</b><br>if received by October 15.<br>On-site registration fee is \$25.                                | <input type="checkbox"/> CAPS Workshop Fee <b>\$25.00</b><br>if received by October 15.<br>On-site registration is \$30. |
| <input type="checkbox"/> I wish to make a tax-deductible donation to the CALGB<br>Foundation.<br>(You will receive an acknowledgment from the Foundation in<br>the mail.) | <b>\$</b> _____  |

**✓ Return this form with your check payable to the University of Chicago/CALGB**

**CANCELLATIONS AND SUBSTITUTIONS:** Regretfully, we are unable to issue refunds for meeting cancellations. If your registration has been processed and you cannot attend the meeting, you may send a substitute provided we receive your request in writing by October 15.

**\*\*AGENDA BOOKS:** The registration fee for the meeting includes the Agenda Book. However, we cannot guarantee that Agenda Books will be available if you register after October 15. If you cannot attend the meeting and wish to obtain an Agenda Book, return this form (see above) with a check for \$30 made payable to the University of Chicago/CALGB by October 15.

We cannot process registrations received by FAX and do not accept registrations by credit card. Return a photocopy of this completed form with your check payable to the University of Chicago/CALGB to:

CALGB  
Elmetrica Holman  
208 S. LaSalle, Suite 2000  
Chicago, IL 60604-1104

## FOUNDATION FUNDRAISER

Take advantage of an opportunity to support the CALGB Foundation and win a weekend for two in Las Vegas, including air and hotel accommodations! You are automatically entered each time you purchase a \$25 ticket at the CALGB registration desk at the Fall Group Meeting and complete the information on the entry form. The more tickets you purchase, the more chances you have to win. Or, you may enter by printing your name, address, zip code, and telephone number on a 3" by 5" card and mailing it to: CALGB Foundation Benefit Drawing, 208 South LaSalle Street, Suite 2000, Chicago, IL 60604-1104.

One entry per envelope.

Must be received by 5:00 pm, October 30, 1996.

Raffle not open to staff of the CALGB Foundation or the CALGB Central Office.

Raffle tickets will be sold on-site only during normal CALGB Registration Hours. The winner will be drawn during the Reception on Saturday, November 2, 1996. (Winner need not be present to win.)

No purchase necessary to enter. For complete official rules, send a SASE to above address or stop by the registration desk at the Fall Group Meeting in Pittsburgh.