



Central Office of the Chair
208 S. LaSalle St., Suite 2000
Chicago, IL 60604-1104
(773) 702-9171
www-calgb.uchicago.edu

IN THIS ISSUE:

Summer Group Meeting p. 1, 9–15
Message from the Chairman p. 2
Committee Reorganization. p. 3
Rituxan™ p. 4
QARC News p. 5
Protocol Updates p. 7

The *CalGab* is published quarterly by the Cancer and Leukemia Group B and is distributed free to the CALGB active membership. Suggestions for articles are encouraged.

The next copy deadline is July 10, 1998 for the Summer 1998 edition.

Articles and correspondence should be sent to:

Robert Blount-Lyon
CALGB Publications Coordinator
208 S. LaSalle St., Suite 2000
Chicago, IL 60604-1104
V: (773) 702-9479 F: (312) 345-0117
e-mail:
rblountl@midway.uchicago.edu

PLEASE Note:

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

THE CAL·GAB

SPRING 1998

Vol. 7, No. 1

QUARTERLY NEWSLETTER OF THE CANCER AND LEUKEMIA GROUP B

Fort Lauderdale is the site for CALGB Summer 1998 Group Meeting

June 26-28 at the Marriott Harbor Beach Resort, Fort Lauderdale, Florida



KEY FACTS:

Advance Registration Deadline:
June 10

Hotel Reservation Deadline:
May 20

Fees: \$40 advance, \$65 on-site

SPECIAL EVENTS:

- **Audit Prep Workshop:** Friday, June 26, 1:30–3 p.m. (Advance registration required)
- **Study Chair Workshop:** Friday, June 26, 2–5 p.m. (Advance registration required)
- **CALGB Reception:** Saturday, June 27, 7–10 p.m.

You can now use your credit card to register for the meeting.
See pages 13 and 15 for registration and reservation forms.

Message from the Group Chair...

The CALGB Site Visit was held in October, 1997 and the review by the Cancer Clinical Investigations Review Committee (CCIRC) was completed in December, 1997. Despite all of our hard work, we have been informed that the Group will continue to be funded at the present level for at least another year. We remain hopeful that the new initiatives from the Clinton Administration will lead to a substantial increase in NCI funding, and hence cooperative group funding, beginning in FY '99. The summary statements (pink sheets) we received indicate that we should take great pride in the CALGB and in the accomplishments of our scientific committees.

Highlights of the report include ratings of "outstanding," "excellent to outstanding" or "excellent" for the Breast Committee, the Leukemia Committee, the Respiratory Committee, the Psycho-Oncology Committee, the Surgery Committee, the PET Committee and the Clinical Economics Committee. The enormous contributions of our nurses and clinical research associates to the CALGB were acknowledged with the Oncology Nursing Committee and the CRA Committee receiving ratings of "excellent" and "outstanding" respectively. Our new working group on Cancer in the Elderly was also highly rated and considered to be off to an excellent start. No CALGB committee received a rating of less than "very good." Of the committees evaluated both in 1992 and 1997, nine committees received better ratings in the 1997 review.

I am particularly proud of the accomplishments of the CALGB Main Member institutions. Of those submitting U10 applications, all but one received a priority score sufficient for funding. This is an unprecedented level of achievement in the CALGB and is a testimony to the outstanding quality and scientific productivity of CALGB institutions. Our plans to reorganize the CGOP program to include all non-CCOP affiliates in good standing and to provide per-case reimbursement for accrual to treatment trials were also approved. These plans were endorsed by the Board of Directors at our Fall 1997 Group Meeting and were implemented beginning January 1, 1998. We have issued purchased services agreements to all institutions which must be signed by an institutional official before any funds can be conveyed. As you know, the NCI has also implemented a special funding program for VA hospitals and military

treatment facilities that will provide per-case reimbursement for accrual above baseline to treatment protocols at those institutions. With the implementation of these new initiatives, we anticipate that CALGB affiliate members will receive more funding than ever before.

The CALGB Site Visit also revealed areas that need our immediate attention. It is clear that we must take steps to decrease the time for protocol development and activation; that we must more rigorously prioritize the studies that we are able to undertake with limited resources; that we must more vigorously enforce CALGB policies with respect to data quality and timeliness of data submission; and that we must more critically evaluate the performance of those committees that are not designing and implementing the most outstanding studies.



Richard L. Schilsky, M.D.

"We should take great pride in the CALGB and in the accomplishments of our scientific committees."

The senior leadership of CALGB and I have begun a planning process to address these areas and recommend appropriate changes in Group structure, policies and procedures. Our goals are to preserve the outstanding areas of CALGB

research and strengthen those areas that require improvement. We want a clinical trials program that utilizes the best ideas, designs and implements studies efficiently, and completes accrual to trials expeditiously.

I'm pleased to report that core committee reorganization has already been implemented, with the discontinuation of two working groups and the formation of an exciting new Melanoma Working Group. See page 3 for more details.

These are just the first steps along the road to re-inventing CALGB. With the continued strong support and outstanding performance of our members, I am certain that the Group will continue to make many important contributions toward the fight against cancer for many years to come.

Core Committees Reorganized

*New Melanoma Working Group created;
AIDS Malignancies and Epidemiology
Working Groups Discontinued*

As part of our plan to streamline and focus the CALGB research programs, the Executive Committee elected to disband all CALGB core committees in early March 1998.

All committees have now been re-appointed, with the exception of the AIDS Malignancies and Epidemiology Working Groups, which have been permanently discontinued. To bring new vitality to our research programs, most core committees have been reduced in size, and many new committee members have been appointed. We have also formed a new Melanoma Working Group, co-chaired by Alan Houghton, M.D. and Frank Haluska, M.D., Ph.D. The Melanoma WG has been charged with developing novel studies in melanoma and activating intergroup melanoma trials of high national priority. Other key changes include the appointment of Carolyn Compton, M.D., Ph.D. to replace Maurice Barcos, M.D., Ph.D. as chair of the Pathology Committee; Dan Longo, M.D. to replace Bruce Peterson, M.D. as chair of the Lymphoma Committee; and Christine Berard, R.Ph. to replace Colleen Gilbert, Pharm.D. as chair of the Pharmacy Committee.

Ann Mauer, M.D., the new CALGB Executive Officer replacing Gini Fleming, M.D., will share with David Grinblatt, M.D. review responsibility for committees developing CALGB protocols.

For the current roster of CALGB Core Committees, visit the CALGB website at www-calgb.uchicago.edu.

Operations Committee Establishes Group Goals

Five major initiatives to improve operations and efficiency were developed at the Operations Committee Retreat in February, 1998. In the next two years these goals will address areas of high priority for CALGB.

The first goal, not in priority but because of government mandate, is meeting government initiatives. The top five goals are:

1. Meeting government initiatives
2. Expanding and implementing the client database software
3. Decreasing data collection and workload; optimizing the number of protocols
4. Increasing quality assurance in scientific and administrative areas
5. Automating administrative tasks, including communications between the Central Office and the Statistical Center.

Team leaders assigned to each goal will develop implementation plans and timeframes. The *CalGab* will report in future editions on the progress of these initiatives and how they impact CALGB membership.

Thank You!

CALGB offers special thanks to the following individuals who have made contributions to the CALGB Foundation during 1997:

Wallace Akerley

Daniel Budman

Marc Citron

Robert Cooper

Jeffrey Crawford

Janet Cuttner

Bonnie Duggan

Stephen Graziano

Mark Green

John Hanson

Deborah Hershey

Linda Hogan

James & Jimmie Holland

David Hurd

George Hyman

Daniel Ihde

William Kapa

Jeffrey Kirshner

Mark Krasna

Ellis Levine

Norman Levy

Domenic Messere

Anita Meyer

Antonius Miller

Hyman Muss

David Nyberg

Michael Perry

Ann Ray

Karen Sartell

Richard Schilsky

Stephen Seagren

Andrew Seidman

Thomas Shea

Mary Sherrell

William Sikov

Connie Skosey

Robert Strickland

Ted Szatrowski

Alan Venook

H. James Wallace

Donald Winterton

Enid Zuckerman

ONCOLOGY NURSING

Rituxan™ (*Rituximab*)

by Bertie Ford, RN, MSN, OCN, Ohio State University

Just what is this drug that all of our patients are asking about? Rituxan was approved by the FDA in November of 1997 and is indicated for the treatment of patients with relapsed or refractory low-grade follicular, CD-20 positive, B-cell non-Hodgkin's lymphoma.

Rituximab is a genetically engineered murine(mouse)/human monoclonal antibody directed against the CD20 antigen found on the surface of normal and malignant B lymphocytes. This chimeric antibody is produced in Chinese hamster ovary cells and binds with

high affinity to CD20 positive cells. This antigen is expressed on >90% of B-cell non-Hodgkin's lymphomas (Anderson KC, et al 1984), but is not found on stem cells, pro-B cells, normal plasma cells or other normal tissues (Tedder TF, et al 1985). CD20 regulates an early step in the activation process for cell cycle initiation and differentiation, and possibly functions as a calcium ion channel. CD20 is not shed from the cell surface and does not internalize upon antibody binding. Free CD20 antigen is not found in the circulation.

The mechanism of action for rituximab is that it binds to the CD20 antigen on B-lymphocytes and the FAB domain recruits immune effector functions to mediate B-cell lysis in vitro. Possible mechanisms of cell lysis include cytotoxicity (Reff ME, et al. 1994). Rituximab has been shown to induce apoptosis in the DHL-4 human B-cell lymphoma

Continued on page 5

NEWS FROM QARC

Dr. T.J. FitzGerald named director as founder Dr. Arvin Glicksman steps down

After twenty-five years of outstanding service to the Cancer and Leukemia Group B, Dr. Arvin Glicksman has stepped down as the Director of the Quality Assurance Review Center. Dr. Glicksman founded QARC, which had its origins in CALGB, and directed it over its highly successful course. His contributions in developing protocol consistency in radiation therapy as well as developing the quality improvement process in cooperative group activity will long be respected and looked to as a model for the future.

The new director of QARC, chosen after a careful two-year review of performance by representatives from CALGB, the Pediatric Oncology Group (POG) and the Intergroup Rhabdomyosarcoma Study Group, will be Dr. T.J. FitzGerald. Dr. FitzGerald is presently Professor and Director of Radiation Oncology at the University of Massachusetts Medical Center and has had a long-standing association with CALGB. He brings to QARC a strong clinical knowledge base, experience with new technologies, and a great deal of energy. The transition of leadership should be transparent to CALGB—Dr. Marcia Urie remains as the Director of Physics, and Fran Laurie will continue managing the dedicated staff. There are no other changes in QARC staff roles or activities, including Protocol Development, Facilities Inventory, Institution Benchmarking, Data Collection and Management, On-Treatment (Interventional) Review, Final Volume and Dosimetry Review, Institutional Performance, and Data Archiving and Transfer. QARC will remain in Providence, Rhode Island as an off-site research program of the University of Massachusetts Cancer Center.

Approximately eight to ten final review meetings will be held this year. CALGB investigators are always welcome to contact us if they would like to participate in

these sessions. Our website is up; the address is <http://www.qarc.org>. The website currently offers easy e-mail contact with QARC staff. Future additions to the website include RT forms, QARC news, protocol data requirements, schedules of upcoming review sessions, and ultimately, interactive applications.

QARC proposes a cardiac database for Hodgkin's disease patients

An RO3 application was submitted to establish a cardiac database at QARC that can be utilized by investigators within CALGB and POG. We propose to establish benchmark computer tomography studies for patients previously treated on Hodgkin's disease protocols. Individual normal tissue endpoints including coronary arteries, conduction system, cardiac valves and myocardium have been placed on the benchmark CT. A patient's check blocking scheme can be digitized onto the benchmark CT and a dose-volume histogram analysis of the normal tissue endpoints can be established. As cardiac events become known, they can be correlated to a three-dimensional program analysis of the amount of cardiac normal tissue structure within the radiation treatment field. Scoring these events and providing feedback to the cooperative groups may help direct future protocol development.

During the past month we have written three-dimensional conformal guidelines for developing protocols. We look forward to continuing this work with investigators within the CALGB. You will hear more about conformal radiation protocols in future newsletters.

We at QARC consider it a privilege to work with the CALGB. We look forward to meeting the Group's current needs and future challenges.

Rituxan™

continued from page 4

line. Rituximab does not seem to bind to non-lymphoid tissues (Demidem A, et al. 1997).

In a multicenter, open-label, single-arm study which was conducted in 166 patients with relapsed or refractory low-grade or follicular B-cell NHL, patients received 375 mg/m² of Rituxan given as an IV infusion weekly for four doses. Patients with tumor masses >10cm or those with > 5,000 lymphocytes/ μ L in the peripheral blood were excluded from the study. The overall response rate was 48% with a 6% complete response rate and a 42% partial response rate. Disease-related signs and symptoms were present in 23% of patients at study entry and resolved in 64% of those patients. The median time to onset of response was 50 days and the median duration of response is projected to be 10-12 months. Other studies showed similar responses (2 studies by Maloney DG, et al. 1997).

Rituximab is contraindicated in patients with known Type I hypersensitivity or anaphylactic reactions to murine proteins or to any component of this product.

The common side effects of rituximab during infusion are fever, chills/rigors. Less common infusion-related symptoms include nausea, headache, urticaria, pruritus, bronchospasm, dyspnea, sensation of tongue or throat swelling, rhinitis, vomiting, hypotension, flushing and pain at disease sites.

These reactions usually occur within 30 minutes to 2 hours of the infusion and resolve with slowing or interruption of the Rituxan. Patients should be premedicated with acetaminophen and diphenhydramine. The incidence of infusion-related events decreases with subsequent infusions. Patients should be monitored for myelosuppression post-infusion. Rituximab is associated with hypersensitivity reactions which may respond to adjustments in the infusion rate. Hypotension, bronchospasm, and angioedema have occurred in association with the infusion as part of an infusion-related symptom complex. Rituximab should be interrupted for severe reactions and can be resumed at a 50% decrease in the infusion rate when symptoms have resolved. These symptoms may be man-

aged with diphenhydramine, acetaminophen and possible bronchodilators or IV saline. In most cases, patients' reactions are not life threatening and most patients can receive a full course of therapy. Medications such as epinephrine, antihistamines and corticosteroids should be available at the bedside. In the case of serious or life-threatening cardiac arrhythmias, infusions should be discontinued.

Administration of rituximab is a recommended dose of 375mg/m² given as an IV infusion once weekly for four doses. It may be given outpatient. The first infusion should be given intravenously at an initial rate of 50mg/hr. If patients have circulating lymphocytes, they should start at an initial rate of 25mg/hr. If the patient tolerates this well, the rate should be increased in 50mg/hr increments every 30 minutes, to a maximum of 400 mg/hr. If hypersensitivity reactions occur, the infusion should be temporarily interrupted or slowed. The infusion can continue at one-half the previous rate upon improvement of the patient's symptoms.

CALGB has just activated CALGB 9793/ECOG E4494: A phase III trial of CHOP versus chimeric anti-CD20 monoclonal antibody (IDEC-C2B8) in older patients with diffuse mixed, diffuse large-cell and immunoblastic large-cell histology non-Hodgkin's lymphoma. Patients are randomized between CHOP + anti-CD20 q 21 days or CHOP q 21 days. Patients who are responders will then be randomized to either anti-CD20 maintenance or to observation. The objectives of the study are to compare CHOP with or without chimeric anti-CD20 monoclonal antibody (IDEC-C2B8) in elderly patients with diffuse mixed, diffuse large cell and immunoblastic large cell non-Hodgkin's lymphoma of B lineage with respect to response rate, time to treatment failure, toxicity and survival. Another objective is to compare IDEC-C2B8 monoclonal antibody as maintenance therapy to observation alone after CHOP chemotherapy with respect to time to treatment failure, duration of response, toxicity and survival after an initial response to induction therapy of CHOP \pm IDEC-C2B8. The last objective is to determine if maintenance therapy with IDEC-C2B8 results in the conversion of any partial responses to a complete response. The targeted accrual is approximately 157 patients per year for four years.

BIBLIOGRAPHY

Anderson KD, Bates MP, Slaughenhaupt BL, et al. 1984. Expression of human B-cell-associated antigens on leukemias and lymphomas: A model of human B-cell differentiation. *Blood*, 63 (6):1424-1433.

Tedder TF, Boyd AW, Freedman AS, et al. 1985. The B-cell surface molecule B1 is functionally linked with B-cell activation and differentiation. *Journal of Immunology*, 135 (2):973-979.

Demidem A, Lam T, Alas S, et al. 1997. Chimeric anti-CD20 (IDEC-C2B8) monoclonal antibody sensitizes a B-cell lymphoma cell line to cell killing by cytotoxic drugs. *Cancer Chemotherapy and Radiopharmaceuticals*, 12 (3):177-186.

Maloney DG, Grillo-Lopez AJ, Bodkin D, et al. 1997. IDEC-C2B8: Results of a phase I multiple-dose trial in patients with relapsed non-Hodgkin's lymphoma. *Journal of Clinical Oncology*, 15 (10):3266-3274.

Maloney DG, Grillo-Lopez AJ, White CA, et al. 1997. IDEC-C2B8 (Rituximab) anti-CD20 monoclonal antibody therapy in patients with relapsed low-grade non-Hodgkin's lymphoma. *Blood*, 90 (6):2188-2195.

Reff ME, Carner C, Chambers KS, et al. 1994. Depletion of B-cells in vivo by a chimeric mouse human monoclonal antibody to CD20. *Blood*, 83 (2):435-445.

CTMB Changes Audit Guidelines for Institutions

- *Three ratings categories instead of one*
- *Flow sheets OK'd with proper annotations*

By Karen Sartell, M.A., Group Administrator

The Clinical Trials Monitoring Branch (CTMB) plans to release a new version of the "Guidelines for on-site monitoring of clinical trials for cooperative groups and CCOP research bases" in August, 1998. One of the major differences in the new version is how the audits are rated. Instead of receiving one rating per audit, an institution will be rated separately in three categories: IRB documentation and informed consent content; accountability of investigational agents and pharmacy operations; and patient case records. Each category may be rated as "acceptable," "acceptable—needs follow-up," or "unacceptable." The Central Office will forward the guidelines to the Principal Investigators and CCOP Responsible Investigators upon receipt and the CALGB Policies and Procedures Manual will be updated to reflect the changes in the new version.

A few institutions have chosen to use flow sheets as primary source documents to record patient information instead of institution-specific forms. This is acceptable as long as the flow sheets are signed and dated by the individual examining or treating the patient each time that the patient is seen.

The CALGB Central Office distributed the checklist "CALGB Master Questions for Consent Contents" in the April 15, 1996 protocol mailing. This is the form that CALGB auditors use when evaluating the contents of informed consent forms. It may be useful when preparing for your next audit or when you next re-write your institution's consent forms. If you would like to obtain a copy of this form, please contact Alicia Cook, Audit Coordinator (phone 773-702-9973 or e-mail: aware@midway.uchicago.edu).

Please remember to check the drug information section of protocols when ordering drugs. Sometimes a drug may be available commercially, *but for the purposes of a specific study*, the drug is provided by the NCI Investigational Drug Branch (IDB). In these instances, the drug *must* be ordered from the IDB and the commercial drug is *not* to be used. Please read protocols carefully to identify where drugs are to be obtained.

There will be an audit preparation workshop at the Summer 1998 Group Meeting, Friday, June 26, 1:30-3 p.m. See page 12 for more information.

CALGB Study Funding

Support is available to qualifying institutions for participation in these studies. Payments are made through the main member institution. For more information, consult the "Study Funding List" on the CALGB website ("members only" Financial section). You may also contact Mary A. Sherrell, Financial Officer at (773) 702-9856.

- 8892 Orchiectomy/LHRH Analog, Flutamide and Hydrocortisone with or w/o Suramin in Patients with Metastatic Prostate Cancer. Phase III Trial. (ECOG 8892)
- 9170 Hospital vs Early Discharge Therapy of Low-Risk Patients with Fever and Neutropenia. Multi-Center Phase III Study.
- 9270 Colorectal Adenoma Chemoprevention Trial Using Aspirin. Phase III Study.
- 9334 Sclerosis of Pleural Effusion by Talc Thoracoscopy vs. Talc Slurry. Phase III Study.
- 9335 Video-assisted Wedge Resection + Radiotherapy for High Risk T1 NSCLC. Phase II Study.
- 9371 Weight Loss Program of Women with Breast Cancer. Pilot Feasibility Study.
- 9380 Thoracoscopic Staging for Esophageal Cancer. Phase II Study.
- 9431 Sequential and Concomitant Chemoradiotherapy with New Agents in Combination with Cisplatin for Inoperable Stage IIIA and IIIB NSCLC. Randomized Phase II Study.
- 9473 Omega-3 Fatty Acids for Cancer Cachexia. Phase I/II Trial.
- 9480 Suramin Dose Comparison Administered with a Fixed Dosing Schedule in Patients with Advanced Prostate Cancer. Phase III Study.
- 9481 Hepatic Artery Floxuridine, Leucovorin, and Dexamethasone vs Systemic 5-FU and Leucovorin as Treatment for Hepatic Metastases from Colorectal Cancer. Phase III Study.
- 9484 Linkage of Molecular and Epidemiological Breast Cancer Investigations with Treatment Data. Specialized Registry.
- 9490 Does an Oral Analgesic Protocol Improve Pain Control for Patients with Cancer? (ECOG E4293)
- 9499 Chemoprevention Trial to Prevent Second Primary Tumors with Low-Dose 13-CIS Retinoic Acid in Head and Neck Cancer. (MDACC DM90-094)
- 9581 Adjuvant Immunotherapy with Monoclonal Antibody 17-1A after Resection for Stage B2 Colon Adenocarcinoma. Phase III Randomized Study.
- 9594 Intermittent Androgen Deprivation in Patients with Stage D2 Prostate Cancer. Phase III Study. (SWOG 9346)
- 9596 Vincristine, Doxorubicin, and Dexamethasone with or w/o PSC-833 in Patients with Relapsing or Refractory Multiple Myeloma. Phase III Study. (ECOG E1A95)
- 9670 Barriers to Participation of Older Women with Breast Cancer in Clinical Trials. Pilot Study.
- 9682 Prognostic Significance of Endorectal MRI in Predicting Outcome After Combined Radiation and Androgen Suppression for Prostate Cancer. Prospective Phase II Study.
- 9730 Taxol vs. Taxol +carboplatin for advanced NSCLC. Randomized Phase III Study.
- 9770 High-Dose vs Conventional Dose Octreotide Acetate vs Loperamide in the Treatment of Chemotherapy-related Diarrhea in Patients with Colorectal Cancer. Randomized Trial. (ECOG E1295)

Protocol Activations and Closures

NEW STUDIES:

9/15/97

9741—A randomized phase III trial of sequential chemotherapy using doxorubicin, paclitaxel, and cyclophosphamide or concurrent doxorubicin and cyclophosphamide followed by paclitaxel at 14 or 21 day intervals in women with node positive stage II/IIIA breast cancer.

Study Chair: Marc L. Citron, M.D.

9780—A phase II study of docetaxel, estramustine, and low-dose hydrocortisone in men with hormone refractory prostate cancer: limited access study.

Study Chair: Diane Savarese, M.D.

9762—Clinical pharmacology of paclitaxel in relation to patient age.

Study Chair: Stuart Lichtman, M.D.

10/15/97

9794—Prognostic factor panel to predict preferred therapy for node-positive postmenopausal breast cancer patients (CAF vs. Tamoxifen) (companion protocol to SWOG-8814 [INT-0100, CALGB-9194, ECOG-4188, NCCTG-883051, NCIC-MA.9]).

Study Chair: Daniel Hayes, M.D.

9792—Detection of malignant cells in the marrow and peripheral blood progenitor cell products of breast cancer patients enrolled on intergroup randomized study S9623 (CALGB 9640).

Study Chair: James Radford, M.D.

9781—A prospective randomized phase III trial comparing trimodality therapy (cisplatin, 5-FU, radiotherapy, and surgery) to surgery alone for esophageal cancer.

Study Chair: Mark Krasna, M.D.

9730—Single agent versus combination chemotherapy in advanced NSCLC: a CALGB randomized trial of efficacy, quality of life, and cost-effectiveness.

Study Chair: Rogerio Lilenbaum, M.D.

11/15/97

9763—Prospective evaluation of body surface area (BSA) as a determinant of paclitaxel pharmacokinetics /pharmacodynamics in women with solid tumors.

Study Chair: Antonius Miller, M.D.

12/15/97

9770—Randomized trial of high-dose versus conventional dose octreotide acetate versus loperamide in the treatment of chemotherapy-related diarrhea in patients with colorectal cancer (ECOG 1295).

Study Chair: Bhoomi Mehrotra, M.D.

1/15/98

9793—A phase III trial of CHOP versus CHOP and

chimeric anti-CD20 monoclonal antibody (IDEC-C2B8) in older patients with diffuse mixed, diffused large cell and immunoblastic large cell histology non-Hodgkin's lymphoma (ECOG 4494).

Study Chair: Vicki Morrison, M.D.

9720—A phase III study of MDR modulation with PSC-833 (NSC #648265) followed by immunotherapy with rIL-2 (NSC #373364) vs no further therapy in previously untreated patients with AML < 60 years.

Study Chair: Maria Baer, M.D.

9733—CPT-11 (Irinotecan) for malignant mesothelioma: a phase II study.

Study Chair: Hedy Kindler, M.D.

2/15/98

9795—A phase III prospective randomized study of adjuvant chemotherapy with vinorelbine and cisplatin in completely resected non-small cell lung cancer with companion tumor marker evaluation (NCIC BR.10).

Study Chair: James Rigas, M.D.

3/15/98

9712—A randomized phase II study of concurrent fludarabine + chimeric anti-CD20 monoclonal antibody IDEC-C2B8 (Rituximab) (NSC #687451) induction followed by rituximab consolidation versus fludarabine induction followed by Rituximab consolidation in untreated patients with B-cell chronic lymphocytic leukemia.

Study Chair: John Byrd, M.D.

CLOSED PROTOCOLS:

11/6/97

9494—Phase III comparison of Tamoxifen vs. Tamoxifen with ovarian ablation in premenopausal women with axillary node-negative receptor-positive breast cancer less than or equal to 3 cm (ECOG 3193).

Study Chair: Debu Tripathy, M.D.

11/15/97

9411—Economic analysis of CALGB 9111: Filgrastim vs. placebo during acute lymphoblastic leukemia induction and consolidation therapy: a limited access study.

Study Chair: Thomas J. Smith, M.D.

12/15/97

9511—Apilot study with limited pharmacokinetics monitoring of PEG-asparaginase during remission induction and consolidation chemotherapy for adult acute lymphoblastic leukemia.

Study Chair: Stanley R. Frankel, M.D.

3/9/98

9680—A phase II trial of high-dose mitoxantrone/GM-CSF and low-dose steroids in patients with "hormone refractory" stage D2 carcinoma of the prostate.

Study Chair: Ellis Levine, M.D.

CALGB STAFF NEWS

Central Office

Ann M. Mauer, M.D. has been named an Executive Officer of CALGB. Beginning in July, 1998, Dr. Mauer will be an Assistant Professor at the University of Chicago Medical Center in the Hematology/Oncology Section. She received her M.D. from Loyola University of Chicago in 1992. Dr. Mauer will assume her responsibilities at the Central Office in July 1998. Her current phone number is (773) 702-4138; e-mail is ammauer@mcis.bsd.uchicago.edu

Robert Blount-Lyon is the new Publications Coordinator at CALGB. Mr. Blount-Lyon has worked previously as a Publications Specialist serving professional organizations and associations. He is a past associate member of the Chicago and the American Society of Association Executives. He received his B.A. in English and Journalism from Macalester College. Contact Mr. Blount-Lyon at (773) 702-9479, e-mail rblountl@midway.uchicago.edu.

Gabrielle Dye joined the Central Office in March 1998 as Assistant Regulatory Affairs Coordinator. Working under Rená Cristwell, Ms. Dye is responsible for adverse drug and adverse event reporting, membership, and participants. Ms. Dye has a B.A. in Economics from Roosevelt University. She has worked previously in data management and tracking as the Operations Supervisor of a Chicago-based healthcare organization. She can be reached at (773) 834-2545, email at gdye@midway.uchicago.edu.

Jeffrey Hanlin has been named Technical Support Specialist at the Central Office. He comes from Lakewood, Colorado where he headed technology services at the Red Rock Community College Learning and Resource Center. Mr. Hanlin will work under Robert Niles in offering technical support and systems programming at the CALGB Central Office. He can be reached at (773) 834-2546, email: jhanlin@midway.uchicago.edu.

Data Management Center

Denise Pearsall recently joined the Data Management Center as a Data Coordinator with responsibility for cancer control studies in general and Protocol 9270 in particular. Ms. Pearsall has a B.S. in Business Administration from North Carolina Central University. She previously worked as a Data Technician on Protocol 9082 in the Duke Cancer Center's Protocol Office. Her e-mail address is dipearsall@elephant.mc.duke.edu.

Jennifer Terrenoire began working as a Data Coordinator at the Data Management Center in September, 1997. She serves on the Respiratory and Cancer Control committees. Jennifer came to CALGB from the Cancer Control Research office in the Duke Comprehensive Cancer Center where she was a project manager. Jenny has a B.A. in English from the University of North Carolina at Chapel Hill and has been involved in a number of areas of medical research and administration. Her e-mail address is cjterrenoire@ccstat.mc.duke.edu.

Former Registrar **Peggy Edwards** has been promoted to the position of Data Coordinator, where she will be working with the lymphoma committee.

Penny Wade, who was previously employed with the DMC as a Data Technician, has been promoted to the position of Registrar.

Use the CALGB Website

www-calgb.uchicago.edu

The CALGB website continues to offer members a convenient way to access information and protocols and to communicate with CALGB.

Meeting schedule information is also available on the website, as well as CALGB publications, protocols, status sheets, roster book data, the Policies and Procedures Manual, funding information and member news.

New additions to the website are updated CALGB committee membership lists and 1998 Summer Group Meeting registration forms for downloading.

CALGB Support

We wish to acknowledge the following organizations which have generously supported CALGB research, educational programs, publications, and data resources during 1997:

Alza Pharmaceuticals

Amgen Inc.

Berlex Laboratoires

Breast Cancer Research Foundation

Bristol-Myers Squibb Oncology

Genetics Institute

Glaxo Wellcome Oncology

Immunex Corporation

Janssen Pharmaceutica Research Foundation

Leukemia Clinical Research Foundation

Lilly Oncology

Nexstar Pharmaceuticals

Novartis Oncology

Ortho Biotech Inc.

Pfizer Inc.

Pharmacia & Upjohn

Rhône-Poulenc Rorer Pharmaceuticals, Inc.

Roche Laboratoires, Inc.

Schering Corporation

SmithKline Beecham

Strato/Infusaid, Inc.

T.J. Martell Foundation for Leukemia, Cancer and AIDS Research

Vysis/ATC Diagnostics, Inc.

Zeneca Pharmaceuticals

*SPECIAL SECTION:***Fort Lauderdale Summer 1998 Group Meeting***Bistros, beaches, shopping and special events***MARRIOTT HARBOR BEACH RESORT**

This ocean-front year-round resort, situated on 16 tropical acres on the largest private beach in South Florida, hosts CALGB's Group Meeting. All meetings and most guest rooms will be at the Marriott. Additional guest rooms have been set aside at the Hyatt Regency Pier 66, a 22-acre resort on the intracoastal waterway, located just a three-minute drive away. Continuous shuttle service will be available between the properties.

Dubbed the Venice of America, Fort Lauderdale is *THE* meeting place of the '90s. Developments come on the heels of a decade of improvements and additions that began the transformation of Fort Lauderdale from a college student spring break beach resort into the dynamic, multi-faceted vacation and meetings destination it is today.

Trendy bistros and beachfront cafes are dedicated to a vast array of cuisine offering delectables from lobster and stone crabs to prime rib, roast duck and the regionally famous Key Lime pie. Be sure to visit Las Olas Boulevard (the Rodeo Drive of Fort Lauderdale). Water-taxis can take you there from the Hyatt, passing palatial estates along the way where the "rich and famous" live. Chic specialty shops, outdoor bistros as well as fine-dining and entertainment options are among a wide range of activities for visitors to Las Olas.

MEETING REGISTRATION

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

Deadline and Fees: \$40 for registrations received before June 10; \$65 after deadline or on-site.

Cancellations and Substitutions: If you cannot attend the meeting, substitutions are permissible only if you inform the Central Office in writing by June 10. We are regretfully unable to issue refunds if you must cancel.

AIR TRAVEL

Easy air accessibility is available from both the Hollywood/Fort Lauderdale Airport or Miami's International Airport (about a 45-minute drive from Fort Lauderdale). You can also fly into Palm Beach Airport, but flights are not as frequent and will generally be more costly.

Airline: CALGB has selected American Air Lines as the official air carrier and International Travel Service as the official travel agency. ITS offers special guaranteed fares with no Saturday night stay requirement, or 10% discount off unrestricted coach fares, or 5% discount off lowest applicable fares, including first class. To receive the exclusive CALGB air fares, call ITS toll-free, 800-621-1083 (U.S.



Ft. Lauderdale's beachfront

and Canada, Monday-Friday, 8 a.m.-5 p.m. Central time). ITS also offers guaranteed lowest available air fare, full mileage credit for frequent flyers, and credit card payment. To contact American Airlines, call 800-433-1790 and reference meeting code: AN5768UH.

GROUND TRANSPORTATION:

From the Hollywood/Fort Lauderdale Airport: Tri-County ground transportation to Marriott Harbor Beach or Hyatt Regency Pier 66 offers shared-ride fares at \$6.00 per person. Booths are located outside the baggage claim area — allow a maximum 30-minute wait for shared-ride service. Regular taxi fares are about \$10-\$12 one-way. Travel time from airport to hotels is 15-20 minutes.

From Miami International Airport: Super Shuttle offers service every 15-30 minutes to Fort Lauderdale hotels. Fare is \$23 per person. Allow 45-60 minutes travel time. Booths are located outside all major airlines' baggage claim areas. If traveling by taxi, expect to pay \$50 or more one way.

Continued on page 15

CALGB Summer 98 Group Meeting—Tentative Schedule

FRIDAY, JUNE 26

		FLOOR	ROOM	NOTES
8:00 a.m.–Noon	Common Toxicity Training*	2ND	MIAMI	
8:00 a.m.–1:00 p.m.	Operations Committee Retreat*	2ND	KEY WEST	
9:00 a.m.–1:00 p.m.	SOCRA Certification Exam	2ND	JACKSONVILLE/TALLAHASSEE	
11:00 a.m.–2:00 p.m.	Oncology Nursing Core Committee*	2ND	PALM BEACH	
1:00 p.m.–5:00 p.m.	REGISTRATION	3RD	SALON FOYER	
1:00 p.m.–5:00 p.m.	Data & Safety Monitoring Board*	5TH	TAMPA	
1:30 p.m.–3:00 p.m.	Audit Preparation Workshop	3RD	SALON E	
2:00 p.m.–5:00 p.m.	Study Chair Workshop	3RD	SALONS A-B	
3:30 p.m.–6:00 p.m.	CRA/Oncology Nursing Continuing Education	3RD	SALON E	
5:00 p.m.–9:00 p.m.	Extended Executive Committee*	3RD	SALONS C-D	
6:00 p.m.–9:00 p.m.	Patient Advocate Training*	2ND	KEY WEST/PALM BEACH	
8:00 p.m.–10:00 p.m.	Data Audit Committee*	5TH	TAMPA	

SATURDAY, JUNE 27

6:30 a.m.–6:00 p.m.	REGISTRATION	3RD	SALON FOYER	
7:00 a.m.–9:00 a.m.	Foundation Board of Trustees*	3RD	SALONS C-D	
8:00 a.m.–10:00 a.m.	Surgery Committee	1ST	CARIBBEAN I-III	
8:00 a.m.–11:00 a.m.	Psycho-Oncology Committee	3RD	SALONS A-B	
8:00 a.m.–Noon	Common Toxicity Training*	2ND	MIAMI	
8:00 a.m.–Noon	Leukemia Committee/Leukemia Correlative Sciences	1ST	CARIBBEAN IV	
9:00 a.m.–10:00 a.m.	Institution Performance Evaluation Committee*	3RD	SALON K	
9:00 a.m.–Noon	Solid Tumor Correlative Sciences Committee	3RD	SALONS G-H-J	
9:00 a.m.–Noon	PET Committee	1ST	CARIBBEAN V	
9:00 a.m.–Noon	CRA Committee	3RD	SALON E	
10:00 a.m.–Noon	Thoracic Surgery Sub-Committee	1ST	CARIBBEAN I-III	
10:00 a.m.–Noon	Breast Surgery Sub-Committee	1ST	CARIBBEAN VI-VII	
Noon–1:00 p.m.	9082 Monitoring Committee*	1ST	CARIBBEAN VIII	
Noon–1:00 p.m.	Constitution Committee*	3RD	SALON K	
1:00 p.m.–3:30 p.m.	Plenary Session	3RD	SALONS E-F	
3:30 p.m.–4:30 p.m.	Membership Committee*	1ST	CARIBBEAN VIII	
3:30 p.m.–5:00 p.m.	Health Outcomes Research Council*	2ND	CLEARWATER	
3:30 p.m.–5:30 p.m.	CCOP Committee	3RD	SALON K	
3:30 p.m.–5:30 p.m.	Pharmacy Core Committee*	5TH	TAMPA	
3:30 p.m.–6:30 p.m.	Prostate Committee & Prostate Surgery Subcommittee	3RD	SALONS G-H-J	
3:30 p.m.–6:30 p.m.	Surgical CRA Workshop	1ST	CARIBBEAN VI-VII	
3:30 p.m.–6:30 p.m.	Radiation Oncology Committee	3RD	SALONS A-B	
3:30 p.m.–7:00 p.m.	Breast Committee	3RD	SALONS E-F	
3:30 p.m.–7:00 p.m.	Common Toxicity Training*	2ND	MIAMI	
7:00 p.m.–10:00 p.m.	Reception	OUTSIDE	MARRIOTT OCEANSIDE TERRACE	

SUNDAY, JUNE 28

7:00 a.m.–8:00 a.m.	Membership Committee*	1ST	CARIBBEAN VIII	
7:00 a.m.–11:00 a.m.	REGISTRATION	3RD	SALON FOYER	
8:00 a.m.–9:00 a.m.	VA/MTF Initiative*	3RD	SALON D	
8:00 a.m.–Noon	Common Toxicity Training*	2ND	MIAMI	
8:00 a.m.–Noon	Respiratory Committee	3RD	SALON F	
8:00 a.m.–Noon	Lymphoma Committee/Lymphoma Correlative Sciences	3RD	SALONS A-B-C	
9:00 a.m.–11:00 a.m.	Pathology Committee	1ST	CARIBBEAN VI-VII	
9:00 a.m.–Noon	Cancer Control Committee	3RD	SALONS G-H-J	
9:00 a.m.–Noon	GI Committee	3RD	SALON E	
Noon–1:30 p.m.	Conflict of Interest Committee*	1ST	CARIBBEAN VIII	
1:00 p.m.–3:00 p.m.	Cancer in the Elderly Working Group	2ND	JACKSONVILLE/TALLAHASSEE	
1:00 p.m.–3:00 p.m.	Cytogenetics Workshop	1ST	CARIBBEAN VI-VII	
1:00 p.m.–3:00 p.m.	GI Surgery Sub-Committee	2ND	CLEARWATER/ORLANDO	
1:00 p.m.–3:00 p.m.	Melanoma Working Group*	5TH	TAMPA	
3:00 p.m.–5:00 p.m.	Board of Directors*	3RD	SALONS A-B-C-D	

*closed meeting

CALGB Summer 98 Group Meeting News

PLENARY SESSION:

SATURDAY, JUNE 27, 1–3:30 P.M.

SYMPOSIUM:

Emerging Therapeutic Options in Solid Tumor Therapy

Focus on Signal Transduction

This meeting's plenary session will be a symposium on new developments in solid tumor therapy.

Highlights will include an address by Dr. Adrian Senderowicz of the NCI Developmental Therapeutics Program on clinical development of cyclin dependent kinase inhibitors.

Dr. Ivan Horak of Janssen Pharmaceutica will give a presentation titled "p21 ras: A new target for therapeutic intervention."

There will be a third speaker. At presstime, the presenter and topic were still to be determined.

This symposium is co-sponsored and supported by an unrestricted educational grant from Janssen Pharmaceutica Research Foundation.

STCSC MEETING:

SATURDAY, JUNE 27, 9 A.M.—NOON

"p53-Fest '98" on Agenda of Solid Tumor Correlative Sciences Committee

p53, one-time "Molecule of the Year," may be clinically important in many solid tumors. Why hasn't it been accepted for routine clinical use? The STCSC will devote its entire session to a review of p53 biology and clinical utility

Alterations in the p53 gene appear to be fundamental in the etiology and behavior for many different types of tumors. Indeed, p53 was designated the "Molecule of the Year" by *Science Magazine* a few years ago. p53 may be clinically important in all four solid tumors for which CALGB has research interests: breast, gastrointestinal, prostate, and respiratory cancers. The Solid Tumor Correlative Sciences Committee has active, ongoing studies of p53 in each of these areas.

Given the apparently important role of p53 in carcinogenesis and tumor progression, why hasn't it been accepted for clinical use? The STCSC will devote its entire session to a review of p53 biology and clinical utility, and the problems associated with measuring p53 alterations. This session will be of interest to laboratory investigators involved in correlative science studies in CALGB as well as clinicians who want a state-of-the-art update on this important topic.

The session will include an overview of p53 biology by Dr. Edward Gelmann of Georgetown University. We will provide reviews of published data regarding associations of p53 alterations with prognosis and with therapeutic outcomes. Lynn Dressler will cover the many techniques of detecting p53 alterations, providing insight into why the literature is so confusing. We will conclude with a panel discussion of what we know and how CALGB studies will help to determine the clinical utility of this important factor in patients with breast, GI, prostate, and respiratory cancers.

Please join us Saturday for "p53-Fest, '98"

Daniel F. Hayes, M.D., chair, Solid Tumor Correlative Sciences Committee

PATIENT ADVOCATE TRAINING PROGRAM: FRIDAY, JUNE 26, 6–9 P.M.

Oncology Nursing Committee and CALGB Advocates Present Training Program

by Deborah Collyar

Now that CALGB is partnering with advocates by including them on all CALGB scientific committees, it's time to help them become as effective as possible. The Oncology Nursing Committee and CALGB advocates are working together on a training program to be held for the first time at the upcoming Summer Group Meeting, Friday, June 26, 6–9 p.m. Advocates will attend the Study Chair Workshop Friday from 2–5 p.m., and then continue in a training session that will include:

- CALGB structure and organization,
- Introduction to protocol terminology, and
- Presentation on the role played by advocates.

Other CALGB members may attend by reserving a place in advance. Due to limited space, you must notify Helen Pollard at the Central Office by June 10.

CALGB advocates want to participate and partner with their respective committee members to make CALGB research as effective as it can be for people living with cancer. We're doing our part to learn how the system works, and expect to be actively involved in the protocol development process. See you at the meeting!

For more information, contact Deborah Collyar at collyar@worldnet.att.net or (925) 736-8155.

CALGB RECEPTION:**SATURDAY, JUNE 27, 7–10 P.M.****Your best chance to wear white shoes and chat with Dr. Schilsky**

Enjoy the Florida sunset with your colleagues at the Marriott's Oceanside Terrace (in the event of inclement weather, the reception will be held indoors). Bask in the evening ocean breezes and enjoy some of the culinary delights as you network and mingle. Suggested dress attire for this evening is dressy resort casual.

AUDIT PREP WORKSHOP:**FRIDAY, JUNE 26, 1:30–3 P.M.**

All main member and affiliate institutions anticipating a CALGB audit during the next 18 months are encouraged to attend.

Topics will include time lines for preparation, tagging of the medical records, the pharmacy audit, the physician/PI perspective, and responding to your audit report. Advance registration for the Audit Prep Workshop is required. Be sure to register for the Group Meeting by June 10 and indicate on your registration form that you are attending the Audit Prep Workshop.

STUDY CHAIR WORKSHOP:**FRIDAY, JUNE 26, 2–5 P.M.**

CALGB requires that all first-time study chairs attend the Study Chair Workshop. The Workshop is designed to provide new as well as experienced study chairs with the necessary skills and information to be effective during protocol development and after study activation. If the first-time study chair does not attend this Workshop, he/she **will not** be permitted to continue with the study. In addition, study chairs are required to attend the Study Chair Workshop every four years. Current study chairs who last attended a workshop in 1994 will be required to attend this June.

Advance registration for the Study Chair Workshop is required. Be sure to register for the Group Meeting by June 10 and indicate on your registration form that you are attending the Study Chair Workshop.

CRA/ONCOLOGY NURSING CE:**FRIDAY, JUNE 26, 3:30–6 P.M.**

The Clinical Research Associate Committee and the Oncology Nursing Committee will co-sponsor a continuing education workshop on "Complementary Therapies in the Treatment of Cancer."

**Continuing Medical Education Credits**

MD, PHD, DO, and PAs

The University of Chicago has approved co-sponsorship of CALGB's Group Meeting 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 17.5 credit hours in Category I of the Physician's Recognition Award of the American Medical Association has been granted.

RN, OCN, and ARNPs

An application for approval of Continuing Education Credit (approximately 24.0 contact hours) for nurses has been submitted to the Illinois Nurses Association.

CCRAS

An application for approval of Continuing Education Credit (approximately 10.0 hours) for clinical research associates or nurses has been submitted to the Society of Clinical Research Associates.

Forms and Instructions

CME and CEU forms and instructions will be available in the CALGB Meeting Registration area.

ATTENDEE INFORMATION

NAME _____ SOCIAL SECURITY # _____
 INSTITUTION _____ PHONE # _____
 ADDRESS _____ FAX# _____
 _____ E-MAIL _____
 CITY _____ STATE _____ ZIP _____

REGISTRATION

ADVANCE REGISTRATION DEADLINE IS JUNE 10, 1998— Forms must be postmarked by deadline to receive discount.

Please check off your selections, enter the appropriate amounts, and fill in your total below.

NOTE: Advance registration is required for the Audit Prep and Study Chair Workshops.

	COST	FEE
<input type="checkbox"/> GROUP MEETING <i>(Fee includes Agenda Book, distributed on-site)</i>	\$40 advance/\$65 after June 10	\$ _____
<input type="checkbox"/> AUDIT PREP WORKSHOP <i>(Friday, June 26, 1:30–3:00 p.m.)</i>	No charge	
<input type="checkbox"/> STUDY CHAIR WORKSHOP <i>(Friday, June 26, 2:00–5:00 p.m.)</i>	No charge	
<input type="checkbox"/> AGENDA BOOK ONLY	\$30 (advance only)	\$ _____
<input type="checkbox"/> OPTIONAL DONATION TO CALGB FOUNDATION: I wish to make a tax-deductible donation in the following amount: <i>You will receive an acknowledgement from the Foundation by mail.</i>		\$ _____

REGISTRATION DATE:
CHECK

FOR CENTRAL OFFICE USE ONLY

TOTAL DUE: \$ _____

PAYMENT

PAYING BY CHECK: You may pay for all items with one check.
 Make your check(s) payable to: University of Chicago/CALGB

PAYING BY CREDIT CARD: You may use Visa or MasterCard.

CARDHOLDER'S NAME _____ VISA MASTERCARD
 (PLEASE PRINT)

CARD NUMBER _____ EXP. DATE _____

CARDHOLDER'S SIGNATURE _____

IMPORTANT

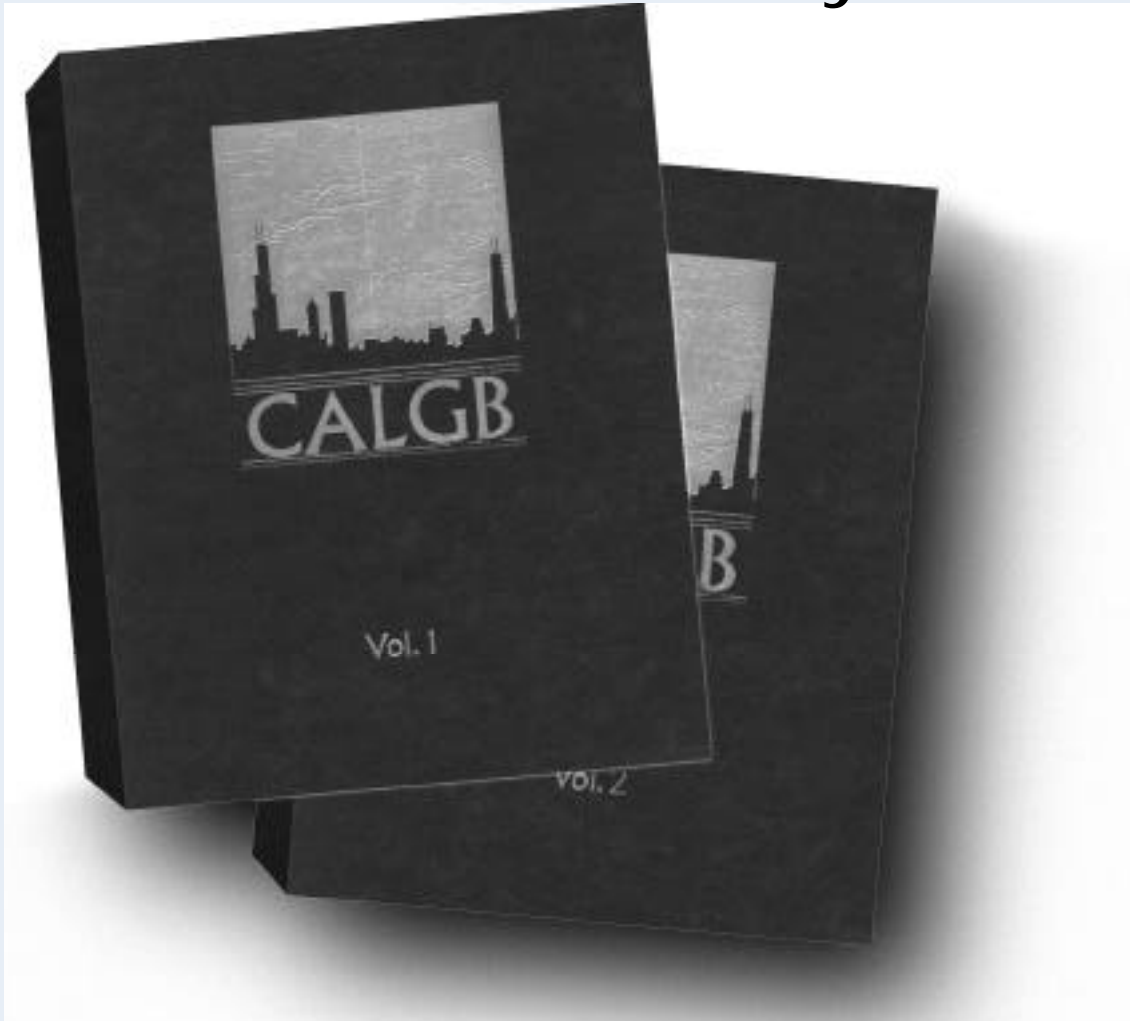
CANCELLATIONS AND SUBSTITUTIONS: Regretfully, we are unable to issue refunds for meeting cancellations. If your registration has been processed and you cannot attend the meeting, you may send a substitute provided we receive your request in writing by June 10, 1998.

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 June 10.

REGISTER BY FAX: For credit card payment, you may fax this form to CALGB Central Office, fax #312-345-0117.

REGISTER BY MAIL: Return this form with your payment to:
CALGB Registration
208 S. LaSalle, Suite 2000
Chicago, IL 60604-1104

CALGB 40th Anniversary Book



CALGB is proud to present our 40th Anniversary Book, available to interested members. This two-volume commemorative edition features selected published studies from the Breast, Lymphoma, Respiratory, GI, Prostate and Leukemia Committees.

The compiled articles offer a retrospective view of the Group's accomplishments and invaluable contributions to cancer research since 1956.

CALGB will reprint both volumes in the summer of 1998 for the exclusive use of CALGB members. We request a suggested donation of \$45 each to cover the costs of printing and mailing. Please fill out the form below to reserve your copies now.

PLEASE RESERVE _____ COPIES OF THE **CALGB 40th Anniversary Book** FOR ME.

NAME _____ PHONE # _____

INSTITUTION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

My check enclosed, payable to **CALGB Foundation**, in the amount of \$ _____.

Please charge my credit card. MasterCard Visa

CARD NUMBER _____ EXP. DATE _____

CARDHOLDER'S SIGNATURE _____

Mail to: CALGB Foundation **FAX to:** (312) 345-0117

Mary A. Sherrell, M.A., Treasurer
208 S. LaSalle St., Suite 2000
Chicago, IL60604-1104

CALGB Summer 1998 Group Meeting

continued from page 9

HOTEL RESERVATIONS

Guest rooms have been reserved at both the Marriott Harbor Beach Resort, located on Holiday Drive (not to be confused with the Marriott Marina, located next to the convention center), and the Hyatt Regency Pier 66.

RATES:

Marriott Harbor Beach Resort (3030 Holiday Drive)

\$120 single occupancy

\$140 double occupancy

Hyatt Regency Pier 66 (2301 SE 17th St, Causeway)

\$109 single occupancy

\$124 double occupancy

Room rates do not include state and local taxes, currently 11%.

Deadline: All reservations must be received by the hotel(s) no later than May 20, 1998. Rooms will be available on a first-come, first-served basis until the CALGB hotel blocks are filled. Hotels will continue to accept reservations after the cutoff date on a space-available basis.

Deposits: A first-night's deposit will be required when securing your reservation. Reservations not cancelled five (5) days prior to arrival will forfeit deposit. (Note: your room will be guaranteed for late arrival when reservation is accompanied by a credit-card deposit.)

Phone Reservations: Reservations can be made by calling the Marriott Harbor Beach Resort at **800-222-6543**, or the Hyatt Regency Pier 66 at **954-525-6666**. Be sure to identify yourself as a Cancer and Leukemia Group B attendee in order to receive the special convention rate. Please have credit card information available when you call.

Fax or Mail Reservations: Fill out the Hotel Reservation Form below and send it directly to the Marriott. Unless otherwise requested, guests will be assigned first to the Marriott until rooms are sold out, then directed to the Hyatt Regency.

To guarantee your room, be sure to include your credit card information with expiration date. If mailing, use the address on the reservation form, and please be aware of the mailing date—reservations must be received by May 20. Guests will receive a confirmation in the mail. Please allow two weeks for processing.

CALGB 1998 SUMMER GROUP MEETING **Hotel Reservation Form** *June 26-28, 1998, Ft. Lauderdale, FL*

ROOM RESERVATION DEADLINE: MAY 20, 1998. *Please print or type.*

NAME _____ PHONE # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NO. OF PERSONS IN ROOM: _____ ARRIVAL: _____ DEPARTURE: _____
(Date/Time) (Date/Time)

NON-SMOKING ROOM HANDICAPPED-ACCESSIBLE ROOM. *(Please describe handicap: _____)*

RATES:

	<input type="checkbox"/> Marriott	<input type="checkbox"/> Hyatt Regency	Room rates do not include state and local taxes, currently 11%. Group rates are in effect from June 23-July 1, based on availability. Rooms at the Marriott will be filled on first-come, first-served basis. Marriott rooms may sell out prior to the cut-off date—send in your reservation as soon as possible. Reservation forms received after the deadline will be directed to the Hyatt Regency.
Single	\$120	\$109	
Double	\$140	\$124	
Check-in:	4 p.m.	4 p.m.	
Check-out:	11 a.m.	Noon	

CREDIT CARD INFORMATION:

I understand my credit card will be charged immediately for my first night's deposit.

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CARDHOLDER'S NAME *(Please print):* _____

CARD NUMBER _____ EXP. DATE _____

CARDHOLDER'S SIGNATURE _____

MAIL OR FAX RESERVATION FORM TO:

Marriott Harbor Beach Resort	ATTN: Reservations
3030 Holiday Drive	Fax: 954-766-6193
Fort Lauderdale, FL 33316	

Deadlines for CALGB 1998 Summer Group Meeting

ADVANCE REGISTRATION DEADLINE:

June 10, 1998

HOTEL RESERVATION DEADLINE:

May 20, 1998

MEETING REGISTRATION CANCELLATION/
SUBSTITUTION DEADLINE:

June 10, 1998

AGENDA BOOK ORDER DEADLINE:

(if not attending meeting) June 10, 1998

NOTE: All Summer Group Meeting registration forms appear in this issue. *There will NOT be a separate mailing.*

You may download registration forms in PDF format from the CALGB website at www-calgb.uchicago.edu. To receive additional forms by mail or fax, contact Elmetrica Holman at (773) 702-9163.

Future Meeting Dates

• 1998 FALL GROUP MEETING:

November 20-22

New Orleans Hilton Riverside Hotel

New Orleans, Louisiana

• 1999 SUMMER GROUP MEETING:

June 25-27

Sheraton Centre Toronto

Toronto, Ontario, Canada



Cancer and Leukemia Group B
Central Office of the Chair
208 S. LaSalle St., Suite 2000
Chicago, IL 60604-1104