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Cancer and Leukemia Group B

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

CancerQuiltSM: One web site tells thousands of stories

By Robert Blount-Lyon, CALGB

Just as cancer is more than one disease, there is more than one cancer story. The CancerQuiltSM, a public web site run by the Coalition of National Cancer Cooperative Groups, is a place for all cancer patients and their families to weave their individual stories into a growing virtual patchwork quilt of cancer experiences.

Anyone (over 21) whose life has been touched by cancer—their own or a family member's—is welcome to visit the site and post their story, and even a picture, if desired. Visitors can browse through the quilt patches, searching if they wish for entries about specific cancer types, or patients from their home states, among other choices.

The CancerQuilt serves many purposes. It is a tribute and memorial to the courage of individual cancer patients. For patients and families it is a connection for support and an opportunity to share common experiences. And for current patients it is also a link to more information about cancer treatments and cancer clinical trials.

According to Andrew Kelahan, Ph.D., the COO of the Coalition, the inspiration for the CancerQuilt came from a quilt honoring pediatric cancer patients and survivors sponsored by National Coalition for Cancer Survivorship (NCCS) and displayed at the March on Cancer in 1998 in Washington, D.C. Mindful that cancer touches 3 out of every 4 families in the United States, the Coalition turned to the Internet as the best medium for such an ambitious undertaking.

CancerQuilt continued on page 4

Rose C., West Covina, CA.

Disease Type: Breast cancer

Submitted by: self

I was diagnosed with breast cancer on July 11, 1991. When I had surgery and found out I had cancer, I thought life was over. It took me 30 minutes to get over the shock and then I decided, "So I have cancer, then what?" I asked my doctor, what do we do next? I had chemotherapy and radiation for 7 months. In the process, I lost my job. I found another one and decided nothing would get me down. I lived a very fruitful life, opened a business, specializing in mastectomy products... Dr. P., my oncologist, has always been there for me. To this day, I have to say, that I owe my new life to Dr. P. and to his positive attitude. If there is one thing I can say to cancer victims, I would like to say that cancer is not the end of the line. There is life after cancer and I am a living proof of that...

Kathy M., Sacramento, CA

Disease Type: Ovarian cancer

Submitted by: mother

My daughter passed away on October 22, 1997. She was first diagnosed with ovarian cancer in October, 1996. She was just two weeks shy of turning 39. She had a wonderful husband and two teen aged daughters. She had the hysterectomy in January of 1997 and then went through chemotherapy for most of the year. She was a candidate for a new treatment, which ultimately gave her a heart attack. I have 3 other children but Kathy was my oldest and my best friend. It was so terribly hard for the first year after her death. I still have my crying moments and a hole in my heart that will never heal. I now have her oldest daughter, who is 17 living with me. She has been with me for over a year. I feel I have Kathy's guidance every day in dealing with her children. I just miss her so... Thank you for letting me talk about my girl and to tell everyone how brave she was.

MESSAGE FROM THE CHAIR

As many of you already know, Nick Vogelzang has stepped down as chair of the CALGB Prostate



Richard L. Schilsky, M.D.

Committee to devote his full attention to his new responsibilities as Director of the Cancer Research Center at the University of Chicago. We owe a great debt of gratitude to Nick for his enormous energy and vision in leading this committee during the past decade. I am delighted to announce that Eric Small, M.D. of UCSF has agreed to serve as chair of the committee

which will now be expanded in scope to a GU Committee and charged to develop a portfolio of stud-

ies in bladder cancer and renal cell carcinoma as well as prostate cancer. Eric has done a terrific job in organizing and leading our activities in the Prostate Correlative Sciences Working Group during the past few years and will bring the same energy and creativity to the GU Committee. Dean Bajorin, M.D. of Memorial Sloan Kettering Cancer Center will have responsibility for leading our efforts in bladder cancer. In the coming weeks, Dr. Small and I will examine the other leadership opportunities in the committee as well as the committee membership and will make changes as necessary to insure the vitality of the committee in the years ahead. Please join me in thanking Dr. Vogelzang and congratulating Dr. Small for their many contributions to CALGB.

GUEST MESSAGE

The Value of Young Investigators

Nicholas Vogelzang, M.D.

Dear CALGB Colleagues:

Dustin Hoffman was given a one word piece of advice in the 1968 film *The Graduate*: "plastics." Although one might question the value of that particular memorable piece of advice, I hope that my one word piece of advice to the CALGB, would be equally memorable; my word is "youth." Invest in youth.

My first CALGB meeting was in the unrenovated Biltmore Hotel in New York in 1980. As a second year Fellow in medical oncology, my way to the meeting had been paid for by B.J. Kennedy, then head of the Masonic Cancer Center at the University of Minnesota. I recall the exciting discussions about lung cancer therapy by the then young CALGB investigators, Herb Maurer, Mark Green, Fred Richards, Michael Perry, Bob Carey and Philippe Chahinian (to name a few). I remember the booming, probing questions by Jim Holland, and the fervor with which the lung cancer

group approached the pending cure of small cell lung cancer (sadly, still pending). But most of all I remember the feelings of energy, encouragement and support that I received. I went back to my room and wrote a phase II protocol for small cell lung cancer that very night!

I suspect that those energizing meetings early in my oncology career, "hooked" me on the CALGB for the rest of my academic life. Those meetings also "nested me" in a community of similar clinical investigators. Those strong investigators, whose names I barely knew in 1980, have now formed a network of personal and professional friends whose advice and companionship I routinely rely upon.

The small investment that the CALGB, B.J. Kennedy and the other University of Minnesota staff and faculty made in me in 1980 resulted in my becoming a loyal CALGB volunteer. I would urge the CALGB to continue to invest in youth.

The CAL•GAB 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 March 15, for the Spring 2000 edition. Articles and correspondence should be sent to:

Robert Blount-Lyon, CALGB Publications Coordinator; 208 S. LaSalle St., Suite 2000, Chicago, IL 60604-1104

e-mail: rblountl@midway.uchicago.edu

Voice: (773) 702-9479 Fax: (312) 345-0117

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.

CALGB GROUP NEWS

New CALGB Staff:

Lorraine Rutt is a new data coordinator on the PET and Cancer Control committees. She comes to CALGB from Duke's Dept. of Psychiatry.

Wendy Boulanger joins the CALGB IS group. Wendy is a new graduate from East Carolina University with a degree in Computer Science.

Julie Amara is a new data coordinator for the respiratory committee. Julie comes to CALGB from the Duke Center For Aging.

Greg Miglucci is now a permanent employee of Duke University and thus the CALGB. Greg has been on contract with the CALGB IS team for the last 12 months providing much needed assistance in the network support arena.

NCI Cancer Trials Support Unit Contract Awarded to WESTAT, Coalition and Oracle

The National Cancer Institute (NCI) has awarded the contract for the Cancer Trials Support Unit (CTSU) to Westat Corporation of Rockville, Md. Westat has partnered with the Coalition of National Cancer Cooperative Groups and Oracle Corporation's Health Informatics Consulting Practice through a subcontract to develop the multiple facets of this project.

The CTSU will play a key role in managing clinical trials stemming from future collaborations between CALGB and the other major national cancer cooperative groups. The CTSU will:

- Streamline and centralize some regulatory and administrative tasks to allow the Cooperative Groups to concentrate resources on the design and conduct of the trials.
- Facilitate access for the general public and healthcare providers interested in participating in cancer clinical trials.
- Develop a simplified process for enrolling patients in clinical trials using the CTSU as the single point of entry.

Westat has more than 25 years of experience in cancer research support activities for clinical trials and epidemiological studies. According to Stephen Durako, Westat Vice President and Corporate Officer for the CTSU, the CTSU website should be ready in early 2000 for access to protocol and training materials, and the first patient should be enrolled on a trial through the CTSU in midyear of 2000.

The seven participating national cancer cooperative groups will help in the development of the administrative and regulatory centers for the CTSU. Services such as credentialing of investigators, auditing and regulatory compliance will be coordinated by the Coalition and its cooperative group members.

Thank you to organizations & individuals supporting the CALGB in 1999:

Organizations:

Alza Pharmaceuticals
Amgen, Inc.
AstraZeneca
Arrow International
Berlex Laboratories
Breast Cancer Research Foundation
Bristol-Myers Squibb Oncology
Cytogen
Gilead Sciences
Glaxo Wellcome Oncology
Genentech BioOncology / IDEC Pharmaceuticals
Immunex Corporation
Impact Communications
LeukoSite Inc.
Lilly Oncology
Novartis Oncology
Ortho Biotech Inc. and the Janssen Research Foundation
Pharmacia & Upjohn
Pfizer, Inc.

Prime Group Realty Trust
Rhône-Poulenc Rorer Pharmaceuticals
Sanofi Lilly Oncology
Sanofi Research
Schering Corporation
SmithKline Beecham
T.J. Martell Foundation for Leukemia, Cancer and AIDS Research
Warner-Lambert (Parke-Davis)

Individuals:

Linda Adsitt
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Roy and Doreen Cantey
Yvonne Cantey
Kelly Carmichael
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Noelle DeSantis

Thomas Egan
Ann Ernest
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Joan Shay
Thomas Shea
William Sikov
Consuelo Skosey
Noreen Simms
Renée Solow
Sigurdur Petursson Ttee
Alan Venook
Virginia Vercillo
Richard and Cynthia Schilsky
Nicholas Vogelzang
Robert and Pauline Wagner
H. James Wallace
Laura Walsh
Dave Wells
Mr. and Mrs. Gerald Whisenhunt
British Wives Club
Goldsboro Chapter 54 Order of Eastern Star
The Lyncourt Staff

CancerQuilt *continued from page 1*

Rosemary L., Baltimore, MD

Disease Type: Stomach cancer

Submitted by: mother

Rosie was the first of four children. She was a great kid and even a great adult. She was married and had three children. She found out she had cancer in September of 1996. She went to have every treatment they would give her, she wanted to live for her children who were 7, 5 and 3. They told her she had a 1% change of beating it but she still tried. She told us on Christmas Eve of 1996 all she wanted for Christmas was to be here next year. Well, Rosie's birthday was June 15th - she made it to her 27 birthday but two days later she died from stomach cancer. Her father and I, her two brothers and one sister, and of course her children miss her very much. Every day is like the last, I just wish I could talk to her one more time. We all love her so very much.

Barbara B., Anaheim, CA

Disease Type: Lung cancer; small cell

Submitted by: self

I am alive today, and doing well. I felt so guilty for so long being among those who survived, when so many don't. A true angel, Tammie S., taught me to live and fight this terrible thing. I am alive, she lost her brave fight, and is sorely missed by her husband and sons, and parents, and me. This world needs more people like Tammie, who gave a very scared lady the will and the hope to fight like she did. I will always be grateful for her, and will always miss her. This square is in memory of [Tammie, a] loving, kind lady. She is a true Hero!

Lola Faye H., Centre, AL

Disease Type: Liver cancer (primary)

Submitted by: daughter

When my mother was found to have liver cancer it seemed my whole world came crashing down. She was diagnosed on January 20, 1999 and told she had 6 months to live; she lived for 3 months and 9 days. This was the first time in my life that I had to deal with this kind of illness and it brought my life to a very slow pace. My mother was very sick and we all had to help. It was hard getting use to the fact of losing a loved one. I felt so helpless knowing that there was nothing I could do to stop this deadly disease. It was the hardest and most terrible disease I had ever dealt with in my life. Thank god for hospice, they are the greatest people on earth. They not only help the patient but also the help the family deal with what lies ahead of them and prepare for it. I lost my mom on May 9, 1999, Mother's Day morning, but I know she is not suffering and is in heaven and is not hurting any more. I wish they had a cure for this deadly disease. I love you Mother!

Developed with the assistance of an unrestricted grant from Ortho Biotech Oncology, the CancerQuilt was officially opened to the public in September 1999 at the NCCS' Ribbon of Hope Candlelight Vigil held to commemorate The March.

Participants at the Vigil were provided the opportunity to record their stories at computer workstations and enter their pictures using a digital camera available at the display. Their contributions marked the first quilt patches and the initial contents for the site.

CancerQuilt contributor's booths will be appearing at many future public events for cancer patients and advocacy groups, according to Kelahan, such as the upcoming Summit IV on Clinical Trials, and local events such as Y-Me's Race against Breast Cancer. Cancer patients or family members with access to the Internet can connect to www.cancerquilt.com at any time, and upload their personal story and a digital photo, if they wish. Contributors must have an e-mail address and verify that they are over 21 years old to post entries. Contributors are also asked to provide demographic information and disease type. Quilt patches submitted in honor of a patient who participated in a cancer clinical trial are given a star and listed on the Clinical Trial Honor Roll.

Visitors to the CancerQuilt can find links to other web sites that offer educational information about specific types of cancer therapies, clinical trials, and educational materials that inform patients about available treatments. These links are especially important to current cancer patients as they provide access to information about open clinical trials in their region for their particular cancer.

Visitors can respond to cancer quilt patches, if the contributor wishes, via e-mail channeled through the Coalition. Patches can be searched by last name, by cancer type, by state or country, or for contributions by current patients, survivors, or

CancerQuilt *continued on next page*

Kenny R., Browning, MO

Disease Type: Lung cancer; small cell

Submitted by: spouse

My husband was very brave and fought every step of the way, he had lots of pain and tried everyday not to show it. He kept telling me he was going to beat this thing called cancer, that they would come up with a cure to help him. He had a fifteen year old son that he still had a lot to teach. He and his son were very best friends and his son is having a very hard time coping without his dad. All I can pray for now is that what he did teach him will prove to be good in the end. As for me, my heart is heavy and will be for as long as I live on this earth without him in my life. We loved each other dearly for 29 years, and it's seems my life is over now too. But he told me to go on and live my life for our children and grandchildren and that is what I am trying to do. I guess God had somewhere else he needed him to be but this world lost a very caring and brave person when he left it. My children and I went thru a year and a half of watching him suffer and it was a hard thing. Sometimes you never truly know what you have until you don't have it anymore.

CancerQuilt *continued from page 4*

patients' families and loved ones. Those who submitted patches can update and edit their stories at any time, as their cancer stories change.

The Coalition will be holding a variety of local and national events to publicize the CancerQuilt over the coming months. Last December in Los Angeles, the families of actor Michael Landon and composer Henry Mancini gathered publicly to contribute quilt patches in their honor. They hoped to also call more attention to the CancerQuilt and its goals of uniting survivors and patients through the common threads of their cancer experiences.

The CancerQuilt, like any patch-work compilation, starts out small. No matter how large it becomes, every single patch added represents one more cancer story. The Internet gives the CancerQuilt the potential to hold not just thousands, but millions of patches, telling millions of stories. This magnitude lends potency and urgency to every effort to share, join together, and fight for progress against cancer.

Tricia P., Mt. Juliet, TN

Disease Type: Lung cancer, non-small cell

Submitted by: self

I was diagnosed with advanced non small cell lung cancer on December 23, 1998. It is amazing how we seem to always remember the exact date. My hopes for the future, are, not only that we find a cure for cancer, but learn how to detect it in early stages. If the doctors will learn to listen and not worry about the insurance companies, more people could survive this this terrible disease. If you feel unexplained pain or fear, please find a doctor who will follow through. It might save your life, it could have saved mine! Sometimes all it takes is a simple xray! Even if it takes more, find a doctor that will go that extra mile for you. May God bless all of you!

John G., Round Rock, TX

Disease Type: Leukemia, acute myeloid

Submitted by: spouse

John was diagnosed in Feb. 1999 with Acute Myeloid Leukemia (M6) with chromosomal involvement of 5 and 11. This has a very poor prognosis. The cancer did not completely go away with chemo... [after finding a donor match, a bone marrow] transplant took place in September. At the time of his diagnosis, I was pregnant with our third son. We have a 4 year old and a 2 year old and now a 6 month old. John has been so very brave and strong though this trial. We have both had to rely on God for strength and perseverance. I have had to learn that I must trust Him in every situation. God has really come through for us and has provided for our every need.

QUALITY OF LIFE SUBCOMMITTEE

PROTOCOL UPDATE:

Eligibility criteria expanded for CALGB 119801 (Telephone Monitoring: Early Identification of Psychological Distress in Cancer Patients 65 or More Years Old During Active Treatment)

Alice B. Kornblith, Ph.D.

The Telephone Monitoring study is designed to test whether the routine monthly monitoring of distress in the elderly cancer patient with advanced stage disease could significantly reduce distress through the early detection of psychological problems and referral for further evaluation and treatment, more than the use of educational materials alone. If Telephone Monitoring is proven to be successful, then it would be a simple, effective approach to meeting the unmet psychological needs of the elderly cancer patient, particularly in light of the increased psychological distress of those with advanced stage disease.

As many of you know, accrual to this trial has been slow, we think partly due to the limitations imposed by the eligibility criteria. Consequently, an amendment to the protocol, effective 12/15/99, broadens the eligibility criteria to include patients with regional and metastatic disease, prostate cancer patients with hormone and non-hormone refractory disease, and eliminates the requirement that patients be newly diagnosed with advanced stage or recurrent disease. Even with these changes, this study remains targeted for patients diagnosed with colon, prostate and breast cancer with advanced stage disease, in active treatment. This is the group of patients we feel may be the most distressed by their illness, and therefore might benefit most from an intervention such as the Telephone Monitoring Study. The following are the eligibility criteria for the study, with an asterisk placed next to those that were revised:

- Patients 65 years old or older
- * Patients with stage III or IV breast cancer, stage C or D colon cancer, stage C or D prostate cancer (either hormone refractory or non-hormone refractory)
- * Currently in active treatment, (defined as either single modality therapy with hormone therapy, radiation therapy or chemotherapy, or any combination of these modalities), initiated no more than 2 months prior to recruitment to this study,
- Life expectancy of >12 months,
- Cognitive and psychological functioning sufficient for giving informed consent and for being able to participate in the study,
- Access to a telephone
- Able to hear on the telephone
- Patients must be either English or Spanish-speaking.
- Participation in a CALGB clinical trial is not a requirement.

We hope that these changes will facilitate accrual and make it possible to successfully complete the trial. If you should have any questions, don't hesitate to call either Ms. Enid Zuckerman, the Research Interviewer for the trial (212-583-3016) or myself (212-844-1490).

LEUKEMIA COMMITTEE

Homoharringtonine: agent derived from Chinese tree examined for use in chronic myelogenous leukemia

CALGB 19807: Phase III trial of homoharringtonine versus hydroxyurea for CML patients who have failed interferon therapy.

This new Leukemia Committee trial opened in January of 2000, with the goal of identifying whether homoharringtonine (HHT) will improve the survival of patients with interferon-refractory chronic myelogenous leukemia (CML). HHT has not yet been approved by the FDA for off-trial use in treating leukemia, and this trial is an important step in proving its effectiveness.

Allogeneic transplantation is the only curative therapy for CML, and when feasible, is the treatment of choice. When allogeneic transplantation is not feasible, interferon-alpha therapy is the treatment of choice. Interferon therapy is associated with a 70% complete hematologic remission rate and a 10-20% rate of a complete cytogenetic response in newly diagnosed CML patients. Patients who respond to interferon therapy have median survival twice that of non-responders (10 years vs. five years). New agents are being sought to be used in combination with interferon to increase the number of responding patients, as well as alternatives for patients who are intolerant of some of interferon's systemic side effects. For patients who are intolerant to interferon or whose disease fails to respond, hydroxyurea is currently the treatment of choice. However, it has less than 0.5% rate of cytogenetic response.

One promising agent is HHT, a plant alkaloid derived from a tree species native to China. A phase II study of HHT in CML patients who had progressed on interferon and/or were in late chronic phase CML showed 72% complete hematologic remission and 30% cytogenetic response, including 22% complete or major cytogenetic responses. HHT toxicity was minimal and was related to myelosuppression.

Another investigational agent, STI-571, has recently entered clinical trials for patients with interferon-refractory CML. The CALGB is currently designing an intergroup randomized study to compare interferon-alfa versus STI-571 in newly-diagnosed patients with chronic phase CML.

Current Study:

In order to establish HHT's potential as a complementary or first-line agent for CML patients, it is being tested in this randomized trial of late-stage interferon-refractory CML

patients against hydroxyurea, the current standard of care for these patients. Because cytogenetic responses may not necessarily translate into improved survival in this patient group, we will test whether treatment with HHT is associated with longer overall survival and increased time to disease progression compared to hydroxyurea. CML patients who have progressed while on interferon therapy and are given hydroxyurea have a median survival of 3.5 years. If the HHT arm shows longer overall survival than the hydroxyurea arm, without additional toxicity risks, HHT could then be studied further in treating newly-diagnosed CML patients.

Eligibility:

This study is limited to CML patients who are BCR/ABL positive and are not able to receive allogeneic bone marrow transplant. They must also have tried and failed an interferon treatment regimen in any of these manners:

- No complete hematologic response after 6 months of therapy; or
- No cytogenetic response after 12 months of therapy; or
- Intolerable toxicities from interferon after at least 1 month of treatment; or
- Loss of a prior hematologic remission or cytogenetic response to interferon; or
- Doubling of WBC counts after starting interferon
- Prior treatment with STI-571 will not disqualify patients from enrolling on study 19807

Accrual:

This study will accrue 480 patients in all, at a rate of 120 patients a year for 4 years. An additional 4 years of follow-up will occur before the final planned analysis.

Further Information:

The study chair for CALGB 19807 is Meir Wetzler, M.D. of the Roswell Park Cancer Institute in Buffalo, NY. The study is also open to SWOG institutions. For further information and detailed eligibility requirements, please contact Dr. Wetzler at 716-845-8447 (meir.wetzler@roswellpark.org); study co-chair Dan DeAngelo at 617-632-2645 (dan_deangelo@dfci.harvard.edu); or the CALGB protocol editor Michael Kelly at 773-702-8812 (mkelly1@midway.uchicago.edu).

PUBLICATIONS – SPECIAL SECTION

CALGB Publishing Primer & Policies:

The flow of information on Clinical Trials and Results

For CALGB investigators, publishing the results of CALGB trials is the final and most important step in the research path. The preferred end result is a manuscript published in one of the major peer-reviewed oncology journals, presenting the final results of the clinical trial with a thorough analysis and discussion of its significance. That process can take from months to years after a study completes accrual, depending on the study objectives and end points. In the meantime, there are several other documents produced by the CALGB which provide information, if not results, about ongoing and recently closed trials. In this special CALGB Publications section, we try to address the most common questions we receive about protocol documents and publications.

CALGB DOCUMENT BASICS:

There are several documents describing a clinical trial throughout its course, from the first proposal to the final results manuscript:

1. Protocol Document.

This document describes the study in full at its onset. It details what will be tested and states the rationale behind the study design as well as the study objective(s). Other major elements are eligibility criteria, treatment schemas, data submission requirements and detailed treatment guidelines. Also included are model informed consent forms—documents explaining the trial in terms typical patients can understand so that they can be truly **informed** about the risks of the trial before they **consent** to participate.

Protocol documents contain privileged and confidential information not for distribution to the general public. The primary concerns are for patient safety and to ensure that the experimental treatment regimen is not used on an ad-hoc basis off-study by non-affiliated oncologists. Protocol documents are distributed to CALGB institutions and other participating cooperative group institutions through the CALGB web site.

2. Brochures for patient education and physician reference.

Occasionally, extra brochures will be prepared to inform patients and health care providers about a clinical trial they may be able to participate in. Any literature given to

patients explaining or urging participation in a trial must first be approved by the hospital's Institutional Review Board. Study chairs interested in using educational literature are encouraged to work with the CALGB Central Office to ensure that the information is conveyed appropriately.

3. Agenda Book Statistical Summaries

Every six months, CALGB publishes statistical summaries of its open clinical trials to distribute to members at the semi-annual Group Meetings. These reports summarize the major aspects of the trial from the original protocol document, and include study objectives, schematic design of the study, eligibility requirements, and data submission requirements. They are updated every 6 months to incorporate any changes or amendments to the study, and include the most recent accrual and toxicity data. No study results are reported in these summaries, as these studies are still open and ongoing.

IMPORTANT NOTE: Statistical summaries are also confidential documents, not for general public distribution. Accrual and toxicity information in these study summaries can be shared with parties who have a medical interest, but the information cannot be published without permission of the Group chair.

Beginning in 2000, statistical summaries of open protocols will be available to CALGB members through the CALGB web site.

4. Published abstracts

Often, the first publicly available information about a study's results are published as brief summaries for the annual meetings of major oncology organizations. The two largest publishers of abstracts on cancer clinical trials are Blood (the journal of the American Society of Hematology), and ASCO (the American Society of Clinical Oncology). ASCO also publishes the Journal of Clinical Oncology. These abstract reports are very brief (300 words or less) however, and are not always the final, or complete results. Of the CALGB studies closed over the last 10 years which have not yet had results published in a manuscript, almost half have been published in abstract form. On the Internet, ASCO and ASH abstracts can be found at www.asco.org and www.hematology.org, respectively.

5. Manuscripts.

The CALGB considers a study's results to be officially "published" once a manuscript reporting the primary study results has been printed in a peer-reviewed medical journal. Manuscripts reporting results of CALGB trials can be submitted to journals for consideration only after review by the CALGB Central Office, Statistical Center, and a Group review by the Principal Investigators at all the CALGB main member institutions. Please see the manuscript publishing guidelines on the next page for more information.

PUBLICATIONS – SPECIAL SECTION

How to Publish a Manuscript

The following steps to publishing manuscripts on clinical trials are derived from the CALGB Policies and Procedures manual and are intended as reference aids to study chairs and committee chairs.

1. Start the ball rolling: statistician's role.

After the study closes, and all the final patient data forms are submitted (for Phase III studies: after the DSMB determines that study results can be released), the study statistician meets with the study chair to discuss study results and what analyses will be needed. The statistician then generates final statistical analyses and a results report for review by the study chair. A CALGB statistician has to approve reporting of any results from a CALGB study, whether for an abstract or a manuscript.

2. Writing help.

Guidelines for preparation of research manuscripts are available at the web sites of many of the major oncology journals. A good overview from the Journal of Clinical Oncology can be found at: www.jco.org/misc/ifora.shtml (Information for Contributors).

3. Parsing the project to simplify the writing.

A typical manuscript reporting the results of a clinical trial is organized according to a standard structure. Much of the material can be derived from the protocol document. The Introduction and Methods sections are usually derived directly from the protocol document. The Results section will be prepared by the statistician in the Final Analysis report. Most of the references are already in the protocol document. New writing is needed primarily for the Abstract and the Discussion sections.

4. Coauthorship Rules:

Determining coauthorship on manuscripts is often the most complicated aspect of the publishing process. CALGB policy is to give coauthorship credit based on workload and intellectual contributions as well as for efforts in recruiting and enrolling patients to the study (accrual). The study chair (primary author) and the committee chair (who is usually the last listed co-author) have final responsibility for naming all the other co-authors.

A. Order of Names:

Listed after the primary author(s), are the faculty and/or staff statistician, followed by other major collaborators and contributors. Institutional coauthors named for accrual should be listed next, with the final author positions reserved for the committee leadership.

B. Criteria for institutional authorship.

Study accrual tables are used to determine which institutions (or networks) will be awarded institutional co-authorship. The number of patients needed varies according to

the total number of patients in the study. See the official CALGB Policies & Procedures manual or contact the CALGB Publications Coordinator for accrual thresholds.

The Principal Investigator at each eligible institution will name the researcher from his/her institution or network to receive the coauthorship.

C. Intergroup Studies.

For intergroup studies, co-authorship is given to at least one representative from every participating group—usually the cooperating group's study chair. Authorship should also be awarded to statisticians and discipline coordinators with significant intellectual or workload contribution, as well as to investigators with high accrual per the institutional co-authorship criteria above. The committee chairs and study chairs from the participating cooperative groups should establish authorship guidelines for the intergroup study before study activation.

5. Title Page and Credits

- The title of every manuscript should state that this is a Cancer and Leukemia Group B study (CALGB), and include the CALGB protocol number.
- Coauthors should be listed at the institution where they did the primary work on the study. For each co-author, the institution name, city and the author's NIH grant number should be listed in the footnote.
- The Central Office will provide an additional appendix acknowledging all the CALGB institutions that accrued patients to the study (CALGB main members and CCOP networks). This includes the institution location, Principal Investigator name, and NIH grant number.
- In the case of Intergroup studies, the acknowledgements appendix will list the participating CALGB institutions, but only the headquarters offices and chairs of the other participating cooperative groups.
- Special acknowledgements should be given when pharmaceutical firms, foundations, or other outside organizations have provided funding to support aspects of the study. (*Note: this funding may also require the study chair to submit a final draft of the manuscript to the funding organization before publication—authors will be contacted by the CALGB chief financial officer in such cases.*)

6. Review Process

A. Co-authors' Review.

Once the initial draft is complete, the study chair sends it to all the listed co-authors for review (in the case of institutional co-authors, to the institution's P.I.)

B. Group Review.

PUBLICATION GUIDELINES *continued on page 9*

PUBLICATIONS – SPECIAL SECTION

Publication Guidelines *continued from page 9*

The study chair then sends a revised draft to the CALGB Central Office for Group Review. After processing, the Publications Coordinator distributes copies to manuscript reviewers at the Central Office, the CALGB Statistical Center, and to the Principal Investigators at all CALGB main member institutions and CCOP networks (about 50 individuals in all).

Reviewers are given 30 days to respond with comments directly to the study chair. (Faster review cycles are permitted: requests stating the reason for expedited review are sent to the Group Chair for approval).

After the review period has lapsed, the study chair can then make final changes and submit the manuscript directly to the desired medical journal.

C. Notification

Study chairs must keep the Publication Coordinator apprised of the status of all manuscripts submitted to medical journals. Copies of draft revisions, letters of acceptance and the final printed article should be sent to the Central Office for its publications database and bibliography.

7. Timeline

The publication process starts when the DSMB releases the study data or final patient data forms are received. After consultations with the study chair, the faculty statistician prepares the statistical analysis and a final report. Once those are completed, the clock starts ticking; the expected time range is as follows:

- First draft of manuscript ready for co-author review: 3–6 months
- Co-author review: 1 month
- Revisions based on co-author feedback. Revised draft ready for Group Review: 1 month
- Group Review: 1 month
- Final revisions based on Group Review feedback. Final draft ready for journal submission: 0–1 month

Total time from completion of statistical analyses to manuscript submission: 6–10 months.

The Study Chair, committee chair and faculty statistician should establish a publication schedule and deadlines at the start of the publication cycle. It is critical that the study chair communicate regularly with the committee chair about publication progress. If the study chair is unable to complete the manuscript in a timely fashion, the Committee chair will delegate writing responsibility to the next best-qualified author. Study chairs who are unable to complete manuscripts run the risk of being excluded from chairing future CALGB studies.

Who wants to know? Audience-specific CALGB study information.

Different subsets of the cancer research community have different information needs. The CALGB, with its current and planned communication tools and policies, tries to direct every audience to the appropriate sources.

INFORMATION ABOUT CALGB OPEN CLINICAL TRIALS FOR:

• ***Cancer patients, families, general public***

There are many good resources for information about cancer clinical trials which give references to CALGB trials open at CALGB member institutions:

- NCI/NIH web sites (i.e. cancer.net.nci.nih.gov)
- Medical/oncology web sites (i.e. oncology.com, medscape.com)
- Verbal referrals from health-care providers
- Other cancer patients and patient support groups
- Other public media (newspapers, magazines, TV)

Organizations with broad national focus and outreach capabilities spearhead most efforts to educate the general public about potential clinical trials. The CALGB supports these efforts, through NCI participation as well as in its Patients Issues Committee, but doesn't attempt to duplicate those larger, more comprehensive and better-funded outreach tools.

While there are now dozens of ways for cancer patients to find out about clinical trials, low accrual rates suggest that still more could be done (fewer than 5% of eligible adult cancer patients enroll in clinical trials). Ultimately, cancer patients anywhere should be able to easily find out about clinical trials appropriate for their cancer that are available at hospitals and clinics in their community.

• ***Health-care providers at CALGB institutions***

CALGB outreach is currently focused within CALGB institutions and their immediate communities. Building awareness about CALGB clinical trials among health care providers at CALGB institutions is one of the best ways CALGB can increase participation in its clinical trials. Current outlets include:

- Protocol announcements via e-mail, web, and regular mail
- Group Meeting discussions
- CAL-GAB newsletter articles
- Clinical trial education bulletins for doctors & oncology nurses.

Patients look to their oncologists and health care providers for information about treatment options more than any other source. Our goal is to maximize the number of patients at CALGB institutions who are made aware of possible clinical trials and elect to participate.

REFERRAL INFORMATION *continued on page 10*

AUDITS

“This is Dr. Ray Weiss calling. I need to schedule your CALGB audit within the next 4 months.”

Susan S. Tuttle, RN, CCRA, Vice-Chair of CALGB Audit Committee, Southeast Cancer Control Consortium

This is the phone call that no one ever looks forward to. Unfortunately, the rotation of audits every three years or less rolls around all too frequently. This article, the first of a series aimed at helping institutions improve compliance and prevent deviations, is devoted to pharmacy issues assessed during an audit. Future articles will cover IRB/consent content, and protocol compliance.

1) An NCI DARF (Drug Accountability Record Form) should be kept on each investigational drug. An investigational drug is considered to be any drug (including commercially-available drugs being used in an investigational setting) provided by the NCI/drug company free of charge for patients registered on specific protocols. The DARF should include all the following information in the upper section as requested:

- Name of your institution/hospital
- CALGB protocol number
- Drug name, dose form, and strength
- Protocol title (can be abbreviated)
- Dispensing area (pharmacy or dispensing location)
- Investigator's name (may use PI's name)

The sign-in and sign-out of drug applies to the lower section of the DARF and should include:

- Date - drug should be signed out as needed daily
- Patient's initials - use all three initials

Referral Information *continued from page 9*

INFORMATION ABOUT RESULTS OF CALGB CLINICAL TRIALS FOR:

• ***Patients and their families who participated in a clinical trial.***

Patients are often overlooked when we think about reporting the results of clinical trials. We encourage patients to join trials not only to help themselves but to help other cancer patients; so we need to recognize that they might well have a desire to know how, in fact, the clinical trial turned out. Factors to keep in mind include:

- Information about trial results should be made available to patients through the doctors, hospitals and clinics that cared for them while they were on trial.
- Patients with poor outcomes and their families might be less willing to hear about the success of patients on other treatment arms
- Results reported in published abstracts and manuscripts may not be understandable by typical patients.

To address these concerns, the CALGB is currently considering a number of initiatives.

- Patient's ID number - use CALGB pt. number
- Dose - the dosage of drug administered that day
- Quantity dispensed/received - the number of vials received (e.g., +5) or dispensed (e.g., -5)
- Balance forward - this number should always match the drug inventory in storage cabinet or refrigerator
- Manufacturer and lot no. - always list lot number(s) noted on drug labels
- Recorder's initials - this is the person responsible for dispensing the drug

Any time you receive drug from NCI/drug company or send drug to another location at your institution to be administered, please make notation on that date how much drug was sent and where it was sent.

2) Ordering Investigational Drug - You should use the Clinical Drug Request form (NIH 966) and follow procedures found in the CALGB Policy and Procedure Manual, Appendix B-46 to B-48 to order drug from NCI or other designated distributor as noted in the protocol section for drug information.

3) Use of Investigational Drug - If drug is provided for a specific protocol, you are to use only drug provided. Do NOT use commercial drug or drug from another protocol or source. You must have the NCI staff's approval in writing to use the same drug with identical NSC #s from another protocol (Drug Transfer Form). Under NO circumstances do you exchange commercial drug for investigational/protocol drug or vice versa. This is considered a MAJOR deviation.

4) Storage of Investigational Drugs - Investigational/protocol drugs should always be kept separate from commercial drugs. Investigational drugs should always be kept in a secure location (e.g., locked cabinet/room with limited access by authorized personnel) with proper labeling on box or plastic bag that stores drug. NEVER place food in refrigerator with investigational drugs.

5) Shipping Invoices - Any investigational drug you receive should have a shipping invoice. If one does not accompany a drug shipment, please call immediately to NCI/drug company so that they can find out why one was not included and provide one for your records. You must be able to account for all shipments from NCI with shipping invoices. In addition, you must have NCI drug return invoices for all investigational drug returned to NCI/drug company.

The CALGB Pharmacy committee Chair, Christine M. Berard, R.Ph., may be contacted (cberard@lifespan.org) for any questions involving handling of investigational drugs.

Remember, you must be able to account for all supplies of investigational/protocol drugs that are provided by NCI or the drug company in analogous fashion to the handling of narcotics.

PROTOCOL NEWS

NEW STUDIES

October 15, 1999

49906—A phase III study of doxorubicin-cyclophosphamide therapy followed by paclitaxel or docetaxel given weekly or every 3 weeks in patients with axillary node-positive breast cancer
Study chair: Vicky E. Jones, M.D.

99808—Estramustine and docetaxel versus mitoxantrone and prednisone for advanced prostate cancer
Study chair: Diane M. Savarese, M.D.

509802—A randomized phase III trial of concurrent biochemotherapy with cisplatin, vinblastine, dacarbazine, IL-2 and interferon Alfa-2b versus cisplatin, vinblastine and dacarbazine alone in patients with metastatic malignant melanoma
Study chair: Jeffrey A. Sosman, M.D.

December 15, 1999

49801—Phase III trial of wide local excision alone vs. wide local excision plus radiation therapy for good risk duct carcinoma in-situ (DCIS) of the female breast
Study chair: Barbara L. Smith, M.D.

49806—Evaluation of novel therapeutic agents against breast cancer: an innovative phase II trial design
Study chair: Daniel M. Hayes, M.D.

59903—Randomized phase III trial comparing early high dose chemoradiotherapy and autologous stem cell transplant to conventional dose CHOP chemotherapy for patients with diffuse aggressive NHL in the high intermediate & high risk IPI
Study chair: Thomas C. Shea, M.D.

69803—A phase I study of compound 506U78 in patients with hematologic malignancies and renal impairment
Study chair: Todd M. Zimmerman, M.D.

159806—Study of erbB2 and p53 in response and outcome after paclitaxel chemotherapy for metastatic breast cancer (companion to CALGB 9342)
Study chair: Lyndsay N. Harris, M.D.

January 15, 2000

19807—Phase III study of homoharringtonine vs hydroxyurea in patients who have failed interferon therapy
Study chair: Meir Wetzler, M.D.

19901—Phase II study of fludarabine followed by campath-1H consolidation therapy in patients with previously untreated B-cell chronic lymphocytic leukemia
Study chair: Kanti R Rai, M.D.

89808—A phase III randomized study of 5-fluorouracil, mitomycin-C, and radiotherapy versus 5-fluorouracil, cisplatin, and radiotherapy in carcinoma of the anal canal
Study chair: Robert J Mayer, M.D.

February 15, 2000

39810—A phase II trial of Trastuzumab (herceptin) for advanced stage (IIIb, IV) HER2-expressing non-small cell lung carcinoma
Study chair: Jeffrey A. Kern, M.D.

CLOSED STUDIES

October 1999

509801—Phase III: adjuvant ganglioside vaccination vs high dose interferon Alfa-2b for high risk melanoma.
Study chair: Marc S. Ernstoff, M.D.

November 1999

9443—Phase III: Tamoxifen vs. tamoxifen and Fenretinide in postmenopausal women with involved axillary lymph nodes and positive receptors
Study chair: Mark L. Graham II, M.D.

9490—Does an oral analgesic protocol improve pain control for patients with cancer?
Study chair: Tim A. Ahles, Ph.D.

December 1999

89805—Phase II: gemcitabine in patients with locoregional adenocarcinoma of the pancreas
Study chair: Margaret A. Tempero, M.D.

9498—Phase III: bolus 5-FU, leucovorin, and levamisole versus continuous infusion 5-FU and levamisole for high risk resectable colon cancer
Study chair: Robert J Mayer, M.D.

January 2000

9270—Colorectal adenoma prevention trial using aspirin: a phase III study
Study chair: Robert S. Sandler, M.D.

79802—Randomized controlled trial to evaluate the impact of easy-to-read informed consent statements
Study chair: Electra D. Paskett, Ph.D.

49802—Phase III: adriamycin/taxotere vs. adriamycin/cytoxan for node + or high risk node – breast cancer
Study chair: Lawrence N. Shulman, M.D.

9712—Phase II: fludarabine + Rituximab induction followed by Rituximab consolidation in untreated B-cell CLL.
Study chair: John C. Byrd, M.D.

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, visit the CALGB website or contact Mary A. Sherrell, Financial Officer at (773) 702-9856.

9473 – Omega-3 Fatty Acids for Cancer Cachexia. Phase I/II Trial.

9481 – Hepatic Artery Floxuridine, Leucovorin, and Dexamethasone vs Systemic 5-FU and Leucovorin as Treatment for Hepatic Metastases from Colorectal Cancer. Phase III Study.

9497 – Quality of life in early Hodgkins Disease (SWOG 9208)

9581 – Adjuvant Immunotherapy with Monoclonal Antibody 17-1A after Resection for Stage B2 Colon Cancer. 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)

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)

9782 – Phase II trial of potency-sparing hormonal therapy in patients with elevated serum PSA after radiation therapy or radical prostatectomy for prostate cancer.

9870 – Quality of life and cost analysis of a prospective randomized phase III trial comparing trimodality therapy to surgery alone for esophageal cancer.

9872 – Activated protein C resistance and tamoxifen-associated thrombosis
19801 – A Phase II Study of 506U78 in Patients with Refractory or Relapsed T-Lineage Acute Lymphoblastic Leukemia (ALL) or Lymphoblastic Lymphoma (LBL)

19803—Randomized phase II trial of oral topotecan given twice a day for 5 days vs. 1x/day for 10 days to patients with myelodysplastic syndromes

39802 – Video-assisted lobectomy for peripheral (3 cm or less) N0, non-small cell lung cancer – a phase II feasibility study

39803 – Pre-resectional minimally invasive surgical restaging of stage III (mediastinal node positive) non-small cell lung cancer (NSCLC)

39804 – Phase III randomized prospective trial of open versus minimally invasive, video-assisted resection of pulmonary metastases

49805 – Phase III randomized double blind study of letrozole versus placebo in women with primary breast cancer completing five or more years of adjuvant tamoxifen

89804—Randomized phase III trial of 3 different regimens of CPT-11 plus 5-FU and leucovorin compared to 5-FU and leucovorin in patients with measurable advanced adenocarcinoma of the colon and rectum.

79802 – Randomized controlled trial to evaluate the impact of easy-to-read informed consent statements

CALGB CALENDAR

| | | |
|----------------------------------|----------------|---|
| Spring 2000 Core Meeting | Mar. 3–5 | Chicago, IL— <i>Fairmont Hotel</i> |
| Summer 2000 Group Meeting | June 9–11 | New Orleans, LA— <i>Fairmont Hotel</i> |
| Fall 2000 Core Meeting | September 8–10 | Chicago, IL— <i>Westin O'Hare</i> |
| Fall 2000 Group Meeting | November 10–12 | Chicago, IL— <i>Chicago Hilton and Towers</i> |

ABSTRACT DEADLINES

Abstracts reporting on CALGB studies must be submitted to the Central Office for review at least two weeks prior to the submission deadline.

| | | ABSTRACTS DUE AT CENTRAL OFFICE | SUBMISSION DEADLINE | MEETING DATE | LOCATION |
|--|--------------------------------|--|--------------------------------|---------------------|-----------------|
| ASTRO | | | | | |
| American Society for Therapeutic Radiology and Oncology | <i>Paper Submissions:</i> | March 13 | March 27 | October 22–26 | Boston, MA |
| | <i>Electronic Submissions:</i> | March 23 | April 5 | | |



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

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