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# CCOP NEWS



A Community of Caring in Cancer Research

## Columbus Community Clinical Oncology Program

### COMMENTS ON THE COMING YEAR

A new year has started and so it is appropriate that we consider some resolutions for 2009. Of course one goal has to be accrual - and especially cancer control accrual. We all need to remember that treatment for our patients includes more than just therapy for their cancers. Quality of life is also very important. Research trials directed at symptom management will aid all of us in our efforts to improve the quality of our patients lives. So please consider a cancer control trial. Many of them are listed in this newsletter, and all are included in the protocol book that fits inside a lab coat pocket.

We have initiated a program in my office to be more proactive. The research staff at Riverside have come up with a questionnaire for patients which asks about various symptoms for which a trial exists. This short document has been approved for use by the IRB, and I hope to pilot it in the near future.

Other resolutions for 2009, at least for myself, include:

- 1) Put together an outstanding Competitive Grant Renewal Submission.
- 2) Work to fill obvious gaps in protocol coverage so that more patients can consider a trial.
- 3) Complete the recruitment of two Assistant PI's for the Columbus CCOP.
- 4) Maintain our commitment to data quality.
- 5) Continue our support for outstanding educational opportunities such as the ASCO Review.

I certainly look forward to another successful year. How could it be otherwise with all of your support?

### KUEBLER'S

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*Phil Kuebler*

**HAPPY NEW YEAR**  
**FROM THE COLUMBUS CCOP!**



**OUR MISSION:** The Columbus Community Clinical Oncology Program (Columbus CCOP) strives to deliver state-of-the-art cancer care to patients in their communities through clinical trials. This allows individuals to remain in their own neighborhoods while receiving the latest and best in cancer screenings, diagnostic care and treatment plans.

Please send newsletter comments to  
[steveo@columbusccop.org](mailto:steveo@columbusccop.org)



## **ONCOLOGY UNPLUGGED NEWSLETTER**

Oncology Unplugged is a series of expert interviews designed to update you on the latest clinical advances in the treatment of cancer. Each interview is CME accredited and available to download free as either an audio file or text based interview. Audio files can be downloaded as a podcast via iTunes (Oncology Unplugged album title) or from [www.thebce.com/oncologyunplugged](http://www.thebce.com/oncologyunplugged). Click on the Oncology Unplugged activity title you wish to download. Visit [www.thebce.com](http://www.thebce.com) for a full listing of the Oncology Unplugged activities available. Oncology Unplugged is provided by The CBCE (The Center for Biomedical Continuing Education).



### **DID YOU KNOW?**

Funding received by the Columbus Community Clinical Oncology Program requires a minimal number of cancer control credits. Cancer control accruals received year to date are less than 20 credits. The Columbus CCOP is required to accrue at least a minimum 50 cancer control credits to satisfy our standing with the NCI. Our goal is 110 credits this year, leaving just 5 months to close a gap of 90 credits. We are asking all CCOP members for a renewed focus in screening new patients to determine if they are eligible for this opportunity. Below is a list of cancer control trials currently available through the Columbus CCOP. Thank you for your support in ensuring we remain one of the top CCOPs!

A handwritten signature in black ink, appearing to read "Reeluy". The signature is stylized and written in a cursive-like font.

ECOG E2Z04	Quality of life on younger breast cancer survivors
ECOG E5597	Phase III Chemoprevention Trial of Selenium Supplementation in Persons with Resected Stage 1 Non-Small Cell Lung Cancer
HLMCC 0501	Stress Management Therapy for Patients Undergoing Chemotherapy. Spanish speaking only.
NCCTG N04CA	Pilocarpine for Vaginal Dryness: A Phase III Randomized, Double Blind, Placebo-Controlled Study
NCCTG N05C5	A Phase III Randomized, Placebo-controlled, Double-blind Trial to Determine the Effectiveness of a Urea/Lactic Acid-Based Topical Keratolytic Agent and Vitamin B-6 for Prevention of Capecitabine-Induced Hand and Foot Syndrome. Closes January 23, 2009.
NCCTG N07C2	The Use of Wisconsin Ginseng ( <i>panax quinquefolius</i> ) to Improve Cancer-Related Fatigue: A Randomized, Double-Blind, Placebo-Controlled Phase III Study
SWOG S0424	Molecular Epidemiology Case-Series Study of Non-Small Cell Lung Cancer in Smoking and Non-Smoking Women and Men
URCC 07079	Prevention of Pegfilgrastim-Induced Bone Pain (PIBP): A Phase III Double-Blind, Placebo-Controlled Clinical Trial
URCC U1105	Prevention of Delayed Nausea - A Phase III Double-Blind Placebo-Controlled Clinical Trial
URCC U1701	Dyspnea in Cancer Patients

## MARK YOUR CALENDAR

- **April 2, 2009: Update on Melanoma.** Please note the date of this event has moved to April 2, 2009. Dr. John Kirkwood will return to present the latest updates on Melanoma at the Brio Tuscan Grille at Polaris. This will be an evening CME program starting at 6:30 PM. Registration information will be available in January, 2009.
- **June 18, 2009:** Mark your calendar for the **2009 ASCO Review**. The annual Columbus CCOP 2009 ASCO Review will once again feature nationally recognized speakers who will summarize the highlights of the annual ASCO Meeting.



## NCI TRIAL NEWS

The following trials are now open for accrual:

**CALGB 40502:** This is a new treatment for locally recurrent or metastatic breast cancer.

Investigating Arm A: Weekly Paclitaxel

Arm B: Weekly Albinimbound,  
Nab-Paclitaxel

Arm B: Weekly Ixabepilone

HER2 allowed if treated with herceptin or Lapatinib. Prior Bevacizumab treatment allowed. Ixabepilone, Nab-Paclitaxel and Bevacizumab supplied.

**Please remember to consider cancer control protocols found in the protocol book and at [www.columbusccop.org](http://www.columbusccop.org).**

Protocols and consent forms can be found at [www.columbusccop.org](http://www.columbusccop.org)



## INDUSTRY TRIAL NEWS

The following industry trials are open for accrual:

- NSABP protocol B 41: This is a randomized phase III trial of neoadjuvant therapy for patients with palpable and operable HER2-positive breast cancer comparing the combination of trastuzumab plus lapatinib to trastuzumab and to lapatinib administered with weekly paclitaxel following AC accompanied by correlative science studies to identify predictors of pathologic complete response.

Protocol and consent forms can be found at [www.columbusccop.org](http://www.columbusccop.org).

## **NCI TO END THE CIS PARTNERSHIP PROGRAM**

The National Cancer Institute (NCI) established the Cancer Information Service (CIS) in 1975 to educate people about cancer, and is an essential part of the NCI's cancer prevention and control effort. Information provided by the CIS to the public, physicians and nurses is delivered in three ways: Information Specialists who answer cancer questions by telephone and email, the Partnership Program and the Research Program.

The NCI has made the decision to not renew contracts for the CIS Partnership Program effective January, 2010. The CIS partnership program was established in 1984 to utilize nonprofit, private and other government organizations to help deliver information about cancer and meet the needs of diverse populations who are particularly vulnerable and have difficulty obtaining health information. Since the inception of the CIS Partnership program information dissemination has evolved and changed including the way people receive information, and the number and types of organizations providing information and services. The NCI remains committed to bringing cancer information to those most in need and will expand its own programs to reach out to underserved communities to address the causes of cancer health disparities. The NCI will continue to ensure that their investments in resources achieve the greatest impact and are appropriate for today's information and outreach environments.

This information can be found about the CIS and this decision about the Partnership Program at: <http://cis.nci.nih.gov/CISppdecision.html>. Comments about this notice should be emailed to [nciciscomments@mail.nih.gov](mailto:nciciscomments@mail.nih.gov).

## **JANUARY IS CERVICAL CANCER AWARENESS MONTH**

The American Cancer Society estimates that in 2008 over 1,000 cases of invasive cervical cancer were diagnosed in the United States. It is estimated that over 3,000 women will die from cervical cancer in the United States this year. One of the most important risk factors for cervical cancer is infection with a virus called HPV (human papillomavirus). Cervical cancer was once one of the most common causes of cancer death for American women. The cervical cancer death rate declined by 74% between 1955 and 1992. The main reason for this change is the increased use of the Pap test. This screening procedure can find changes in the cervix before cancer develops. It can also find early cervical cancer in its most curable stage. The death rate from cervical cancer continues to decline by nearly 4% annually.



The National Cervical Cancer Coalition states that cervical cancer rates are higher among older women; however, cervical intraepithelial neoplasia (or CIN), the precursor lesion to cervical cancer, most often occurs among younger women. Screening younger women using the Papanicolaou (Pap) test is an important strategy that can actually prevent cervical cancer from developing almost 100 percent of the time.

Additional information about prevention, early detection, and treatment can be found at:

- [www.oncolink.org](http://www.oncolink.org)
- [www.cancer.org](http://www.cancer.org)
- [www.cancer.gov](http://www.cancer.gov)
- [www.nccc-online.org](http://www.nccc-online.org)