Southwest Oncology Group

The Group Newsletter

Swog.org 734-998-7130 (Headquarters Office) 210-450-8808 (Operations Office) June 2007 Vol. 21, No. 1

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-About SWOG-

The **Southwest Oncology Group (SWOG)** is a national clinical research organization dedicated to the measurable improvement of outcomes for patients with cancer through the conduct of clinical trials.

For more information about SWOG, please see our web site at swog.org

Group Meeting Highlights

At the SWOG Spring Meeting May 1-6 in Chicago, the fresh ideas stirring inside the Hyatt Regency Hotel were more than a match for the brisk, cool breezes outside blowing in from Lake Michigan. More than 1,400 people registered during the six-day gathering (the official tally isn't in yet.) That was a higher turnout than the typical attendance of around 1,200 at group meetings, owing in part to the large SELECT mid-study workshop for principal investigators on the first day of the meeting, attended by more than 500 principal investigators and staff.

At the **Clinical Research Associates Plenary Session** Thursday, the theme was "Targeted Therapies." Talks on three examples followed a presentation, "Statistics Made Easy," by Jacqueline Benedetti, Ph.D., Deputy Director of the SWOG Statistical Center. Siu-Fun Wong, Pharm.D., of Western University of Health Sciences, spoke about Bortezomib and Sorafenib, Kathy S. Albain, M.D., of Loyola University Medical Center discussed individualizing adjuvant breast cancer therapy in the Tailorx Trial, and Gary A. Palmer, M.D., Medical Affairs Director at Genomic Health, spoke about the Oncotype DX Breast Cancer Assay.

It was out with the old, in with the new as the **Study Coordinator Workshop** tried out a digital format. For the first time, study coordinators could walk into a computer lab set up at the meeting Thursday and take part in the workshop. Attendees reported liking the new format, and it will be available through this web based system for study coordinators to complete at their convenience.

The **Cancer Control Research Committee** Thursday held special presentations on the effects of antioxidants on cancer treatment, followed by a symposium, "Antioxidants—Friend or Foe for Cancer Patients on Chemotherapy or Radiotherapy?" featuring Edward G. Shaw, M.D., of the Wake Forest University Baptist Medical Center. A panel discussion followed on what patients and health care providers need to know about antioxidants.

The **Nurse Oncologist Workshop** Friday morning focused on the theme, "Cancer: Beyond the Tumor." Ken Pienta, M.D., Chair of the SWOG Translational Medicine Committee, presented his work on "Causes of Death in Cancer Patients." He shared an article, "The Lethal Phenotype of Cancer: The Molecular Basis of Death Due to Malignancy," which will be available online at http://CAonline.AmCancerSoc.org in Volume 57 Number 4 of "CA A Cancer Journal for Clinicians." Anna L. Schwartz, Ph.D., F.N.P., F.A.A.N., brought her experience in evaluating an exercise intervention in S0229, "A Randomized Trial Assessing the Effects of Exercise on Patients with Locally Advanced Lung Cancer Undergoing Curative Intent Combined Modality Therapy."

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Continuing the theme of nursing involvement in research, "Quality of Life of African American Cancer Survivors" was presented by Carol Estwing Ferrans, Ph.D., R.N., F.A.A.N., who provided suggestions for the successful generation and conduct of Quality of Live research in the cooperative group setting.

Siu-Fun Wong, Pharm.D., discussed her research on "Management of Epidermal Growth Factor Receptor (EGFR) Inhibitors-Induced Skin Rash."

The Nurse Oncologist Workshop was attended by 100 nurses and Clinical Research Associates. Handouts for the workshop are available on the SWOG website at swog.org/Visitors/NOW.asp.

In a new venture, the Southwest Oncology Group held the its first **SWOG/Pharma Contracting Seminar** Friday, a well-received event with a good turnout. About 50 employees representing 10 of SWOG's pharmaceutical partners heard presentations by Marj Godfrey, Operations Office Director; and Dana Sparks, M.A.T., Protocol Product Line Manager at the Operations Office; Anna Schork, J.D., Legal/Fiscal Administrator at the Headquarters Office; and Jackie Benedetti, Ph.D., Deputy Director of the Statistical Center. They covered topics such as SWOG structure and governance, government funding, protocol development, and data capture and analysis. Jan Qiao Zhang, Ph.D., of the NCI Regulatory Affairs Branch presented on data ownership and intellectual property issues involved in cooperative group contracting.

The seminar concluded with a roundtable discussion of the specific terms found in the Group's research agreements and a question and answer session. SWOG organizers provided the information presented at the seminar to the attendees for further distribution within their companies. The seminar was videotaped and is available on request.

"The relationships between SWOG and the pharmaceutical companies have been able to prosper through the open and collegial communications concerning the contracting aspects, and this seminar proved beneficial to ensuring the success of these relationships," said Anna Schork, an organizer of the event.

The **Translational Medicine Committee** drew a large, enthusiastic audience to its first symposium, "Enrichment Strategies in Clinical Trials," on Friday. (See related article, Page 3, for details.)

Saturday, those who got up early enough for the **Plenary Session**'s 8:30 opening remarks from the Group Chair found themselves laughing out loud about a budget crunch—or at least, at a photo of a down-on-his-luck Larry Baker, dressed in worn jeans and flannel, begging for cancer trials money by a freeway. After he'd gotten everyone's attention, Dr. Baker went on to present ways for SWOG to move ahead with its mission despite declining federal funds.

First, Dr. Baker detailed the decision-making process that resulted in the cuts made to SWOG's 2007 budget in response to NCI's request. He

Group Chair Larry Baker makes a point about recent budget cuts.

explained that decisions such as the closing of the Head/Neck and Sarcoma Disease Committees would not be reversed should NCI restore some or all of the funds. He also outlined two potentially far-reaching changes SWOG leadership wants to promote: a new Clinical Trials Initiative that is being developed to open up more collaborations with industry (see "Chairs Corner", page 5) and a proposal to use any additional federal 2007 funds to raise the capitation rate paid to medical centers to cover trial costs from the current $2,000 per patient.

The plenary session then featured presentations of four SWOG abstracts that exemplified the plenary theme of "Innovations for Increased Competitiveness."

For the full Plenary Session presentation, including the abstract presentations, follow the link from the swog.org home page or go to swog.org/Visitors/plenary0705.asp

SPOTLIGHT

New Translational Medicine Committee wants everyone involved

Bench to bedside – and bedside to bench, too – are not mere buzz words for the new Translational Medicine Committee, but real marching orders. The goals are to get emerging scientific knowledge out sooner to benefit clinical trial participants, and also to gain insights from the trials about how to design better care.

"We want to focus on how science could drive the clinical trials, as well as what science we could learn from our clinical trials," says the new committee's Chair, Ken Pienta, M.D., a Professor of Urology and Internal Medicine at the University of Michigan Medical School. The committee's Vice Chair is Lisa Rimsza, M.D., of the University of Arizona, who conducts lymphoma research.

The committee, which got under way last year, has done several things to move on its agenda, with more in the works:

- It has given development funds to each disease committee to use as seed grants for translational research.
- It held the first Translational Medicine Symposium at the Spring Group Meeting in May, and will move the next to a bigger room, given the enthusiastic response.
- It is developing kits so clinical staff soon will be able to more easily gather the needed blood and tissue samples for analysis from trial participants.
- It mentors young investigators interested in the translational research program and promotes partnerships with external investigators from both public and private sectors.

The Translational Medicine Committee encompasses and goes beyond correlative science efforts that some SWOG disease committees formerly pursued individually. The idea is to cut across the committee disciplines and build on the strengths of the group, says SWOG Executive Officer Carolyn Hoban, D.Sc., who oversees the committee's activities.

"SWOG is here to facilitate this type of research," she says. "It is an exciting time to be able to contribute to our understanding of both the therapeutic response of cancer drugs and the molecular features of cancer, such as the molecular classification of disease, and the development of markers for high risk of relapse, drug response and toxicities."

To promote translational research that addresses the medical needs of patients, Dr. Hoban adds, SWOG can explore several layers of innovation, starting with statistical planning, study design and access to novel therapeutic agents and targeted therapies.

"Our goal is for every clinical study to have a companion translational science research plan, so that each study builds a bridge between the lab and the clinic, with every design and technology carefully chosen so that it decreases the time it takes to get effective therapies to the clinic. It is a long process, but the collaborative potential in SWOG internally and externally is tremendous."

A key component of the committee's effort is to provide SWOG clinical research teams with state-of-the-art facilities at its tumor banks to collect, process and store tumor specimens from each clinical study. There are three tumor banks for SWOG: Solid Tumor (University of Colorado), Lymphoma and Multiple Myeloma (University of Arizona, Dr. Lisa Rimsza) and Leukemias (University of New Mexico, Dr. Cheryl Willman; FHRC, Dr. Jerry Radich) These banks maintain the specimen repository to enable future translational research.

Among the examples of correlative science studies SWOG investigators are pursuing now:

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- In one study, the Breast Committee is using data on the presence of circulating tumor cells after a patient has chemotherapy to make decisions about switching therapies.

- A study in the Gastrointestinal Committee is using the insights of pharmacogenomics to determine how individual patients will metabolize the drugs they are given, to choose the best dose and drug type.

- The Lung Committee has developed a quantitative method for determination of EGFR levels by immunohistochemistry.

Dr. Rimsza offers this additional example from the Lymphoma Committee: The S0520 trial "Phase II Study of PXD101 (NSC-726630) in Relapsed and Refractory Aggressive B-Cell Lymphomas" was initiated to take advantage of the histone de-acetylase inhibitor (HDAC-I)activity of PXD101. Loss of Major Histocompatibility Class II (MHC II) antigens on diffuse large B cell lymphoma (DLBCL) tumor cells is associated with extremely poor patient outcome through diminished tumor immunosurveillance. HDAC-Is are known to increase expression of the master regulator of MHC II (CIITA) and in turn, increase expression of MHC II itself. Correlative studies include assessment of histone acetylation, CIITA mRNA, and MHC II protein in both pre- and post-treatment blood samples. The same studies are also being performed on pre- and post-treatment needle core biopsies of tumor to correlate with the blood findings in anticipation of using peripheral blood alone for future correlative studies. Importantly, tumor samples will also be assessed to see if changes in the frequency of tumor- infiltrating cytotoxic T cells correlate to patient outcome.

The Translational Medicine Committee is made up of two representatives from each disease site. One serves on the Pathology and Tissue Banking Committee, which functions as a subcommittee to the Translational Medicine Committee, and the other serves on the Translational Medicine Committee. Wilbur Franklin, M.D., who runs the SWOG tissue banks, is a Translational Medicine Committee member.

The first Translational Medicine Symposium featured three speakers who addressed the theme, “Enrichment Strategies in Clinical Trials.” Joseph Nevins, M.D. , director of the Institute of Genomic Sciences at Duke University, spoke on the opportunity, given the growing ability today to use genomics to guide therapies, to move from clinical trials that study groups to studies that begin to address the individual needs of patients.

The Fall 2007 Translational Medicine Symposium will focus on how tumor cells interact with their microenvironment and how that process can be targeted for therapies.

Peter O’Dwyer, M.D., of the Abramson Cancer Center at the University of Pennsylvania, talked about how genomic data from tumor samples can be used to reveal high-risk patients who need aggressive treatment. John Crowley, Ph.D., Director of the SWOG Statistical Center, spoke on statistical considerations in designing trials that use targeted therapies.

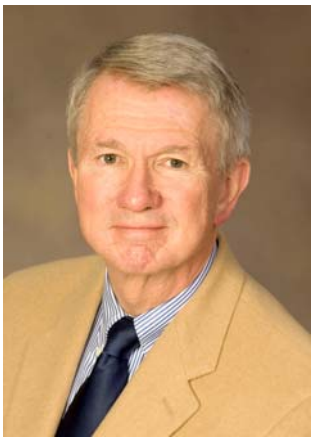
Future symposia will cover a broad range of topics. “We are trying to include different types of diseases,” Dr. Pienta says. The next symposium, slated for the Fall 2007 Group Meeting, will focus on how tumor cells interact with their microenvironment and how that process can be targeted for therapies.

“All are welcome at the Translational Medicine Symposium, and to stay for the Pathology and Cell Tissue Subcommittee meeting afterwards to hear about the nuts-and-bolts of tissue and blood collection,” says Dr. Pienta. “If you want to see cutting-edge ideas for therapy, and how we’re using science to improve clinical trials, then you should come.”

Dr. Hoban has created a streamlined application for use of specimens collected within clinical trials. Once the primary translational studies are completed the specimen bank fuels the next generation of state-of-the-art studies.

“We are committed to bringing new technologies, best practices, and shared learning about the information gained from translational studies in each of the disease groups to the wider medical community,” says Dr. Hoban.

Outgoing Breast Committee chair honored



"He is a doctor's doctor, an innovator, a mentor and SWOG leader," Group Chair Laurence Baker, D.O., told the crowd.

Robert Livingston, M.D., outgoing chair of the SWOG Breast Committee, ended 25 years of leadership in SWOG with special honors at the Plenary Session of the Spring Group Meeting.

Dr. Livingston took the stage to receive a souvenir of service not many cancer physicians can boast of: a metronome— the kind piano students use to keep the beat — with a small plaque that reads, "Our father of metronomics for 25 years of leadership in SWOG, " referring to Dr. Livingston's legacy as the father of metronomic therapy.

Dr. Livingston worked at no less than five SWOG member institutions during his career. He served as chair of the Breast Committee and the Breast Working Group from 2000-07, and is a member of the Committee on Special Populations, the GI Committee, the Lung Committee, the Translational Medicine Breast Subcommittee and the Scientific Advisory Board. His earlier activities included chairing the Lung Committee and Lung Working Group from 1975 to 1997.

The Breast Committee's new chair, Gabriel Hortogabyi, M.D., takes over this month after he completes his term as president of the American Society of Clinical Oncology.

CHAIR'S CORNER

Guest Contributor Anne Schott, M.D., Executive Officer, SWOG and Medical Director, SWOG-CTI talks about the new ***SWOG Clinical Trials Initiative.***

The Southwest Oncology Group is a cancer clinical trials organization funded primarily through NCI grants, which support all functions of the group. Use of NCI funding by SWOG to carry out a specific clinical trials is not allowed without NCI approval of the proposed concept or protocol. Over the past three years, SWOG has experienced overall decreases to its budget from NCI. This has resulted in the closure of two disease committees, the closure of many trials prematurely, the halt in development of several new trials, and significant cuts to budgets for our Statistical Center and Leukemia-Biology Committee. Also, a disturbing trend of proposed protocols being disapproved by NCI for funding reasons has become apparent. These changes have been perceived as threatening to the mission and continued healthy existence of SWOG.

In January 2007, a proposal was submitted from within the Group's membership requesting that the SWOG Executive Committee develop a mechanism that would allow SWOG to receive funding from pharmaceutical companies for research that is independent of the NCI. This request was brought forth as a response to trial disapproval by NCI due to limited funding, with pharmaceutical partners offering to cover the cost of the research.

At the May 2007 SWOG meeting, I presented an outline of the SWOG-Clinical Trials Initiative (SWOG-CTI) to the Scientific Advisory Board and the Board of Governors. Both groups voted to proceed with further development of this initiative. The following FAQ's are drawn from that presentation, and are being provided in order to invite your feedback and comments as we move forward.

As with any new initiative, there will be bumps and roadblocks along the path to a fully functional SWOG-CTI. However, I firmly believe that SWOG will benefit from the flexibility that SWOG-CTI will provide, and that SWOG-CTI will allow SWOG to adapt to the changing clinical research environment. I welcome your thoughts as we move forward.

Sincerely,
Anne F. Schott, MD
Medical Director, SWOG-CTI

What is SWOG-CTI? SWOG-CTI is a Limited Liability Corporation housed within the philanthropic arm of SWOG, known as the Hope Foundation. SWOG-CTI exists to facilitate investigator-initiated clinical research among SWOG members in an environment of shrinking federal support.

What is the mission of SWOG-CTI? The mission of SWOG-CTI is identical to the mission of SWOG: to make progress in the prevention and cure of cancer through clinical research.

What is the difference between a SWOG trial and a SWOG-CTI trial? The primary difference is the funding source. Trial ideas are initially considered as SWOG trials, and follow the SWOG procedure:

- Trial ideas are proposed in capsule form by a SWOG member.
- The concept is endorsed and prioritized by the respective Disease or Discipline Committee Chair
- Approval is granted by the Executive Committee (Triage)
- Concept/Protocol receive NCI review
- Phase III studies go to concept review at NCI
- Phase II Studies go to full protocol development and get safety /developmental strategy review

A trial that would be eligible to use the SWOG-CTI mechanism would go through all of the listed steps, but would be disapproved by the NCI because of lack of funding. The SWOG-CTI mechanism is in place to allow further protocol development, activation, accrual, and analysis to occur outside of SWOG's NCI-supported infrastructure.

How Are SWOG-CTI studies reviewed and approved? All SWOG-initiated studies that are ineligible for NCI funding would be considered for SWOG-CTI. Studies for SWOG-CTI are approved by the SWOG-CTI Medical Director in conjunction with the SWOG Executive Committee (including the Group Chair, the SWOG Executive Officers, and the Group Statistician). Factors to be considered in the approval decision will include the reason for NCI rejection, the prioritization of the study within the disease committee, and the availability of adequate outside funding to support all infrastructure and per capita enrollment costs.

Can pharmaceutical companies propose a trial idea directly to SWOG-CTI? No. SWOG-CTI is not a contract research organization for pharmaceutical companies

Can SWOG-CTI be used to facilitate participation in non-SWOG, non-NCI Trials? No, the intent of SWOG-CTI is to allow SWOG investigator-initiated trials to proceed in an era of decreased NCI funding. In short, SWOG-CTI trials are initiated by SWOG members and fit within the overall prioritization of studies within the Group.

What's in it for SWOG Investigators? SWOG investigators will have the opportunity to lead investigator-initiated research using SWOG resources, SWOG intellect, and the reputation of the Group. There will be an increased chance of study activation, since studies ineligible for funding through the NCI will be given a second opportunity to proceed.

What sites can participate in SWOG-CTI trials? Sites that currently participate in SWOG trials will be given the opportunity to apply for SWOG-CTI membership, which will ultimately result in a Purchase Service Agreement to allow reimbursement for trial participation. SWOG-CTI especially encourages sites with high accrual to apply for this mechanism.

What's in it for the sites? Sites will have access to investigator-initiated trials and can participate in these trials with compensation that is significantly better than the $2,000 per case paid by the NCI. Site CRAs will be accustomed to the look and feel of SWOG data forms and data entry procedures, which should improve efficiency. Study activation will be easier than activation of a pharmaceutical company's trials, since the SWOG protocol documentation and procedures will be familiar to IRBs, and individual trial payment can be handled as Purchase Service Agreements. However, it is important to understand that participation in a SWOG-CTI trial will not result in credits that can be assigned to the sites' U-10 or CCOP grants.

What's in it for sponsors? Sponsors who choose to take advantage of the SWOG-CTI mechanism will gain access to a large network of oncologists, as well as access to SWOG intellect and SWOG reputation, for partnerships in clinical research.

Questions, comments, or feedback regarding SWOG – CTI? You may contact Dr. Schott at the Southwest Oncology Group Headquarters office at 734-998-7140.

BUDGET UPDATE: As part of the Group Chair's comments, which kicked off the Plenary Session at the Spring 2007 Group Meeting, Dr. Laurence Baker announced his intention to use any reinstated funds from the 2007 NCI budget cuts to increase capitation payments to SWOG institutions. While Dr. Baker admitted it was a symbolic gesture, it was felt that the attention to the matter could be fruitful.

This announcement triggered media attention within the cancer community and discussions with NCI leadership, and was shortly followed by an announcement by the Clinical Trials Working Group (CTWG) that new funding is being made available to the cooperative groups to provide funds to high-accruing institutions within the groups.

"While it's disappointing that we are unable to raise the per-case reimbursement across the board, clearly these funds are intended to begin to address the problem and our announcement likely lent support to the CTWG's ability to make this happen," Dr. Baker said.

Also since the discussion at the Plenary Session, Dr. Baker has announced that 2007 funding to the main grant has been fully restored to 2006 levels. With the additional funds being made available by the CTWG for high-accruing institutions and an inability to increase per-case reimbursement across the board, SWOG leadership is discussing the best use for the restored funding as well as the allocation of the new funds from CTWG.

"Neither the NCI nor SWOG feels it is in our best interest at this point to reopen protocols or re-establish committees that were closed," Dr. Baker said.

RESEARCH HIGHLIGHTS

SWOG studies featured at ASCO

SWOG studies and researchers got plenty of exposure at the June annual meeting of the American Society of Clinical Oncology...Five SWOG abstracts were chosen for oral presentations. ASCO officials featured one of those, "Pharmacogenomic (PG) analysis of Japan-SWOG common arm study in advanced stage non-small cell lung cancer (NSCLC): a model for testing population-related pharmacogenomics," at its lung/head and neck cancer press briefing June 2.

David Gandara, M.D., a University of California, Davis researcher and SWOG Lung Committee Chair, was the study coordinator for that SWOG study (S0003). The study results received national media attention after he presented the findings at the press briefing. The discovery that Japanese and U.S. patients, matched in age, gender and other respects, had differences in key metabolism-related genes is the latest result from a seven-year collaboration between SWOG and two clinical trials groups in Japan.
Find out more in the S0003 press release on the swog.org bulletin board.
swog.org/Members/download/bulletinboard/Article169.pdf

The other abstracts chosen for oral presentation included:
S0216: a Southwest Oncology Group (SWOG) phase II trial of docetaxel (T), cisplatin (P), and fluorouracil (F) induction followed by accelerated fractionation/concomitant boost (AF/CB) radiotherapy (RT) and concurrent cisplatin for advanced head and neck squamous cell cancer (HNSCC).

S0033: Comparison of two doses of imatinib for the treatment of gastrointestinal stromal tumors (GIST): a meta-analysis based on 1,640 patients

Updated analysis of SWOG 0023: a randomized phase III trial of gefitinib versus placebo maintenance after definitive chemoradiation followed by docetaxel in patients with locally advanced stage III non-small cell lung cancer.

S0124:Cisplatin (Cis)/etoposide (VP16) vs. cis/irinotecan (CPT11) in extensive stage small cell lung cancer (E-SCLC): pharmacogenomic (PG) and comparative toxicity analysis of JCOG 9511 and SWOG 0124.

Two Trials Closed Early

Since the beginning of 2007, two SWOG trials have closed early at the recommendation of the SWOG Data and Safety Monitoring Committee: S9921, a randomized study testing hormone deprivation alone and with mitoxantrone for poor-risk prostate cancer; and S0232, testing dexamethasone with a combined therapy of dexamethasone plus lenalidomide in newly diagnosed multiple myeloma patients. You can read press releases about the closures on the swog.org bulletin board.

http://www.swog.org/Visitors/ViewBulletinBoard.asp?BulletinBoardID=1&Page=1

Hope Foundation News

Here's an update from The Hope Foundation's new Director, Jo Horn

In August of 1993, a gallon of gas cost $1.06. Bill Clinton was midway through his first year in office, and The Hope Foundation was incorporated as a nonprofit organization. Our goal: to support SWOG's mission of treating and preventing cancer.

This summer, a gallon of gas costs well over $3. The radio comments often on the performance of a different Clinton in the presidential debates. The Hope Foundation has new leadership and a new direction. Our goal: to support SWOG's mission of treating and preventing cancer.

Obviously, things change; values change, prices change, culture changes. The field of cancer treatment and prevention has progressed rapidly, while the funding mechanisms for research have also substantially shifted.

Through all of it, our goal at The Hope Foundation has remained steadfast: to provide SWOG with the essential resources necessary to carry out the life-saving work of its members. In this decade alone, The Hope Foundation has channeled $6 million into SWOG research initiatives and professional programs.

Young investigators: Since 2000, 40 YIs have been intensively trained in SWOG's system for protocol development, maintenance, and administration, forming a cadre of burgeoning experts who quickly and efficiently develop priority studies.

Translational medicine: $500,000 was awarded to support the new Translational Medicine Committee. This year, nearly $250,000 in unrestricted grants were awarded to SWOG TM Chairs across all major disease committees.

Cutting-edge statistical advancements: Beginning with a $500,000 investment, SWOG instituted the online Specimen Tracking System (SpekTrak), and has implemented real-time data collection methodology.

Looking forward, our mission at The Hope Foundation is resolute: We will support SWOG initiatives. That means we will support your work. This one fact will never change. Should you have any questions or inquiries, please contact Jo Horn at 734.998.7150.

June ASCO meeting honored Lippman, cooperative groups

Scott M. Lippman, M.D., received the **American Cancer Society Award** in recognition of his pioneering work in cancer prevention. Dr. Lippman's translational research has greatly expanded the understanding of the risk, biology and chemoprevention of carcinogenesis in various organ sites with a particular focus on oral premalignancies. Following the award presentation ceremony, Dr. Lippman gave a lecture, "Molecular Targeting in Microneoplasia, Where Prevention Meets Therapy."

The **Distinguished Service Award for Scientific Leadership** was presented to the National Cancer Institute Cancer Cooperative Groups in recognition of more than 50 years of contributions to programs that support the design of clinical trials, many of which have led to the development of new cancer treatments. Representatives from each of the 12 NCI Cancer Cooperative Groups received their awards during the June 1 opening session at ASCO.

Majeski Named CRA Chair

Sue Majeski brings 20 years of experience serving on SWOG boards and committees to her new job as chair of the CRA Committee. She takes over from Debbie Christie. Sue spent 17 years with the UCOP at the University of Colorado before becoming head SWOG CRA at the University of Colorado Health Science Center, where she currently works. One of her first tasks is to begin a new program to combine some Nurse Oncology/CRA training sessions in light of reduced funding.

"I have asked the CRA Executive Board to assist me in finding new and innovative lower-cost ways to meet the needs of our committee members without sacrificing quality," she says.

Here's more about Sue:
Family: married to Ken, with a son, Stefan, 27, a Marine Corps captain scheduled to deploy to Iraq in August. Hobbies: Gardening; practicing the art of the Japanese tea ceremony.

SWOG News & Notes

Kudos for winners in Crush the Crab 5K Run

The run at the May Group Meeting continued a longstanding tradition for attendees who want to get their blood pumping before a day of meetings. The top winners were: Best Overall Male Elliot Reno, M.S.L., and Best Overall Female Dana Kennedy, Pharm.D.

Among the men, first-place winners were Jonathan Harvey, B.S., in the age 40 and under category; Elliot Reno, M.S.L., in the 41-54 group; and Daniel Hayes, M.D., in the 55 and older group. Among the women, Dana Kennedy took first place in the 40 and under category; Mary Ontko, R.N.,was tops in the 41-54 group and Nora Galvin, R.N., C.T.R. placed first among those 55 and older.

Communications survey provided member feedback.

In mid-March, an informal survey was sent out asking our members and partners about the SWOG Group Newsletter and the swog.org web site. In two days over 1,200 people responded, and at the conclusion of the survey after two weeks there were 1,520 responses. Over 300 people offered to be contacted to provide feedback regarding web site design. The wealth of comments have been very helpful, and this newsletter reflects some of your suggestions. Changes will continue over the next months with both the newsletter and web site; stay tuned!

Competitive Renewal Timeline On the heels of a successful re-competition of the Cancer Control and Prevention Grant, SWOG Leadership is gearing up for the February 2009 deadline to submit a competitive application for the SWOG main grant. A retreat for SWOG committee leadership is being planned for early 2008 in preparation for this application.

New Policies in Effect Many SWOG Policies were updated and approved at the recent Group meeting, in part due to the recently revised Cooperative Group Guidelines issued from NCI. Make sure you check out the policies online at .swog.org/Visitors/Policies.asp Among those changes was a significant revision of the Publications Policy, Policy Memorandum No. 24, which includes guidelines for any dissemination of SWOG data including posters and presentations.

Deadline in August for nominating new SWOG members The next deadline for submitting membership nominations to the Operations Office is August 24, 2007. Prior to each Group meeting, nominations are considered for Member, CCOP, Affiliate, UCOP and Special Member investigators. Nominations are reviewed by the Membership Committee and recommendations are made to the Board of Governors. For a complete outline of the nomination process, refer to Southwest Oncology Group Policy Memorandum No. 7 at the Group's web site, swog.org. All application forms can be downloaded and printed.

Interested in being a Clinical Trial Nurse mentor?

The CTN Mentorship Program began several years ago as a pilot program in collaboration with the Oncology Nursing Society's Clinical Trial Nurse Special Interest Group (CTN SIG). The program was piloted both in SWOG and the CTN SIG. Both programs received positive comments from the mentees. The Nurse Oncologist Committee would like to continue this collaboration with ONS.

The Clinical Trial Mentorship program is open to nurses at all levels in clinical trials. To become a mentor, or request a mentor, go to the following site: http://www.3creekmentoring.com/ONS/ Then enter the appropriate code: Mentors: Enter group code: 820025, Mentees: Enter group code: 129075. You will be requested to enter a profile that will allow the mentoring program to provide an appropriate match. The mentee will be given a choice of up to three mentors that they can choose from. It is important if you are looking for a mentor for SWOG to enter this into your profile, or request.

The web site also has resources for mentors and mentees to assist in the mentoring process. In the near future, there will also be resources posted on the virtual community website of the CTN SIG. Some of these will include tools to assist in the daily tracking and monitoring of patients such as pill diaries.

Please consider sharing your expertise with other clinical trial nurses and become a mentor. We encourage all CTN to be involved in this program and help to guide the growth and development of this profession.

Questions, comments, or ideas about the SWOG Group Newsletter can be directed to the SWOG Public Relations Officer, Anne Rueter, at the Group Headquarters Office.
Arueter@umich.edu (734) 998-7140