



# Southwest Oncology Group

## The Group Newsletter

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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](http://swog.org)

## Spring Group Meeting Highlights

A Silver Anniversary and intense scientific discussions were on the agenda as approximately 1,119 members of SWOG met at the Atlanta Hyatt Regency from April 30 through May 4 for another successful Spring Group Meeting. The redesigned shorter meeting format made for extremely busy, productive days of committee meetings and plenary sessions. Congratulations to the new Group meetings manager, Courtney Wille for deftly handling all details large and small.



Individual Committee Meetings were held throughout the schedule on May 1-4. Below are recaps of the highlights from each disease committee meeting.

The **Breast Committee** announced that all therapeutic trials are accruing well. S0307 and S0226 were recognized as high accruing trials and accrual goals are being met for S0500 and S0221. There has been successful demonstration of tissue microarray platforms for several studies emanating from S9313. The priorities set by the committee were publication of trial results from S8814, S0215, S0102, and S0012; publication of translational medicine studies S8814, S8897, and S9313; approval of neoadjuvant trial S0800; and development of a successor trial to S8814 in node positive patients. The committee was pleased that Kathy Albain, M.D., Loyola University Chicago Stritch School of Medicine, was invited to present her S8814 GHI/21 gene data at the Group Plenary Session.

The **Gastrointestinal Committee (GI)** agreed upon study designs for two upcoming trials that will assign treatment based on marker status. The first trial is for metastatic gastric cancer and the second is for advanced colon cancer. Committee chair, Charles Blanke, M.D., University of British Columbia, laid out some of the committee goals to be met prior to the competitive grant renewal and put in place an operational strategy to accomplish these goals including more site-specific conference calls. New proposals were presented for every disease site and decisions were made to move forward with many of the plans.

There was a lively exchange of ideas as the **Genitourinary Committee (GU)** identified its top priorities in preparation for the competitive grant renewal. Of paramount importance is increasing accruals to S0421 and S0337 (see page 7 for more information on these trials). A great deal of discussion was devoted to developing viable Phase III trials in local prostate and advanced bladder cancers. The new chair of the GU Translational Sub-Committee, Carlos Cordon-Cardo, M.D., Ph.D., Columbia University, outlined plans for inclusion of translational studies in the GU Committee's on-going and future trials.

Following a presentation by committee biostatistician, P.Y. Liu, Ph.D., the **Gynecologic Committee (GYN)** engaged in a lengthy question-and-answer session regarding the merits of selection designs and "randomized Phase II with control" designs. The roles of the Gynecologic Steering Committee and disease-specific task forces were explained. Committee members who serve on these groups shared their experiences. Sunesis Pharmaceuticals made a presentation and the Committee discussed the possibility of using SNS-595 in gynecologic malignancies.

The **Leukemia Committee** outlined several ideas for future prospective protocols that will encompass all leukemia disease sites and adult populations and follow-up calls were scheduled. In anticipation of the closures of S0106 and S0530, replacement studies were discussed as well as a follow-up study for S0703. The utility of central cytogenetics review was discussed. The

consensus was that some form of central review is still necessary for eligibility and result verification. However, it is likely that central performance of cytogenetics will no longer be required. The decision was made to close the cytogenetics and banking protocols in favor of a more updated way of providing the information they contain. The information contained in each protocol will eventually be split between the database available to all SWOG members via the internet and the treatment protocols. Several ideas for disparities studies and their necessity were discussed. This is a new concept for study within the committee and further discussion will take place in the upcoming months.

The meeting of the **Lung Committee** included a discussion of several new and interesting proposals. Several closed study results will be published in various journals. Laurie Gaspar, M.D., University of Colorado will be redesigning all radiation therapy late-toxicity reporting forms with the help of the Statistical Center so that more accurate patient data will be captured. The shipment of specimen submission kits to institutions on selected studies will begin soon. Once the pilot phase for use of the kits is completed, expansion of their use for other studies will be discussed.

The **Lymphoma Committee** has agreed to move forward on three important trials. S0816 "A Phase II Trial of Response-Adapted Therapy of Stage III-IV Hodgkin Lymphoma Using Interim FDG-PET Imaging" will determine if treatment intensification in response to positive FDG-PET imaging after two cycles of ABVD improves the progression-free survival (PFS) in patients with advanced stage Hodgkin Lymphoma compared to continued treatment with ABVD (as determined by historical comparisons). The study coordinator for this trial will be Oliver Press, M.D., Ph.D., Fred Hutchinson Cancer Research Center. S0806 "A Phase II Trial of Suberoylanilide Hydroxamic Acid (SAHA) (NSC-701852) in Combination with Rituximab-CHOP in Patients with Newly Diagnosed Advanced Stage Diffuse Large B-Cell Lymphoma (DLBCL)" will assess the two year PFS rate in patients with newly diagnosed advanced stage diffuse large B-cell lymphoma using the novel combination of SAHA and R-CHOP. The study coordinator for this trial will be Daniel Persky, M.D., Arizona Cancer Center. BMT CTN 0701 "Phase II Trial of Non-Myeloablative Allogeneic Hematopoietic Stem Cell Transplantation for Patients with Relapsed Follicular Non-Hodgkin's Lymphoma beyond First Complete Response" will measure progression free survival at two years after non-myeloablative HSCT with a pre-transplant conditioning regimen of fludarabine, cyclophosphamide, and rituximab (FCR). The study coordinator for this trial will be Stephen Forman, M.D., City of Hope Medical Center.

The **Melanoma Committee** discussed funding issues for translational medicine studies. A new melanoma neoadjuvant treatment trial and a new prevention study involving Polyphenon E are on the horizon. The committee was well represented at the 44<sup>th</sup> Annual ASCO Meeting in Chicago. Several closed studies were accepted for presentation at the meeting in June. Several studies have also been recently published.

A new protocol for Castleman's Disease was outlined at the **Myeloma Committee** meeting. A discussion was held on the possible factors of disease development and progression. The outlined proposal would target IL-6 and possibly VEGF in patients with Castleman's since decreased IL-6 activity has been linked to a decrease in symptoms. A new protocol in bone disease and its relation to myeloma onset and progression was also outlined. The committee discussed how decreasing osteoclast activity and/or increasing osteoblast activity has been correlated to decreased myeloma activity and how this information could be used to create a new study using anti-DKK1 to decrease bone loss and therefore hypothetically decrease myeloma activity. It was determined that there is a need for a myeloma pathology committee for central review as studies for more poorly documented diseases are investigated. The committee decided a lead pathologist should first be appointed and then a panel assembled.



*Drs. Crowley, Fisher, Natale, and Baker listen to Dr. Ambrosone discuss Dr. Natale's plenary session presentation.*

Dr. Baker opened the **Group Plenary Session** on Saturday morning with the good news that despite flat funding budgets, the Group is financially in good shape and Group accruals were up in 2007. He reinforced the fact that the Group will be judged on accruals in 2006, 2007 and 2008 in the competing renewal and that continued increases in accruals as well as ideas for new trials are important to the Group's success.

The retirement of **J. Wendell Goodwin, M.D.** was announced. Dr. Goodwin has been the PI of the Ozarks Regional CCOP since 1987. Dr. Baker also announced the departure of **P.Y. Liu, Ph.D.** from the Statistical Center. Dr. Liu has been a SWOG member since 1989 and served as the primary statistician for the Melanoma, Early Therapeutics and GYN committees.

The Plenary presentations included:

- “Prostate-specific antigen progression predicts overall survival in patients with metastatic prostate cancer: data from SWOG-9346 and S9916,” presented by Maha Hussain, M.D., professor of internal medicine and urology, University of Michigan with discussant Nicholas Vogelzang, M.D., director, Nevada Cancer Center.
- “A randomized phase III trial of cisplatin and irinotecan versus cisplatin and etoposide in 671 patients with extensive stage small cell lung cancer, SWOG trial S0124,” presented by Ronald Natale, M.D., director, National Lung Cancer Research Program, Aptium Oncology with discussant Christine Ambrosone, Ph.D., professor of oncology, chair and associate professor, department of social and preventive medicine, University of Buffalo, director of epidemiology, Roswell Park Cancer Institute.
- “Superiority of lenalidomide plus high-dose dexamethasone compared to HD alone as treatment of newly diagnosed multiple myeloma: results of the randomized, double-blinded, placebo-controlled SWOG trial S0232,” presented by Jeffrey Zonder, M.D., assistant professor of medicine and hematology-oncology.
- “Prognostic and predictive value of the 21-gene recurrence score assays in postmenopausal, node-positive, ER-positive breast cancer (SWOG-8814, TBCI-0100),” presented by Kathy Albain, M.D., professor of medicine, Loyola University Chicago Stritch School of Medicine, Cardinal Bernardin Cancer Center with discussant Eric Winer, M.D., professor, department of medicine, Harvard Medical School, director, Breast Oncology Center, Dana Farber Cancer Institute.
- “Randomized phase II clinical trial designs for targeted agents,” presented by Antje Hoering, Ph.D., senior biostatistician, Cancer Research and Biostatistics (CRAB) with discussant Richard Fisher, M.D., vice president for clinical services, University of Rochester Medical Center, director, James P. Wilmont Cancer Center, director, hematology/oncology division, Samuel E. Durand professor of medicine.

Go to <https://swog.org/Visitors/Plenary0805.asp> for the full Plenary Session presentations.

## Crush the Crab, Spring 2008

In the fine SWOG Group Meeting tradition, runners arose early on Saturday morning to participate in the Crush the Crab 5K Run. Congratulations to the winners listed below by age group:



Men – 40 and under: 1<sup>st</sup> Michael Wiggins, M.D., 2<sup>nd</sup> Brad McGregor, M.D., 3<sup>rd</sup> Douglas Nelson, M.D.

Women – 40 and under: 1<sup>st</sup> Halle Moore, M.D., 2<sup>nd</sup> Katy Youngblood, 3<sup>rd</sup> Chari Granger, R.N.



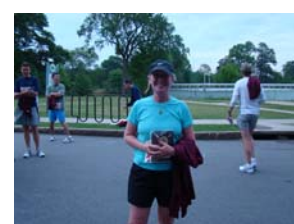
Men – 41-54: 1<sup>st</sup> Joseph Clark, M.D., 2<sup>nd</sup> David Martoccia, M.D., 3<sup>rd</sup> Peter Van Veldhuizen, M.D.

Women – 41-54: 1<sup>st</sup> Barbara Atkins, A.R.N.P., 2<sup>nd</sup> Helen Chew, M.D., 3<sup>rd</sup> Ann Lau Schwabe, B.S.N., R.N.



Men – 55 and over: 1<sup>st</sup> Michael Worthman, R.N., 2<sup>nd</sup> Dan Hayes, M.D., 3<sup>rd</sup> Lauren Colman M.D.

Women – 55 and over: 1<sup>st</sup> Nora Galvin, R.N., C.T.R.





## ASCO Honors SWOG Members

The following SWOG members were recently honored with awards at the 44th American Society of Clinical Oncology (ASCO) Annual Meeting May 30-June 3 in Chicago:

**Patricia Ganz, M.D.**, professor of health services and medicine at the University of California, Los Angeles and director of the Division of Cancer Prevention and Control Research at the Jonsson Comprehensive Cancer Center received the 2008 American Cancer Society Award for her leadership in the fields of breast cancer research and prevention. Dr. Ganz has spent 25 years investigating quality-of-life and quality-of-care outcomes in patients with cancer.

**Lajos Pusztai, M.D.**, associate professor of medicine, Department of Breast Medical Oncology at the MD Anderson Cancer Center received the Advanced Clinical Research Award in Breast Cancer. Dr. Pusztai was chosen for his unique, patient-oriented approach to research in breast cancer.

SWOG CCOPs **Cancer Care Specialists of Central Illinois in Decatur, IL (principal investigator James L. Wade, M.D.)** and **William Beaumont Hospital in Royal Oak, MI (principal investigator: David A. Decker, M.D.)** were two of the ten community oncology practices honored with the ASCO Clinical Trials Participation Award for their efforts to improve care of people with cancer through participation in clinical trials. According to ASCO President Nancy Davidson, "The Clinical Trials Participation Awards honor practices' dedication to developing new ways to slow, halt, cure and prevent cancer through clinical research."

## SWOG Abstracts Presented at ASCO

SWOG studies were well represented at the 44th American Society of Clinical Oncology Annual Meeting May 30-June 3 in Chicago. A total of fifteen SWOG abstracts were accepted with the following five abstracts selected for oral presentation:

**S0124:** A randomized phase III trial of cisplatin + irinotecan (PI) versus cisplatin + etoposide (PE) in 671 patients (pts) with extensive stage small cell lung cancer (E-SCLC). RB Natale, PN Lara, K Chansky, J Crowley, JR Jett, JE Carlton, JP Kuebler, H Lenz, P Mack, DR Gandara.

**S0219:** A sequential treatment approach to muscle-invasive urothelial cancer – a phase II Southwest Oncology Group trial (S0219) of neoadjuvant paclitaxel, carboplatin, and gemcitabine (PCG). PN Lara Jr., B Goldman, R deVere White, C Tangen, DC Smith, D Wood, M Hussain, ED Crawford.

**S9346 & S9916:** Use of prostate-specific antigen progression (PSA-P) to predict overall survival (OS) in patients (pts) with metastatic prostate cancer (PC): Data from S9346 and S9916. M Hussain, B Goldman, C Tangen, C Higano, SP Petrylak, ED Crawford.

**S0508:** Phase II trial of combination thalidomide (thal) plus temozolomide (TMZ), (TT), in patients with metastatic malignant melanoma (MMM): Southwest Oncology Group S0508. JI Clark, J Moon, LF Hutchins, JA Sosman, WM Kast, DM Da Silva, PY Liu, JA Thompson, V Sondak.

**S0232:** A randomized Southwest Oncology Group study comparing dexamethasone (D) to lenalidomide + dexamethasone (LD) as treatment of newly-diagnosed multiple myeloma (NDMM): Impact of cytogenetic abnormalities on efficacy of LD, and updated overall study results. JA Zonder, JJ Crowley, V Bolejack, MA Hussein, DF Moore, BF Whittenberger, MH Abidi, BG Durie, B Barlogie.

A listing of all SWOG abstracts accepted to the ASCO Meeting can be found at  
<https://swog.org/Visitors/Download/Publications/ASCOlist08.pdf>



## SWOG SPOTLIGHT

# 25 Years and still going strong! Clinical Research Associates celebrate Silver Anniversary

Congratulations to a group who is extremely vital to the conduct of SWOG studies - the Clinical Research Associates, who celebrated their 25<sup>th</sup> Year as a SWOG Committee at the Spring Group Meeting. Two dedicated CRAs who were present also celebrated 25 years or more as SWOG members, CRA Sub-committee Vice-Chair Debra Christie, MBA, RHIA, CTR, CCRP, University of Mississippi Medical Center; and Virginia McMahan, CCRP, Cancer Research Center of Hawaii. Committee members celebrating 25 years or more as SWOG members but unable to attend the meeting are Ellen Chase, University of Arizona, Betty Hall, RTT, VA Medical Center/University of Mississippi Medical Center and Evonne Lackey, CCRP, Cancer Research and Biostatistics (CRAB).

The committee originated in 1981 when there was very little training offered for data managers. The educational program that did exist was very limited and put together by the Statistical Center with little input from the data managers as to what was needed to help them do their jobs more effectively. In 1983 a committee was formed consisting of 11 data managers from 5 SWOG institutions and a representative from the Statistical Center. This group requested and received approval from the Board of Governors to become a standing committee called the Data Managers Committee. 1983 was also the year that the Group started participating in the Community Clinical Oncology Program (CCOP). With this expansion of the Group, the need for a more formal training program was recognized and the committee developed the Clinical Trials Training Course. This new course offered educational programs and resources specific to the needs of CRAs throughout SWOG. Over 100 data managers attended the first training course in 1983.

As its role within SWOG grew, the committee was approved as a discipline committee in 1986 by the Board of Governors. The name of the committee was changed from the Data Managers Committee to the Clinical Research Associates Committee in 1995. Today, each Disease Committee has CRAs assigned to the committee who provide vital input into protocol and informed consent development.

Besides developing the CRA Clinical Trials Training Course, which is offered at each Group Meeting, the Committee has many other accomplishments to its credit. The committee developed the CRA job description, organized a CRA mentor program, and worked with CRAs from the other cooperative groups to establish The Society of Clinical Research Associates (SoCRA).

After listening to plenary presentations: "25 Years of Excellence in Clinical Cancer Research" by Debra Christie, MBA, RHIA, CTR, CCRP, University of Mississippi Medical Center; "What You Do Matters" by Charles Coltman, Jr., M.D., SWOG Chairman Emeritus; "Recruitment to Clinical Trials" by Marge Good, RN, MPH, Wichita CCOP; "Successful Clinical Trials and the CRA" by Jacqueline Benedetti, Ph.D., Fred Hutchinson Cancer Research Center; "Dasatinib and its Use in S0622" by Siu-Fun Wong, PharmD, Western University of Health Sciences; and "Oncology Open Enrollment Network (OPEN) Overview" by Lucille Patrichuk and Jerry Wernimont from CTSU, the Committee celebrated their anniversary with cake and champagne at the Spring Group Meeting.

As Dr. Baker said as he opened the CRA Plenary session, "In 2007 1.5 million Americans were diagnosed with cancer; 550,000 died of cancer; \$2.6 billion was spent for cancer care and research – **what you do is important.** Thank you for your dedication, spirit and cooperation."



*L to R: Virginia McMahan, Susan Majeski, and Debra Christie at the Group Meeting Plenary Session after being recognized for their dedicated service to SWOG.*



## The Upcoming Competitive Grant Renewal



First, for those of you who were able to attend the recent Group meeting in Atlanta, I want to thank you for making it such a success. The changes in the meeting schedule did create some challenges we had not anticipated and everyone's willingness to make it work was greatly appreciated. We are already hard at work to incorporate the lessons we learned into making the fall meeting even better.

As your Chairman for the past three years, I have struggled greatly with the fact that a major theme of my tenure thus far has been budget cuts. As you saw during my remarks at the Plenary Session, the "flat" budget is really a pay cut due to the decreased funding available to the NIH. As I talk with the Group's leadership about future plans and possibilities for SWOG in preparation for our competitive renewal, the excitement of those plans is tempered somewhat by the reality of our limited resources. With this thought, during our pre-application visit with CTEP and the Grants Management leadership at the NCI, I had an opportunity to ask how they are going to help the Cooperative Groups, given almost no hope of a fiscal turnaround in the near future. I want to share their response.

First, they noted the provision of equal scientific credit for participation on Group initiated and Group endorsed studies. I know this is important for many of you. Secondly, and perhaps most importantly, collaboration is a key strategy. What was encouraging about this was that our own developing scientific strategy is already cross-disciplinary research, with many opportunities to conduct research that spans across disease sites. You may have seen our colleague, Ken Pienta, MD, University of Michigan, present this idea in the lethal phenotype of bone metastases, and as a Group we are looking at ways to continue this type of important collaboration. Looking around, I continue to see great examples of collaboration in many different areas that have contributed to our ongoing success.

A final strategy the NCI talked about was the relationships we have with pharmaceutical and biotech companies, with the NCI recognizing that we must rely more and more on industry funds to support our research. We are all aware that those relationships can be complex and sometimes, a slippery slope. If you had the opportunity to attend the Plenary Session at the spring meeting, you know that an effort to continue to build those relationships in a positive way was stopped short by the legalese of a pharmaceutical company, again illustrating the challenge.

As I look ahead to the future, I am reminded that we have a mission that rises far above the complexities of being a cooperative group in the era of limited funding. The contributions we make change lives. SWOG is successful in developing innovative research and manages the complexities well. So, as I thought about our future and reflected on how to provide the resources for all the great ideas coming forth through our competitive renewal planning process, I realized you already figured it out. I will continue to advocate for the resources you need and applaud your creativity and perseverance. Many thanks for a great Group meeting.

Have a wonderful summer,

Laurence H. Baker, D.O.  
Group Chair, Southwest Oncology Group

## Low Risk Bladder Cancer Trial Actively Accruing Patients

**S0337**, “A Phase III Blinded Study of Immediate Post-TURBT Instillation of Gemcitabine versus Saline in Patients with Newly Diagnosed or Occasionally Recurring Grade I/II Superficial Bladder Cancer” is currently open and actively accruing patients.

Immediate post TURBT intravesical instillation therapy has been shown to reduce recurrence of completely resected low risk bladder cancer (LRBC). Despite this, intravesical instillation therapy is rarely performed in the United States. Gemcitabine has documented activity when administered systemically against advanced urothelial cancer and is well tolerated when given as intravesical treatment.

Eligible patients are those with newly diagnosed and occasionally recurrent urothelial cancer, believed to be at low risk (G1, G2, stage Ta, T1) for progression. Eligibility for randomization will be based upon suspicion of study-eligible tumor grade and stage by the examining urologist, absence of prior grade 3, TIS, or T2+ cancers and no history of upper tract or prostatic urethral cancer. End points are time to recurrence and progression.

Additional information will be gained on the “molecular profile” of recurrent LRBC compared with that of the index lesion, the value of point-of-care diagnostic tests in monitoring patients with LRBC, and the accuracy of endoscopic inspection for identifying LRBC. Additional correlative studies are planned, particularly evaluating means to predict Gemcitabine sensitivity or resistance.

The GU Committee urges members to support this very important trial by opening it at their institutions and accruing patients to the study. For more information, contact **Edward M. Messing, M.D.**, F.A.C.S., W.W. Scott Professor, chairman, department of urology, professor of oncology and pathology, University of Rochester Medical Center, [Edward.Messing@urmc.rochester.edu](mailto:Edward.Messing@urmc.rochester.edu).

## MRI Amendment to Multiple Myeloma Study

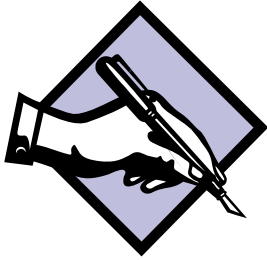
**S0777**, “A Randomized Phase III Trial of CC-5013 (Lenalidomide, NSC-703813) and Low Dose Dexamethasone (LLD) versus Bortezomib (PS-341, NSC-681239), Lenalidomide and Low Dose Dexamethasone (BLLD) for Induction, in Patients with Previously Untreated Multiple Myeloma without an Intent for Immediate Autologous Stem Cell Transplant” has been amended to include a magnetic resonance imaging (MRI) correlative.

Bone disease is a characteristic feature of multiple myeloma and MRI is a well established technique for earlier indication of focal bone loss as compared to the standard method of x-ray. MRI is a very useful and sensitive tool for both baseline staging and serial evaluation of response. Previous studies report that bortezomib may promote bone repair/healing. This study will allow for comparison of MRI complete response in patients receiving bortezomib, lenalidomide and low-dose dexamethasone versus those receiving lenalidomide and low-dose dexamethasone alone. A baseline staging MRI of the axial bone marrow is required for all consenting patients. MRI will be submitted at baseline, 36 weeks after initiation of treatment (12 weeks after beginning maintenance treatment) and within 30 days of progression/relapse. X-ray results will be collected by SWOG at the same time points and will be compared to MRI for focal lesions. MRI must be submitted electronically using the AG Mednet service provided by SWOG. More details regarding the scan submission process will be included in the protocol revision when it is circulated. For more information on this study, contact **Brian Durie, M.D.**, [bdurie@aptiumoncology.com](mailto:bdurie@aptiumoncology.com).

## Frontline Phase II Metastatic Melanoma Trial Activated

**S0438**, a phase II randomized study of two targeted therapy combinations for previously untreated patients with metastatic melanoma, has recently been activated Group-wide. Patients in both treatment arms will receive oral sorafenib, a potent inhibitor of the B-Raf kinase that is mutated to constitutive activation in 2/3 of melanomas. Sorafenib will be combined with oral tipifarnib in one treatment arm, designed to test the activity of “vertical” inhibition of sequential steps in the Ras-Raf-MAP-kinase pathway. Patients in the other treatment arm will receive intravenous temsirolimus, an inhibitor of the mTOR complex and its downstream pathways that are critical for melanoma survival, proliferation and protection from apoptosis. The starting doses for this Phase II study were based on recent Phase I data for each combination, and the predominantly non-overlapping toxicities of the regimens allow for agent-specific dose adjustments in the protocol.

An original requirement for PET imaging that limited the institutions participating in this study has been removed. The protocol has been endorsed by the ECOG melanoma committee and is currently the frontline protocol in both cooperative groups. Specimens from this study are being collected by the NCI as part of a multi-protocol effort linked with other studies of combination targeted agents (the MTC2 initiative), with correlative assays to be determined at the completion of accrual.



## Manuscript Drafting Services Offered

The Publications Office is offering assistance in manuscript preparation and drafting. These services are offered for high priority, first publications for phase III and some phase II studies. Interested study coordinators should contact Patricia Arlauskas, publications manager, [arlauska@umich.edu](mailto:arlauska@umich.edu), to discuss available options for this service. Pat can also be reached by calling the Group Chair's Office at 734-998-7140.

## Policy Revisions Approved by Board of Governors

The Board of Governors approved revisions to the following policies at the Spring Group Meeting:

- 2 - Constitution/Bylaws
- 10 - Job Description of Disease and Research Committee Chair
- 12 - Southwest Oncology Group Registration and Treatment Policies
- 24 - Procedural Guidelines for all Southwest Oncology Group Publications
- 30 - Responsibility for Patient Follow-Up.

All policies are available for review at [swog.org](http://swog.org).

## Investigator Membership and Credentialing

Prior to each Group Meeting, nominations are considered for Member, CCOP, Affiliate, UCOP and Special Member Investigators. Nominations must be received in the Operations Office no later than three weeks prior to the date of the next scheduled Group meeting. The next deadline for submitting membership applications to the Operations Office is September 19, 2008. Please visit [www.swog.org](http://www.swog.org) for more information.

## Rivkin Foundation Provides Grant to SWOG

The Marsha Rivkin Foundation for Ovarian Cancer Research has very generously awarded SWOG with a \$250,000 grant to reactivate the Gynecologic Committee. The one-time grant to the Hope Foundation will defer the expense associated with the start-up of this committee, including costs associated with the coordination of education and research initiatives. The full press release can be found at <http://www.swog.org/Visitors/Download/Media/SWOG-Gyn.pdf>.



## SWOG Aventis Urologic Oncology Fellowships Awarded

The SWOG Aventis Urologic Oncology Fellowship is intended to support urologists finishing their residency program to pursue a fellowship in GU oncology with an emphasis on clinical trial research. The fellowship provides \$50,000 for one year of support. Three fellowships have been awarded for 2008. The awardees are **Seth Strope, M.D. of the University of Michigan Department of Urology, the Genitourinary Program at the H. Lee Moffitt Cancer Center & Research Institute** and the **Urologic Oncology Program at the University of Colorado**.

## 2008 Young Investigators Training Course Deadline Fast Approaching

The intent of the Young Investigators Training Course is to intensely train four selected young investigators each year in the SWOG system for protocol development and research in order to develop a cadre of experts to quickly and efficiently develop priority studies. The course dates for this year's class are September 8-10 and will be held in Seattle. The deadline for applications is June 13, 2008. The 2008 Young Investigators Training Course is made possible with a lead gift from Millennium Pharmaceuticals. Details on the application process and application forms can be found at <https://swog.org/Visitors/InvestigatorsTraining.asp>.

## 2008 Charles A. Coltman, Jr., MD Fellowship RFA

SWOG and The Hope Foundation have issued an RFA for the 2008/2009 Charles A. Coltman, Jr., M.D. Fellowship. The primary purpose of the fellowship is to honor long-time SWOG Chair Charles Coltman, M.D. by awarding \$100,000 in research support over two years to an outstanding young investigator to learn clinical trial methodology within an academic and cooperative group environment that will lead to independent clinical research. The applicant must first apply to the SWOG Young Investigator Course. The fellowship is made possible by generous support from Novartis Pharmaceuticals. Applications are due to the Hope Foundation by September 5, 2008. Details and forms are available at [http://www.thehopefoundation.org/content/pdfs/Coltman\\_GeneralRFA\\_2008.pdf](http://www.thehopefoundation.org/content/pdfs/Coltman_GeneralRFA_2008.pdf).

## 2008 Charles A. Coltman, Jr., MD Fellowship in Translational Medicine RFA

SWOG and The Hope Foundation have issued an RFA for the 2008/2009 Charles A. Coltman, Jr., M.D. Fellowship in Translational Medicine. The primary purpose of the fellowship is to honor long-time SWOG Chair Charles Coltman, M.D. by awarding \$100,000 in research support over two years to an outstanding young investigator to conduct independent research in translational medicine. The fellowship is made possible by generous support from Genentech BioOncology. Applications are due to the Hope Foundation by September 5, 2008. Details and forms are available at [http://www.thehopefoundation.org/content/pdfs/Coltman\\_TM\\_FellowRFA\\_2008.pdf](http://www.thehopefoundation.org/content/pdfs/Coltman_TM_FellowRFA_2008.pdf).

## Hope Foundation Donor Matching Challenge for Coltman Fellowship Program

THE HOPE FOUNDATION

*because answers to cancer come from clinical trials*

Every dollar donated to The Hope Foundation by a SWOG member between now and October 31, 2008 will be matched by a collaborating partner, up to the first \$25,000, and granted in the donor's name to the Coltman Fellowship Program. The Hope Foundation asks for your support in leveraging this gift and honoring Dr. Coltman's 30 years of service to SWOG. To make a donation that is eligible for the matching program, please visit The Hope Foundation's website, [www.thehopefoundation.org](http://www.thehopefoundation.org), or call Jo Horn at 734-998-7150.