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The Huntington Beach Hyatt Resort, site of the 2007 Fall Group Meeting

Group Meeting Highlights

About 1,100 SWOG members gathered beside the Pacific Ocean at the Hyatt Regency Huntington Beach Resort and Spa October 2-7 for the Fall Group Meeting.

The palm-fringed beach and the resort's pools and fountains beckoned, but members spent most of their time in the conference center, connecting on projects, hearing about ongoing studies and pondering new strategies for successful 21st-century trials. They attended special sessions that in many cases tapped the expertise of SWOG members and guest speakers from nearby West Coast research centers.

The meeting got under way Tuesday, Oct. 2 and Wednesday, Oct. 3 with **SELECT workshop** and **CRA clinical trials training sessions**.

The newly revived **SWOG Gynecological Cancer Working Group** met Thursday with Maurie Markman, M.D., as chair and David Alberts, M.D., as vice chair. The group has named some noted gynecological investigators from institutions outside SWOG as special members and encourages SWOG members to become involved in designing new trials in gynecology, a field the NCI and others have encouraged SWOG to re-enter. The group will focus on innovative phase II trials rather than phase III studies. It hopes to activate several studies by late 2008. Through the generosity of Saul Rivkin, M.D., SWOG has established an endowed chair in the name of Saul and Marsha Rivkin to support the committee's work.

Thursday, the **Cancer Control Research Committee**, in a joint session with the Harry E. Hynes C-COP Symposium, began with a talk by Anne R. Simoneau, M.D., of the University of California – Irvine about results of Phase IIa and IIb chemoprevention trials of DFMO in

-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

Continues next page

Group Meeting Highlights, cont.

men at risk of prostate cancer. The next step envisioned for this work, also described at the Plenary Session by Frank L. Meyskens, Jr., M.D., is a large three-to-10-year Phase III trial in men with localized prostate cancer.

A panel on “New Directions for Phase II Trials” discussed the need for carefully designed Phase II trials to learn about toxicity and molecular mechanisms, with more informed Phase III trials as a result. The panel received valuable input from C-COP members about how to deal with the challenges of recruiting for prevention trials.

“Survivorship: Life after Cancer” was the theme of the **Nurse Oncologist/CRA Workshop** on Friday, which drew 138 participants. Many said that a documentary that opened the session, available from the Institute of Medicine, opened their eyes to the hard issues patients often face, such as debt, marital strain, re-finding a life purpose and recurrent health problems. Denise Economou, R.N., M.A., A.O.C.N., of City of Hope Hospital, described a training course her institution has created for health professionals to provide awareness and expertise in dealing with the physical and psychosocial issues facing some 10 million cancer survivors in the United States.

Joanna L. Morales, J.D., director of the Cancer Legal Resource Center at Loyola University, gave a talk on her center’s phone assistance line, a model for others to follow in helping patients deal with the many legal issues they experience. Other talks dealt with a cognitive dysfunction clinical trial and management of chemo-induced neurotoxicity. Handouts from this workshop and the CRA Plenary Session are available at <https://swog.org/Visitors/GpMeeting.asp>

The **Committee on Special Populations Scientific Session** on Friday also examined the need to learn more about helping the growing population of cancer survivors. Lawrence H. Kushi, Sc.D., associate director for etiology and prevention research at Kaiser Permanente, spoke on the need for prospective studies on the effects of diet and exercise regimens on survivors’ long-term prognoses.

Dawn Hershman, M.D., a professor at Columbia University who is conducting a study of joint symptoms in survivors given aromatase inhibitor therapy, spoke on “Survivorship Research Opportunities in SWOG.” A panel then examined that topic further, pointing to the need for more ancillary studies linked to large trials.

The **Surgery Committee** heard from five speakers Friday on the theme, “Cancer Prevention Surgery.” Among the presenters were Arpana Naik, M.D., of Oregon Health & Science University, on preventive mastectomy; Pamela Paley, M.D., of the Swedish Medical Center on risk-reducing ovary removal; and David Follett, M.D., of the University of California Davis on surgical management of Barrett’s esophagus.



SWOG welcomed a delegation of three Chinese visitors representing a large “Southwest Oncology Group” of cancer researchers located in southwest China, chaired by Dr. Tong-yu Lin. The guests were at the meeting to discuss opportunities for cooperative efforts between oncologists from China and the United States. Pictured here, Dr. Hu and Dr. Baker exchange business cards while Dr. Guan looks on.

“I’m here to tell you, the bad news has stopped,” **Group Chair Laurence Baker, D.O.**, told members at the **Plenary Session** Saturday. “Our funding problems are not solved, but they are stable.” He went on to describe funding initiatives and updated on the current funding status for the Group.

Dr. Baker welcomed Frank L. Meyskens, Jr., M.D., director of the Chao Family Comprehensive Cancer Center and professor of medicine and biological chemistry at the University of California Irvine, as the Group’s new associate chair for cancer control and prevention. For an interview with Dr. Meyskens on his views about SWOG’s role in cancer control and prevention, see SPOTLIGHT in this issue.

For a new **SWOG Quality Initiative**, Dr. Baker announced SWOG has hired Joe Pater, M.D., as a quality assurance consultant. Dr. Baker also announced SWOG plans to contract for a **new imaging network** provided by AG Mednet,

which can offer real-time, higher quality imaging available in a centralized database. The network will collect electronic radiographic images and store them on a protected server. An AG Mednet representative presented details on the database’s capabilities at Plenary and other sessions at the Fall Group Meeting.

The theme of the Plenary Session presentations, **“The Future of Clinical Trials in the Southwest Oncology Group,”** led members to think strategically about what new studies to push forward as the Group prepares its application for the competitive renewal of the NCI CTEP grant.

Dr. Baker urged SWOG members to think about overarching themes and initiatives that committees can pursue together. Proposals that cut across the traditional boundaries of SWOG committees will produce a strong grant renewal application.

Plenary presentations included:

- “Developing therapies to target the lethal phenotype of bone metastases,” by Kenneth Pienta, M.D., professor of internal medicine and urology, University of Michigan and chair of the SWOG Translational Medicine Committee
- “What is the future of cancer control and prevention in the Southwest Oncology Group?” by Frank Meyskens, Jr., M.D.
- “Translational melanoma research in the EORTC,” by A.M.M. Eggermont, M.D., Ph.D., professor of medicine in experimental surgical oncology, University Hospital Rotterdam Daniel Den Hoed Cancer Center, and EORTC president
- “Perspectives in placebo control in cancer research,” by Bruce Redman, D.O., professor of internal medicine, University of Michigan, and SWOG executive officer.

In the **Early Therapeutics Committee** session Saturday, members discussed how to encourage qualified investigators to do Phase I trials and promoted the idea that each Disease Committee set aside time on its agenda for discussion of early therapeutics.

Members attending the **Lung Committee** meeting Sunday heard scientific presentations, explored several new directions for future studies and started a subcommittee to study PET.

Sunday, while many attendees were on their way home, many others stayed on for meetings of the **GI Committee, Breast Committee** and **Leukemia Committee**.

Missed the Plenary? Check it out!

The Plenary presentation will soon be available at <https://swog.org/Visitors/GpMeeting.asp>

Fellowships Honor Chairman Emeritus



SWOG has established the Charles Coltman, Jr., Fellowships to promote the research efforts of promising physician-investigators early in their careers. SWOG plans to select three fellows who will each receive two years of support at \$50,000 per year.

SWOG scientific leaders will have the opportunity to nominate candidates. SWOG leaders will be able to nominate in two categories – cancer control and prevention and cancer treatment. This fellowship program complements the SWOG Young Investigator Awards. It is designed to give career encouragement to physician investigators and to expand the mentoring function of SWOG. Through the Hope Foundation, SWOG has received financial support for the fellowships from Genentech Inc., and is seeking additional funds; the goal is to build an endowment for the program.

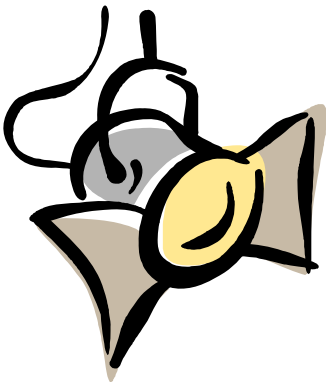
Upon hearing the announcement during the Plenary Session at the Fall Group Meeting, a surprised Chuck Coltman took a moment to thank some folks, mentioning two people who would have particularly enjoyed the moment; “My mother, who would not have believed it, and my father, who would have loved it.”

From your colleagues and supporters at SWOG, Dr. Coltman, may your legacy carry us forward for years to come! Congratulations and thank you.

HONORS

James L. Wade, III, M.D., of the Central Illinois CCOP was the recipient of the NCI Harry Hynes Award, announced at the CCOP, MBC-COP & Research Base Principal Investigator and Administrator Meeting Sept. 17. The award was presented to Dr. Wade in honor of his commitment and leadership as a CCOP physician. The NCI gives the award annually in honor of Harry Hynes, an oncologist with the Cancer Center of Kansas who led efforts to found a hospice program in Wichita in the 1980s.

SWOG physician-researcher **Daniel F. Hayes, M.D.**, clinical director of the breast oncology program at the University of Michigan Comprehensive Cancer Center, received the inaugural Gianni Bonadonna Breast Cancer Award from the American Society of Clinical Oncology and the ASCO Foundation at the 2007 Breast Cancer Symposium in September. Dr. Hayes presented the first Bonadonna Award lecture at the symposium, held in San Francisco.



SPOTLIGHT

New associate chair envisions opportunities for cancer control and prevention

At the Fall Group Meeting Plenary Session, Dr. Frank L. Meyskens, Jr., M.D., was officially introduced as the new Associate Chair of Cancer Control and Prevention for SWOG. An international expert on efforts to control and prevent cancer, Dr. Meyskens was the founding chair of the Committee on Control and Prevention at SWOG. He is now the director of the Chao Family Comprehensive Cancer Center at the University of California Irvine Medical Center, where he is also Associate Vice Chancellor of Health Sciences.

Shortly after Dr. Meyskens' appointment, we talked with him about the future of cancer control and prevention and how he envisions SWOG's role as a leader in the field.

Q. You're a busy man. You direct a large cancer center, you write articles and poetry and continue an active research program. What are a few of the reasons why you decided to take on the job of Associate Chair of Cancer Control and Prevention at SWOG?

A. I believe that with time, our obligation is to prevent this disease. Traditionally, we've been fixated on finding cures, and there's so much evidence that a large part of cancer is preventable, and that if caught at earlier stages, we can treat the patient in kinder, gentler ways.

The term 'cancer control' is frequently used to include prevention, but to me it includes the initial end of the cancer spectrum, which includes genetic and environmental factors and special populations. At the other end of the spectrum, it includes quality of life and symptom control in the treatment setting.

We should concentrate research on the early stages of disease. The cardiovascular people have done this. There is no reason the oncology community can't do it. We're 20 years behind, but catching up fast with the cardiovascular world.

SWOG is in a great position to address these areas... I think it goes beyond federal government support. SWOG is in a tremendous position with opportunities to go to foundations.

Q. Do you want to take SWOG in new directions in prevention and cancer control?

A. I want to enhance what we have. In the urology community, SWOG has done a great job in cancer prevention in prostate cancer and to a degree in breast cancer. We ought to extend that to at least one other major disease.

My personal interest is to do it in GI disease. That needs to be the third big prevention area in SWOG: Colon and gastric cancer would be excellent ones to lead with, and possibly we should also look at the high-risk groups in breast cancer.

Q. Traditionally, some groups within SWOG focus on research in cancer control and prevention and others focus on more effective treatments. How would you suggest that SWOG committees think about the Group's cancer control and prevention efforts?

A. Ideally, prevention should be considered within each disease committee. One would hope people wouldn't think prevention is entirely separate. There are more and more oncologists, particularly surgeons, who have recently become interested in the prevention arena. The symposium on surgical intervention as a prevention strategy at the SWOG Fall Group Meeting is an example of this kind of forward thinking.

To read the press release about Dr. Meyskens appointment as SWOG Associate Chair for Cancer Control and Prevention, go to the swog.org bulletin board.

<https://swog.org/Members/download/bulletinboard/Article170.pdf>

Group Chair looks ahead and sees quality as a major strategy



As you may be aware, our Plenary Session at the Fall Group Meeting was themed around the future of SWOG. I was fortunate to share the news that our financial situation is stable, and we are planning for our future. While our competitive renewal is important, it is the process of self-evaluation and strategizing for our future that is key.

Our goal is to be highly competitive as a cooperative group; we want to continue to attract scientific leaders, as well as the resources to conduct our trials. In order to achieve that goal, we need to be able to conduct clinical trials efficiently, getting our ideas vetted and trials opened quickly, as well as producing high-quality data. As we asked ourselves what we need to do to achieve this goal, one priority was clear: assessing and improving the quality of our data.

You are aware that one of the key attributes of the cooperative groups has been the ability to conduct very large clinical trials, accruing large numbers of study participants within reasonable time frames once the trial opened. Some, including the FDA, have questioned the data quality of cooperative group studies. The future of clinical research demands higher quality data, and the financial situation in our country almost guarantees that the large studies such as SELECT will not be funded in our foreseeable future.

Advances in clinical research also mean new levels of complexity in our trials, a trend we've already seen within our own trials. So to remain competitive in this changing environment, we must adapt and be able to conduct smaller, more complex studies efficiently while producing high quality data.

Our strategy for enhancing the quality of our trials is focusing on the quality of data. The quality of our data is an area that we can successfully impact and our process to date includes a self-assessment of our data management systems conducted by the SWOG Statistical Center, the engagement of a consultant to review all of our systems and processes, and the development of an imaging network.

Many of you had an opportunity to meet Joe Pater, M.D., at the recent Group Meeting. He has accepted the consultant position and as of this month he has begun his review. I am looking forward to his report; as the now-retired director of the National Cancer Institute of Canada Clinical Trials Group, he led a group that, in my opinion and that of many others, exceeds the quality standards and it is my hope that he will help us do the same. I look forward to sharing this report, as well as the results of the self-assessment being conducted at the SWOG Statistical Center, with you in the coming months.

Of more immediate impact, many of you will be asked to participate in our SWOG Imaging Network within the coming weeks. You may have seen a presentation on this network at the Group Meeting or be reading about it in this newsletter. It is an exciting venture for our Group and I hope you will share feedback with me as you bring this network into your institutions and begin to utilize it for the conduct of our trials with imaging components.

We have a lot of changes in our Group, positive changes which reflect a commitment to our continued success. I recognize that more complex trials require more resources, and we have seen the NCI acknowledge this through some funding initiatives that have benefited the Group. I will continue to advocate for our institutions to have the resources they need as we journey into our future, and I look forward to your continuing feedback.

Best wishes,

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

RESEARCH HIGHLIGHTS

Centers boost accrual to pioneering prostate study

Several SWOG sites have been active in accruing patients to **S0421, a Phase III study comparing docetaxel and atrasentan versus docetaxel and placebo in patients with advanced hormone-refractory prostate cancer.** The study has been slow to accrue and continues to need more active involvement at SWOG member sites to accomplish its groundbreaking work.

S0421 is the first Phase III trial to specifically target key components of bone metastasis in specifically selected patients.

Kudos to the top-accruing sites so far:

- [University of Southern California UCOP](#)
- [University of California Davis UCOP](#)
- [University of Colorado UCOP](#)
- [University of Mississippi](#)
- [City of Hope Medical Center](#)
- [Montana CCOP](#)
- [Loyola/Hines VA UCOP](#)
- [Columbia River CCOP](#)

The S0421 study uses the most effective chemotherapy against the hormone-refractory prostate cancer cells, while at the same time targeting three elements involved in bone metastasis. End points include progression-free survival, overall survival and patient-reported outcomes. Atrasentan is a well-tolerated agent designed to target cancer in the bone. For more information, contact [David I. Quinn](#), M.D., Ph.D., University of Southern California, 323- 865-3956, or [Maha Hussain](#), M.D., F.A.C.P., University of Michigan Comprehensive Cancer Center, 734-936-8906.

Focus on enrollment of non-smokers in S0424

Thanks to diligent efforts to enroll lung cancer patients in **S0424, “Molecular Epidemiology Case-Series Study of Non-Small Cell Lung Cancer in Smoking and Non-Smoking Women and Men,”** the smoking cells for men and women are filled and closed to accrual. However, the study has a long way to go in enrolling men and women with lung cancer who have never smoked. This does not include ex-smokers, but only people who have smoked less than 100 cigarettes in their entire lifetime.

The study, conducted by the Cancer Control Committee and the Lung Committee, carries a 0.5 cancer control (CC) credit per registration. For more information, contact Study Coordinator [Christine B. Ambrosone](#), Ph.D., Roswell Park Cancer Institute, 716-845-3082

ACRIN approval needed for participation in melanoma trial

S0438, “A Randomized Phase II Trial of BAY 43-9006 with Either CCI-779 or R115777 in Metastatic Melanoma and Assessment of the Role of PET Imaging for Evaluation as an Early Indicator of Response,” is currently active and is being done in collaboration with the American College of Radiology Imaging Network (ACRIN), which will be collecting data on patients to assess the role of PET imaging for evaluation as an early indicator of response.

As part of this collaborative effort, institutions must be ACRIN-approved prior to study participation and patient registration. The approval process is outlined in the current S0438 protocol. For further questions regarding this, please contact Anthony Levering, ACRIN Imaging Specialist (Ph: 215/574-2344; alevering@phila.acr.org).

Did you miss the headlines? *Check out the following SWOG press releases!*

Effective drug to prevent prostate cancer does not interfere with sexual function for most men

Finasteride, found earlier to reduce prostate cancer incidence by nearly 25 percent, has slight impact that lessens over time

Drug known to reduce prostate cancer risk also aids early diagnosis of aggressive form of the disease

Study resolves lingering question about possible downside of finasteride

[Find these online!](#)

Trial compares bisphosphonates in preventing breast cancer metastasis

S0307 is a large Phase III trial comparing three bisphosphonates as adjuvant therapy for primary breast cancer. Studies to date on the use of an oral bisphosphonate as adjuvant therapy in breast cancer have yielded conflicting results about the development of bone metastases and survival. The intriguing but contradictory results of these studies highlight the need for further investigation. SWOG S0307 seeks to determine whether bisphosphonates, (IV zoledronic acid, oral clodronate, or oral ibandronate) will delay or prevent the occurrence of metastases in breast cancer patients receiving adjuvant treatment. The study aims to accrue 4,500 patients in three arms and treat them for three years. It will compare disease-free survival in the three groups. Of the more than 800 registrations so far, **the Puget Sound Oncology Consortium has been the top enroller**, followed by **University of California Davis** and the **Northwest CCOP**.

Case reports of osteonecrosis of the jaw in cancer patients on high-dose bisphosphonates have been recently published. S0307 will attempt to further define the magnitude of the problem and identify risk factors for this complication. The study will also evaluate renal safety. Patient information sheets summarizing S0307 and osteonecrosis of the jaw can be found on the CTSU web site. Correlative studies will assess the association between PTHrP status and serum N-telopeptide levels with respect to DFS and sites of first recurrence. A companion study (approval pending), S0307A, will involve a subgroup of S0307 patients to determine if long-term high-dose bisphosphonates alter bone quality. It will also characterize bone mineral density and assess serum and urine biochemical markers of bone formation and resorption.

For more information, visit the CTSU web site or contact Study Coordinator Julie Gralow, M.D., Seattle Cancer Care Alliance, 206-288-7722, pink@u.washington.edu

Exercise trial for lung cancer patients is open for accrual

S0229 is a randomized trial assessing the effects of exercise on patients with locally advanced lung cancer undergoing curative-intent combined modality therapy. The goal is to assess the impact of an organized exercise program with regard to exercise tolerance as a measure of improved physiologic function. Health-related quality of life will also be assessed. Results from this trial could define an important supportive care measure for locally advanced lung cancer patients.

S0229, originally an ancillary study of the now-closed S0023, has been rewritten so that it is no longer an ancillary study for any specific trial. The criteria for eligibility have been expanded to include patients who have unresectable stage IIIA or stage IIIB lung cancer of any histology including small-cell lung cancer. Patients must have received platinum-based chemotherapy and radiotherapy and must be re-staged four to eight weeks after completion of treatment (with CR/PR/SD at re-staging). If the original trial was open at your institution, participation will require re-submission to the IRB because of the amendments.

The study requires 82 patients per study arm. Patients are randomized to receive an exercise intervention plus education materials versus education materials alone. The 12-week exercise program involves lower-limb exercise that can be done in a pulmonary or cardiac rehabilitation facility or in a physical therapy unit. The educational materials are provided in the protocol.

Institutions will receive a full cancer control credit per patient entry. It is recommended that prior to registration, inquiries should be made as to medical insurance coverage. Very often these patients are de-conditioned and insurance will usually pay for such a program under the auspices of physical therapy. For more information, please contact Antoinette Wozniak, M.D. at wozniakt@karmanos.org.

Did you know?

At the recent Group Meeting, the Board of Governors approved the establishment of **Group policy 44; Early Closure of Studies**.

As you know, studies occasionally have to close early for a variety of reasons. The establishment of a separate policy helps elaborate some of the important points involved with the early closure of a policy.

Please review the new policy [online](#)

Interested in seeing your study highlighted in a future edition of the Group Newsletter?
Contact the Group Chair's office at (734) 998-7140 or let any member of the Group Chair's office know and our
Public Relations Representative will contact you.

SWOG Imaging Network is announced

In the cooperative group setting, imaging data have been a problematic area; obtaining concise data on images and getting that information entered into the research record is inefficient and is thought to be a potential source of bias. This idea of bias has been a much debated topic with the FDA when it comes to registration studies. A good solution has been elusive; mailing films for an independent third-party read is inefficient and plagued with non-compliance, while the electronic transfer of images outside of institutions has been a technological challenge until now, given HIPAA and Part 11 regulations.

The Southwest Oncology Group has entered into an agreement, announced at the recent Group Meeting, with a Boston based telecommunications vendor, AG Mednet, to develop a network for the secure, 21 CFR Part 11- and HIPAA-compliant efficient transfer of images. This partnership is providing an opportunity to greatly improve the quality of data by providing a real-time third-party research read of images. This network will link with the existing data management system within the Southwest Oncology Group and allows for the linkage of electronic transmittal forms.

The costs associated with the transfer of images are actually lower than the costs of mailing CDs. Hopefully as specific protocols are opened which take advantage of this network, those costs can be covered by industry sponsors on a per protocol basis.

The process for accessing this network includes the development of "agent" sites for high-volume institutions as well as the ability to download software for institutions that are less active and non-SWOG institutions for per-study involvement. In the coming weeks, those "agent" sites will be set up and then, with the identification of the first trial to utilize the network, additional sites will receive instructions as they open the trial at their institutions.

"A goal for the SWOG Imaging Network had to be the minimal impact on workflow," says Group Chair Larry Baker, D.O., "we recognize our investigators are busy and can't add to their workflow. In many cases, while a new process is always initially cumbersome, this will actually decrease the workload and that is one reason AGMednet was an ideal choice for this venture."

SWOG News & Notes

GU Committee has new vice chair

Nicholas J. Vogelzang, M.D., director of the Nevada Cancer Institute and professor of medicine at the University of Nevada School of Medicine, is the new vice-chair of the Genitourinary Committee, replacing Derek Raghavan, M.D. Dr. Vogelzang was director of the University of Chicago Cancer Research Center from 1999 to 2004.

Quality of life questionnaire training coming soon

Nurse/Quality of Life Coordinators are assigned to all studies that include patient self report questionnaires. These dedicated nurses are available if nurses and CRAs have questions about these studies. An updated Quality of Life Questionnaire Training module is being developed and will be available on the SWOG web site to instruct institutional nurses and CRAs on how to administer and submit these questionnaires.

Web site redesign continues

Nickey McCasland, SWOG web manager and serious adverse events coordinator, presented preliminary web pages for an updated swog.org to several groups at the Fall Group Meeting. Anyone wishing to offer comments and suggestions about the preliminary design should contact Nickey McCasland at nmccasland@swog.org

Pharmacy Committee encourages new members

The Pharmacy Committee is interested in recruiting more pharmacists as members. Institutions are asked to encourage pharmacists involved in SWOG studies who are not members of SWOG to apply for membership in SWOG and the Pharmacy Committee. Contact [Siu-Fun Wong, Pharm.D.](mailto:Siu-Fun.Wong@swog.org), for more information.

Aides planned to encourage proper drug handling

The pharmacy newsletter will soon include FAQs and tips on investigational drug handling. Discrepancies and variances in drug handling are a common citation in site audits. Coming soon to the SWOG web site is a comprehensive Power Point presentation documenting drug handling and documentation from procurement to storage to transportation to transfers.

New member nomination deadline set

For those wishing to nominate prospective SWOG members, the deadline for submitting new membership nominations is March 21, 2008. Prior to each Group Meeting, the Membership Committee reviews nominations and makes recommendations to the Board of Governors. For more on the nomination process and downloadable application forms, see the SWOG Group Policy Memorandum No. 7 at swog.org.

Nurses/CRAs urged to consider exercise intervention study

The Nurse Oncologist Committee would like SWOG nurses and CRAs to consider S0229, "A Randomized Trial Assessing the Effects of Exercise on Patients with Locally Advanced Lung Cancer Undergoing Curative Intent Combined Modality Therapy." This is the first exercise intervention study in SWOG and is open to patients with Stage IIIa and IIIb lung cancer. Please share the study with your physical therapy departments to see if it is feasible at your institution. The protocol includes a detailed manual on how to carry out the intervention and handy information on insurance reimbursement. C-COPs earn a full cancer control credit for each registration. See more information on Page 7.

Fresh-air fans head to beach for Crush the Crab Run At the Crush the Crab 5K Run at the Fall Group Meeting in Huntington Beach, 49 SWOG members took advantage of the chance to run in the crisp predawn air beside the broad beach overlooking the Pacific Ocean. The winners were:

Male Overall Best Time –

Michael Sparrow, B.S.

Male Age 40 and Under:

- 1st - Michael Sparrow, B.S.
- 2nd - Scott Goldfarb, Pharm.D.
- 3rd - Jeffrey Zonder, M.D.

Male Age 41-54:

- 1st - George Yoo, M.D.
- 2nd - Harry Erba, M.D., Ph.D.
- 3rd - Austin Bailey, Ph.D.

Male Age 55 and over:

- 1st - Michael Wortman, R.N.
- 2nd - James Hueftle
- 3rd - George Thomas Budd, M.D.

Female Overall Best Time –

Halle Moore, M.D.

Female Age 40 and under:

- 1st - Halle Moore, M.D.
- 2nd - Christa Braun-Inglis
- 3rd - Katy Youngblood

Female Age 41-54:

- 1st - Helen Chew, M.D.
- 2nd - Lisa Butterfield, Ph.D.
- 3rd - Monica Havard, R.N.

Female Age 55 and over:

- 1st - Peggy Porter, M.D.
- 2nd - Julie Kish, M.D.
- 3rd - Sheela Tejwani, M.D.



This year's young investigators attended a three day workshop in September. Pictured here with the Group Chair (center), they are (left to right) Paul Maroni, MD; Leona Downey, MD, Daniel Persky, MD, and Vincent Chung, MD. For more information, see the [press release](#)



Runners at the Crush the Crab Run enjoyed a beautiful run. Pictured here, Harry Erba accepts his plaque for 2nd place in his age group.

Partnership for Life revived

Through the Hope Foundation, Jo Horn, M.S.W., has obtained funding from Novartis to re-start the CRA Committee's Partnership for Life program.

"We are currently getting the brochures re-designed to credit Novartis for their generosity," writes CRA Committee Chair Sue Majeski, C.C.R.P. "Once the new forms are printed, the committee will once again be able to provide them to CRAs to share with their patients," she adds. "Thank you Jo, the Hope Foundation and Novartis!"

New procedure for certifying protocol documents

SWOG has begun issuing its protocol documents in an "authorized" format. Authorization of our pdf files means that SWOG attests to a document's contents at the time it was issued, and any changes made to the document after that point invalidates the authorization.

The practical effect of this is that text may now be copied from these documents as necessary to meet local needs such as IRB applications, grant reports and internal status reports. The authorization process is handled totally at the Operations Office and requires no effort from the protocol users at the sites.

The old system of locking the protocol documents was quite restrictive in that the text in the documents could not be copied and used for other purposes (for fear of allowing the possibility of creating a duplicate document that could not be distinguished from the original).

Anyone with questions about the new procedure may contact the Operations Office at 210-450-8808 or web@swog.org.

Survey to poll nurses on symptom management

The Nurse Oncologist Committee, encouraged by a strong national interest in symptom management research for individuals with cancer, will be sending a survey to members soon to better understand the symptom management concerns at SWOG sites and poll interest in areas of symptom management that are most amenable to study in a large cooperative group like SWOG.