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THE CLINICAL CANCER LETTER

Cancer research news for clinicians

In the Cancer Centers:

Celebrex Studied As Potential Prevention Of Lung Cancer In High-Risk Populations

The Jonsson Cancer Center at the University of California, Los Angeles, began two studies to investigate whether the anti-inflammatory drug Celebrex has the potential to prevent lung cancer in people at high risk of developing the disease, which is expected to kill more than 157,000 American men and women this year.

One study involves lung cancer survivors who are at high risk of experiencing a recurrence or developing a new lung cancer. The other study involves individuals who smoke and are at high risk of developing

(Continued to page 2)

Clinical Trials:

Weekly Paclitaxel, Carboplatin Safer For Advanced Lung Cancer, Study Finds

The use of paclitaxel plus carboplatin, administered in a novel weekly regimen, offers a safe and effective treatment option for patients with advanced lung cancer, according to research presented at the 37th Annual Meeting of the American Society of Clinical Oncology.

"These data show that the use of weekly paclitaxel plus carboplatin provides a tolerable treatment for patients with advanced lung cancer," according to Chandra Belani, lead investigator of the study from the University of Pittsburgh School of Medicine and the University of Pittsburgh Cancer Institute.

The study enrolled patients with untreated advanced non-small cell lung cancer. It was designed to evaluate three different regimens of weekly paclitaxel plus carboplatin.

This multicenter, phase II, randomized study concludes that a regimen of four cycles of paclitaxel (100 mg/m2) administered weekly for three weeks, with the fourth week off, plus carboplatin (AUC=6) administered on day one of each cycle (arm 1), is the most tolerable regimen compared to the other weekly paclitaxel plus carboplatin regimens for these NSCLC patients. The median survival time, of 49 weeks on this arm, is longer than the other arms. Also, only five percent of patients receiving weekly paclitaxel plus carboplatin experienced grade 3-4 neuropathy.

Reducing the interval between doses from the standard three-week regimen to a weekly regimen increases the dose intensity of treatment. The study enrolled 390 patients with previously untreated advanced and metastatic NSCLC to determine which of three weekly regimens of induction paclitaxel plus carboplatin was the most safe and effective.

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Lung Cancer Prevention Study Tests Celebrex

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lung cancer.

Celebrex, a non-steroidal pill used to treat arthritis and other inflammatory diseases, has been approved by the U.S. Food and Drug Administration for use in preventing colon cancer in a group of patients who are at particularly high risk for the disease. Laboratory investigations at UCLA since the mid-1990s have suggested that the drug may also prove effective in preventing lung cancer.

"This is the first time that Celebrex is being studied in humans for the purpose of preventing lung cancer," said Jenny Mao, lead investigator for the study and a researcher at UCLA's Jonsson Cancer Center.

The rationale for the studies is based on pre-clinical findings in the laboratory of Steven Dubinett, director of the UCLA Lung Cancer Research Program. The findings have shown that Celebrex can prevent lung cancer development and growth in mice, Mao said.

"We have detected changes in lung cancer cells at the molecular level that suggest a favorable response in terms of prevention. Celebrex is considered to be safer than aspirin, so Celebrex's safety profile further enhances its promise as a preventive agent for lung cancer," Mao said. Mao also is an assistant professor, director of the Life-Lung Bronchoscopy Program and director of the Comprehensive Second-Lung Cancer Surveillance and Chemoprevention Program at the UCLA School of Medicine.

"Over the past decade, tremendous progress has been made in lung cancer research, both in diagnostic technology and in understanding tumor biology," Mao said. "Although new diagnostic tests, including chest CT scans and fluorescence bronchoscopy, hold much promise for detecting lung cancer early enough to be cured by surgery, the ability of these methods to ultimately reduce lung cancer deaths still needs to be validated before they can be recommended for routine screening. Parallel to these advances in diagnostic technology, a better understanding of cancer biology has given rise to a new frontier in treatment called chemoprevention, which involves using drugs to prevent cancer development.

"Heavy smokers with chronic obstructive pulmonary disease (COPD) are at high risk of lung cancer. For patients whose early-stage lung cancers have been surgically removed, the risk of developing a new lung cancer increases by one to two percent every year. Developing effective chemopreventive strategies is particularly important for these groups," Mao said.

The following are summaries of the new studies:

—A phase II study of Celebrex in 120 lung cancer patients who had stage I, non-small cell lung cancer that has been surgically removed. Through a randomized selection process, half of the study participants will receive Celebrex and half will receive placebo pills (an inactive substance). The purpose of this study is to determine whether patients will benefit from a comprehensive surveillance program alone or in combination with chemopreventive treatment with Celebrex, Mao said. All participants will be monitored regularly for signs of pre-cancerous changes or early cancer development with fluorescence bronchoscopy and computerized tomography (CT) scans of the chest area. (Fluorescence bronchoscopy is powered by a special laser light source that significantly enhances the visibility of pre-cancerous changes in a patient's air passages.) When used together, these diagnostic tools currently are believed to be the most effective comprehensive strategy to detect lung cancer early, Mao said. Participants will be followed for two to five years.

—A six-month, phase II study of Celebrex in current smokers who are 45 or older, have smoked for a minimum of 20 "pack years," or the cumulative

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equivalent of a pack of cigarettes every day for 20 years, and who have mild COPD. This study is designed to identify cellular or molecular changes in the lungs that may indicate Celebrex's impact on lung cancer development. Participants will receive free lung cancer screening with fluorescence bronchoscopy and up to $350 upon completing the study. Researchers are seeking 20 volunteers.

To be eligible for either study, participants must be in relatively good health, have no history of peptic ulcers and have no allergies to aspirin, ibuprofen or sulfa drugs. They also may be asked to stop taking certain medications that may interfere with Celebrex.

For more information on the studies, call the Jonsson Cancer Center clinical trials hotline at 888-798-0719.

* * *

Herceptin study in early breast cancer: UCLA physicians are seeking more than 3,000 women with early-stage breast cancer for a new study of the breakthrough drug Herceptin, the first successful targeted therapy for breast cancer. The study, headquartered at UCLA's Jonsson Cancer Center, will be the largest international clinical trial to investigate Herceptin in women with early-stage breast cancer.

Up to 600 institutions on five continents may participate in the clinical trial through the Breast Cancer International Research Group, a global network that spans 35 countries, 850 medical centers and involves 1,500 clinical investigators who test new therapies for breast cancer.

The most recent and comprehensive research on Herceptin, published in the March 15 issue of the New England Journal of Medicine, proved the drug's effectiveness in women with a particular kind of breast cancer that has metastasized, or spread, beyond the breast and local lymph nodes. The data show that combining Herceptin with chemotherapy as a first-line treatment offers the best chance at increasing survival for those with a fast-growing form of late-stage breast cancer.

By investigating Herceptin in women with aggressive breast cancer that has been diagnosed early—before it has spread from the breast to other parts of the body—researchers hope to demonstrate significant improvements in patient survival and cure rates, said Dennis Slamon, director of the Revlon/ UCLA Women's Cancer Research Program at the Jonsson Cancer Center and leader of the UCLA team whose scientific and clinical research in the 1980s laid the foundation for Herceptin's development.

"The Herceptin-chemotherapy combinations have been shown to decrease breast cancer deaths by 27 percent in women whose metastatic breast cancer is characterized by an alteration in the HER-2/neu gene," Slamon said. "This is significant because the life expectancy of patients who have the genetic alteration can be as low as half the life expectancy of patients who don't have it. By giving Herceptin and chemotherapy at an earlier stage, we hope to help patients who have the genetic alteration live longer and ultimately have the best chance of being cured."

Approved by the U.S. Food and Drug Administration in September 1998, Herceptin is the first breast cancer treatment to successfully attack a specific genetic mutation that causes an aggressive form of the disease. The drug can be effective for breast cancer patients who have a mutation in a gene called HER-2/neu in their tumor cells, an abnormality that causes their cancer to grow and spread quickly. About 25 to 30 percent of women with breast cancer—or about 125,000 to 150,000 cases a year worldwide—fall into that category.

The new study will test standard chemotherapy combinations for early-stage breast cancer with and without Herceptin.

Slamon emphasized that no study participant will receive less than the best available standard therapies for early-stage breast cancer.

"This study is critical because it will compare various combinations of the four most effective therapies for breast cancer," Slamon said. "By identifying which combinations are the most efficacious in attacking the cancer and the least likely to subject patients to serious side effects, this study may indicate a completely new standard of treatment for a specific group of patients. We hope that the high efficacy seen in testing these therapeutic combinations against late-stage breast cancer will translate to better results in treating aggressive early-stage disease."

Researchers are seeking women who recently have been diagnosed with early-stage breast cancer for the new clinical trial. Through a randomized selection process, study participants will be assigned to one of three treatment groups, all of which include combinations of standard chemotherapy drugs for breast cancer.

Participants will receive Herceptin in conjunction with Taxotere and Platinum; Adriamycin and Cytoxan followed by a combination of Herceptin and Taxotere; or Adriamycin and Cytoxan followed by Taxotere. The Adriamycin-Cytoxan-Taxotere regimen is believed

to be among the most effective standard chemotherapy combinations to date for the treatment of early-stage breast cancer.

To be eligible for the study, patients' tumor cells must have an overabundance of the HER-2/neu protein, which stimulates cell growth. Women diagnosed with breast tumors that are two centimeters or larger and have no lymph node involvement or women who have smaller tumors with at least one positive lymph node involved will be considered for the study.

To test for the genetic alteration that gives rise to overproduction of the HER-2/neu protein, researchers will use the newest and most accurate diagnostic testing method, called florescent in-situ hybridization (FISH). This method was initially tested and validated at the Jonsson Cancer Center and now is coming into widespread use. Using FISH will ensure that only women who actually have this specific genetic alteration will qualify for the study.

Herceptin, manufactured by Genentech, Inc., does not cause the serious side effects associated with traditional chemotherapy, such as hair loss, nausea, fatigue and low blood counts. Herceptin alone is generally well-tolerated by patients but physicians will closely monitor patients who receive Herceptin after exposure to Adriamycin. Although Adriamycin is currently considered among the best standard agents for treating early-stage breast cancer, approximately 28 percent of patients who receive Herceptin with Adriamycin may experience cardiac abnormalities. In most cases, medication can alleviate those symptoms.

Slamon anticipates that it will take 18 to 30 months to screen an estimated 15,000 women, from which 3,150 eligible patients will be identified and enrolled in the trial.

Linnea Chap, an oncologist who specializes in breast and ovarian cancers, will be the principal investigator for the UCLA arm of the study.

For women whose breast cancers do not test positive for alterations in the HER-2/neu gene, other studies are being offered through the Jonsson Cancer Center and the BCIRG.

The BCIRG, a division of the not-for-profit Cancer International Research Group, is the first academic global cooperative group of cancer researchers dedicated solely to developing promising new therapies for breast cancer.

Jean-Marc Nabholtz, founder and chairman of the BCIRG and director of the Cancer Therapy Development Program at the Jonsson Cancer Center, was a leader in the development of Taxotere and Taxol, now widely used to treat breast cancer. He established the BCIRG in 1997 to improve speed and efficiency in testing new breast cancer treatments.

Nabholtz was recruited to UCLA's Jonsson Cancer Center in July 2000 to help broaden the spectrum of clinical trials available to cancer patients at UCLA, and to help hasten the translation of scientific discoveries into viable treatments for patients.

For more information on the new Herceptin study, or to learn about studies for patients with other forms of breast cancer, please call the Jonsson Cancer Center clinical trials toll-free hotline at 888-798-0719.

* * *

UPCI head and neck cancer study: Promising results from a study led by University of Pittsburgh Cancer Institute researcher, Dong Moon Shin, suggest that treating head and neck cancer patients with a combination of the biologic agents retinoid, interferon, and vitamin E may lead to improved survival for patients with a locally advanced stage of the disease and result in few negative side-effects.

Results from the study were published in the June 15 issue of the Journal of Clinical Oncology.

The phase II study focuses on patients with squamous cell carcinoma of the head and neck (SCCHN), which has a low five-year survival rate after standard treatment including surgery, radiation therapy or both surgery and radiation. More than two-thirds of patients with SCCHN are diagnosed with stage III or IV cancer, which represent advanced stages of the disease, and are at high risk for disease recurrence or the development of second primary tumors (SPTs).

"Given the poor survival rates from head and neck cancer, the study's overall survival rates of 98 percent at one-year follow-up and 91 percent at two-year follow-up, are very promising indications of the potential of this treatment for patients with locally-advanced head and neck cancer," said Shin, professor of medicine and otolaryngology, University of Pittsburgh School of Medicine and co-director, UPCI Head and Neck Cancer Program. "The finding that there are only mild to moderate negative side-effects from treatment, which primarily include flu-like symptoms and fatigue, is also especially encouraging."

The study employs the combination of interferon-alfa (IFN-a), 13-cis-retinoic acid (13-cRA) and vitamin E (a-tocopherol) in the treatment of locally advanced-stage head and neck cancer to prevent cancer recurrence, inhibit the formation of SPTs and

reduce the toxic effects from treatment. This treatment differs from standard chemotherapy in that it mobilizes the body's immune system to fight the cancer rather than generally poisoning rapidly dividing cells. Forty-four patients diagnosed with SCCHN participated in the study and were treated for a 12-month period.

"Until now, we have had little success preventing the development of second primary tumors in patients with head and neck cancer," said Shin. "If confirmed by a follow-up phase III study, the results may have a profound impact on reducing the rate of recurrence of head and neck cancer and the formation of SPTs."

According to Shin, the phase III study will be a randomized, multi-site study (including UPCI) and will enroll 300 patients who have previously received standard treatment for SCCHN.

For more information about the treatment of head and neck cancer, call UPCI's Cancer Information and Referral Service at 1-800-237-4PCI (1-800-237-4724), or visit UPCI's Web site at http://www.upci.upmc.edu.

Lung Cancer:

Chemo Combinations Tested In Phase III For Lung Cancer

A chemotherapy regimen of docetaxel (Taxotere) with cisplatin yields a significantly better overall survival rate (p=0.0469) than the combination of vinorelbine (Navelbine) and cisplatin in patients with advanced non-small cell lung cancer (NSCLC) who have not undergone prior chemotherapy according to phase III trial data reported at the 37th Annual Meeting of the American Society of Clinical Oncology earlier this year.

The study, presented by Chandra Belani, professor of medicine, University of Pittsburgh School of Medicine and co-director, Lung Cancer Program, University of Pittsburgh Cancer Institute, showed that patients who were treated with docetaxel and cisplatin survived significantly longer than those who received combination therapy with vinorelbine and cisplatin, a standard regimen used to treat advanced NSCLC.

The median survival for the docetaxel/cisplatin cohort was 10.9 months versus 10 months for the vinorelbine/cisplatin cohort. The one-and two-year survival rates were 46 percent and 20 percent versus 42 percent and 14 percent, respectively.

"While platinum-based chemotherapy is often viewed as a first-line therapy for patients with advanced non-small cell lung cancer, there is no established treatment standard for this population," said Belani. "The improved survival associated with the docetaxel/cisplatin combination means that a superior treatment may be available for this vast group of patients who are not candidates for surgical resection."

The trial included more than 1,200 men and women 18 years of age or older with pathologically confirmed, unresectable locally advanced and/or recurrent or metastatic NSCLC and a Karnofsky performance status of at least 70 percent. Recurrent disease was defined as evidence of tumor progression after surgical or radiation treatment. Patients who had undergone prior treatment for their lung cancer with a biologic response modifier or chemotherapy agent were ineligible.

The median age of the study population was 60 years, and most patients were men. Roughly 67 percent had stage IV disease, meaning the disease had spread to organs in addition to the lungs and nodes in the chest cavity. In about one-third of patients, disease had spread to at least three other organs.

Patients were randomized to one of three treatment groups. The first group received docetaxel, 75mg/m^2, plus cisplatin 75mg/m^2, and the treatment was repeated every 21 days. The second group was treated with the combination of docetaxel, 75 mg/m^2, and carboplatin, AUC=6, and the treatment was repeated every 21 days. The third group received a combination of vinorelbine, 25 mg/m^2/wk, and cisplatin 100mg/m^2, and the treatment was repeated every 28 days.

Patients were treated until there was evidence of progressive disease or unacceptable adverse events or until six treatment cycles had been completed. Treatment response was assessed after every two treatment cycles.

The overall survival for patients treated with docetaxel and carboplatin was similar to patients treated with vinorelbine and cisplatin (p=0.710). Median survival was 9.1 months for the docetaxel/carboplatin regimen versus 10 months for the vinorelbine/cisplatin regimen. The one-and two- year survival rates were also similar between both arms; 37 percent and 16 percent for the docetaxel/carboplatin group versus 42 percent and 14 percent for the vinorelbine/cisplatin group, respectively.

All treatment arms were generally well tolerated.

Less than 5 percent of patients experienced severe sensory neuropathy in both docetaxel treatment arms. Treatment related infection, febrile neutropenia and deaths were also similar between the groups. More patients in the vinorelbine/cisplatin group experienced severe nausea, vomiting and anemia; however, diarrhea was more common in patients treated with docetaxel/cisplatin.

The study was conducted at 135 sites in 28 countries.

* * *

A four-arm phase II trial in advanced non-small cell lung cancer suggested that the combination of Navelbine (vinorelbine tartrate) and gemcitabine produced a numerically higher median survival time than the other three arms evaluated, including the other non-platinum doublet of paclitaxel/gemcitabine (10.7 months versus 8.7 months, respectively).

"Using the newer, and often less toxic chemotherapy drugs in combination will likely be a trend for the future of lung cancer treatment," said John Hainsworth, director of clinical research at the Sarah Cannon Cancer Center in Nashville, TN, and one of the study's investigators. "For nearly 20 years a standard treatment for advanced lung cancer has included platinum-based therapy, which can make treatment hard for some patients to complete because of side effects like hair loss, nausea, myalgia and blood disorders. This study suggests that the combination of vinorelbine and gemcitabine may be as effective as the standard chemotherapy combinations studied in this trial and well tolerated by patients."

The multi-center phase II study compared four different third generation chemotherapy regimens randomized among 267 patients with stage IIIB and IV NSCLC: two triplets that included a platinum-based drug (carboplatin/paclitaxel/gemcitabine, and carboplatin/paclitaxel/vinorelbine); and two doublets without a platinum compound (vinorelbine/gemcitabine, and paclitaxel/gemcitabine). The study was designed to compare the toxicities, response rates, and progression-free interval of the four arms.

The regimen with vinorelbine and gemcitabine appeared to cause less grade 2/3 neurotoxicity, nausea/vomiting, and diarrhea, and less grade 3/4 myalgia/arthralgia, anemia and thrombocytopenia (a decrease in the number of blood platelets) than the three other combination therapies.

The patients in the group using vinorelbine and gemcitabine experienced no severe alopecia (hair loss) and 25% of these patients had mild hair thinning. One hundred percent (100%) of the patients in the other three study arms had severe hair loss.

Although the study was not large enough to show any statistically significant differences in response rates and progression-free survival, the median survival of the arm using vinorelbine in combination with gemcitabine (10.7 months) was reportedly longer than the other three regimens: carboplatin/paclitaxel/gemcitabine, 9.6 months; carboplatin/paclitaxel/vinorelbine, 9.9 months; and paclitaxel/gemcitabine: 8.7 months. In addition, the progression-free survival in the study arms using doublets (vinorelbine/gemcitabine and paclitaxel/gemcitabine) appears to be longer than the platinum-containing triplet regimens (6.6 months versus 5.4 months for carboplatin/paclitaxel/gemcitabine and 4.9 months for carboplatin/paclitaxel/vinorelbine).

The investigators concluded that the third generation doublet regimens may be less toxic and as efficacious as the third generation triplet regimens. "We really are trying to find the best treatment available for advanced lung cancer," said Hainsworth. "This study may lead us to new options that are as effective, but better tolerated." Dr. Hainsworth is participating in a follow up randomized phase III study to compare vinorelbine in combination with gemcitabine with the combination of carboplatin/paclitaxel/gemcitabine.

Navelbine, which is available in the United States from GlaxoSmithKline, is not indicated in combination with gemcitabine.

Navelbine Injection is indicated as a single agent or in combination with cisplatin for the first-line treatment of ambulatory patients with inoperable, advanced NSCLC.

In clinical trials to date, granulocytopenia is the major dose-limiting toxicity with Navelbine, although it has been generally reversible and not cumulative over time.

Industry News:

Zometa Better Than Placebo In Treatment Of Bone Mets

Novartis Oncology said its investigational drug Zometa (zoledronic acid for injection) demonstrated statistically significant efficacy (proportion of patients demonstrating skeletal related effects) (SREs) compared to placebo in the treatment of bone metastases of prostate cancer.

These results are part of the largest set of clinical

trials ever to evaluate the efficacy and tolerability of bisphosphonates in bone metastases. These studies also show that Zometa is effective and safe in multiple myeloma and breast, renal and lung cancer.

In addition, the 15-minute infusion time of Zometa offers a significant advantage compared to two to four hours for the infusion of Aredia (pamidronate disodium), the current gold standard of treatment.

"This is an exciting time in cancer research and for Novartis in particular," said David Parkinson, vice president, clinical research, Novartis Oncology. "Research at Novartis has focused on improving and expanding the value of intravenous bisphosphonates for cancer patients. Zometa has proven to be the first bisphosphonate to show such an advance in large phase III clinical trials by demonstrating efficacy in the treatment of skeletal related events associated with bone metastases in a broad range of tumor types."

—Data from a prostate cancer clinical trial demonstrated a significant delay in the time to onset of skeletal-related events (SREs). Study participants included more than 600 prostate cancer patients with a history of metastatic bone disease who had developed biochemical progression measured by increases in Prostate-Specific Antigen levels.

—Zometa proven effective and well tolerated in breast cancer and multiple myeloma. The primary objective of this multi-center study was to compare Zometa to pamidronate disodium (90mg) in treating bone metastases/lesions in patients with breast cancer and multiple myeloma. The results showed that with a much faster infusion time (15 minutes vs. two hours), Zometa was as effective and well tolerated as pamidronate disodium.

—Zometa significantly extended the time to first skeletal related event in lung cancer. This study comprised a population of high-risk lung and other solid tumor cancer patients who had osteolytic bone lesions and who typically have a median survival rate of nine months. Zometa had a significantly positive impact on median time to the first SREs.

"The results from the trials in hypercalcaemia of malignancy and bone metastases demonstrate the potential of Zometa for broad utility across multiple tumor types and its convenience advantage versus pamidronate," said David Epstein, president, Novartis Oncology. "These results further support our efforts to seek global registration in the treatment of bone metastases."

In previous studies, Zometa demonstrated superior efficacy and similar safety to pamidronate disodium in the treatment of HCM, the most common metabolic complication associated with cancer, which, if untreated, becomes life threatening. Zometa also normalized serum calcium levels significantly faster than pamidronate disodium and for a longer duration.

The European Commission (EC) recently granted a community marketing authorization for Zometa (zoledronic acid) in the European Union for the treatment of tumor-induced hypercalcemia, also known as hypercalcemia of malignancy (HCM).

In addition to the EU, Zometa is approved in another 20 countries, including Australia, Brazil, Canada, and New Zealand. In the US, Zometa received an approvable designation from the Food and Drug Administration in September 2000.

NCI-Approved Clinical Trials

The National Cancer Institute's Cancer Therapy Evaluation Program approved the following clinical research studies last month.

For further information about a study, contact the principal investigator listed.

Phase I

Phase I Surrogate Endpoint Trial of SU6668 in Patients with Incurable Solid Tumors. M.D. Anderson Cancer Center, protocol 1017, Herbst, Roy, phone 713-792-6363.

Phase I UAB 9846 Trial of 131I-HuCC49^CH2 for Colon Cancer. University of Alabama Comprehensive Cancer Center, protocol 1313, Meredith, Ruby, phone 205-934-2760.

Phase I Open-Label Study of MDX-CTLA4 in Combination with Tyrosinase/ gp100/ MART-1 Peptides Emulsified with Montanide ISA 51 in the Treatment of Patients with Resected Stage III or Stage IV Melanoma. University of Southern California, protocol 4210, Weber, Jeffrey, phone 323-865-3919.

Phase I Study of ZD 1839 (Iressa) in Combination with Oxaliplatin, 5-Fluorouracil and Leucovorin in Advanced Solid Malignancies (Phase I) and Advanced Colorectal Cancers (Phase II) Stanford University, protocol 4370, Sikic, Branimir, 650-725-6427.

Phase I Trial of R115777 in Advanced Malignant Solid Tumors. UC-Davis, protocol 4751, Lara, Primo, phone 916-734-3771.

Phase I and Randomized Phase II Trial of Epothilone B Analogue BMS 247550 Administered

Every 21 Days With or Without Oral Estramustine Phosphate in Patients With Androgen Independent Prostate Cancer.

Phase I and Randomized Phase II Trial of Epothilone B Analogue BMS 247550 Administered Every 21 Days With or Without Oral Estramustine Phosphate in Patients With Androgen Independent Prostate Cancer. Sloan-Kettering Cancer Center, protocol 3634, Kelly, William, phone 212-639-7992.

Phase I/II Trial of Herceptin and ZD1839 in Patients with Metastatic Breast Cancer that Overexpresses HER2/neu(erb-2). Eastern Cooperative Oncology Group, protocol E1100, Arteaga, Carlos, phone 615-936-3524.

Phase II

Phase II Study of Neoadjuvant rhuMAb VEGF (bevacizumab) in Combination with Paclitaxel and Carboplatin in Surgically Resectable Non-Small Cell Lung Cancer. Ohio State University Hospital, protocol #2655, Otterson, Gregory, phone 614-293-6786.

Phase II Studies of Donepezil and Gingko Biloba in Irradiated Brain Tumor Patients. Wake Forest University, protocol 5322, Shaw, Edward, phone 336-716-4647.

Phase II Trial of Induction Gemcitabine/CPT-11 Followed by Twice-Weekly Infusion Gemcitabine and Concurrent External Beam Radiation for the Treatment of Locally Advanced Pancreatic Cancer. Wake Forest University, protocol 5332, Blackstock, William, phone 336-716-4981.

Phase II Study of Adjuvant STI571 Therapy in Patients Following Completed Resected High-risk Primary GastroIntestinal Stromal Tumor. American College of Surgeons Oncology Trials Group, protocol ACOSOG-Z9000, DeMatteo, Ronald, phone 212-639-5726.

Phase II Study of ZD 1839 in Patients with Malignant Mesothelioma. Cancer and Leukemia Group B, protocol CALGB-30101, Govindan, Ramaswamy, phone 314-362-4819.

Phase II, Randomized, Trial of Two Dose Levels of ZD1839 (Iressa) in Patients with Recurrent Colorectal Adenocarcinoma. Eastern Cooperative Oncology Group, protocol E6200, Rothenberg, Mace, phone 615-322-4967.

Phase II Evaluation of Epothilone-B BMS 247550 in the Treatment of Recurrent or Persistent Platinum and Paclitaxel Refractory Ovarian or Primary Peritoneal Cancer. Gynecologic Oncology Group, protocol GOG-0126-M, Spriggs, David, phone 212-639-2203.

Phase II Trial of Bevacizumab (rhuMAB VEGF)in the Treatment of Persistent and Recurrent Squamous Cell Carcinoma of the Cervix. Gynecologic Oncology Group, protocol GOG-0227-C, Monk, Bradley, phone 714-456-6570.

Phase II Evaluation of Thalidomide in the Treatment of Recurrent or Persistent Leiomyosarcoma of the Uterus. Gynecologic Oncology Group, protocol GOG-0231-B, McMeekin, Scott, phone 405-271-8707.

Phase II Randomized, Cross-Over, Double-Blinded, Placebo-Controlled Trial of the Farnesyltransferase Inhibitor R115777 in Pediatric Patients with Neurofibromatosis Type 1 and Progressive Plexiform Neurofibromas. NCI Pediatric Oncology Branch, Widemann, Brigitte, phone 301-496-7387.

Phase III

Progressive Randomized Phase III Trial Comparing Consolidation Therapy with or without Strontium-89 Following Induction Chemotherapy in Androgen-Independent Prostate Cancer. M.D. Anderson Cancer Center, protocol 3410, Tu, Shi-Ming, phone 713-792-2830.

Phase III Group-Wide Study of Dose-Intensive Response-Based Chemotherapy and Radiation Therapy for Diagnosed Intermediate Risk Hodgkin Disease. Children's Oncology Group, protocol AHOD0031, Friedman, Debra, phone 206-526-2106.

Randomized Trial of Adjuvant Chemotherapy with Standard Regimens, Cyclophosphamide, Methotrexate and Fluorouracil-(CMF) or Doxorubicin and Cyclophosphamide-(AC), versus Capecitabine in Women 65 Years and Older and Node-Positive or High-Risk Node Negative Breast Cancer. Cancer and Leukemia Group B, protocol CALGB-49907, Muss, Hyman, phone 802-847-3827.

Phase III Trial of Bevacizumab, Oxaliplatin, Fluorouracil and Leucovorin versus Oxaliplatin, Fluorouracil and Leucovorin versus Bevacizumab Alone in Previously Treated Patients with Advanced Colorectal Cancer. Eastern Cooperative Oncology Group, protocol E3200, Giantonio, Bruce, phone 215-662-8947.

Other

Assessment of Hypoxia in Malignant Gliomas Using EF5. Pennsylvania Cancer Center, protocol 4550, Judy, Kevin, phone 215-662-7854.