Vol. 25 No. 5
May 2002

THE CLINICAL CANCER LETTER

Cancer research news for clinicians

Colonoscopy Every Three Years Indicated For Those With Family History Of Polyps

Patients with a family history of colon cancer and a personal history of polyps should be screened for colon cancer with a colonoscopy every three years according to a study scheduled for presentation at the American Society of Colon and Rectal Surgeons annual meeting June 3-8 in Chicago.

The study also concluded that patients with a family history of colon cancer who are not found to have polyps when initially screened for colon cancer should receive a follow-up colonoscopy every five years and that

(Continued to page 2)

ASCO Meeting Reports:

Men With Low PSA Scores May Not Need Annual Tests, Data From PLCO Trial Suggests

ORLANDO—Many men who choose to get a prostate specific antigen test may not need to repeat the test as frequently as previously thought, according to data from the Prostate, Lung, Colorectal and Ovarian trial sponsored by the U.S. National Cancer Institute.

The results were presented at the annual meeting of the American Society of Clinical Oncology.

"Men who choose PSA testing now have a scientific basis for choosing, with their physicians, how frequently they wish to be screened," said John Gohagan, NCI project officer for the trial.

The current analysis is based on results from almost 30,000 men enrolled in the PLCO trial who had annual PSA tests as part of the study. The researchers found that, in men with an initial PSA value between 0 to 1 ng/ml, 98.7 percent would continue to have PSA levels below 4 ng/ml through four additional years of PSA testing.

This finding suggests that men whose last PSA was less than 1 ng/ml may want to consider screening less often than annually.

For men with initial PSA readings of 1 to 2 ng/ml, the investigators found that 98.8 percent would have a reading below 4ng/ml in the subsequent year. For men with readings in the 2 to 4 ng/ml range, the chances that the PSA would rise to at least 4 ng/ml were higher. This was especially true for men in the 3 to 4 ng/ml range, because 24 percent of them would show elevated readings within a year and 83 percent would show elevated levels within four years, according to the PLCO data. Physicians often use the vlaue of 4 ng/ml or greater as the trigger for

(Continued to page 3)

PO Box 9905
Washington DC 20016
Telephone 202-362-1809

Colon Cancer Screening Every 3 Years For Those At High Risk

(Continued from page 1)

women may not need to be screened as frequently as men.

Conducted by colorectal surgeons at the Ochsner Clinic in New Orleans, the study involved 832 patients with a family history of colon cancer who underwent periodic colonoscopies from 1981 to 2001.

"It is well known that patients with a family history of colon cancer are at much higher risk for developing the disease themselves," said study researcher and colorectal surgeon David Beck, chairman of the Ochsner Clinic Foundation's Department of Colon and Rectal Surgery in New Orleans. "But what we didn't know and wanted to determine was how frequently they should be screened for colon cancer, given that it can most effectively be treated and even prevented if detected early."

Patients in the study were on average 59 years of age (with a range of 11 years) when they had their initial colonoscopy; 52 percent were female. The median interval for development of adenomatas polyps (benign colonic growths that have the potential to transform into cancer) was 9.3 years.

The patients in the study fell into two groups: those who had a positive baseline colonoscopy, which was defined as the discovery of at least one adenomatas polyp at the time of their initial screening, and those who had a negative baseline colonoscopy in which no polyps were discovered at the time of initial screening.

Two-hundred seventy-eight patients (33.4%) had positive baseline colonoscopies. These patients developed polyps in a significantly shorter period of time compared to the negative baseline colonoscopy patients ($p<0.0005$). When screened three years after their baseline colonoscopy, 22% had developed additional polyps; five years after their baseline colonoscopy, 48% had.

In contrast, in the 554 patients with negative baseline colonoscopies, only 3% had developed polyps three years after their baseline colonoscopy and 13% had polyps five years after their initial screening.

Analysis of patients by gender showed that females took significantly longer to develop polyps than males ($p<0.0005$). Three years after the baseline colonoscopy, 14% of males had developed new polyps, and five years out, 30% had. By comparison, only 5% of females had developed new polyps three years after their initial screening and 18 percent had developed them five years afterwards.

No patients developed invasive cancer during the study period.

THE CLINICAL CANCER LETTER

Member, Newsletter and Electronic Publishers Association

World Wide Web: http://www.cancerletter.com

Publisher: Kirsten Boyd Goldberg
Editorial Assistant: Shelley Whitmore Wolfe

Editorial: 202-362-1809 Fax: 202-318-4030
PO Box 9905, Washington DC 20016
E-mail: news@cancerletter.com

Customer Service: 800-513-7042
PO Box 40724, Nashville TN 37204-0724

THE CLINICAL CANCER LETTER (ISSN 164-985X). Published monthly, subscription $99 per year, by The Cancer Letter Inc.

ASCO Reports:

PLCO Trial Finds PSA Can Be Delayed For Some

(Continued from page 1)

further investigation, such as a prostate biopsy.

PSA testing has never been proven to reduce the risk of dying from prostate cancer. Elevated PSA readings may not always be indicative of an aggressive cancer, and false positive results could lead to unnecessary invasive procedures and attendant risks.

"This is one of the first of many important pieces of research that will come from the PLCO study," said first author E. David Crawford, of University of Colorado. "But we are not yet able to address the value of PSA testing itself, and those results will come in the future when more data from the trial have been assembled and analyzed."

The PLCO trial completed enrollment in September 2001. Screening of participants with annual PSA tests and other exams will continue until 2007, to determine the benefits and harms of screening.

Gleevec Better Than Interferon For Newly Diagnosed CML

ORLANDO—After showing promise against chromic myeloid leukemia in its advanced stages, a study now demonstrates that the new cancer drug STI-571 (Gleevec) is more effective and better tolerated than the standard therapy for patients newly diagnosed with the disease.

Patients who received STI-571 were more likely to have a complete or partial remission og their leukemia, compared to those who received the standard therapy, interferon plus cytarabine, the researchers found.

"Although the long-term results of STI-571 remain unknown, it should now be considered as standard therapy for newly diagnosed CML patients," said Brian Druker, of the Oregon Health & Science University, of behalf of the International Gleevec Study Group.

The phase III study involved 1,106 patients from 16 countries. Patients were randomly assigned to receive STI-571 or the interferon-based therapy. STI-571 is approved for the treatment of CML patients who no longer respond to interferon and for pateints in an accelerated phase or in myeloid blast crisis.

The study was the first large-scale clinical trial to evalue the effectiveness of STI-571 in patients newly diagnosed with the disease, and the first to directly compare the new therapy to standard interferon therapy.

The researchers found that six months after therapy, leukemia continued to worsen in eight patients taking STI-571, compared to 57 patients taking interferon.

Also, 75 percent of patients taking STI-571 had a significant decrease in the number of cancer cells in their bone marrow, and within this group, cancer cells completely disappeared in 54 percent.

For patients given the standard therapy, 15 percent had a significant reduction in the number of cancer cells, and only 3 percent of those patients experienced a complete disappearance of cancer cells.

Only six patients treated with STI-571 were in blast crisis six months after therapy, compared to 26 patients who received the interferon-based therapy.

Fewer than 1 percent of patients given STI-571 experienced severe side effects; 19 percent of patients treated with interferon could not tolerate the therapy and were switched to STI-571.

Two-Drug Combination Extends Survival Of Mesothelioma

ORLANDO—Patients with cancer of the lining of the lung, known as pleural mesothelioma, live longer and have less pain and shortness of breath if they receive the new chemotherapy drug pemetrexed (Alimta), according to the results of a phase III trial.

Mesothelioma patients who were treated with pemetrexed plus the cisplatin lived for about a year after their diagnosis, nearly three months longer than pateints who received only cisplatin, the researchers found.

The two-drug combination also caused the cancer to shrink in 41 percent of patients, compared to 17 percent of patients who received only cisplatin, and was more effective at reducing pain and shortness of breath.

"The results are very encouraging and significant because mesothelioma patients and their families now have proof that this new chemotherapy drug offers real and tangible benefits," said Nicholas Vogelzang, the Fred C. Buffett Professor and director of the University of Chicago Cancer Research Center.

Pemetrexed is a cousin of one of the earliest chemotherapy drugs, methotrexate, used for the treatment of other types of cancer. While methotrexate blocks one enzyme necessary for cell division and tumor growth, pemetrexed blocks three such enzymes.

The phase III randomized study is the largest mesothelioma trial ever conducted, involving 456 patients. Patients were selected at random to receive pemetrexed plus cisplatin or cisplatin alone.

Shortly after the study began, the researchers found that many of the patients were deficient in the vitamins folic acid and B12.

The deficiencies, which were presumably caused by the cancer and a poor appetite, decreased the ability of normal cells to repair and produce new DNA.

The vitamin-deficient patients who received pemetrexed were more likely to experience severe toxicity (severe neutropenia), severe diarrhea, and severe mouth ulcers than patients who received only cisplatin.

Following this observation, all patients in the study received folic acid and vitamin B12 as a standard part of their treatment. This reduced the toxic side effects associated with pemetrexed.

Preventive Surgery Cuts Risk Of Breast, Ovarian Cancers

ORLANDO—Researchers have shown for the first time that women who face an increased risk of breast and ovarian cancer because of mutations in BRCA1 and BRCA2 genes can reduce their risk of these cancers if they have surgery to remove their ovaries and fallopian tubes.

Compared to intensive ovarian screening, surgery to remove the ovaries and fallopian tubes reduced the risk of subsequent breast and ovarian cancers by 75 percent.

"We now have prospective evidence to present to patients so they can make informed decisions about their care," said lead investigator Kenneth Offit, chief of the Clinical Genetics Service at Memorial Sloan-Kettering Cancer Center.

The study looked at 173 women whose genetic tests found mutations in the BRCA1 and BRCA2 genes. The women were provided uniform genetic counseling regarding their options. Of those, 101 chose preventive surgery to remove their ovaries and fallopian tubes (salpingo-oophorectomy). The other 72 opted for intensive ovarian screening (transvaginal ultrasound and a CA-125 blood test twice a year).

In addition to reducing the risk of ovarian cancer, removing the ovaries is believed to reduce breast cancer risk by decreasing estrogen, thereby halting or slowing the development of breast cancers that may depend on this hormone to spur their growth.

Among the women who chose preventive surgery, doctors detected three unsuspected early-stage ovarian tumors during the operation. "This highlights the limitations of current screening tests for ovarian cancer," said Richard Barakat, chief of gynecologic oncology at MSKCC and study co-author.

After a two-year follow-up, three breast and one peritoneal cancers were diagnosed in women who had preventive surgery, and eight breast cancers, four ovarian cancers, and one peritoneal cancer were diagnosed in women who opted for intensive screening. The study will continue to evaluate the long-term effects of preventive surgery on cancer rates, other health risks, and overall survival.

Two-Month Survival Benefit For Some NSCLC Patients

ORLANDO—For some patients with advanced non-small cell lung cancer, combination chemotherapy provides a modest increase in survival, according to a new study.

Patients who received the drugs carboplatin plus paclitaxel had a median survival of 8.5 months, compared to 6.5 months for paclitaxel alone, although the one-year survival rates—36 percent for combination chemotherapy versus 31 percent for paclitaxel—were not statisically significant.

There was no difference between the two therapies in their effects on patients' quality of life.

Patients who could perform their daily activities with ease were more likely than sicker patients to benefit from the combination therapy. "Patients with non-small cell lung cancer who are otherwise in good health should be treated with combination chemotherapy," said lead investigator Rogerio Lilenbaum, director of the Thoracic Oncology Program at Mount Sinai Comprehensive Cancer Center in Miami Beach.

The researchers found that patients over 70 had similar outcomes with either the combination or single-agent therapy, while patients in overall poor health did not appear to benefit from either therapy.

"Based on our findings, we recommend that treatment be individualized and that a patient's age and overall health be taken into consideration," Lilenbaum said.

Combination chemotherapy is the standard treatment for patients with advanced non-small cell lung cancer, but previous studies have not demonstrated that it provides a clear survival benefit compared to treatment with a single agent.

In this phase III study, 584 patients were randomly assigned to receive carboplatin plus paclitaxel or paclitaxel alone. Thirty percent of the patients on the combination therapy responded, compared to 16 percent fo rpaclitaxel. However, patients who received the combination therapy were more likely to experience serious side effects such as anemia, low white blood cell counts, and low platelet counts.

Cancer Cases To Double By 2050, Annual Report Says

By 2050, the number of cancer cases in the U.S. is expected to double if incidence rates remain steady, according to a new federal report released this week.

That could mean 2.6 million Americans diagnosed each year with cancer, up from the current 1.3 million cases per year, due to population growth and aging, according to the "Annual Report to the

Nation on the Status of Cancer, 1973-1999," published in the May 15 issue of Cancer.

Also, the number and proportion of older persons with cancer are expected to increase "dramatically," said the report, by statisticians at NCI, the American Cancer Society, the North American Association of Central Cancer Registries, the National Institute on Aging, and the Centers for Disease Control and Prevention.

In 2000, an estimated 389,000 people age 75 and older were expected to be diagnosed with cancer. By 2050, 1.102 million people age 75 and older could be diagnosed with cancer, an increase of 30 percent to 42 percent of that segment of the population.

"The number of cancer patients aged 85 years and older is expected to increase by more than four-fold between 2000 and 2050," the report said. "Of more immediate concern, within the next 30 years, the absolute number of cancers occurring in persons aged 65 years and older is expected to double."

Challenge for Treatment, Research

Older cancer patients are likely to present different challenges to physicians, the report said. They may have co-morbid conditions such as vascular disease, or may be taking many different medicines that interact with anti-tumor therapy, putting them at higher risk for drug interactions, overlapping toxicities, or decreased tolerance for standard regimens.

"Barring major breakthroughs in cancer prevention, projected U.S. population growth and aging are expected to contribute to a progressive and substantial increase in the cancer burden, doubling the total number of persons diagnosed with cancer within the next half century as well as the number of cancer patients aged 75 years and older," the report said.

"Thus, the number of persons who require cancer treatment and require it at older ages also will increase, placing a growing demand for more supportive, palliative, and general medical services."

Older patients are under-represented in cancer clinical trials, the report said. Only 25 percent of the 177,000 patients enrolled in NCI-sponsored phase III studies since 1998 were age 65 or older at time of study entry.

In NCI-sponsored phase I, I/II, and II trials since 1998, 28 percent of 52,000 patients enrolled were 65 or older.

"Although efforts are underway to implement and evaluate several key pilot studies designed to improve access to the nationwide clinical trials system, specific strategies are needed to increase the proportion of older patients on appropriately designed clinical trials," the report said.

A barrier to access for clinical trials for the elderly may be the organ function eligibility requirements. NCI and the clinical trials cooperative groups are beginning to look at ways of evaluating therapies in frail older patients, the report said.

Oncologists Will Need Geriatrics Training

Oncologists are just beginning to recognize that they will need additional training in geriatrics, said B.J. Kennedy, Regents Professor of Medicine Emeritus and Masonic Professor of Oncology Emeritus at University of Minnesota Medical School.

Many oncologists now in clinical practice probably never learned to take care of cancer patients over age 75, said Kennedy, led a four-hour symposium on "Cancer Care in the Older Population" at the annual meeting of the American Society of Clinical Oncology on May 17.

"This is going to be a big, big problem," he said to **The Clinical Cancer Letter**. "The elderly have not been well-treated or well-studied."

Kennedy serves as chairman of ASCO's Geriatric Oncology Task Force and is the editor of an ASCO curriculum on cancer in the elderly, scheduled for publication in September. As ASCO president in 1988, Kennedy advocated for more research and education on the topic.

"Cancer in the elderly has been under-screened, under-detected, under-staged, and under treated," Kennedy said. "People over age 75 haven't been included in many clinical trials. Only now are the cooperative groups beginning to look at this problem."

According to the Report to the Nation, the data also underscore a need for expanded cancer control for an aging population. Recommendations will need to be made for cancer screening and early detection for older age groups. Further study will be needed of social support used by the elderly to cope with cancer, as well as quality of life and access to care, the report said.

Due to the lack of research, little is known about the responses of older people to cancer treatment. "Age alone is not a reason to modify the standard of care for persons diagnosed with cancer; cancer survival is less a function of age than of general health status or the presence of other diseases," the report said.

As cancer survivors live for longer periods of time, the demand for other health services will grow, the report said. These will include oncology nursing, home care, assisted living, home health services, palliative services, and end-of-life care.

Age-Adjusted Mortality Rate Continues Decline

Across all ages, overall cancer death rates decreased at a rate of more than 1 percent per year from 1993 through 1999, while cancer incidence rates stabilized from 1995 through 1999. Age-specific trends varied by cancer site, sex, and race.

The first Report to the Nation on cancer incidence and mortality, issued four years ago, documented the first sustained decline in cancer death rates. This was a reversal from increases since national record keeping began in the 1930s.

"The continuing decline in the rate of cancer deaths once again affirms the progress we've made against cancer, but the report also highlights the need for an acceleration of research as the population of the United States ages," said NCI Director Andrew von Eschenbach.

The estimated number of cancer survivors in the U.S. is 8.9 million, based on data from NCI's Surveillance, Epidemiology and End Results Program. About 60 percent of the survivors are over age 65, and 32 percent are over age 75.

"Advances in cancer control and the application of effective interventions, as well as improved access to state-of-the-art cancer care, should lead to further reductions in cancer death rates," the report said.

Women Radiated For Wilms' At Risk For Complications In Pregnancy, Study Finds

Women who received radiation for a certain type of childhood cancer are at increased risk for complications during pregnancy, and therefore should be carefully assessed and closely monitored by their obstetricians.

These conclusions were part of a National Wilms Tumor Study Group report published in the May 15 issue of the Journal of Clinical Oncology.

"This is the first study to evaluate the risk of increased complications of pregnancy due to prior Wilms Tumor treatment," said Daniel Green, Department of Pediatrics, Roswell Park Cancer Institute, lead author. "We found that irradiated female survivors of Wilms Tumor are at increased risk for early or threatened labor and that their children are more likely to be premature and may have increased risk of certain congenital defects. These increased complications were not seen in the partners of male survivors who received the same treatment."

The study was limited to pregnancies of patients or partners of patients who received either no abdominal or only flank irradiation as part of their initial course of treatment.

The NWTSG received reports regarding 427 pregnancies with duration of 20 weeks or more, including 409 liveborn singletons. The most common issues identified by the irradiated women included malposition of the fetus, and early or threatened labor. Offspring of the irradiated female patients were more likely to have low birthweight and to be premature (less than 36 weeks gestation).

An increased percentage of the offspring had one or more congenital malformations such as cleft lip and palate, undescended testes, clubfoot, etc.

"We found that the identified complications were more frequent among women who received a higher radiation therapy dose," Green said. "Additional research is needed to validate these observations and determine if survivors who received lower flank radiation therapy are less likely to have these complications with a pregnancy. Survivors and their physicians must be aware of these issues when guiding a pregnancy to term."

Wilms' tumor is a cancer of the kidney most often seen in children under age seven. When diagnosed early, five-year survival rates can reach 92 percent.

AACR Meeting:

St. John's Wort Not Indicated For Patients On Irinotecan

SAN FRANCISCO—In the first study to examine the combined effects of the cancer chemotherapeutic drug irinotecan and St. John's wort, researchers report here that the two agents taken together may compromise overall antitumor activity.

SJW is a widely available and popular over-the-counter herbal product used to treat many conditions, including some forms of depression. But it is also known to be a potent stimulator of an enzyme involved in drug metabolism, known as cytochrome P450 (CYP3A4).

"Since about 50% of all drugs are metabolized by CYP3A4, the combination effect we found with

St. John's wort and irinotecan might occur with many other anticancer agents," said Ron Mathijssen, of the Laboratory of Experimental Chemotherapy and Pharmacology, Department of Medical Oncology, Rotterdam Cancer Institute in The Netherlands. "So, the problem is potentially more widespread than this single study shows."

Mathijssen and colleagues conducted their study after reading scientific papers showing that two ingredients in SJW—hypericin and hyperforin—seemed to have an inducing effect on CYP3A4. Irinotecan is also partly metabolized by CYP3A4.

Three patients were exposed to an initial course of the normal chemotherapeutic regimen of irinotecan, followed three weeks later by a second course that combined irinotecan and SJW. Another group of patients received a combination of irinotecan and SJW, and three weeks later received irinotecan alone to see how long the possible SJW effect might hold.

Complete pharmacological data, available from three patients, revealed that systemic exposure to a measurable metabolite of irinotecan—known as SN-38—decreased by about 40% with SJW co-treatment. In addition, the researchers found that this effect lasted for more than three weeks after co-treatment.

"This means people have to realize that it's not good enough to stop using St. John's wort just prior to treatment with irinotecan," Mathijssen said. "We do not know at this time, however, how long patients should stop using St. John's wort before being treated with irinotecan as our study was not long enough to make such a determination."

The researchers believe that the results presented for irinotecan may be representative of other anticancer drugs that are partial substrates of CYP3A4.

Large Pregnancy Weight Gain Raises Risk For Breast Cancer

SAN FRANCISCO—Women who gain more than 38 pounds during pregnancy may face a risk of developing postmenopausal breast cancer that is 40% greater than that of women who gain less weight.

By contrast, weight gain during pregnancy had no effect on the risk of developing premenopausal breast cancer. The findings, reported at the American Association for Cancer Research annual meeting, are based on a study of Finnish women, conducted by an international group of researchers from Washington, D.C. and Finland.

"We also found that women who retain the added pounds after pregnancy are at the greatest risk. These additional pounds may induce changes in breast tissue that increase susceptibility to breast cancer in later life," said Leena Hilakivi-Clarke, one of the study's investigators and associate professor of oncology at the Lombardi Cancer Center at Georgetown University in Washington D.C. "Overall, the increased risk due to pregnancy weight gain is modest—equivalent to the increased risk from obesity after menopause."

The study, based on an analysis of data from more than 27,000 women in Finland, adds another piece to the complex puzzle of the relationship among pregnancy, estrogen levels, and breast cancer risk.

"At least one previous study has shown that women who gain the most weight during pregnancy have higher estrogen levels than women who gain less weight," said Hilakivi-Clarke. "Women who have the highest estrogen levels during pregnancy are more prone to develop breast cancer."

Hilakivi-Clarke and colleagues in Finland examined the relationship between pregnancy weight gain and breast cancer risk in two cohorts of Finnish women. The first cohort, consisting of more than 17,360 women, included 98 women who developed premenopausal breast cancer at an average age of 47. The second cohort of 3,209 women included 185 who developed postmenopausal breast cancer at an average age of 58.

Weight gain of 25 to 35 pounds is recommended during pregnancy and is not associated with an increase in risk for either premenopausal or postmenopausal breast cancer, Hilakivi-Clarke noted. Eight out of 10 women who develop breast cancer have no known risk factors.

Clinical Trials Approved Last Month By NCI's CTEP

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 Study of Herceptin/Flavopiridol in HER-2 Positive Metastatic Breast Cancer. Dana-Farber Cancer Center, protocol 5867, Harris, Lyndsay, phone 617-632-5340.

Phase I Study of ZD1839 (Iressa), an Oral Epidermal Growth Factor Receptor Tyrosine Kinase Inhibitor, in Children with Refractory Solid Tumors. Children's Oncology Group, protocol ADVL0016, Daw, Najat, phone 901-495-2220.

Phase I Trial of G3139 (BCL-2 Antisense) Combined with Cytotoxic Chemotherapy in Relapsed Childhood Solid Tumors. Children's Oncology Group, protocol ADVL0211, Rheingold, Susan, phone 215-590-3079.

Phase I/II

Randomized, Controlled Trial of Melanoma Treatment: Comparison of Dendritic Cells Versus QS-21 as Adjuvants to Stimulate Alpha-Tumor Immunity. Rockefeller University, protocol 5636, Bhardwaj, Nina, phone 212-327-8332.

Phase I/II Study of OSI-774 in Combination with Radiation Therapy in Giloblastoma Multiforme. North Central Cancer Treatment Group, protocol N0177, Brown, Paul, phone 507-284-2949.

Phase II

Randomized Phase II Trial of BMS-275291 In Hormone Refactory Prostate Cancer. University of California, protocol 5615, Davis, Lara, Primo, phone 916-734-3771.

Phase II Trial with Proteomic Profiling of Imatinib Mesylate (Gleevec), a PDGFR and C-Kit Inhibitor, in Patients with Refactory or Relapsed Epithelial Ovarian Cancer, Fallopian Tube and Primary Peritoneal Cancer. NCI, Medicine Branch, protocol 5672, Kohn, Elise, phone 301-402-2726.

Phase II Study of PS-341 in Metastatic Non-Small Cell Lung Cancer. University of Pennsylvania Cancer Center, protocol 5763, Stevenson, James, phone 215-662-8756.

Phase II Study of ZD-1839 with Induction Paclitaxel and Carboplatin Followed By Either Radiation or Concomitant Radiation With Weekly Paclitaxel and Carboplatin in Stage III Non-Small Cell Lung Cancer. Cancer and Leukemia Group B, protocol CALGB-30106, Ready, Neal, phone 401-444-5391.

Phase II Trial of Sequential Chemotherapy, Imatinib Mesylate and Transplantation For Adults with Newly Diagnosed Ph+ Acute Lymphoblastic Leukemia by the CALGB and SWOG. Cancer and Leukemia Group B, protocol Wetzler, Meir, phone 716-845-8447.

Phase II Trial of Sequential Chemotherapy, Imatinib Mesylate and Transplantation For Adults with Newly Diagnosed Ph+ Acute Lymphoblastic Leukemia by the CALGB and SWOG. Cancer and Leukemia Group B, protocol CALGB-C10001, Wetzler, Meir, phone 716-845-8447.

Phase II Trial of Weekly Irinotecan and Docetaxel in Recurrent or Metastatic Head and Neck Carcinoma. Eastern Cooperative Oncology Group, protocol E3301, Argiris, Athanassios, phone 312-751-4441.

Phase II Trial Evaluating Atrasentan in Patients with Advanced Renal Cell Carcinoma. Eastern Cooperative Oncology Group, protocol E6800, Carducci, Michael, phone 410-614-3977.

Phase II Evaluation of Capecitabine in the Treatment of Persistent or Recurrent Non-Squamous Cell Carcinoma of the Cervix. Gynecologic Oncology Group, protocol GOG-0128G, Look, Katherine, phone 317-274-8987.

Phase II Randomized Study of Moncolonal Antibody Hu1D10 in Patients with Relapsed or Refractory Grade I, II or III B-Cell Non-Hodgkin's Lymphoma. Protein Design Labs, protocol IND-9405, Leonard, John, phone 212-746-2932.

Phase II Study of Oxaliplatin and Capecitabine in Patients with Metastatic Adenocarcinoma of the Esophagus, Gastroesophageal Junction, and Gastric Cardia. North Central Cancer Treatment Group, protocol N0149, Jatoi, Aminah, phone 507-284-3077.

Phase II Trial of Thalidomide/Dexamethasone Induction followed by Tandem Melphalan Transplant and Prednisone/Thalidomide Maintenance (A BMT Study). Southwest Oncology Group, Hussein, Mohamad, phone 216-445-6830.

Other

Genetic Polymorphisms in All Samples Submitted to Gene Array Analysis. Children's Oncology Group, protocol ABTR02B1, Davies, Stella, phone 612-626-2902.

Prospective Study of Prophylactic Salpingo-Oophorectomy and Longitudinal Salpingo-Oophorectomy and Longitudinal CA-125 Screening Among Women at Increased Genetic Risk of Ovarian Cancer. Gynecologic Oncology Group, protocol GOG-0199, Hensley, Martee, phone 212-639-6555.

Prospective Observational Biologic Study of Asymptomatic Patients with Monoclonal Gammopathy and Plasmaproliferative Disorders. Southwest Oncology Group, protocol S0120, Dhodapkar, Madhav, phone 212-639-3071.