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THE CLINICAL CANCER LETTER

Cancer research news for clinicians

Oral Combination Provides Alternative To IV Chemo For Multiple Myeloma

A Mayo Clinic study indicates patients who are newly diagnosed with multiple myeloma may have a new and better-tolerated option to intravenous chemotherapy treatment.

The study, published in the Nov. 1 issue of the Journal of Clinical Oncology, is the first to show that the oral combination of the drugs thalidomide plus dexamethasone provides treatment benefits equal to and in some cases better than the usual chemotherapy regimens administered to patients who are newly diagnosed with multiple myeloma. Previous studies at the University of Arkansas, Mayo Clinic and other cancer

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Clinical Trials:

Univ. of Rochester Leads Trial Of Combination Chemotherapy For Pancreatic Cancer

A team of researchers at the University of Rochester Medical Center has begun a clinical trial to test a new combination chemotherapy for pancreatic cancer.

Oncologists Kishan Pandya, Charles Francis, Alok Khorana, and Gary Morrow will lead the study of 400 patients with newly diagnosed advanced pancreatic cancer. The study will determine whether the combination of chemotherapy with dalteparin, a drug used to prevent blood clots, will improve the quality of life and survival of patients with the disease.

"If this combination proves successful, it will be a great step forward because there have been few advances in treatment for this terrible disease," said Pandya, director of clinical trials for the James P. Wilmot Cancer Center.

Pancreatic cancer is diagnosed in approximately 29,000 people each year and few live five years past diagnosis.

Many times the disease goes undetected because symptoms don't appear until the cancer has spread to other organs. Jaundice, abdominal pain, weight loss, and digestive problems are the most common ailments associated with pancreatic cancer, but many times physicians look for other causes to those symptoms before considering a tumor.

This four-year study is funded by the National Cancer Institute's Community Clinical Oncology Program and supported by Pharmacia Inc.

"This is a disease that doesn't have a cure, so we try to improve the

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ECOG Begins Phase III Trial Of Thalidomide For Myeloma

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centers in the U.S. confirmed the use of thalidomide as an effective treatment for patients with relapsed multiple myeloma who had failed all other standard treatments.

The new study was a phase II clinical trial of 50 patients with newly diagnosed, active multiple myeloma. These patients ranged in age from 33 to 78. Of the 50 patients, 32 patients (64 percent) achieved a 50 percent or greater reduction in the amount of their tumor with the thalidomide plus dexamethasone treatment.

"The goal of both the standard chemotherapy approach and our research on the use of thalidomide plus dexamethasone is to reduce the amount of the cancer so patients can undergo stem cell retrieval and transplantation," said Vincent Rajkumar, a Mayo Clinic hematologist/oncologist and lead researcher on the study.

"Our study with thalidomide plus dexamethasone represents a significant advancement because physicians now have an alternative to the more toxic and cumbersome chemotherapy regimens used to treat patients with newly diagnosed myeloma," said Rajkumar. "For patients who are newly diagnosed with multiple myeloma, the study means they may not need to receive the series of intravenous chemotherapy treatments, and they won't experience the side effects often seen with such chemotherapy, including nausea, vomiting and hair loss."

"The toxicity of thalidomide plus dexamethasone appears lower and the response rate is as good or better than that obtained using complex combinations of chemotherapy regimens," he said. "The most serious side effect seen in six patients in the study involved blood clots in the legs. Other side effects included constipation, skin rash, numbness in the hands and feet, and sleepiness."

He added that patients who are not candidates for stem cell transplantation may have the option to continue the thalidomide plus dexamethasone treatment at reduced doses.

Rajkumar said further studies are needed before the thalidomide plus dexamethasone treatment can be recommended for routine clinical use in patients.

For that purpose, Rajkumar is now leading an Eastern Cooperative Oncology Group phase III clinical trial to investigate the effectiveness of thalidomide plus dexamethasone versus only dexamethasone for treatment of patients newly diagnosed with multiple myeloma. The results of this randomized trial will help establish the role of thalidomide plus dexamethasone in the initial treatment of multiple myeloma.

Although multiple myeloma accounts for only one percent of all cancers, it is among the most difficult cancers to treat and cure. This year, about 14,000 new cases of the cancer will be diagnosed in the United States, and more than 11,000 patients will die from it. The average survival time for a patient diagnosed with multiple myeloma is about three to four years.

Thalidomide entered the medical treatment field in the mid-1950s as a sleeping pill. The drug was subsequently found to effectively control morning sickness during pregnancy. Later, the drug was found to cause severe malformations of the arms, legs and organs in an unborn child. By 1962, thalidomide was taken off the market worldwide.

In the last 10 years, researchers began studying thalidomide again as an anti-cancer agent. Although the exact mechanism of action in multiple myeloma is still unknown, researchers have found the drug effectively decreases the blood supply to cancers. It also boosts the immune system to better fight cancer.

Dexamethasone is a steroid medication that has been used for decades as the cornerstone of myeloma therapy.

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Micafungin Bests Fluconazole In Phase III Antifungal Trial

By Lawrence M. Prescott

San Diego—Micafungin, an investigational antifungal agent, may be the preferred prophylactic approach for the prevention of fungal infections in immunocompromised patients, such as those undergoing hematopoietic stem cell transplants (HSCT), according to Jo-Anne van Burik, speaking at the 42nd Interscience Conference on Antimicrobial Agents and Chemotherapy.

"These findings are of significant importance in the antifungal area," said van Burik, assistant professor of medicine, Division of Infectious Diseases, Department of Medicine, University of Minnesota, Minneapolis. "This study provides evidence that micafungin can be an effective preventative therapy for patients who undergo bone marrow and stem cell transplants and are highly susceptible to life-threatening fungal infections. Moreover, micafungin is the only antifungal agent in the echinocandin class that has been tested in children as young as six months—an increasing population of immunocompromised patients."

Fungal infections in these immuno-suppressed patients are associated with high morbidity and mortality and require prompt and effective treatment, van Burik said.

Since the early 1990's, both adult and pediatric patients undergoing HSCT have received fluconazole for chemoprophylaxis against invasive yeast infections. Now there is a new class of drugs—the echinocardins—which appears to be promising for the prevention of yeast and mold infection without imposing additional safety risks.

In a randomized, double-blind phase III study conducted at 72 centers in the U.S. and Canada, 882 HSCT patients more than six months of age were randomly assigned to micafungin 50 mg (or 1 mg/kg for patients weighing less than 50 kg), daily or fluconazole 400 mg (or 8 mg/kg for patients weighing less than 50 mg) daily.

Treatment was started within 48 hours of conditioning and continued for up to five days following an increase in neutrophils to more than 500 cells/mm^3, development of a fungal infection, unacceptable toxicity, death, or more than 42 days following transplantation. Patients were followed for four weeks after discontinuing the study drug. Median duration of therapy was approximately 18 days in both treatment groups. The primary endpoint was treatment success, defined as the absence of a proven, probable, or suspected systemic fungal infection through the end of prophylaxis therapy and through four weeks following prophylaxis study therapy.

The overall success rate was significantly higher for micafungin-treated patients compared to fluconazole-treated patients, with success rates of 80.0% (340/425) versus 73.5% (336/457), van Burik said.

Also, micafungin constantly had a comparable or higher success rate across all subgroups, compared to fluconazole. Micafungin demonstrated better anti-*Aspergillus sp*. activity, with only 0.2% of patients on micafungin (n=1 pt) developing aspergillosis versus 1.5% of fluconazole patients (n=7 pts).

Fewer micafungin patients required empirical antifungal therapy, with the percentage of micafungin-treated patients being 15.1% (64/425) versus 21.4% (98/457) of fluconazole-treated patients.

Both antifungal agents were effective in preventing candidiasis, with the percentage of cases being 0.9% on micafungin and 0.4% on fluconazole.

Of equal importance, van Burik said, micafungin dmeonstrated a more positive safety profile.

While drug-related adverse events were comparable in both groups, 15.1% of micafungin-treated patients compared to 16.8% of those on fluconazole, fewer micafungacin patients dropped out of the study due to adverse events compared to fluconazole (4.2% vs 7.2%).

The most common adverse events were bilirubinemia, nausea, and diarrhea.

Program Monitors Resistance In Antimicrobial And Antifungal Therapies for Cancer Patients

By Lawrence M. Prescott

San Diego—The initial report of the Chemotherapy Alliance for Neutropenic and Control of Emerging Resistance (CANCER) Program, founded in 2001 to monitor resistance in antimicrobial and antifungal therapies for cancer patients, from hematology-oncology hospitals in North America has found that bacterial resistance to the antibiotics used to treat cancer patients with bacterial infections is not yet a problem, according to Ronald Jones, in a presentation at the 42nd Interscience Conference on Antimicrobial Agents and Chemotherapy.

"Elevated resistance rates were not observed in monitored CANCER centers during the baseline year of this novel, longitudinal surveillance program," said Jones, director and chief executive officer of The Jones Group/JMI Laboratories, North Liberty, Iowa. "Bloodstream infections (BSI) were the most frequent infection type, with 78% of the isolates coming from BSIs."

To reach these conclusions, 1992 isolates from bloodstream, respiratory, urinary, and skin infections were isolated at 32 oncology centers, sent to a central laboratory, and tested by standard methods against 41 antimicrobials, Jones said. More than half of these isolates were Gram positive bacteria.

The top five pathogens in North American hematology-oncology hospitals in 2001 were *Staphylococcus aureus* (n=361 or 18.1%), *Escherichia coli* (n=285 or 14.3%), coagulase-negative *Staphylococcus spp*. (n=282 or 14.1%), *Enterococcus spp*. (n=197 or 9.9%) and *Klebsiella spp*. (n=191 or 9.6%).

Vancomycin, linezolid, quinupristin/dolfopristin, chloramphenicol and rifampin demonstrated no resistance in *S. aureus*. For coagulase-negative staphylococci, linezolid, vancomycin, and quinupristin/dalfopristin showed no resistance.

Among agents tested against the gram-negative organisms *E. coli* and *Klebsiella spp*., carbapenems, cefepime, and amikacin provided 100% activity.

For other cephalosporins and fluoroquinolones, sensitivity ranged from 92-95% for cefoxitin to 95-100% for ceftriaxone and from 92-98% for gatifloxacin to 93-98% for ciprofloxacin.

Gentamicin and tobramycin also provided high levels of activity, with sensitivity ranging from 96-99% and 97-99%, respectively.

Amikacin and tobramycin, along with polymyxins were the only agents with sensitivity rates higher than the best beta-lactam antibiotics, 94%, 98%, and 95% versus 90%, respectively against *Pseudomonas aeruginosa*.

Fifty yeast bloodstream infections caused by six different *Candida spp*. showed complete sensitivity to amphotericin but 22% of the total treated with fluconazole, usually *C. krusei* or *C. glabrata*, were resistant to that antifungal agent.

Newer antifungals such as caspofungin had a wider spectrum than azoles.

Navelbine+Herceptin: 78% Response In Breast Cancer

The combination of Navelbine (vinorelbine tartrate) Injection, a first-line chemotherapy treatment for advanced non-small cell lung cancer, and the monoclonal antibody therapy Heceptin (trastuzumab) is a promising and generally well tolerated treatment for HER2 positive metastatic breast cancer and warrants further study, according to the results of a phase II study.

Navelbine is not currently indicated for use in women with metastatic breast cancer..

The multi-center open-label trial enrolled 40 women with metastatic disease whose tumors over-expressed the HER2Neu oncogene, a growth-promoting protein that has been closely linked to a poor prognosis in breast cancer, and were therefore candidates for Herceptin therapy.

The study was designed to determine if the addition of Navelbine would increase the expected response rate to Herceptin without significantly increasing serious side effects. Mohammad Jahanzeb, chief, Division of Hematology/Oncology at the University of Tennessee College of Medicine, led the group of investigators from seven U.S. cancer centers.

Weekly intravenous doses of Herceptin and Navelbine were administered over four-week courses. Thirty-seven patients were evaluated for a response after receiving at least two courses. A total of four complete responses and 250 partial responses were observed for an overall response rate of 78 percent. Median time to progression, the point at which half the patients show worsening disease, was 17 months (72 weeks) and median survival had not been reached at the time of publication.

Grade 3 or 4 neutropenia (reduction in infection-fighting white blood cells) was the most frequent but generally reversible serious treatment related toxicity, with grade 3 or 4 neutropenic events observed in 34 percent of the cumulative total of 313 treatment courses administered in the study. The authors report that the majority of nonhematologic side effects were mild. No patient experienced serious cardiac toxicity.

The authors of the study, published in The Oncologist, observe that the combination of Navelbine and Herceptin appeared to improve overall response rates up to 3-fold compared to historical data on either agent alone. The authors further note that this combination extended the time to disease progression

beyond that shown in single-agent studies of Herceptin. The regimen was also generally well tolerated.

Based on these results, a randomized phase III multicenter trial of the combination is currently being conducted.

Clinical Trials:

Large Trial To Test Therapy For Pancreatic Cancer

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patient's quality of life as much as possible," said Francis.

Seventeen centers in the U.S. will participate in the study, enrolling nearly 400 patients over the next three years. Pandya expects 30 patients in the Rochester area to participate.

Substance From Sea Squirts In Phase II For Breast Cancer

Fox Chase Cancer Center researchers are studying a drug made by a small sea creature with the hope that it can treat cancer.

The agent is found in the tissues of an ocean-dwelling animal called a sea squirt, or Ecteinascidia turbinata. One substance derived from it is called ET-743 (Yondelis), studied clinically since the late 1990s.

ET-743 has been studied in European and American clinical trials for the treatment of soft-tissue sarcomas. Now, researchers at Fox Chase and elsewhere want to know if ET-743 will be effective in treating more common cancers, including advanced breast cancer.

"Breast cancer, when caught early, often can be successfully treated, but fewer treatment options exist for women whose cancer has spread," said Lori Goldstein, director of the breast evaluation center at Fox Chase and principal investigator for the latest ET-743 study. "Since the beginning of time, we have turned to nature to find medicinal agents. This time, we're looking to the sea with hopes that the sea squirt drug can help us treat advanced breast cancer."

Researchers have described a number of ways by which ET-743 might fight cancerous growth. Kathleen Scotto, a member of the Fox Chase Cancer Center pharmacology department, has spent several years researching the active mechanisms of ET-743.

"It is believed that ET-743 prevents cells from multiplying and selectively causes the cancer cell to die," Scotto said. "How the drug accomplishes this is not yet clear, but we have shown that ET-743 is a novel and potent inhibitor of activation of a subset of genes that may be involved in the life and death decision made within a cell."

The safety of ET-743 has been tested in several phase I clinical trials and additional studies continue. Roger Cohen, director of phase I clinical trials at Fox Chase, is conducting two phase I clinical trials using ET-743 for solid tumors.

Goldstein is the principal investigator of a phase II trial for breast cancer.

Kenneth Rinehart, emeritus professor of chemistry at the University of Illinois, was the first to isolate the compound now known as ET-743 (ecteinascidin) from sea squirts in the late 1980s.

PharmaMar, a Spanish company, is developing the drug as a cancer treatment and is seeking approval to market it in Europe. In an agreement with PharmaMar, Ortho Biotech Products, a Johnson & Johnson company, licensed the drug for potential sale outside of Europe, including the U.S.

Sea squirts grow abundantly in clusters in all the world's oceans, including the Mediterranean and Caribbean seas. The tube-like creatures can also be farmed. In Japan, sea squirts are considered a culinary delicacy.

Johnson & Johnson Pharmaceutical Research & Development, L.P., is sponsoring Fox Chase Cancer Center's phase II clinical trial of the sea squirt drug for advanced breast cancer.

Cancer Screening:

Colorectal Cancer Gene Carriers Seek Screening More Frequently, Study Finds

Individuals with a genetic predisposition for colorectal cancer were more likely to be screened for the disease, according to a study presented at the American Association for Cancer Research first annual Frontiers in Cancer Prevention Research meeting, held in Boston last month.

Those carrying the gene alteration were significantly more likely to undergo a colonoscopy (70 percent), compared to those who did not carry the risk-conferring gene alteration (22 percent) and individuals who declined testing (16 percent).

HNPCC is the most common form of inherited colon cancer, and affects at least one person per

thousand. People with the HNPCC genetic mutation are encouraged to undergo colonoscopy screening every one to two years.

Previous studies have indicated that genetic test results have a limited impact on cancer screening behavior, according to Chanita Hughes, assistant professor of psychiatry at the University of Pennsylvania, Philadelphia, and lead investigator of the study.

"We were pleased our study found that the results of an HNPCC genetic test may actually motivate colonoscopy screening among those who test positive," Hughes said.

HNPCC is a condition that increases the risk of developing colon cancer and can be detected by genetic testing.

Mutations in at least four genes are linked to HNPCC, and an estimated five to 10 percent of all colon cancer cases are believed to result from these mutations.

People who carry one or more of the mutations have an 80 to 85 percent risk of developing colorectal cancer by age 75. Colon cancer resulting from HNPCC is diagnosed in people around age 45 (sometimes in people still in their 20s)—much earlier than non-inherited forms of colon cancer.

Between 43 to 76 percent of high-risk individuals undergo genetic testing for colorectal cancer. There are three familial factors that determine whether patients should undergo genetic testing for colorectal cancer: three cases of rectal cancer or other HNPCC-associated cancers; illnesses spread over at least two generations; and at least one cancer patient diagnosed before age 50.

Education Needed in Underserved Communities

In another study presented at the AACR meeting, researchers identified the vital need to train physicians, particularly in underserved communities, about the importance of regular screening for colorectal cancer.

The study, which was conducted by researchers at Columbia University, New York, showed that colonoscopy was significantly more common in affluent and white communities than was fecal occult blood test (FOBT), and that salaried physicians were less likely to use the FOBT for colorectal cancer screening than were other primary care physicians.

"Our study was designed to assess the effect of community, race/ethnicity, income and primary care physician characteristics on colorectal cancer screening," said Sherri Sheinfeld Gorin, an assistant professor of sociomedical sciences and epidemiology, Mailman School of Public Health, Columbia University, and lead investigator of the study. "We found that primary care physicians who were more accurate in their identification of risk factors for colorectal cancer were more likely to periodically screen older patients in their practice than other physicians seeing similar patients."

The study found that primary care physicians were most likely to periodically screen patients age 50 or over using the FOBT (75 percent) or colonoscopy (71 percent). Forty-six percent of these urban physicians used the flexible sigmoidoscopy periodically to detect colorectal cancer; 11 percent conducted the procedure themselves. Less common was periodic screening using the flexible sigmoidoscopy and FOBT (37 percent), or the double contrast barium enema (4 percent). Eighty-six percent of the physicians obtained a stool sample with a digital rectal exam for screening, contrary to recommended practices. One-half of the primary care physicians had been in practice 14 years or more, working in busy offices (average 86 contacts per week, standard deviation, 48). Only two percent correctly identified five major risk factors for colorectal cancer.

More Surgical Patients Die When Nurse Caseloads Rise

A study of 168 hospitals in Pennsylvania found that for each additional patient over four in a registered nurse's workload, the risk of death increases by 7% for surgical patients.

Patients in hospitals with the lowest nurse staffing levels (eight patients per nurse) have a 31% greater risk of dying than those in hospitals with four patients per nurse. On a national scale, staffing differences of this magnitude could result in as many as 20,000 unnecessary deaths annually.

The findings are contained in the article "Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction," and appear in the Oct. 23-30 issue of the Journal of the American Medical Association. The research was funded by the National Institute of Nursing Research at NIH.

Another finding relating to the national hospital nurse shortage indicates that each additional patient per nurse is related to a 23% increased risk of nurse burnout and a 15% increased risk of job dissatisfaction. Of nurses with high burnout and

dissatisfaction, 43% intend to leave their jobs within the next year, compared to only 11% who plan to leave and do not have burnout and dissatisfaction. The cost of replacing a hospital specialty nurse can amount to $64,000. Thus satisfactory nurse staffing levels can save money, as well as lives.

"Clearly, there is a direct relationship between nurse staffing and patient well being," said principal investigator Linda Aiken. "Nurse staffing is an issue that needs priority attention on a national scale. Patients' lives depend on it."

Aiken is the director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing.

Preclinical Research:

Neural Stem Cells Track, Treat, Brain Tumors In Mice

Researchers at Cedars-Sinai Medical Center's Maxine Dunitz Neurosurgical Institute have successfully tested a new treatment for brain cancer using neural stem cells to track and destroy cancer cells within the brain.

Scientists hope the encouraging results may eventually lead to an effective treatment for glioma. The study, conducted in mice with experimental brain cancer, was published in the Oct. 15 issue of the journal Cancer Research.

The prognosis has historically been extremely poor for patients diagnosed with malignant gliomas. These tumors have very poorly defined margins, and glioma cells often spread deep into healthy brain tissue making their effective surgical removal extremely difficult. Often, pockets of tumor cells break off from the main tumor and migrate deep into non-tumorous areas of the brain. The risk of recurrence is high as cells in these distant "satellites" multiply and eventually re-form a new brain tumor.

The experimental treatment involves the use of neural stem cells for tracking and targeting brain tumor cells that spread out into normal brain. Scientists show that neural stem cells, when injected into brain tumors, can follow tumor cells as they migrate away from the main tumor mass.

This capability led scientists to genetically engineer neural stem cells to produce interleukin 12, an immune stimulating chemical known to kill glioma cells. The interleukin 12 producing neural stem cells were injected into brain tumors in mice and could kill tumor cells that spread deep into normal brain tissue.

Mice treated with this strategy survived significantly longer than control-treated mice; 30% of animals treated in this manner developed long-term immunity to brain cancer.

The neural stem cells were able to kill the spreading tumor cells by delivering interleukin 12 directly to these migrating glioma "satellites."

Previous research at the Maxine Dunitz Neurosurgical Institute demonstrated that interleukin 12 can activate cancer killing cells from the immune system to attack and destroy brain tumor cells.

The ability of neural stem cells to deliver this immune stimulating protein directly to small pockets of brain tumor cells could be used to eliminate all remaining tumor left behind after routine surgery.

"We have demonstrated that combining the tumoricidal potency of interleukin 12 with the extensive tumor tracing capability of neural stem cells, results in a synergistic therapeutic benefit," according to the authors. "This further extends the scope of neural stem cell therapy to include their use as vehicles for protein delivery to in vivo glioma, and therefore represents a promising new treatment modality for malignant brain tumors."

Moneeb Ehtesham, a postdoctoral fellow at the Institute, is the article's first author. John Yu, co-director of the Comprehensive Brain Tumor Program at the Institute, is senior author.

The work was supported in part by an NIH grant.

Cancer Clinical Trials Approved By NCI Last Month Are Listed

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 Hu1D10 in Combination with G-CSF in Patients with B-cell Lymphoproliferative Disorders. Mayo Clinic, protocol 2470, Ansell, Stephen, phone 507-284-092.

Phase I Trial of Depsipeptide Given on Days One, Three and Five in Patients with Thyroid and Other Advanced Cancers. NCI, Medicine Branch, protocol 5483, Bates, Susan, phone 301-402-1357.

Phase I Study of Antisense Bcl-2 Oligonucleotide (G3139) in Combination with Carboplatin and Paclitaxel in Patients with Advanced

Solid Tumors. University of Wisconsin, protocol 5912, Wilding, George, phone 608-265-8131.

Phase I Study of Amifostine Followed by High-Dose Escalation of Melphalan with Stem Cell Reconstitution for Patients with Primary Systemic Amyloidosis. Eastern Cooperative Oncology Group, protocol E2A01, Gertz, Morie, phone 507-284-4102.

Phase I/II

Phase I/II Trial of Tipifarnib (R115777, ZARNESTRA) in Combination with Tamoxifen in Subjects with Metastatic Breast Cancer. NCI, Medicine Branch, protocol 5540, Zujewski, Jo Anne, phone 301-402-0985.

Phase I/II Study of Oblimersen Sodium (G3139, Genasense) in Combination with Oxaliplatin, 5FU and Leucovorin (FOLFOX4) Regimen in Advanced Colorectal Cancer. Institute for Drug Development, protocol 5793, Tolcher, Anthony, phone 210-616-5914.

Phase I/II Trial OF SGN-00101 in the Treatment of High-Grade Anal Intraepithelial Neoplasia (AIN) in HIV-Positive Individuals. AIDS-Associated Malignancies Clinical Trials Consortium, protocol AMC-035, Palefsky, Joel, phone 415-476-1574.

Phase II

Multicenter Phase II Study of BMS 247550 (Epothilone B analogue) in Low Grade Lymphoproliferative Disorders. Memorial Sloan-Kettering Cancer Center, protocol 5342, O'Connor, Owen, phone 212-639-8889.

Phase II Trial of R115777, a Farnesyl Transferase Inhibitor, in Combination with Gemcitabine and Cisplatin in Advanced Non-Small Cell Lung Cancer. Mayo Clinic, protocol 5641, Adjei, Alex, phone 507-538-0548.

Phase II Study of PS-341 in Patients with Metastatic Colorectal Cancer. Princess Margaret Hospital Phase 2 Consortium, protocol 5890, Oza, Amit, phone 416-946-2818.

Phase II Trial of Iressa in Combination with 5-FU/LV/CPT-11 in Patients with Advanced or Recurrent Colorectal Cancer. University of Pennsylvania Cancer Center, protocol 5894, O'Dwyer, Peter, phone 215-662-8632.

Clinical Outcomes Modeling For Laryngectomy Surgery Patients and Efficacy of Hyperbaric Oxygen. University of Pennsylvania Cancer Center, protocol 5909, Chalian, Ara, phone 215-349-5559.

Phase II Study of Estramustine, Docetaxel, and Exisulind in Men with Hormone Refractory Prostate Cancer. Cancer and Leukemia Group B, protocol CALGB-90004, Dawson, Nancy, phone 410-328-2565.

Randomized Phase II Trial of PS-341 and Gemcitabine in Patients With Metastatic Pancreatic Adenocarcinoma. North Central Cancer Treatment Group, protocol NO14C, Alberts, Steven, phone 507-284-8964.

Phase II Trial of Poly-ICLC for Glioblastoma. North American Brain Tumor Consortium, protocol NABTC-01-0, Junck, Larry, phone 734-936-7910.

Phase II Evaluation of Carboplatin, Paclitaxel and Gemcitabine Followed by Concurrent Cisplatin and Radiation Therapy in Patients with Locally Advanced or Recurrent Urothelial Malignancy. Southwest Oncology Group, protocol S0121, Vaishampayan, Ulka, phone 313-745-2749.

Phase III

Phase III Intergroup Trial of Adjuvant Chemoradiation After Resection of Gastric or Gastroesophageal Adenocarcinoma. Cancer and Leukemia Group B, protocol CALGB-80101, Fuchs, Charles, phone 617-632-5840.

Phase III Randomized Study of Adjuvant Biologic Therapy in Patients with Stages III/IV Head and Neck Squamous Cell Carcinoma. Eastern Cooperative Oncology Group, protocol E1301, Shin, Dong, phone 412-648-6589.

Treatment of Patients with Stage IB2 Carcinoma of the Cervix: A Randomized Comparison of Radical Hysterectomy and Tailored Chemo Radiation Versus Primary Chemo Radiation. Gynecologic Oncology Group, protocol GOG-0201, McMeekin, Scott, phone 405-271-8707.

Other

Pharmacokinetic Study of the Interaction Between Celecoxib and Anticonvulsant Drugs in Patients with Newly Diagnosed Glioblastoma Multiforme Undergoing Radiation Therapy. NABTT Brain Tumor Consortium, protocol NABTT-2100, Grossman, Stuart, phone 410-955-8837.

Pilot

Semi-automated Calculation of Volumes of Enhancing Tumor and Tumor Plus Edema From Routine MR Images In Patients With Malignant Gliomas. American College of Radiology Oncologic Imaging Network, protocol ACRIN-6662, Ertl-Wagner, Birgit, phone +49-89-7095-362.