NRG Oncology Receives Funding Award

NRG Oncology received formal notice from the National Cancer Institute (NCI) on April 4, 2014 that the group is funded to carry out its scientific aims (see sidebar) as one of the five clinical trial research groups that comprise NCI’s National Clinical Trials Network (NCTN). Receipt of the much-anticipated funding award notifications was dampened by a funding reduction of approximately 40% for operating budgets across the NCTN groups. Since receipt of the award notices, NCTN group chairs, along with professional medical societies (see ASCO president’s letter to NCI) and patient advocacy groups, have been advocating for the restoration of NCTN funding levels to those approved previously by the NCI Board of Scientific Advisors. Meanwhile, NRG Oncology leadership is evaluating the impact of the funding reduction on implementation of its planned research agenda. An update on implementation of the funding status will be presented at the July NRG Oncology Semiannual Meeting.

NRG Oncology Scientific Aims

The five scientific aims that set a focused direction for NRG Oncology’s research agenda are to:

• Improve the lives of adult patients with cancer, with an emphasis on localized or locally advanced cancers, through the conduct of high-quality, NCI-supported, multi-institutional clinical trials
• Conduct practice-defining research for the major gender-specific malignancies (breast and gynecologic cancers and prostate cancer) while capitalizing on common biologic features and interactive research opportunities among these diseases
• Investigate new developments in medical technology, including radiation oncology, imaging, surgical technology, and information technology, for opportunities to advance the care of patients with cancer
• Integrate and expand the legacy groups’ translational science programs to better inform biomarker- and biologic pathway-defined approaches to risk stratification, investigational therapy assignment, and clinical decision making
• Expand the developmental therapeutics program to all of NRG Oncology’s cancer disease site committees to further strengthen the selection of investigational approaches for phase II and III trials

NRG Oncology July 2014 Semiannual Meeting

Registration is now available for the summer NRG Oncology Semiannual Meeting taking place Thursday, July 10 through Friday, July 12 at the Hyatt Regency in Chicago. Meeting registration information and materials, including a preliminary agenda, are now available on the NRG Oncology website at Semiannual Meeting Resources.

Meeting highlights include the following:

• GYN Summer Symposium: “New Paradigms in the Pathogenesis of High-Grade Serous Carcinoma: Translating Biological Advances into Prevention” will take place on Thursday, from 8:00 AM until 2:45 PM.
• NRG Oncology research achievements will be featured at the “Scientific Session – Results of Recent NRG Oncology Research” session on Friday, from 8:00 AM until 10:00 AM.
• A full day of programming is in store for clinical trials nurses and clinical research associates on Friday, including separate morning sessions for each group and special combined topic breakout sessions for both groups in the afternoon.
• Those engaged in enrolling patients onto clinical trials will want to participate in the workshop titled “Clinical Trial Enrollment: Challenges for the Future” taking place on Saturday, from 8:00 AM to 10:00 AM.
• The NRG Oncology General Session is scheduled for Saturday, from 1:00 PM to 2:30 PM, during which NRG Oncology leadership will provide updates on topics of significance for the group’s research community.

Visit the website often for more meeting updates!

Gynecologic Cancers Symposium

Chicago offers additional educational opportunities during the summer of 2014, with the first multidisciplinary Gynecologic Cancers Symposium, led by the American Brachytherapy Society (ABS), taking place July 12-14 at the Westin Chicago River North hotel. Opening remarks begin at 2:55 PM. Visit ABS meetings for more information.
First “NRG” Protocol Activates

The first trial to use the NRG Oncology protocol naming system—NRG-HN001 (Randomized Phase II and Phase III Studies of Individualized Treatment for Nasopharyngeal Carcinoma Based on Biomarker Epstein Barr Virus [EBV] Deoxyribonucleic Acid [DNA])—was activated April 21, 2014. Led by Nancy Y. Lee, chief of the head and neck radiation oncology section at Memorial Sloan-Kettering Cancer Center in New York, the trial explores the use of plasma EBV DNA as a biomarker for selecting patients most appropriate for adjuvant chemotherapy after concurrent chemoradiation.

Furthermore, this trial also aims to see whether alternative adjuvant chemotherapy regimens other than the current standard of care will benefit a subset of patients with locoregionally advanced (LA) nasopharyngeal carcinoma (NPC) (LA-NPC) at high risk for cancer recurrence.

Concurrent high-dose cisplatin (CDDP) and radiotherapy (RT) followed by adjuvant CDDP and 5-fluorouracil (5-FU) is the current standard of care treatment for patients with LA-NPC. Although locoregional recurrence control rates for LA-NPC have been shown to be more than 90% with this regimen, reports of distant metastasis rates of as high as 35% highlight the need for more effective systemic therapies.

Exploratory analyses of several randomized trials have demonstrated that concurrent chemoradiation alone is insufficient for reducing the rate of distant metastasis. However, many patients with NPC are not able to tolerate all planned cycles of adjuvant chemotherapy because of toxicities. The presence of pretreatment plasma EBV DNA has been proven to correlate with cancer stage, clinical outcome, and prognosis in patients with NPC. However, the presence of postchemoradiation plasma EBV DNA has an even better prognosis correlation. Undetectable levels of plasma EBV DNA after chemoradiation have been observed in patients who have remained in remission.

NRG-HN001 uses assessment of postchemoradiation plasma EBV DNA for risk stratification and for random assignment of patients to different treatments based on their risk. Patients with undetectable posttreatment plasma EBV DNA levels are considered to have good-risk disease and will be randomized to observation or to the current CDDP and 5-FU standard treatment. The aim is to see if omitting adjuvant chemotherapy for a group of patients at low risk for treatment failure after concurrent chemoradiation will compromise overall survival. Patients whose plasma EBV DNA levels are detectable after concurrent chemoradiation will be randomized to receive current standard adjuvant CDDP and 5-FU versus gemcitabine and paclitaxel, to test whether the latter regimen can improve outcomes in this high-risk population.

International Harmonization

NRG Oncology is fortunate to have investigators from member sites in Asia as collaborators in the conduct of NRG-HN001. Although NPC is rare in most populations, it is vastly more common in certain regions of Asia and Africa. Also, nearly 90% of Asian patients with NPC have evidence of plasma EBV DNA, as compared with 35% of those in the United States. Therefore, the Asian investigators have extensive experience treating the higher-risk patient population and will play a critical role in demonstrating the applicability of study results to real-world situations.

During the planning phase of the study, a significant identified challenge involved the need for strict standardization of the plasma EBV DNA measurement. Cost, as well as institutional and governmental regulations, made it impractical for the Asia-based sites to send plasma samples to a single Clinical Laboratory Improvement Amendments (CLIA)-certified laboratory in the United States.

The study chairs overcame this hurdle by deciding to investigate the feasibility of harmonizing the plasma EBV DNA measurement process across the clinical laboratories affiliated with the Asian sites. Led by Quynh-Thu Le, MD, chair of the NRG Oncology Head and Neck Cancer Committee and chair of the Department of Radiation Oncology at Stanford University, that study involved Stanford University (CLIA-certified and the index site) and three Asian sites whose clinical laboratories underwent a rigorous accreditation process similar to the CLIA certification process.

Prior to harmonization efforts, large variability for detecting and measuring plasma EBV DNA levels was seen among the four laboratories in a test of 40 plasma samples from patients with either newly diagnosed or treated NPC. Correlations for the three sites (National Taiwan University, Chang Gung University, and Chinese University of Hong Kong), when compared with Stanford University, were 0.62, 0.70, and 0.59, respectively. After process harmonization occurred, the correlations improved to 0.83, 0.95, and 0.96, respectively. In addition, testing of uninfected plasma samples with different concentrations of EBV DNA added, which closely resembled fresh plasma samples, showed that correlations between Stanford University and the other three laboratories were > 0.99. The harmonization study showed that it was important and possible to harmonize the plasma EBV DNA quantitation assay for all involved laboratories (www.ncbi.nlm.nih.gov/pmc/articles/PMC3630245/).
NRG-HN001 Schema

**STEP 1 REGISTRATION**

**All Patients**
Pretreatment collection of plasma and required EBV DNA analysis

**Patients with Detectable Plasma EBV DNA ->**
**STEP 2 REGISTRATION**
Weekly CDDP (40 mg/m²) for 6 doses and IMRT over 33 days

**Patients with Undetectable Plasma EBV DNA ->**
**STEP 2 REGISTRATION**
Record patient goes off study.

1 Week After Completion of Chemoradiation
Posttreatment collection of plasma and required EBV DNA analysis

**STEP 3 REGISTRATION**
- Patients with detectable plasma EBV DNA from post-treatment analysis proceed to phase II study.
- Patients with undetectable plasma EBV DNA from post-treatment analysis proceed to phase III study.

**Randomized Phase II: Detectable Plasma EBV DNA Cohort**

**Arm 1** (Control Arm):
- CDDP (80 mg/m²) and
- 5-FU (1000 mg/m²/d x 4 d IVCI*)
every 28 days for 3 cycles beginning
4 weeks after completion of radiotherapy

**Arm 2** (Experimental Arm):
- Gemcitabine (1000 mg/m²) days 1 and 8 and
- paclitaxel (80 mg/m²) days 1 and 8
every 21 days for 4 cycles beginning
4 weeks after completion of radiotherapy

*intravenous continuous infusion

**Randomized Phase III: Undetectable Plasma EBV DNA Cohort**

**Arm 3** (Control Arm):
- CDDP (80 mg/m²) and
- 5-FU (1000 mg/m²/d x 4 d IVCI*)
every 28 days for 3 cycles beginning
4 weeks after completion of radiotherapy

**Arm 4** (Experimental Arm):
Observation

*intravenous continuous infusion

New NRG Oncology protocols are now available on the website. The protocol "information-at-a-glance" includes the study’s objectives, the target patient population, accrual goals, and a link to the protocol documents available on the Cancer Trial Support Unit’s website.
NRG Oncology Breast Cancer Committee Embraces Multidisciplinary Approach to Translational Science and New Technology Testing

The NRG Oncology Breast Cancer Committee is led by three investigators with extensive experience in the design, conduct, and analysis of multi-institutional clinical trials. Eleftherios (Terry) P. Mamounas, MD, MPH, FACS, medical director of the Comprehensive Breast Cancer Program of the UF Health Cancer Center at Orlando Health in Orlando, Florida and professor of surgery at the University of Central Florida College of Medicine, serves as committee chair. Julia A. White, MD, a professor and vice chair of clinical research in the Department of Radiation Oncology at the Ohio State University Wexner Medical Center and Breast Cancer Disease Site Research Group Leader at the Ohio State Comprehensive Cancer Center, both in Columbus, and Paul A. DiSilvestro, MD, the director of the Program in Women’s Oncology at Women & Infants Hospital of Rhode Island in Providence, are the committee’s co-chairs. “We are fortunate to have a large and diverse cadre of experienced breast cancer investigators to guide the committee’s research,” says Mamounas. Surgeons, radiation oncologists, medical oncologists, and gynecologic oncologists are among those making up the multidisciplinary committee.

The committee will focus on testing novel targeted breast cancer therapies in the neoadjuvant setting, either alone or with chemotherapy, using treatment response to tailor subsequent locoregional and systemic therapy. The NSABP B-51/RTOG 1304 trial represents the type of important research the committee intends to pursue. Previous NSABP trials demonstrated that pathologic complete response to neoadjuvant therapy is an independent predictor of the risk of locoregional cancer recurrence and could be a means for tailoring the use of radiotherapy (RT) after mastectomy or lumpectomy. Activated in August 2013, the NSABP B-51/RTOG 1304 trial formally tests the hypothesis that the addition of chest wall and regional nodal RT (after mastectomy) or regional nodal RT (after lumpectomy) will improve outcomes in patients with operable breast cancer and positive axillary nodes at presentation whose axillary nodes have converted to negative after neoadjuvant chemotherapy. “This is really an important trial, because there is no established standard of care for the use or extent of radiotherapy in these patients,” says White. “It’s something that’s debated at my tumor board every week.”

The Breast Cancer Committee also intends to address the unmet clinical needs of patients with rare cancers, such as BRCA-related malignancies and uncommon molecular subtypes. “With the expertise that NRG Oncology brings together, we have a unique opportunity to use the commonality of molecular aberrations between certain breast cancer subtypes and gynecologic malignancies to develop novel therapies for these rare diseases that share common molecular pathways and potential targets,” says DiSilvestro.

SGO News: Clinical Trial End Points

The Society of Gynecologic Oncology (SGO) is exploring the question of whether designing clinical trials using alternative end points other than overall survival (OS) could lead to regulatory approval of drugs for ovarian cancer. The continued poor overall outcomes and declining number of drugs being brought forward for approval in this disease are the major reasons for this effort. On March 17, 2014, SGO leadership met with representatives of the US Food and Drug Administration (FDA) to explore the question. Based on the results of this meeting, SGO feels it is worthwhile to continue its pursuit of this possibility, as long as there is no decrement in OS and patients experience a meaningful clinical benefit. Although a role for composite end points is considered possible, research would be needed to establish reliability and validity of these composite measures. SGO believes that the transition to a design using progression-free survival end points of significant magnitude, instead of merely OS, would allow smaller and more cost-effective trials, and therefore help to more quickly identify effective agents for ovarian cancer. In addition to developing a manuscript to explore these issues in greater detail, SGO plans to conduct a joint workshop with the FDA and other stakeholders on end points for ovarian cancer clinical trials. The goal would be to develop a formal guidance document for researchers and industry in order to facilitate the approval of safe and efficacious drugs for the treatment of ovarian cancer.
Russell J. Schilder, MD, was recently named as the new chair of the NRG Oncology Developmental Therapeutics Committee’s Phase I Trials Subcommittee. He replaces Paula Fracasso, MD, who has served as the subcommittee chair for the past 10 years. Schilder is chief of Gynecologic Medical Oncology and the assistant director of the Kimmel Cancer Center Translational Research program at Thomas Jefferson University in Philadelphia, where he is a professor in the departments of Medical Oncology and Obstetrics and Gynecology. He has been the principal investigator of many trials within the Gynecologic Oncology Group as well as within investigator-initiated trials and pharmaceutical-sponsored trials. Schilder has written more than 125 articles, reviews, and book chapters. He received his medical degree from the University of Miami in Florida and completed his internship and residency in internal medicine at Temple University. His fellowship in hematology/oncology was completed at Temple University and Fox Chase Cancer Center, both in Philadelphia. Schilder is a member of the American Society of Clinical Oncology, Society of Gynecologic Oncology, International Gynecologic Cancer Society, and American Association for Cancer Research.

Carmen J. Allegra, MD, of NRG Oncology, Pittsburgh, has been appointed deputy group chair and will assume responsibility as chair of communications within NRG Oncology, a role previously carried out by Michael J. O’Connell, MD, who is now serving as senior advisor and vice chair of NSABP Foundation. Allegra, chief of the Division of Hematology and Oncology in the College of Medicine at the University of Florida in Gainesville, will also serve as co-chair of the newly constituted NRG Publications Committee and will continue in his role with the NRG Oncology Gastrointestinal Committee. A widely published colon cancer specialist, Allegra is editor-in-chief of the Journal of the National Cancer Institute.

Lisa A. Kachnic, MD, was recently elected president-elect of the American Board of Radiology (ABR). Kachnic, who has served as an ABR trustee since 2010, is chair of the Department of Radiation Oncology at Boston Medical Center and professor of radiation oncology at Boston University School of Medicine. Kachnic’s areas of interest include gastrointestinal malignancies, image-guided radiation delivery, and patient outcomes and symptoms management research. She serves as the national principal investigator for the Radiation Therapy Oncology Group (RTOG) 0529 clinical trial, which is evaluating the use of intensity-modulated radiotherapy (IMRT) in the treatment of patients with anal cancer, and serves as the vice chair of the RTOG Clinical Community Oncology Program Research Base. Kachnic is the 2008 recipient of the first RTOG “Next Generation Investigator” Award.

Walter J. Curran, Jr, MD, (center) NRG Oncology Group Chairman and Executive Director of the Winship Cancer Institute of Emory University in Atlanta, received a plaque commemorating his outstanding leadership of the Radiation Therapy Oncology Group for the past 17 years at the American College of Radiology Annual Meeting. Seth Rosenthal, MD, (right) ACR Commission on Radiation Oncology Chair and Albert Blumberg, MD, (left) ACR President, presented the award to Curran after his presentation about the restructuring of the NCI’s cooperative clinical trials program that resulted in the formation of NRG Oncology.
NRG Oncology January–April 2014 Publications Highlights

GOG 240 Randomized Phase III Study Reports That Adding Bevacizumab (Avastin) to Standard Chemotherapy Improved Survival for Women With Advanced Cervical Cancer

The Gynecologic Oncology Group (GOG)-led trial evaluated the effectiveness of bevacizumab and nonplatinum combination chemotherapy in more than 450 patients with recurrent, persistent, or metastatic cervical cancer who were randomly assigned to chemotherapy (cisplatin plus paclitaxel or topotecan plus paclitaxel) with or without bevacizumab. The trial results, published in the February 20, 2014 issue of the *New England Journal of Medicine*, demonstrated that the addition of bevacizumab to combination chemotherapy in patients with advanced cervical cancer was associated with a 3.7-month increase in median overall survival.1

Link to the Abstract

RTOG 9003 Study Demonstrates That Hyperfractionated Radiotherapy Improved Outcomes for Patients With Locally Advanced Head and Neck Cancer

Results of a Radiation Therapy Oncology Group (RTOG)-conducted study showed that, in patients with locally advanced head and neck squamous cell cancer, hyperfractionated (HFX) and accelerated fractionation-continuous (AFX-C) radiation therapy decreased 5-year locoregional cancer recurrence rates by 19% compared with standard fractionation (SFX) radiation therapy. The phase III study results were published in the May 1, 2014 edition of the *International Journal of Radiation Oncology • Biology • Physics*, the official scientific journal of the American Society for Radiation Oncology (ASTRO).2

The largest fractionation study performed to date, RTOG 9003 evaluated 1076 patients who were randomized to receive HFX, AFX-C, split-course accelerated fractionation, or SFX. At 5 years, only HFX improved locoregional control and overall survival without increasing late toxicity.

Link to the Abstract | Link to ASTRO Press Release

Smoking Dangers Greater in Women at Risk for Breast Cancer: NSABP P-1

Smoking has an even greater impact on women with an elevated risk of breast cancer than it has on the general population. That is the conclusion of a study carried out by National Surgical Adjuvant Breast and Bowel Project (NSABP) researchers in Pittsburgh.

In the mid-1990s, more than 13,000 women at high risk for breast cancer participated in the NSABP P-1 Breast Cancer Prevention Trial. Earlier studies had indicated that women in the general (not-at-greater-risk) population who smoked increased their risk of getting breast cancer. The 7-year follow-up results currently being reported from the P-1 trial indicate that women who smoked during that period (vs those who never smoked) increased their risk of developing the disease even beyond what was demonstrated in the general population.3 Smoking also increased the risk of lung and colon cancer in this population.

Link to the Abstract

NRG Presence at ASCO 2014

More than 20 NRG Oncology presentations are slated for the American Society of Clinical Oncology (ASCO) 2014 Annual Meeting taking place May 30–June 3 at McCormick Place in Chicago. The combination of oral and poster presentations covers the spectrum of NRG Oncology’s seven disease site committees.

On Saturday, May 31, during the 8:00 AM–11:45 AM general poster session, meeting attendees can take in three posters that present information about the phase II gynecologic trials: GOG 186G, GOG 229N, and GOG 265. The associated poster board numbers are 328, 376, and 396A, respectively.

This year’s ASCO plenary session, occurring on Sunday, June 1 from 1:00 PM to 4:00 PM, will feature the results of a joint analysis of two trials sponsored by the International Breast Cancer Study Group (IBCSG) in which the NSABP was a collaborator. Olivia Pagani, MD, from the Institute of Oncology of Southern Switzerland in Mendrisio, will present Randomized comparison of adjuvant aromatase inhibitor exemestane plus ovarian function suppression (OFS) vs tamoxifen plus OFS in premenopausal women with hormone receptor-positive early breast cancer: Joint analysis of IBCSG TEXT and SOFT trials from 1:45 PM to 2:00 PM.

Also featured on Sunday, at 8:00 AM, will be a presentation by Jan C. Buckner, MD, from the Mayo Clinic in Rochester, Minnesota, of the long-term follow-up results of the RTOG 9802 trial in the session entitled Phase III study of radiation therapy (RT) with or without procarbazine, CCNU, and vincristine (PCV) in low-grade glioma: RTOG 9802 with Alliance, ECOG, and SWOG.
## ASCO 2014 – NRG Oncology Presentation Schedule

### Oral Presentations, Poster Highlights, and Posters

<table>
<thead>
<tr>
<th>Disease Site &amp; Study #</th>
<th>SATURDAY MAY 31, 2014</th>
<th>Time/Location</th>
</tr>
</thead>
</table>
| Breast                 | Efficacy of adjuvant trastuzumab (T) compared with no T for patients with HER2-positive breast cancer and tumors ≤ 2 cm: A meta-analysis of the randomized trastuzumab trials. | **Oral Abstract Session:** Breast Cancer - HER2/ER  
**Location:** North Bldg, L3, Hall B1 |
| Breast                 | **Presenter:** O’Sullivan CCM  
**Abstract #:** 508 |
| Colorectal             | Final results from NSABP protocol R-04: Neoadjuvant chemoradiation comparing continuous infusion 5-FU with capecitabine with or without oxaliplatin in patients with stage II and III rectal cancer. | **General Poster Session:** Gastrointestinal (Colorectal) Cancer  
**Poster Board #:** 66  
**Location:** South Bldg, L3, Hall A2 |
| Colorectal             | **Presenter:** Allegra CJ  
**Abstract #:** 3603 |
| Colorectal             | Validation of the NSABP neoadjuvant rectal score in a prospective phase II study evaluating an experimental regimen and a standard chemoradiation cohort with molecular genotyping. | **General Poster Session:** Gastrointestinal (Colorectal) Cancer  
**Poster Board #:** 62  
**Location:** South Bldg, L3, Hall A2 |
| Colorectal             | Neoadjuvant rectal cancer score to predict survival: Potential surrogate endpoint for early phase trials. | **Poster Highlights Session:** Gastrointestinal (Colorectal) Cancer  
**Poster Board #:** 22 |
| Colorectal             | **Presenter:** Yothers G  
**Abstract #:** 3533 |
| Genitourinary          | Adjunctive radiation, androgen deprivation and docetaxel for high-risk prostate cancer post-prostatectomy: Results of RTOG 0621. | **General Poster Session:** Genitourinary Cancer  
**Poster Board #:** 328  
**Location:** South Bldg, L3, Hall A2 |
| Genitourinary          | **Presenter:** Hurwitz M  
**Abstract #:** 5031 |
| Gynecologic            | A randomized phase II trial of bevacizumab plus oral everolimus versus bevacizumab alone for recurrent or persistent epithelial ovarian, fallopian tube or primary peritoneal cancer. | **General Poster Session:** Gynecologic Cancer  
**Poster Board #:** 376  
**Location:** South Bldg, L3, Hall A2 |
| Gynecologic            | **Presenter:** Tew WP  
**Abstract #:** 5546 |
| Gynecologic            | Phase II evaluation of dalantercept, a soluble recombinant activin receptor-like kinase 1 (ALK1) receptor-fusion protein, for treatment of recurrent/persistent endometrial cancer: GOG 0229N. | **General Poster Session:** Gynecologic Cancer  
**Poster Board #:** 396A  
**Location:** South Bldg, L3, Hall A2 |
| Gynecologic            | **Presenter:** Makker V  
**Abstract #:** 5594 |
| Gynecologic            | A phase 2 study of live-attenuated listeria monocytogenes immunotherapy (ADXS11-001) in the treatment of persistent or recurrent cancer of the cervix (GOG-0265). | **General Poster Session:** Gynecologic Cancer  
**Poster Board #:** 396A  
**Location:** South Bldg, L3, Hall A2 |
| Gynecologic            | **Presenter:** Huh WK  
**Abstract #:** TPS5617 |
| Lung                   | The effect of institutional clinical trial enrollment volume on survival of patients with stage III non-small cell lung cancer treated with chemoradiation: A report of Radiation Therapy Oncology Group (RTOG) 0617. | **General Poster Session:** Lung Cancer  
**Poster Board #:** 159  
**Location:** South Bldg, L3, Hall A2 |
| Lung                   | **Presenter:** Eaton BR  
**Abstract #:** 7551 |

*continued*
## ASCO 2014 – NRG Oncology Presentation Schedule

<table>
<thead>
<tr>
<th>Disease Site &amp; Study #</th>
<th>SUNDAY, JUNE 1, 2014</th>
<th>Time/Location</th>
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<tbody>
<tr>
<td>Brain RTOG 9802</td>
<td>Phase III study of radiation therapy with or without procarbazine, CCNU, and vincristine in low-grade glioma. RTOG 9802 with Alliance, ECOG and SWOG. <strong>Presenter:</strong> Buckner JC <strong>Abstract #:</strong> 2000</td>
<td>8:00 AM – 8:12 AM <strong>Oral Abstract Session:</strong> Central Nervous System Tumors <strong>Location:</strong> Lakeside Ctr, Level 4, E450</td>
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<tr>
<td>Breast IBCSG 24-02/25-02 SOFT/TEXT NSABP Collaboration</td>
<td>Randomized comparison of adjuvant aromatase inhibitor exemestane plus ovarian function suppression (OFS) vs tamoxifen plus OFS in premenopausal women with hormone receptor-positive early breast cancer: Joint analysis of IBCSG TEXT and SOFT trials. <strong>Presenter:</strong> Pagani O <strong>Abstract #:</strong> LBA1</td>
<td>1:45 PM - 2:00 PM <strong>Plenary Session:</strong> Oral presentation <strong>Location:</strong> North Bldg, Level 3, Hall B1</td>
</tr>
<tr>
<td>Breast NSABP B-51/RTOG 1304 NSABP Foundation Collaboration</td>
<td>RTOG 1119: Phase II randomized study of whole brain radiotherapy with concurrent lapatinib in patients with brain metastasis from HER2-positive breast cancer: A collaborative study of RTOG and KROG (NCT01622868). <strong>Presenter:</strong> Peereboom DM <strong>Abstract #:</strong> TPS664</td>
<td>8:00 AM – 11:45 AM <strong>General Poster Session:</strong> Breast Cancer - HER2/ER <strong>Poster Board #122A</strong> <strong>Location:</strong> South Bldg, L3, Hall A2</td>
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<tr>
<td>Breast NSABP B-51/RTOG 1304</td>
<td>NSABP B-51/RTOG 1304: Randomized phase III clinical trial evaluating the role of post-mastectomy chest wall and regional nodal XRT (CWRNRT) and post-lumpectomy RNRT in patients with documented positive axillary nodes before neoadjuvant chemotherapy (NC) who convert to pathologically negative Ax nodes after NC. <strong>Presenter:</strong> Mamounas EP <strong>Abstract #:</strong> TPS1141</td>
<td>8:00 AM – 11:45 AM <strong>General Poster Session:</strong> Breast Cancer - Triple-Negative/ Cytotoxics/Local Therapy <strong>Poster Board #230B</strong> <strong>Location:</strong> South Bldg, L3, Hall A2</td>
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<td>Breast Global Multicenter Trial M14-011 NSABP Foundation Collaboration</td>
<td>Phase III study evaluating safety and efficacy of the addition of veliparib plus carboplatin versus the addition of carboplatin to standard neoadjuvant chemotherapy in subjects with early-stage triple-negative breast cancer. <strong>Presenter:</strong> von Minckwitz G (German Breast Group) <strong>Abstract #:</strong> TPS1149</td>
<td>8:00 AM – 11:45 AM <strong>General Poster Session:</strong> Breast Cancer - Triple-Negative/ Cytotoxics/Local Therapy <strong>Poster Board #234B</strong> <strong>Location:</strong> South Bldg, L3, Hall A2</td>
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<tr>
<td>Breast NSABP FB-9</td>
<td>Phase II randomized clinical trial evaluating neoadjuvant chemotherapy regimens with weekly paclitaxel or eribulin followed by doxorubicin and cyclophosphamide in women with locally advanced HER2-negative breast cancer: NSABP FB-9. <strong>Presenter:</strong> Abraham J <strong>Abstract #:</strong> 1058</td>
<td>8:00 AM – 11:45 AM <strong>General Poster Session:</strong> Breast Cancer - Triple-Negative/ Cytotoxics/Local Therapy <strong>Poster Board #151</strong> <strong>Location:</strong> South Bldg, L3, Hall A2</td>
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<tr>
<td>Breast NSABP B-14, B-28</td>
<td>Recurrence score and quantitative ER expression to predict in late distant recurrence risk in ER+ BC after 5 years of tamoxifen. <strong>Presenter:</strong> Wolmark N <strong>Abstract #:</strong> 11024</td>
<td>8:00 AM – 11:00 AM <strong>Discussion:</strong> 11:30 AM – 12:45 PM <strong>Display:</strong> South Bldg, Level 4, S405 <strong>South Bldg, Level 4, S406</strong> <strong>Poster Board #13</strong> <strong>Poster Highlights Session:</strong> Tumor Biology</td>
</tr>
<tr>
<td>Breast NSABP P-1</td>
<td>Patient-reported outcomes and behavioral risk factors as predictors of chemoprevention adherence among women in the National Surgical Adjuvant Breast and Bowel Program (NSABP) Breast Cancer Prevention P-1 trial. <strong>Presenter:</strong> Land SR <strong>Abstract #:</strong> 1512</td>
<td>1:15 PM – 4:15 PM <strong>Display:</strong> South Bldg, Level 1, S102 <strong>Discussion:</strong> 4:45 PM – 6:00 PM <strong>South Bldg, Level 1, S100a</strong> <strong>Poster Board #1</strong> <strong>Poster Highlights Session:</strong> Cancer Prevention/Epidemiology</td>
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## ASCO 2014 – NRG Oncology Presentation Schedule

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<th>Disease Site &amp; Study #</th>
<th>MONDAY, JUNE 2, 2014 (continued)</th>
<th>Time/Location</th>
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<tbody>
<tr>
<td><strong>Breast</strong>&lt;br&gt;N.CI pilot intervention program to assist accrual for challenging late-phase clinical trials.&lt;br&gt;<strong>Presenter:</strong> Denicoff A&lt;br&gt;<strong>Abstract #:</strong> 6617</td>
<td>1:15 PM – 5:00 PM&lt;br&gt;<strong>General Poster Session:</strong>&lt;br&gt;Health Services Research&lt;br&gt;<strong>Poster Board #80</strong>&lt;br&gt;<strong>Location:</strong> South Bldg, L3, Hall A2</td>
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<td><strong>Breast</strong>&lt;br&gt;Vitamin B12 biochemical deficiency in non-diabetic breast cancer patients on N.C.I.C T.G.M.A.-3:2: A phase III randomized adjuvant BC trial comparing metformin to placebo.&lt;br&gt;<strong>Presenter:</strong> Liebman MF&lt;br&gt;<strong>Abstract #:</strong> 542</td>
<td>8:00 AM – 11:45 AM&lt;br&gt;<strong>General Poster Session:</strong>&lt;br&gt;Breast Cancer - HER2/ER&lt;br&gt;<strong>Poster Board #6</strong>&lt;br&gt;<strong>Location:</strong> South Bldg, L3, Hall A2</td>
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<td><strong>Breast</strong>&lt;br&gt;SWOG S0307/ NSABP B-53 Collaboration&lt;br&gt;SWOG S037 phase III trial of bisphosphonates as adjuvant therapy in primary breast cancer: Comparison of toxicities and patient-stated preference for oral versus intravenous delivery.&lt;br&gt;<strong>Presenter:</strong> Gralow J&lt;br&gt;<strong>Abstract #:</strong> 556</td>
<td>8:00 AM – 11:45 AM&lt;br&gt;<strong>General Poster Session:</strong>&lt;br&gt;Breast Cancer - HER2/ER&lt;br&gt;<strong>Poster Board #22</strong>&lt;br&gt;<strong>Location:</strong> South Bldg, L3, Hall A2</td>
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<td><strong>Colorectal</strong>&lt;br&gt;Prognostic impact of deficient mismatch repair in 7,803 stage II/III colon cancer patients: A pooled individual patient data analysis of 17 adjuvant trials in the ACCENT database.&lt;br&gt;<strong>Presenter:</strong> Sargent DJ&lt;br&gt;<strong>Abstract #:</strong> 3507</td>
<td>10:12 AM – 10:24 AM&lt;br&gt;<strong>Oral Abstract Session:</strong>&lt;br&gt;Gastrointestinal (Colorectal) Cancer&lt;br&gt;<strong>Location:</strong> Lakeside Ctr, Level 2, E Arie Crown Theater</td>
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<td><strong>Gastrointestinal</strong>&lt;br&gt;RTOG 0436: A phase III trial evaluating the addition of cetuximab to paclitaxel, cisplatin, and radiation for patients with esophageal cancer treated without surgery.&lt;br&gt;<strong>Presenter:</strong> Ilson DH&lt;br&gt;<strong>Abstract #:</strong> 4007</td>
<td>3:27 PM – 3:39 PM&lt;br&gt;<strong>Oral Abstract Session:</strong>&lt;br&gt;Gastrointestinal (Noncolorectal) Cancer&lt;br&gt;<strong>Location:</strong> Lakeside Ctr, L3, Hall D1</td>
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<td><strong>Head &amp; Neck</strong>&lt;br&gt;The KRAS-variant and cetuximab response in RTOG 0522&lt;br&gt;<strong>Presenter:</strong> Weidhaas JB&lt;br&gt;<strong>Abstract #:</strong> 6000</td>
<td>8:00 AM – 8:12 AM&lt;br&gt;<strong>Oral Abstract Session:</strong>&lt;br&gt;Head and Neck Cancer&lt;br&gt;<strong>Location:</strong> Lakeside Ctr, Level 4, E450</td>
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<td><strong>Head &amp; Neck</strong>&lt;br&gt;The correlation between the severity of cetuximab-induced rash and clinical outcome for patients with head and neck carcinoma treated with chemoradiotherapy plus cetuximab: The RTOG experience.&lt;br&gt;<strong>Presenter:</strong> Bar-Ad V&lt;br&gt;<strong>Abstract #:</strong> 6025</td>
<td>1:15 PM – 4:15 PM&lt;br&gt;<strong>Display</strong>&lt;br&gt;Lakeside Ctr, Level 3, E354b&lt;br&gt;<strong>Discussion:</strong> 4:45 PM – 6:00 PM&lt;br&gt;Lakeside Ctr, Level 4, E450&lt;br&gt;<strong>Poster Board #41</strong>&lt;br&gt;<strong>Poster Highlights Session:</strong>&lt;br&gt;Head and Neck Cancer</td>
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