Welcome to the NRG Oncology Semiannual Meeting!

NRG Oncology would like to welcome you to Philadelphia for our Semiannual Meeting! Our General Session will be held on Friday, July 14, 2017 from 1-2 pm at the Philadelphia Marriott Downtown. Opening remarks will be delivered by one of NRG Oncology’s Group Chairs, Walter J. Curran, MD, and a welcome address will be delivered by Adam Dicker, MD, PhD and Parviz Hanjani, MD.

The General Session will include the presentation of NRG Oncology’s top accruing institutions as well as updates on membership, the National Cancer Institute (NCI) Community Oncology Research Program (NCORP), Publications, the NRG Research Strategy Committee, SDMC, and the NRG Biospecimen Bank.

The NRG Oncology Scientific Session will cover a variety of research updates and results from studies in the breast, gastrointestinal, head and neck, and gynecologic disease sites. Studies that will be presented include NRG-NSABP B-28 and B-14, NRG-NSABP B-31, NRG-NSABP LTS-01, NRG-RTOG 0129, and NRG-GOG 0128. Question and answer sessions will be held following presentations.

Using Twitter? Follow us @NRGOnc and use our meeting hashtag #NRGMtg17

All meeting resources can be found on the meetings page of our website.
NRG Protocol Support Committee Column

Clinical Trials Nurses (CTN) and Clinical Research Associates (CRA):

How Do I Find Where I Belong at NRG Oncology Meetings?

In some ways, attending the semiannual NRG Oncology meetings is like attending ONS Congress or an annual SoCRA/ACRP convention/expo. How do you choose among sessions? What does the name of the meeting really mean?

The Protocol Support Committee (PSC) is aware of the overlap of sessions. The PSC has tried to plan CTN/CRA educational sessions at times of less conflict. The timing of sessions continues to be evaluated.

When the NRG Oncology initial grant was being developed, the PSC stressed the importance of continuing the tradition of providing education to CTNs and CRAs. The plan is to provide educational time while allowing CTNs and CRAs to attend specific site and study-related sessions.

There are different types of CTN/CRA educational sessions during the summer and winter meetings. This summer will have a different format from the past two years. The educational sessions will be all day on Thursday, instead of Thursday and Friday afternoons.

Educational sessions have been labeled differently. Examples of the labels are: CTN/CRA Workshop-Educational session, CTN/CRA Breakout sessions, Clinical Trials Nurses/Clinical Research Associates Educational Session. If a session labeled PSC, CTN, or CRA is being held at 7 am or after 5 pm, it is probably a committee meeting and may not be open to general membership.

Here are the general formats of the educational sessions:

**Winter Meeting:**
- Thursday, 8 am-5 pm: Introduction to Clinical Trials: Principals of Clinical Trials Management. Target Audience - CTN/CRAs who have been working with clinical trials/NRG Oncology for less than one year.
- Friday, 2-6 pm: Education Session for CTN/CRA. Target Audience - all CTN/CRAs. The session will provide updates of requirements for conduct of NCI-sponsored clinical trials, information about specific protocols and protocol requirements, and information about new therapies.

**Summer Meeting:**
- Thursday, 9 am-1 pm: Society of Clinical Research Associates (SoCRA) Certification Exam - registration is done through SoCRA.
- Thursday, 8 am-1 pm: Education session for CTN/CRA. Target Audience - all CTN/CRAs. The session will provide updates of requirements for conduct of NCI-sponsored clinical trials, information about specific protocols and protocol requirements, and information about new therapies.
- Thursday 1:30 pm-4:30 pm: Round Tables. Target Audience - all CTN/CRAs, designed for all experience levels. Clinical trials version of speed dating- speed discussions. Each table will have a different topic and at least one expert available to provide answers to questions. The objective of this format is to encourage exchange of information among the CTN/CRAs and the experts. There is no assigned rotation. Rotation will be approximately every 20 minutes; if you don’t have all your questions answered, don’t move!

During the February 2017 meeting, the PSC initiated a CTN/CRA information table. The table will be present again during the July 2017 meeting in Philadelphia. This is a very informal way to ask a question. The table is not staffed during CTN/CRA sessions. It is staffed by volunteers on the CTN or CRA subcommittee or one of the working groups (Mentorship, Quality Assurance, Protocol

Addition to the CTN and CRA Education Session

The PSC is committed to providing education for CTNs and CRAs during the NRG Oncology semiannual meeting. The committee continues to explore additional methods to provide this education.

During the July 2017 meeting in Philadelphia, the PSC is excited to announce that a lunch will be provided to all individuals registered for PSC Clinical Trial Nurse/Clinical Research Associate Workshop and Educational Lunch session on Thursday, July 13, 2017, beginning at 8 am. This morning session will provide an overview of process changes within NCI. Information about caring for ourselves will be provided during the lunch.

The PSC is honored to announce that Dr. Susan Kristinak will present “Self Care and Nursing: Experiencing Ways to Take Care of Us!” Dr. Kristinak holds a master’s degree in Nursing and a doctorate degree in healthcare administration. She is the Associate Director of Palliative Care at the University of Pennsylvania. During her presentation she is going to discuss aromatherapy. Attendees will have hands-on experience with aromatherapy. Aromatherapy can help reduce pain, stress, trouble sleeping, or nausea. One caveat of use is knowing how to use aromatherapy. Dr. Kristinak’s presentation will provide attendees with knowledge to help ourselves, family, co-workers, and patients.

During the February 2017 meeting, the PSC initiated a CTN/CRA information table. The table will be present again during the July 2017 meeting in Philadelphia. This is a very informal way to ask a question. The table is not staffed during CTN/CRA sessions. It is staffed by volunteers on the CTN or CRA subcommittee or one of the working groups (Mentorship, Quality Assurance, Protocol

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NRG Protocol Support Committee Column (continued)

Review, or Education and Training). If they don’t have the answer, leave your question and contact information, and you will receive an answer later.

The evaluations completed after every session are very important to the Education and Training working group. These assist in planning future sessions. If you have an idea for a topic and/or a speaker, the working group would love to hear from you. Please send your ideas to: NRG-PSC@nrgoncology.org

Recently Appointed Members of the NRG Oncology Protocol Support CRA & CTN Sub-Committees and PSC Working Groups

The PSC recently sent out a call for nominations to the PSC, CTN, and CRA Sub-Committees and the PSC Working Groups. We received a large number of qualified candidates with diverse expertise from a wide geographic range (including several international sites). The PSC carefully reviewed all applications and is pleased to announce the appointments of these new members:

PSC CRA Sub-Committee
Donna Angel (Wake Forest Medical Center), Erin Fukaya (University of Hawaii), Basia Lukaszczyk (John H Stroger Jr Hospital of Cook County), Mallory Matuszek (Dana-Farber Cancer Institute), and Tiffany Elsea (Ohio State University).

PSC CTN Sub-Committee
Whitney Jacobson (Aurora Health Care), Stacy Lewis (Wake Forest Baptist Health), Jiyeoun Jeong (Seoul National University Bundang Hospital), Cortney Montgomery (West Virginia University), and Joan Cahill (Duke University Medical Center).

PSC Working Group Committees

Protocol Review Working Group - Whitney Jacobson (Aurora Health Care), Jiyeoun Jeong (Seoul National University Bundang Hospital), Erin Fukaya (University of Hawaii), Mallory Matuszek (Dana-Farber Cancer Institute), Carolyn Bartley (Rhode Island Hospital), Katrina Rey-McIntyre (Princess Margaret Cancer Centre), Kimberly Williams (NCORP of the Carolinas), Tiffany Elsea (Ohio State University), Anne Gabel (University of Virginia), Sarika Gill (Princess Margaret Cancer Centre), and Denise Luppe (Rhode Island Hospital).

Education & Training Working Group - Joan Cahill (Duke University Medical Center), Basia Lukaszcyk (John H Stroger Jr Hospital of Cook County), Barbara Miller (Reading Hospital), and Sharon Kolbye (SCOR- Spartanburg).

Quality Control Working Group - Stacey Lewis (Wake Forest Baptist Health), Donna Angel (Wake Forest Medical Center), Katherine Halloran (MUSC-Hollings Cancer Center), Novneet Sandhu (Case Western Reserve University), Mary Gulzow (CORA-CHI Oncology Research Alliance), Fahima Khan (University of Maryland), Claire Kostechka (University of Wisconsin), and Charmi Patel (Saskatoon Cancer Centre).

Mentorship Working Group - Cortney Montgomery (West Virginia University).

NRG Health Disparities Committee (HDC) at the Semiannual Meeting

Terrance L. Albrecht, PhD, Professor and Division Director, Population Sciences Karmanos Cancer Institute, Wayne State University School of Medicine will discuss The Role of Physician Communication in Accruing Diverse Cancer Patients to Clinical Trials on July 14, 2017, from 7 am-9 am at the NRG Oncology Semiannual Meeting.

Dr. Albrecht’s research program in health communication has been continuously funded for more than two decades. Her longitudinal and intervention studies have demonstrated how verbal and nonverbal physician-patient communication processes affect cancer health outcomes. Using an archive of interaction data captured through a custom designed real-time video recording/editing system, she has shown in studies of over 1,500 video recordings how communication behavior influences patient clinical trial accrual, treatment decision-making, and other behavioral, social, and health outcomes experienced by diverse, underserved populations of adult and pediatric cancer patients and their families. In community contexts, her work has included investigating perceptions of older African Americans regarding biobanking, the experience of cancer stigma in insular community populations, and showing how network structures modeled over time explain the sustainability of collaborative health organization partnerships.

Healthcare professionals play a critical role in facilitating or inhibiting the enrollment of diverse patient populations into clinical trials. Patient-centered communication, which requires the development of a positive interpersonal relationship, is important in recruiting patients to clinical trials. With the help of videos, this workshop will explore the barriers to clinical trial enrollment as well as communication methods that can be employed to improve patient-centered care. Dr. Albrecht will provide pertinent information for clinical trial enrollment as well as the inclusion of diverse populations. Don’t miss this important discussion.

See the NRG Oncology website for NRG Oncology Meeting and registration information: https://www.nrgoncology.org/About-Us/Meetings/July-2017-Meeting-Resources
NRG Oncology recently opened our new Protocol Table on our website. This table is a searchable database that currently includes all of NRG Oncology’s active studies. The table can search studies by various fields, including study name, disease site, status, and more.

Visit the table at: nrgoncology.com/clinical-trials/protocol-table

Any feedback is welcome. Please send any suggestions to: info@nrgoncology.org

**Recently Activated NRG Oncology Clinical Trials**

All NRG protocols and associated documents are located on our website at nrgoncology.com/clinical-trials/protocol-table

### NRG-LU002

**Maintenance Systemic Therapy Versus Consolidative Stereotactic Body Radiation Therapy (SBRT) Plus Maintenance Systemic Therapy for Limited Metastatic Non-Small Cell Lung Cancer (NSCLC): A Randomized Phase II/III Trial**

Further protocol information and documents for this study located on CTSU.org

**Study Design:** Open-label, randomized, integrated phase II/III trial to evaluate maintenance systemic therapy +/- consolidative SBRT for limited metastatic NSCLC. 300 patients will be enrolled and randomized 2:1 between SBRT + maintaince systemic therapy arm and maintenance systemic therapy alone arm.

**Primary Objective - Phase II:** To evaluate the impact of adding SBRT to maintenance systemic therapy vs. maintenance systemic therapy alone on progression-free survival in patients with no evidence of progression and limited metastatic sites after first-line systemic therapy.

**Primary Objective - Phase III:** To evaluate the impact of adding SBRT to maintenance systemic therapy vs. maintenance systemic therapy alone on overall survival in patients with no evidence of progression and limited metastatic sites after first-line systemic therapy.

“There is a growing trend towards using local therapy in the form of radiation for consolidation of oligometastatic NSCLC based on institutional experiences and earlier phase clinical trials. NRG-LU002 will be the first phase II/III integrated study to address whether radiation in the form of SBRT in consolidation can help improve OS in patients with oligometastatic NSCLC.”

Puneeth Iyengar, MD - NRG-LU002 Principal Investigator

### NRG-GI001

**Randomized Phase III Study of Focal Radiation Therapy for Unresectable, Localized Intrahepatic Cholangiocarcinoma**

Further protocol information and documents for this study located on CTSU.org

**Study Design:** Patients will be stratified prior to randomization by tumor size (≤ 6cm vs. > 6cm), presence of satellite lesions (yes vs. no), and months of gemcitabine/cisplatin chemotherapy completed (4-5 vs. 6). After stratification, 146 patients will be randomized into one of two treatment arms. Treatment arm one will receive chemotherapy per site institutional standard and liver-directed radiation therapy. Treatment arm two will receive chemotherapy alone.

**Primary Objective:** To evaluate the addition of liver-directed radiation therapy to chemotherapy with respect to overall survival for this patient population.

“Unresectable intrahepatic cholangiocarcinoma is incurable with current existing standards of care. We seek to evaluate if ablative, high-dose radiotherapy can lead to potentially improved outcomes and even cure.”

Theodore Hong, MD - NRG-GI001 Principal Investigator
Recently Activated NRG Oncology Clinical Trials (continued)

NRG-GY009
A Randomized, Phase II/III Study of Pegylated Liposomal Doxorubicin and CTEP-Supplied Atezolizumab Versus Pegylated Liposomal Doxorubicin/Bevacizumab and CTEP-Supplied Atezolizumab Versus Pegylated Liposomal Doxorubicin/Bevacizumab in Platinum-Resistant Ovarian Cancer

Primary Objective - Safety Lead-In: To estimate the probability of a dose-limiting toxicity (DLT) following cycle 1 of experimental regimens (PLD and atezolizumab and PLD/bevacizumab and atezolizumab).

Primary Objective - Phase II: To estimate and compare the hazard of first progression or death (PFS) of each experimental regimen relative to the reference regimen, PLD and bevacizumab.

Primary Objective - Phase III: To estimate and compare the hazard of PFS of each experimental regimen relative to the reference regimen. If relative hazards of death (or the hazards of first progression or death) are significantly lower on both experimental regimens, then the hazards of death (the hazards of first progression or death) on the two experimental regimens will be compared to each other.

“We hope to improve outcomes for women with recurrent ovarian cancer through modulation of the tumor microenvironment using a combination of chemotherapy with immunotherapy and VEGF blockade.”
Roisin O’Cearbhaill, MD - NRG-GY009 Principal Investigator

NRG-BR005
A Phase II Trial Assessing the Accuracy of Tumor Bed Biopsies in Predicting Pathologic Response in Patients with Clinical/Radiologic Complete Response after Neoadjuvant Chemotherapy in Order to Explore the Feasibility of Breast-Conserving Treatment without Surgery

Study Design: This Phase II study will accrue 175 patients who have clinical/radiologic CR, perform tumor bed biopsy and surgery on these patients, determine the results of the biopsy, and compare the results of biopsy with the findings at surgery in terms of pCR.

Primary Objective: To assess the accuracy of post-neoadjuvant systemic therapy (NST) image-directed tumor bed biopsy for pCR, defined as resolution of both invasive disease and DCIS, in cases of clinical and radiologic complete response with trimodality imaging. This will determine whether post-NST tumor bed needle core biopsies in addition to clinical examination and trimodality imaging can identify appropriate patients after NST, who are optimal candidates to proceed with radiotherapy treatment without lumpectomy.

“This is the first step to avoiding surgery in women with breast cancers that respond fully to chemotherapy, which will radically change how we treat women with breast cancers.”
Mark Basik, MD - NRG-BR005 Principal Investigator

NRG-CC004
Phase II Double Blind Dose Finding Trial of Bupropion Versus Placebo for Sexual Desire in Women with Breast or Gynecologic Cancer

Study Design: This prospective, randomized, double-blinded, placebo-controlled phase II trial will determine which bupropion dose, if any, will move to a phase III trial. Patients will be stratified by current SSRI use, prior pelvic treatment, and aromatase inhibitor use and, will then randomized 1:1:1 to receive a 150 extended release target dose of bupropion, a 300 extended release target dose of bupropion, or placebo. The target accrual is 234 patients, and will be analyzed according to the intent-to-treat principle using all enrolled at-risk patients.

Primary Objective: To measure the ability of two dose levels of bupropion, 150 or 300 mg of extended release to improve sexual desire more than a placebo at 9 weeks (8 weeks on target dose) as measured by the desire subscale of the FSFI.

“Effective treatments to improve sexual health are an unmet need for female cancer survivors. This study will contribute important information about one aspect of sexual health, sexual motivation”
Debra Barton, RN, PhD, FAAN - NRG-CC004 Principal Investigator

Further protocol information and documents for this study located on CTSU.org
Recently Activated NRG Oncology Clinical Trials (continued)

NRG-BN003
Phase III Trial of Observation Versus Irradiation for a Gross Totally Resected Grade II Meningioma

Further protocol information and documents for this study located on CTSU.org

NRG Oncology Research Highlights from ASCO 2017

NRG-BN003

Study Design: Patients with newly diagnosed gross totally resected World Health Organization (WHO) grade II meningioma will be randomized into either an observation arm or a radiation therapy (IMRT or Protons) arm.

Primary Objective: To determine the extent of clinical benefit of the addition of adjuvant radiotherapy to gross total resection for this patient population. The primary endpoint of this study is progression-free survival.

“We primarily address one of the most urgent topics that patients with central nervous tumors and physicians treating them face: whether gross total resection of a WHO grade II meningioma is sufficient, or whether adjuvant radiation therapy improves tumor control. We will centrally review pathology and imaging, and secondarily evaluate neurocognitive function, quality of life, and a range of outcome predictors.”

Leland Rogers, MD - NRG-BN003 Principal Investigator

NOTICE: AGCT1531 Open for Accrual

Children’s Oncology Group Protocol AGCT1531: “A Phase III Trial of Active Surveillance for Low Risk and a Randomized Trial of Carboplatin vs. Cisplatin for Standard Risk Pediatric and Adult Patients with Germ Cell Tumors” is now open to patient entry. It is available on the CTSU menu with Dr. Allan Covens as NRG Champion. Please enroll your eligible patients to this important trial.

Although NRG Oncology is not the lead group on this trial, your institution can select NRG Oncology as the group credited with accrual at the time of enrollment. If NRG Oncology is selected, the enrollment will count towards membership requirements.

The CALOR Trial

A final analysis of the CALOR trial at an 8.8 year median follow-up confirms that chemotherapy (CT) following local therapy benefits patients with ER negative (ER-) isolated locoregional recurrence (ILRR); however, patients with ER positive (ER+) ILRR derive no benefit from the use of CT. The abstract, “Chemotherapy for Isolated Locoregional Recurrence (ILRR) of Breast Cancer in ER-Positive and ER-Negative Cohorts: Final Analysis of the CALOR Trial” was presented during the American Society of Clinical Oncology (ASCO) 2017 Annual Meeting.

"Longer follow-up has strengthened the conclusions of our trial, namely surgery and radiotherapy followed by systemic therapy, which are effective and potentially curative in this high-risk population. We can now say with greater confidence that chemotherapy is indicated for ER-ILRRs and not for those with ER+ILRRs, keeping in mind that the latter had constituted a switch to a new endocrine treatment at the time of trial entry," stated Irene Wapnir, MD, study co-chair for the CALOR trial.

The CALOR trial, an open-label, randomized study, aimed to investigate the effectiveness of the use of CT following local therapy for patients with completely excised ILRR after unilateral breast cancer. The trial compared disease-free survival (DFS), overall survival (OS), and breast cancer-free interval (BCFI) between the ER cohorts with and without CT. Initially, at the 5-year median follow-up, the study team reported statistically significant benefit of CT for patients with ER- ILRR. Further follow-up was required for the ER+ cohort. At 8.8-year median follow-up, researchers determined that CT positively impacted the ER- outcomes for DFS (70% CT / 34% No-CT), OS (73% CT / 53% No-CT), and BCFI (70% CT / 34% No-CT). However, the addition of CT did not significantly improve outcomes from the ER+ cohort: DFS (50% CT / 59% No-CT), OS (76% CT / 66% No-CT), and BCFI (58% CT / 62% No-CT). These results were consistent when adjusting for location of ILRR, prior chemotherapy, and interval from primary surgery.

NRG Publications Update

NRG Oncology abstract “Effect of the Addition of Cetuximab to Paclitaxel, Cisplatin, and Radiation Therapy for Patients with Esophageal Cancer: The NRG Oncology RTOG 0436 Phase 3 Randomized Clinical Trial” was recently published online in JAMA Oncology.

Read the article on JAMAnetwork

Abstract Information on the CALOR trial at ASCO 2017

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NRG Oncology Research Highlights from ASCO (continued)

NRG-GOG 0258

NRG-GOG 0258 is a phase III clinical trial that enrolled 803 patients. This trial included randomization between two treatment arms: the experimental arm, which included cisplatin given concurrent with volume-directed radiotherapy (RT) followed by four cycles of carboplatin and paclitaxel (C-RT) versus the standard treatment arm of carboplatin and paclitaxel for six cycles (CT). The primary endpoint of this trial was to determine whether the C-RT arm would increase the duration of recurrence-free survival (RFS) for this patient population.

Findings from this trial suggest the addition of cisplatin and volume-directed RT to 4 cycles of standard chemotherapy for treatment of patients with optimally debulked, stage III/IVA uterine cancer was associated with a statistically significant reduction in the incidence of local or regional recurrence when compared to 6 cycles of standard chemotherapy alone; however, the combined modality regimen does not result in a statistically significant increase in RFS in this patient population. The incidence of distant recurrence was more common with the C-RT arm. The analysis of a treatment effect on overall survival is premature.

These findings from “A Randomized Phase III Trial of Cisplatin and Tumor Volume Directed Irradiation Followed by Carboplatin and Paclitaxel for Optimally Debulked, Advanced Endometrial Carcinoma” were presented as an oral abstract session at ASCO’s Annual Meeting on June 2, 2017, in Chicago, IL.

Abstract Information on NRG-GOG 0258 at ASCO 2017
Clinical Trial Information: NCT00942357

NRG-RTOG 0848

Results of NRG Oncology’s trial NRG-RTOG 0848 indicate that the addition of erlotinib to gemcitabine does not improve overall survival in patients with resected pancreatic head cancer compared to gemcitabine alone. “Results of the Randomized Phase II Portion of NRG Oncology/RTOG 0848 Evaluating the Addition of Erlotinib to Adjuvant Gemcitabine for Patients with Resected Pancreatic Head Adenocarcinoma” was presented as an oral abstract session at the American Society of Clinical Oncology’s (ASCO) Annual Meeting on June 4, 2017, in Chicago, IL.

The phase III portion of this trial will determine if adjuvant radiation with concurrent fluorouracil or capecitabine following six months of systemic chemotherapy will improve overall survival in this patient population. This phase is currently accruing patients.

Abstract Information on NRG-RTOG 0848 at ASCO 2017
Clinical Trial Information: NCT01013649

NRG-RTOG 0848 Webinar Recap

The study team recently held a webinar regarding the protocol "NRG-RTOG 0848: A Phase IIR and Phase III Trial Evaluating Both Erlotinib (Ph IIR) and Chemoradiation (Ph III) as Adjuvant Treatment for Patients with Resected Head of Pancreas Adenocarcinoma". The webinar and associated slide set can be found on the NRG Oncology website’s NRG-RTOG 0848 page.
NRG NCORP Cancer Care Delivery Research (CCDR) Column

NRG Oncology NCORP defines cancer care delivery research (CCDR) as a multidisciplinary field of investigation that studies how complex, multi-level forces operating at the patient, provider, and health system levels influence cancer care access, quality, and cost. For example, in a given study the focus may be on the quality of care received by a well-defined set of patients, the comparative effectiveness of alternative diagnostic or treatment modalities, disparities in access to care, or the impact of behavioral interventions on patient adherence to guidelines.

CCDR Research Priorities are to develop and implement a program of research that marshals the data capabilities and scientific strengths of NCORP investigators across the country to enhance our understanding of how to improve quality, access, and value-for-money in cancer care delivery. NRG NCORP CCDR partners with multiple community sites to conduct community-based cancer care delivery research. At the same time, the NRG NCORP CCDR team works closely with other Research Bases and NCI program staff through various CCDR Committees to achieve a common agenda for CCDR, including a consensus process for data harmonization and infrastructure development to support CCDR.

Meet the NRG NCORP Cancer Care Delivery Research Committee Co-Chairs

David E. Cohn, MD, is the director of the Division of Gynecologic Oncology, professor of Obstetrics and Gynecology, and the Stuart M. Sloan and Larry J. Copeland Chair in Gynecologic Oncology at The Ohio State University, where he has been a faculty member since 2001.

Dr. Cohn earned his medical degree at Georgetown University School of Medicine in Washington, D.C. He completed his residency in obstetrics and gynecology at the University of Washington in Seattle in 1998 and a fellowship at Washington University in St. Louis in 2001. He is on the board of directors of the Society of Gynecologic Oncology, where he currently serves as secretary treasurer. He also chairs the Cancer Care Delivery Research Committee of NRG Oncology. He is an associate editor for the journal Gynecologic Oncology and has published over 200 peer-reviewed manuscripts and 12 book chapters.

In addition, Dr. Cohn maintains a clinical practice that includes robotic surgical techniques and radical pelvic and reconstructive surgery for gynecologic cancers. He has been widely recognized by his peers for excellence in clinical practice, and by those he educates for his excellence in teaching. His research interests include the investigation of the genetics of endometrial cancer, signaling biology of ovarian cancer, and value-based cancer care delivery.

Debra P. Ritzwoller, PhD, is a health economist and health services researcher and the Co-Director of the Center for Excellence in Cancer and Genomics at the Institute for Health Research (IHR) at Kaiser Permanent Colorado (KPCO). She also serves as Adjunct Faculty in the Department of Health Systems, Management and Policy, Colorado School of Public Health at the University of Colorado. Her expertise is in the variation in cancer screening, treatment, outcomes, and costs in community settings; the impact of insurance benefit design on cancer patient cost-sharing; and cost estimation and cost-effectiveness. In addition to serving as a Co-Investigator (Co-I) in the Cancer Research Network (CRN) for the last 18 years, she has been heavily involved with the development (and on-going working group activities) for many of Health Care Systems Research Network (HCSRN) and CRN Virtual Data Warehouse (VDW) data content areas. She currently serves as the lead investigator for KP Center for Safety and Effectiveness Research (CESR) Data Coordinating Center and as co-lead of the Patient-Centered Outcomes Research Institute-funded PCORnet Cancer Collaborative Research Group. She has published a number of papers related to the identification and capture of systemic cancer therapies within the CRN, and she has led comparative effectiveness research (CERs) related to the variation in cancer care treatment patterns and outcomes. In addition to serving as the PI or Co-I of several NCI funded grants, she is also now very involved with the NCI Community Oncology Research Program (NCORP). She is the Site Principal Investigator (KPCO) for KP’s NCORP Community Site, a member of the NCI-CCCT Cancer Care Delivery Research Steering Committee (CCDR), and along with Dr. David Cohn, she co-chairs the NRG NCORP CCDR Steering Committee.

Over the last decade, she has developed strong collaborative ties with prominent researchers and thought leaders at major academic-based comprehensive cancer centers including the Dana Farber Cancer Institute, Emory Winship Cancer Institute, and the University of Colorado Comprehensive Cancer Center. Locally and within KP, she helped to establish the KPCO Cancer Patient Advisory Board and the KP Translational Research In Oncology (TRIO) group.
In the News

Patricia A. Ganz, MD appointed new editor-in-chief of the Journal of the National Cancer Institute

The Oxford University Press announced recently that Patricia Ganz, MD, has assumed the editorial leadership role of the Journal of the National Cancer Institute. Dr. Ganz, distinguished professor at the UCLA Fielding School of Public Health and David Geffen School of Medicine, and Director of Cancer Prevention and Control Research at the UCLA Jonsson Comprehensive Cancer Center, is a co-chair of NRG Oncology’s Patient Centered Outcomes Research Committee, a member of the NRG Oncology NCORP Steering Committee and the NRG Oncology Breast Cancer Committee. According to Dr. Ganz, "We are interested in having NCI funded clinical trial, NCORP and CPC results published in JNCI". She replaces Carmen Allegra, MD as editor-in-chief of JNCI, a move that was precipitated by Dr. Allegra’s recent assignment at NCI as the head of gastrointestinal therapeutics of the Clinical Investigations Branch at the Cancer Therapy Evaluation Program. Dr. Allegra will continue as deputy editor at JNCI. Congratulations to Dr. Ganz on this well-deserved appointment!  

Dr. Wolmark Recipient of 2017 Giants of Cancer Care® Award in Breast Cancer

Norman Wolmark, MD, and NRG Oncology Group Chair, has been awarded the 2017 Giants of Cancer Care® award for recognition of his contributions in breast cancer research. The recipients of the 2017 Giants of Cancer Care® awards represent twelve categories in the field of oncology and were chosen by an elite group of oncologists and hematologists from more than 300 nominations by the oncology community. This year's award ceremony was held during a reception at the Chicago History Museum on June 1.

2017 Korean Ho-Am Prize in Medicine Awarded to Dr. Paik

Soonmyung Paik, MD, is the recipient of the 2017 Ho-Am Prize in Medicine. The Ho-Am Prize, established by Kun-Hee Lee, the current chairman of the Samsung Group, was named after the nickname of the late Chairman and founder of the Samsung Corporation, Byung-chull Lee. The Ho-Am awards are presented annually to recognize distinguished Koreans and foreign nationals for their contributions to the advancement of humankind in science, the arts, engineering, medicine, and community service. Dr. Paik is receiving the award based on the work he did while director of the NSABP Foundation/NRG Oncology Division of Pathology. He is currently with the Severance Biomedical Science Institute and Division of Medical Oncology at Yonsei University College of Medicine in Seoul, South Korea.

Winship Cancer Institute Named NCI-Designated Comprehensive Cancer Center

Winship Cancer Institute of Emory University has earned the prestigious comprehensive cancer center designation from the National Cancer Institute (NCI), placing it in the top one percent of all cancer centers in the United States. Effective immediately, Winship becomes the newest NCI-designated comprehensive cancer center in the nation.

Dr. Curran Recipient of the Medical College of Georgia’s Distinguished Alumni Award

Walter J. Curran, MD, an NRG Oncology Group Chair, received a 2017 MCG Distinguished Alumni award from the Medical College of Georgia at Augusta University. Dr. Curran was recognized for is professional achievement and national leadership. Curran’s research has focused on the progression and development of radiation oncology and cancer treatment and revolves around the safe and effective use of radiation oncology to treat all types of cancer.