NRG Oncology recently hired Kati Stoermer to serve in the newly created role of NRG Executive Director. Ms. Stoermer will provide oversight and management of the NRG Oncology operational activities coordinated by our staff located in Philadelphia and Pittsburgh. She will also coordinate with our Statistical and Data Management Center (SDMC) and Biospecimen Bank.

Ms. Stoermer joins NRG Oncology with an extensive background in multi-institutional research operational and strategic leadership. Kati’s experience with clinical research administration stems from several years as the Associate Director of Administration for SWOG, another National Cancer Institute (NCI) National Clinical Trials Network (NCTN) group. At SWOG, Ms. Stoermer conceptualized and piloted centrally provided coverage analyses for SWOG trials that have been adopted widely within the NCTN and have recently expanded through a partnership with the NCI and the American Society of Clinical Oncology (ASCO).

More recently, Ms. Stoermer served for four years as the Director of Research Operations for one of the largest Veterans Administration-based research programs, the Department of Veteran Affairs at Ann Arbor Healthcare System in Ann Arbor, Michigan. Additionally, Kati is a United States Navy veteran who served five years as a corpsman. Kati and husband Eric, an IT Professional, focus their free time raising three boys ages 20, 7, and 5.

Ms. Stoermer joined NRG Oncology in early 2018, in time to provide last-minute assistance in the submission of the NCTN Operations Grant and attend her first NRG semi-annual meeting. Since then, she has been focusing her time on getting to know the Group through talking with committee leaders, Operations Center and SDMC leaders and staff. Read the full press release on our website.

“The newly created role of NRG Executive Director will further advance NRG Oncology’s mission of improving the lives of cancer patients through the conduct of our clinical trials”

WALTER J. CURRAN, JR., MD
AN NRG ONCOLOGY GROUP CHAIR
The Scientific Session

The NRG Oncology Scientific Session was held Friday, January 26th, and was moderated by Krishnansu S. Tewari, MD. Trial overviews included:

**NRG-GOG 0213**, which determined that the addition of bevacizumab to standard chemotherapy, followed by maintenance therapy until progression, improved the median overall survival in patients with platinum-sensitive recurrent ovarian cancer. This combination was associated with an improvement in progression-free survival (PFS) with no new safety signals observed and no noteworthy difference in patient-reported quality of life as measured by the FACT-O TOI;

**NRG-NSABP B-47**: In the landmark NSABP B-31 trial, patients found to have "HER2-low" tumors by central testing derived similar benefit from trastuzumab and chemotherapy as those confirmed to be HER2-positive. The NSABP B-47 trial was designed to evaluate this possibility in a randomized manner. The result was unexpected. In women with ICH 1+ or 2+ and/or FISH-negative tumors, adding trastuzumab to standard adjuvant chemotherapy did not improve invasive disease-free survival. Women in both groups did well; the 5-year IDFS rate was 89.6% for those receiving trastuzumab and chemotherapy and 89.2% for those receiving chemotherapy;

**NRG-GU005**, a new, phase III trial is designed to determine whether SBRT is superior to hypofractionated IMRT for GU and GI toxicity with fewer patients experiencing a minimal important decline in urinary irritation/obstruction and bowel HRQOL as measured by EPIC-26 at 24 months post-completion of therapy. This study will also determine if SBRT (5 fractions of 7.25 Gy) is better than hypofractionated IMRT (28 fractions of 2.5 Gy) as measured by DFS;

**NRG-DT001**, a new trial evaluating the safety and tolerability of AMG 232 in combination with standard-dose RT for patients with soft tissue sarcoma in two separate cohorts. This trial will also determine the maximum tolerated dose of AMG in combination with RT for each cohort;

**NRG-LU002**, a randomized phase II/III trial that will be assessing the impact on PFS that adding SBRT to maintenance systemic therapy versus maintenance systemic therapy alone has for patients with limited metastatic non-small cell lung cancer;

**NRG-HN004**, which has a lead-in designed to determine the safety of RT with concurrent and adjuvant anti-PD-L1 therapy for patients with stage III-IVB head and neck cancers with a contraindication to cisplatin. The phase II portion of the trial will test the hypothesis that concurrent RT and anti-PD-L1 therapy improves PFS when compared to standard therapy. Lastly, the phase III portion will test if concurrent RT and anti-PD-L1 therapy improves OS when compared to standard therapy.

The Scientific Session concluded with one of NRG Oncology’s three Group Chairs, Walter, J. Curran, Jr., MD, providing insight and updates on the NRG Oncology grant that was submitted earlier in January.
Congratulations NRG Oncology Top Accruing Centers for 2017!

Main Member Sites
1. Seoul National University Hospital - Seoul, South Korea
2. The Community Hospital - Munster, IN
3. Cadence Cancer Center - Warrenville, IL

Non-US Sites
1. Asan Medical Center - Seoul, South Korea
2. Centre hospitalier de l’Université de Montréal - Montreal, Canada
3. Seoul National University Hospital - Seoul, South Korea

NCI Community Oncology Research Program (NCORP)
1. Kaiser Permanente - Vallejo, CA
2. CIRI Oncology Research Alliance - Denver, CO
3. Heartland Cancer Research - Decatur, IL

Lead Academic Participating Sites (LAPS)
1. University of Oklahoma Health Sciences Center - Oklahoma City, OK
2. CWRU - Case Comprehensive Cancer Center - Cleveland, OH
3. Washington University - Siteman Cancer Center - St. Louis, MO

Available Resources from the January NRG Oncology Semiannual Meeting

Mark Your Calendars!

Such sessions and many more will be available at the next NRG Oncology Semiannual Meeting from July 12-14th, 2018 in Philadelphia, PA. More information to come. Save the date today!

The NRG Oncology Health Disparities Committee is proud to announce its upcoming workshop during the July 2018 NRG Oncology Semiannual Meeting.

Intervening on the Financial Toxicity of Cancer Care
Presented by Yousuf Zafar, MD, MHS
Associate Professor of Medicine and Public Policy
Duke Cancer Institute

Look for further details and registration information for this free workshop in the July 2018 NRG Oncology Semiannual Meeting information.

NRG Oncology Minisymposium: Digital Health & Personal Connected Health

"Leveraging Digital Health to Transform Patient Care Research" is scheduled for Thursday, July 12, 2018, from 1-3 PM EST at the NRG Oncology Semiannual Meeting.

This minisymposium will:
1. Illustrate how healthcare organizations are using digital tools, not only to monitor, but also treat and intervene with patients.
2. Learn how connected health tools have enabled clinical goals and health science research.
3. Demonstrate how digital health programs have improved patient access, care, and collaboration.

Agenda and speaker information will be forthcoming.

NRG Oncology Membership Distribution

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<th>Category</th>
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<td>National Community Oncology Research (NCORP) Sites</td>
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NRG Oncology Clinical Trial Amendment Highlight

NRG-RTOG 1308

Phase III Randomized Trial Comparing Overall Survival after Photon Versus Proton Chemoradiotherapy for Patients with Inoperable Stage II-IIib NSCLC

OVERVIEW:
NRG-RTOG 1308 is a currently active, recently amended study examining proton versus photon chemoradiotherapy for patients with inoperable stage II-IIib non-small cell lung cancer (NSCLC). Participants in this study will be randomly assigned to either Arm 1 or Arm 2. Arm 1 patients will receive photon radiotherapy 5 days a week for 7 weeks concurrently with chemotherapy. Arm 2 patients will receive proton radiotherapy 5 days per week for 7 weeks concurrently with chemotherapy. Chemotherapy on both arms includes either: etoposide and cisplatin, or paclitaxel and carboplatin, or pemetrexed and carboplatin (non-squamous cell carcinoma only). The primary endpoint of this study is overall survival.

AMENDMENT:
Based on results from the phase III PACIFIC trial reported in October 2017, the FDA granted priority review of durvalumab (an immunotherapy agent) for the treatment of patients with stage III, unresectable NSCLC, and the NCCN guidelines have incorporated durvalumab as recommended treatment for this patient population. Therefore, this amendment adds immunotherapy (durvalumab) to the allowable systemic treatment on this study, and the following changes were made:

1. Carboplatin/pemetrexed was added as an alternative concurrent chemotherapy doublet for non-squamous cell carcinoma patients.

2. Chemotherapy was broadened to allow patients who had prior systemic treatment for NSCLC, to allow patients who had tumor recurrence after surgery, and to allow immunotherapy (durvalumab) as systemic treatment, per treating physician/institutional standards.

Further information and protocol documents can be found on CTSU.org.

“This trial is extremely important and probably the only opportunity for the radiation oncology community to compare proton and photon therapy with combination of immunotherapy in a randomized trial for NSCLC.”
Zhongxing Liao, MD
MD Anderson Cancer Center
NRG-RTOG 1308 Study Chair

Protocol Table Survey

Please click here to participate in a brief survey regarding our NRG Oncology website protocol table. We would love to hear your opinions and any suggestions you may have to improve your experience.
New Efforts Placing Emphasis on Patient-Reported Outcomes Data Completeness in Clinical Trials

Institutional Report Cards Coming Soon

The importance of assessing patient-reported outcomes (PROs), including quality of life, is well-recognized. Today, many clinical trials not only study the impact of different treatments on survival, but also include PRO measures that allow investigators to comprehensively understand treatment effects. PRO data also help patients and clinicians make decisions about treatment; for example, some patients may choose to pursue a new therapy that modestly increases survival but significantly and negatively impacts quality of life, but others may not. Although PRO assessment is often listed as a secondary endpoint in clinical trials, it is of central importance. However, for many NRG Oncology trials, PRO data collection is incomplete and there is >80% completion of PRO surveys even at time points within the first year of patient registration; for some trials, PRO completion falls below 50%. These high rates of missing data threaten the validity of the PRO endpoints, and can make these data difficult to interpret and unpublishable.

NRG Oncology has continued efforts to emphasize the importance of PRO data completeness in clinical trials. A PRO Compliance Working Group, led by Dr. Ronald Chen from the University of North Carolina at Chapel Hill, meets regularly to review the PRO completion rates of all open NRG Oncology trials, and to propose solutions to improve these rates. The following steps will be implemented soon:

1) NRG Oncology institutional audits will place an emphasis on PRO data completeness. Although completeness of data collection has been part of audits, PRO data have sometimes not been reviewed or emphasized in the past. Renewed emphasis on the importance of PRO data in trials will now be reflected in the NRG Oncology auditing process as well.

2) NRG Oncology will start creating institutional report cards that evaluate all aspects of an institution’s performance. PRO data completeness will be specifically emphasized as part of the institutional report card. These report cards help each institution to better understand its own performance, as well as NRG Oncology expectations regarding clinical trial participation. An emphasis on PRO data completeness will help NRG Oncology identify institutions that may need guidance or help in improving data completion rates. Report cards are expected to start in the next few months.

3) Development of PRO endpoints for new clinical trials will be standardized. To allow PRO data collection to be more feasible, clinical trials will emphasize:

   a. Wider timeframes around each time point for PRO data collection;

   b. PRO data to be collected by paper or phone, as needed;

   c. The importance of continuing to collect PRO data even after a patient is off protocol treatment and/or experiences disease progression.

If you have additional suggestions to help improve PRO data completeness, please email Dr. Ronald Chen (ronald_chen@med.unc.edu).
Study Champion FAQs

What is a Study Champion?

Per the NCTN Guidelines, each Network Group is responsible for developing “Champion” collaborations with other Groups. Each Group is “required to have policies to encourage other Network Groups to name Study Champions for studies in scientific areas [for which]… other Network Groups have research goals and/or scientific research committees.” The intent is for the Champion investigators to “provide additional expertise and act as study leaders responsible for promoting the study to their respective Network Group membership.”

The overall goal of the Champion program is to enhance accrual across the Network.

How Do You Become a Study Champion?

There are two ways to become a Study Champion. 1) The lead group approaches the NRG Oncology disease site chair or committee member to request an NRG Oncology champion. 2) The NRG Oncology disease site committee selects a champion in response to NCI or other group solicitation. The NRG Oncology Protocol Development Department will work with you to formalize the champion relationship. If you are interested in serving as a champion, please contact the NRG Oncology Operations Center or the protocol administrator for the disease site.

What are the Responsibilities of a Study Champion?

The Study Champion promotes the trial at NRG Oncology Group meetings; including discussing the trial and reporting on its progress at the applicable disease site committee meetings. The Study Champion works with the lead group to obtain accrual, study progress, and amendment information and presents this to the NRG Oncology community. Lastly, the Study Champion enrolls to the study and encourages enrollment by other NRG Oncology investigators.

What Other Information Do You Need to Know?

Accrual can be credited to NRG Oncology and count toward your site membership requirements. NRG Oncology provides reimbursement for all cases credited to NRG Oncology. Cases enrolled are audited per the NCTN guidelines.

For more information on studies that NRG Oncology is championing, see the table provided on the next page.

For the full NCTN Process for Network Study Champions, log on to the CTSU member website.

Follow us on Twitter and Facebook!
<table>
<thead>
<tr>
<th>Disease Site</th>
<th>LPO Study #</th>
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<td><strong>BRAIN</strong></td>
<td>NCCTG N0577</td>
<td>CODEL: Phase III Intergroup Study of Temozolomide Alone versus Radiotherapy with Concomitant and Adjuvant Temozolomide versus Radiotherapy with Adjuvant PCV Chemotherapy in Patients with 1p/19q Co-deleted Anaplastic Glioma or Low Grade Glioma</td>
<td>Michael A. Vogelbaum, MD, PhD</td>
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<td>ECOG-ACRIN</td>
<td>Change in Relative Cerebral Blood Volume as a Biomarker for Early Response to Bevacizumab in Patients With Recurrent Glioblastoma</td>
<td>Christina Tsien, MD</td>
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<td><strong>GI Non-Colorectal</strong></td>
<td>Allianc</td>
<td>A Phase II/III Trial of Neoadjuvant FOLFOX with Selective Use of Combined Modality Chemoradiation versus Preoperative Combined Modality Chemoradiation for Locally Advanced Rectal Cancer Patients Undergoing Low Anterior Resection with Total Mesorectal Excision [PROSPECT]</td>
<td>Christopher Crane, MD Thomas J. George, MD</td>
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<td><strong>GYN</strong></td>
<td>ECOG-ACRIN</td>
<td>Perfusion CT to Predict Progression-free Survival and Response Rate in Bevacizumab and Paclitaxel Treatment of Platinum-Resistant Persistent or Recurrent Epithelial Ovarian, Fallopian Tube, or Peritoneal Carcinoma</td>
<td>Russell Schilder, MD Robert Mannel, MD</td>
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<td>COG AGCT1531</td>
<td>A Phase 3 Study 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</td>
<td>David Gershenson, MD</td>
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<td><strong>HEAD AND NECK</strong></td>
<td>ECOG-ACRIN</td>
<td>A Phase II Randomized Trial of Neo-Adjuvant Chemotherapy Followed by Surgery and Post-Operative Radiation Versus Surgery and Post-Operative Radiation for T3 and T4a Nasal and Paranasal Sinus Squamous Cell Carcinoma</td>
<td>Michael Samuels, MD, FACR</td>
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<td><strong>LUNG</strong></td>
<td>SWOG S1400</td>
<td>A Biomarker-Driven Master Protocol for Previously Treated Squamous Cell Lung Cancer (LUNG-MAP)</td>
<td>Jeff Bradley, MD</td>
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<td><strong>NCORP</strong></td>
<td>Alliance</td>
<td>Randomized Phase II Study: Corticosteroids + Bevacizumab vs. Corticosteroids + Placebo (BEST) for Radionecrosis After Radiosurgery for Brain Metastases</td>
<td>Michelle Kim, MD</td>
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Oncology Clinical Trials Nurse Competencies

The Oncology Nursing Society (ONS) issued the first Oncology Clinical Trials Core Competencies in 2010. Since then, an increasing body of research supports the expanding role of oncology clinical trial nurses (OCTN) in clinical trial coordination and patient management (Bevan 2011, Hastings 2012). In many institutions, OCTNs complete informed consent, educate patients and caregivers, develop study budgets, facilitate protocol review, manage team meetings, build study databases, mentor team members, assess and manage toxicities, collect and enter data, and maintain preparedness for monitoring visits (Purdom 2017).

ONS revised the OCTN core competencies to reflect the enhanced OCTN practice. Oncology nurses working in clinical research, the clinical trials Special Interest Group (SIG), and a panel of expert reviewers contributed to the revised competencies. Notably, ONS considers research a sub-specialty and the revisions intend to accurately capture the OCTNs role, provide a framework to assess the complexity of the role, and enhance training opportunities through nine competency categories (see figure). The competencies are divided into Level 1 and Level 2 behaviors. Level 1 behaviors reflect expected competencies with two years or less of experience. Level 2 behaviors reflect expected competencies with more than two years of experience. To progress to Level 2, the Level 1 behavior must be mastered. Each competency category has a foundational knowledge requirement and essential resources to support the knowledge and behavioral competencies.

Three crucial principles underpin the revised OCTN competencies: advocacy for patient safety and protocol integrity; adherence to nursing standards; and communication. These three foundational principles inform and guide behavior across all nine competencies and behavior levels; adherence to these principles ensures safe and effective practice. The model integrates the nine core competencies into practice with defined levels of expertise and promotes professional growth through measurable behaviors. The OCN encourages OCTNs and employers to adopt the core competencies as a practice model to facilitate standardized knowledge and skills, measurement of competencies, continuing education opportunities, and as a resource to foster excellence in OCTN practice with detailed education links, such as RECIST Criteria, evaluation tools.
Many thanks to our membership for making the January 2018 NRG Oncology Semiannual Meeting Clinical Trial Nurse/Clinical Research Associate sessions a success! Those who attended learned much and enjoyed a winter respite in the Phoenix sunshine. One hundred and eighty-three individuals attended the Orientation/Introduction to Clinical Trials Session and 218 attended the CTN/CRA Workshop-Educational Session.

If you were unable to attend the meeting, information and slide sets are available on the NRG Oncology website (located at About Us – Meetings – January 2018 Meeting Resources - Education Sessions for Clinical Trial Nurses & Clinical Research Associates [requires login]).

We are actively planning the July 2018 meeting in Philadelphia. If you have suggestions for the educational session or the roundtable topics, please let us know at NRG-PSC@nrgoncology.org.

Oncology Clinical Trials Nurse Competencies (cont’d)

such as workload assessments, and development plans for continuing education.

Download a PDF copy of the OCTN competencies

Consider becoming a member of ONS and your local chapter!
Meetings cultivate peer networking and many chapters offer continuing nursing education and speaker/dinner programs. Some chapters match a new OCTN with an experienced OCTN for mentorship; others provide writing workshops to develop nursing research projects. Find the chapter nearest to you!

References

Oncology Nursing Society: 2016 Oncology Clinical Trials Nurse Competencies [accessed on line October 10, 2017].


Oncology Nursing Society, Member Center, Chapters: https://www.ons.org/member-center/join-renew [accessed on line November 5, 2017].

Helpful Tips!

• Did you know that tumor assessment calculators are available for select NRG Oncology studies? A calculator is especially helpful when assessments are scheduled according to time points (e.g. every nine weeks) instead of by cycle; the calculator will help you keep track of when the scan(s) are due. Assessment date calendars can be found on the protocol-specific page on the CTSU website in the Case Report Forms subfolder under Documents. The tool calculates the expected due date and the protocol specifies the allowed window for the test to be performed (e.g., +/- 7 days).

• Form Completion Guidelines are available on CTSU website for some NRG Oncology studies such as NRG-GY004.

• There are resources available on the NRG Oncology website for Data Management including:
  • Protocol Contacts and Guidance - Updated: January 18, 2018
  • Use of Consent Withdrawal Process
  • Medidata Rave FAQs
Four NRG Oncology publications were referenced in ASCO’s 2018 edition of *Clinical Cancer Advances*, which highlights the most impactful research advances and policy developments during the past year and previews where cancer science is headed. The four NRG Oncology publications included:

**NRG Oncology/NSABP B-42** aimed to discover if 5 years of letrozole versus placebo would improve disease-free survival (DFS) in patients with early-stage breast cancer who have completed 5 years of adjuvant endocrine therapy (with either an aromatase inhibitor (AI) following tamoxifen (TAM) or an AI alone. Results of the trial showed that after 5 years of endocrine therapy, extended adjuvant endocrine therapy with letrozole did not produce a statistically significant improvement in DFS survival or overall survival. However, the addition of letrozole did provide a statistically significant improvement in breast cancer-free interval and a statistically significant reduction in the rates of distant recurrence.


**NRG Oncology/GOG-0213** explored the roles of secondary surgical cytoreduction and bevacizumab in women with ovarian cancer recurring 6 months after completion of initial therapy. The primary endpoint of this trial was overall survival (OS). This trial showed that the addition of bevacizumab to standard paclitaxel/carboplatin chemotherapy, followed by maintenance bevacizumab until progression, improved median OS, as well as PFS and objective response among women with platinum-sensitive recurrent ovarian cancer with measurable disease.


**NRG Oncology/RTOG-9601** was a double-blind, placebo-controlled trial studying the addition of antiandrogen therapy to radiotherapy. This study demonstrated that the addition of 24 months of antiandrogen therapy with daily bicalutamide to salvage radiotherapy resulted in higher rates of long-term overall survival as well as lower incidences of metastatic prostate cancer and death from prostate cancer than did radiotherapy plus placebo.

*An editorial in the *New England Journal of Medicine* featuring this study stated, “This remarkable contribution by the National Clinical Trials Network of the National Cancer Institute shows the importance of randomized clinical trials with very long follow-up. Studies that incorporate interventions without proprietary intellectual property (e.g., surgery or radiation therapy) or pharmaceutical agents whose patents often expire before the study is completed can be achieved only with NRG Oncology Publications Policy & Guidelines v.03-06-2018 now available on NRGOncology.org
the use of this invaluable national resource.”


NRG Oncology/RTOG-0834 was a joint trial with the European Organisation for Research and Treatment of Cancer (EORTC), that studied the use of radiotherapy with concurrent and adjuvant temozolomide for adults with (1p/19q) non-co-deleted anaplastic gliomas. Results of this study provided evidence that adjuvant temozolomide chemotherapy was associated with a noteworthy survival benefit in this patient population; however, patient follow-up is ongoing and further analysis of the role of concurrent temozolomide treatment and molecular factors is required.


Save the Date
NRG Oncology Semianual Meeting
July 12-14, 2018
Philadelphia, PA
#NRG18
New NRG Oncology Committee Chairs

Dr. Aghajanian Appointed as NRG Oncology Gynecologic Cancer Committee Chair

Carol Aghajanian, MD of Memorial Sloan Kettering Cancer Center (MSK) in New York has been appointed as Chair of NRG Oncology’s Gynecologic Cancer Committee. Dr. Aghajanian’s experience in gynecologic cancer research and her leadership at MSK and within the National Cancer Institute (NCI)’s National Clinical Trials Network (NCTN) will be invaluable to NRG Oncology as the organization pursues its mission of improving the lives of cancer patients through multi-institutional clinical and translational research. She follows the prior NRG Oncology Gynecologic Cancer Committee Chair, Robert S. Mannel, MD, who was elected as an NRG Oncology Group Chair in 2017. Read more

Dr. Felix Feng Selected as NRG Oncology Genitourinary Cancer Committee Chair

NRG Oncology has appointed Felix Feng, MD of the University of California at San Francisco as Chair of its Genitourinary Cancer Committee. He will follow Howard M. Sandler, MD, MS, who dedicated 21 years of leadership and direction for the committee.

Dr. Feng, a nationally and internationally recognized expert in the care of patients with genitourinary malignancies, has helped to initiate several clinical trials that have been among the first to utilize genomic biomarkers to help personalize therapy for prostate cancer patients. He has built a comprehensive research program focused on translating laboratory findings to the clinic to help guide patient care. His research team produced the first clinical-grade biomarker panels that predict prostate cancer response to radio or hormone therapy after surgery, as well as a plasma-based cell-free DNA biomarker that predicts resistance to PARP1 inhibitors. Read more

NRG Oncology Appoints NCORP Investigator, Dr. Hudson, as Cancer Care Delivery Research Committee Co-Chair

NRG Oncology recently appointed Matthew F. Hudson, PhD, MPH as Co-Chair for the organization’s Cancer Care Delivery Research (CCDR) Committee. He joins the present Co-Chair Debra Ritzwoller in the leadership of this committee. Drs. Hudson and Ritzwoller each represent a NCI Community Oncology Research Program (NCORP) institution. Participating NCORP community sites, such as the ones Drs. Hudson and Ritzwoller represent, make cancer research available to larger and more diverse patient populations. Dr. Hudson’s addition to the leadership team may enhance NRG Oncology’s capacity to evolve community-informed research protocols. Read more
NRG Oncology Chair and Member News

Bernard Fisher, MD and Norman Wolmark, MD Receive 2018 Distinguished Service Award from Society of Surgical Society

Dr. Bernard Fisher, Distinguished Service Professor at the University of Pittsburgh and past chairman of the NSABP, and Dr. Norman Wolmark, an NRG Oncology Group Chair and current chairman of the NSABP Foundation, received the 2018 Charles M. Balch, MD Distinguished Service Award from the Society of Surgical Oncology (SSO) on March 23 during the organization’s 71st Annual Cancer Symposium in Chicago. Dr. Wolmark accepted the award on behalf of Dr. Fisher and himself from Dr. Jeffrey A. Drebin, SSO Past President. The Charles M. Balch, MD Distinguished Service Award is presented for outstanding contributions to surgical oncology through service to SSO, research, or enhancing clinical care or health policy. Charles M. Balch, MD has dedicated more than 30 years of service to the SSO, demonstrating leadership on multiple fronts and serving as SSO President in 1991.

Read more

NRG Oncology NCORP PI, Dr. Bruner, Appointed as NCI Global Health Working Group Co-Chair

Deborah Watkins Bruner, RN, PhD, FAAN, NCI NCORP grant contact primary investigator (PI) and Deputy Group Chair of NRG Oncology’s Scientific Publications Committee, was recently appointed as Co-Chair of NCI’s Global Health Working Group.

In her new role, Dr. Bruner will be reviewing the NCI global portfolio and providing recommendations for the allocation of NCI resources. In the February 16, 2018 edition of The Cancer Letter, NCI Director Norman E. Sharpless, MD, mentioned that NCI created the new Global Health Working Group to advise the director on topics such as the balance of functions for NCI’s Center for Global Health (CGH), analyzing the global portfolio across NCI, and providing recommendations given the tremendous international burden of cancer. Dr. Bruner will be joining Dr. Satish Gopal in the leadership of this working group. Read the full press release here

Continued on next page
Patricia A. Ganz, MD, FASCO, receives the ASCO Ellen L. Stovall Award and Lecture for Advancement of Cancer Survivorship Care

Patricia A. Ganz, MD, FASCO, Co-Chair of NRG Oncology Patient Centered Outcomes Research Committee, a member of the NRG Oncology NCORP Steering Committee and the NRG Oncology Breast Cancer Committee, was recently named ASCO’s 2018 recipient of the Ellen L. Stovall Award and Lecture for Advancement of Cancer Survivorship Care. This year's award is the second annual presentation of this honor. Dr. Ganz received the award at the 2018 Cancer Survivorship Symposium held February 16-17, 2018, in Orlando, FL. This award, named after Ellen L. Stovall – a cancer survivor who dedicated her life to patient advocacy - was established to recognize leaders in the field of cancer survivorship. Dr. Ganz is a 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 in Los Angeles. Read more

Dr. Chakravarti Selected to Serve on NCI Advisory Board of Scientific Counselors

Arnab Chakravarti, MD, of the Ohio State University and Co-Chair of the NRG Oncology Brain Tumor Committee, was recently selected to serve a five-year term on the NCI Advisory Board of Scientific Counselors. In his new role, Dr. Chakravarti will be chairing the review of the NCI Radiation Oncology Program and of the NCI Neuro-Oncology Program in future years.

Dr. Chakravarti’s experience includes research regarding novel biomarkers and uncovering key molecular and genetic mechanisms of treatment resistance in cancer. His team was among the first to report that the dysregulation of PI3K/AKT signaling is associated with radiotherapy resistance in glioblastomas. They were also the first to identify that dysregulation of PI3K signaling is significantly associated with adverse clinical outcomes in glioblastoma patients. Read more

Do You Have Communications Suggestions for NRG Oncology?

The NRG Oncology Communications Committee is always looking for suggestions for information and special achievements to include in the newsletter. Please send information about special achievements of NRG Oncology members or research teams, suggestions for future articles, and regular features you would like to see in future issues of the NRG Oncology Newsletter to info@nrgoncology.org