NRG Oncology will hold its semiannual meeting in Philadelphia, PA from July 12-14, 2018. The meeting will include the group’s Scientific Session, General Session, workshops, and a variety of other sessions, including a new minisymposium on digital and personal connected health and a workshop on social media use.

Scientific Session
Friday, July 13, 2018 - 8am-9am ET
The NRG Oncology Scientific Session, hosted by the NRG Oncology Publications Committee, will include updates on its clinical trial results including the final analysis of the CALOR trial for women with ER-negative and ER-positive isolated locoregionally recurrent breast cancer, results of NRG-RTOG 0126 for men with intermediate risk prostate cancer, and the final overall analysis evaluating bevacizumab treatment for women with ovarian cancer. The agenda can be found on the NRG Oncology Meeting Resources webpage.

NRG Oncology’s Digital Health and Personal Connected Health Minisymposium
Thursday, July 12, 2018 - 1pm-3pm ET
This minisymposium will provide a conceptual framework for a better understanding of the pathways by which digital tools can influence cancer care by illustrating how healthcare providers are using digital tools in, not only monitoring, but also managing patients. The session will inform the audience about how connected health tools have enabled health science research and how digital health programs have improved access, care, and collaboration.

Welcome to Philadelphia!
NRG Oncology’s Semiannual Meeting, July 12-14, 2018
NRG Oncology’s Digital Health and Personal Connected Health Minisymposium
Thursday, July 12, 2018 - 1pm-3pm ET
This minisymposium will provide a conceptual framework for a better understanding of the pathways by which digital tools can influence cancer care by illustrating how healthcare providers are using digital tools in, not only monitoring, but also managing patients. The session will inform the audience about how connected health tools have enabled health science research and how digital health programs have improved access, care, and collaboration.

Welcome to Philadelphia!
NRG Oncology’s Semiannual Meeting, July 12-14, 2018
NRG Oncology’s Digital Health and Personal Connected Health Minisymposium
Thursday, July 12, 2018 - 1pm-3pm ET
This minisymposium will provide a conceptual framework for a better understanding of the pathways by which digital tools can influence cancer care by illustrating how healthcare providers are using digital tools in, not only monitoring, but also managing patients. The session will inform the audience about how connected health tools have enabled health science research and how digital health programs have improved access, care, and collaboration.

Agendas and other semiannual meeting resources can be found on the NRGOncology Meeting Resources webpage.
Intervening on the Financial Toxicity of Cancer Care
Friday, July 13, 2018 - 7am-9am ET

What is Financial Toxicity and How Can We Intervene?
According to the US Centers for Disease Control and Prevention, one in three Americans experience financial burden as a result of medical care. The burden is greatest for cancer patients, who pay more out-of-pocket for care than those with other chronic illnesses. Indeed, 13% of nonelderly cancer patients spend at least 20% of their income on out-of-pocket expenses. Fifty percent of Medicare beneficiaries with cancer pay at least 10% of their income towards cancer treatment-related out-of-pocket costs.

Consider these facts:

- The degree to which cancer caused financial problems was the strongest independent predictor of quality of life when compared to various other factors including age, race, education, insurance status, and family income.

- 80% of medical oncologists believe it is important to be explicit about the potential financial impact of treatment choices.

- 81% of academic medical oncologists agreed that out-of-pocket costs had the potential to influence treatment recommendations, but only 30% reported changing treatment recommendations because of financial recommendations.

- Patients reporting “a lot” of financial distress were more likely to be non-white, female, and younger than 61 years of age. These patients were also more likely to have less than a four-year college education and a total household income lower than $35,000 per year.

This workshop at the July NRG Oncology Semiannual Meeting in Philadelphia will focus not only on long term solutions including policy changes to reduce unsustainable drug prices and promote innovative insurance models, but also more immediate solutions.

Plan to attend this special workshop to improve understanding and engagement through increased knowledge of available resources, and discuss of the value of care delivered and communication-based interventions for physician and patient interactions.

Intervening on the Financial Toxicity of Cancer Care
Friday, July 13, 2018 - 7am-9am ET
Presented by Yousuf Zafar, MD, MHS
Associate Professor of Medicine and Public Policy
Duke Cancer Institute

Presented by the NRG Oncology Health Disparities Committee

More information located on the NRG Oncology Meetings Resources webpage
NRG Oncology Social Media Workshop
Friday, July 13, 2018 - 10am-11:30am ET

The NRG Oncology Social Media Workshop, hosted by the NRG Oncology Communications Committee, is a new session focused on social media as a useful tool for health professionals. This session is geared to help the audience understand the value social media brings to the health and professional community, identify the potential risks and barriers in social media use in professional practice, and determine how social media can be useful as part of clinical trial outreach and awareness.

Get Social!

If you are on Twitter or Facebook, follow us! Have the latest NRG Oncology news at your fingertips.

facebook.com/NRGOnco
@NRGOnc

Be sure to join the conversation at our NRG Oncology Meeting by using our hashtag #NRG18 in your posts!
NRG Oncology Clinical Trial Highlights

NRG-DT001

A Phase IB Trial of Neoadjuvant AMG 232 Concurrent with Preoperative Radiotherapy in Wild-Type P53 Soft Tissue Sarcoma (STS)

Amendment Highlight

OVERVIEW:
NRG-DT001 will evaluate the safety and tolerability of standard-dose radiotherapy with the addition of AMG-232 for patients with soft tissue sarcoma (STS) in two separate cohorts. Cohort A will include patients with STS of extremity or body wall, whereas Cohort B will include patients with STS of the abdomen, pelvis, or retroperitoneum. Wild-type p53 status is required. The study will seek to discover the maximum tolerated dose and recommended phase II dose of AMG-232 when combined with radiotherapy.

AMENDMENT:
Initially, NRG-DT001 was open to a limited number of sites. A recent amendment to NRG-DT001 opened the trial to all NRG Oncology member sites. Additionally, the pre-treatment assessment table was updated to reflect that AST, amylase, and lipase are required pre-treatment and during treatment for the detection and prevention of drug-related toxicity.

“This is a unique trial specifically designed to target soft tissue sarcoma with wild-type p53 genes. AMG-232 specifically inhibits human MDM2-P53 interactions, and thereby activating p53. Moreover, resistance mechanisms to MDM2 inhibition by AMG-232 is through accumulation of MDM2 and MDMX. DNA damaging agents, such as radiotherapy, promote MDM2 degradation and lead to sustained p53 activation, which enhances tumor cell killing by radiotherapy. Based on results of preclinical studies in vivo and in vitro, we hypothesize AMG-232 synergizes with radiotherapy of human soft tissue sarcoma. We sincerely urge all sarcoma specialists to participate in this important clinical trial.”

Meng Welliver, MD
The Ohio State University
NRG-DT001 Study Co-Chair

Dian Wang, MD, PhD
Rush University
NRG-DT001 Study Co-Chair

More trial information can be found on ClinicalTrials.gov

Protocol documents can be found on CTSU.org

See a listing of all of our studies on NRG Oncology’s Protocol Table
NRG Oncology Clinical Trial Highlights

NRG-GU006

A Phase II, Double-Blinded, Placebo-Controlled, Randomized Trial of Salvage Radiotherapy with or without Enhanced Anti-Androgen Therapy with Apalutamide in Recurrent Prostate Cancer

Recently Activated

OVERVIEW:
The NRG-GU006 clinical trial will evaluate if the addition of apalutamide to salvage radiotherapy (SRT) will improve progression-free survival (PFS) when compared to SRT alone for men with post-prostatectomy PSA recurrences. This biomarker-stratified, randomized, double-blind, placebo-controlled, phase II trial will assess the safety and efficacy of apalutamide as compared to SRT and will determine whether molecular stratification using the PAM50 gene expression test will identify subsets of patients with prostate cancer who derive the greatest benefit from anti-androgen therapy. If successful, the results of this study may be used to design a follow-up, phase III trial.

More trial information can be found on ClinicalTrials.gov
Protocol documents can be found on CTSU.org

NRG-LU002

Maintenance Systemic Therapy Versus Local Consolidative Therapy (LCT) plus Maintenance Systemic Therapy for Limited Metastatic Non-Small Cell Lung Cancer (NSCLC): A Randomized Phase II/III Trial

Amendment Highlight

OVERVIEW:
The open-label, randomized, integrated phase II/III NRG-LU002 trial will compare maintenance systemic therapy combined with local consolidative therapy (LCT) to maintenance systemic therapy alone for patients with limited metastatic non-small cell lung cancer (NSCLC). The study aims to gauge if the addition of LCT improves progression-free survival in phase II and overall survival in phase III.

AMENDMENT:
Initially, NRG-LU002 required participants on Arm 2 to receive docetaxel, gemcitabine, and pemetrexed (for non-squamous cases only). A recent amendment to the trial has added pembrolizumab and surgery as treatment options.

More trial information can be found on ClinicalTrials.gov
Protocol documents can be found on CTSU.org

“The results from NRG-LU002 may fundamentally change how clinicians integrate local therapy with systemic therapy in optimally controlling primary and metastatic non-small cell lung cancer disease burden, in the process potentially demonstrating an improvement in overall survival.”

Puneeth Iyengar, MD, PHD
UT Southwestern
NRG-LU002 Study Chair

“The results from NRG-GU006 may attempt to validate a predictive biomarker to determine which prostate cancer patients specifically benefit from the addition of a newer form of hormone therapy in combination with radiotherapy. Current evidence suggests that most patients receiving salvage radiotherapy when caught early enough do not benefit from the addition of older forms of hormone therapy. However, some men likely do benefit but we are unable to identify which men they are currently. Therefore, we often give hormone therapy to everyone, which has side effects, or omit hormone therapy knowing that a small percentage of men may have benefited. We want to bring precision medicine to radiation oncology and hope that this trial will bring us one step closer to knowing who best to treat with hormone therapy.”

Daniel Spratt, MD
University of Michigan
NRG-GU006 Study Chair
## Study Champions Table

<table>
<thead>
<tr>
<th>Disease Site</th>
<th>LPO Study #</th>
<th>Study Title</th>
<th>NRG Onc. Champions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BRAIN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></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>
</tr>
<tr>
<td></td>
<td>ECOG-ACRIN EAF151</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>
</tr>
<tr>
<td><strong>BREAST</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ALLIANCE A011401</td>
<td>Randomized Phase III Trial Evaluating the Role of Weight Loss in Adjuvant Treatment of Overweight and Obese Women with Early Breast Cancer</td>
<td>Julia White, MD</td>
</tr>
<tr>
<td></td>
<td>ALLIANCE A221505</td>
<td>Phase III Randomized Trial of Hypofractionated Post Mastectomy Radiation with Breast Reconstruction</td>
<td>Doug Arthur, MD</td>
</tr>
<tr>
<td></td>
<td>CCTG MA.39</td>
<td>Tailor RT: A Randomized Trial of Regional Radiotherapy in Biomarker Low Risk Node Positive Breast Cancer</td>
<td>Julia White, MD</td>
</tr>
<tr>
<td></td>
<td>SWOG S1416</td>
<td>Phase II Randomized Placebo-Controlled Trial of Cisplatin with or without ABT-888 (Veliparib) In Metastatic Triple-Negative Breast Cancer and/or BRCA Mutation-Associated Breast Cancer, with or without Brain Metastases</td>
<td>Shannon Puhalla, MD</td>
</tr>
<tr>
<td><strong>GASTROINTESTINAL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ALLIANCE A021502</td>
<td>Randomized Trial of Standard Chemotherapy Alone or Combined with a Tezolizumab as Adjuvant Therapy for Patients with Stage III Colon Cancer and Deficient DNA Mismatch Repair (ATOMIC: Adjuvant Trial of Deficient Mismatch Repair in Colon Cancer)</td>
<td>Asha Dhanarajan, MD</td>
</tr>
<tr>
<td></td>
<td>ALLIANCE N1048</td>
<td>(PROSPECT**): 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** Pre-operative Radiation Or Selective Preoperative radiation and Evaluation before Chemotherapy and TME</td>
<td>Christopher Crane, MD, Thomas J. George, MD</td>
</tr>
</tbody>
</table>
## Study Champions Table

<table>
<thead>
<tr>
<th>Disease Site</th>
<th>LPO Study #</th>
<th>Study Title</th>
<th>NRG Onc. Champions</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENITOURINARY</td>
<td>SWOG S1602</td>
<td>A Phase III Randomized Trial to Evaluate the Influence of BCG Strain Differences and T Cell Priming with Intradermal BCG Before Intravesical Therapy for BCG-Naïve High-Grade Non-Muscle Invasive Bladder Cancer</td>
<td>Viraj Master, MD, PhD, FACS</td>
</tr>
<tr>
<td>GYNECOLOGIC</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</td>
</tr>
<tr>
<td></td>
<td>EAE16</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>Robert Mannel, MD</td>
</tr>
<tr>
<td></td>
<td>COG AGCT531</td>
<td></td>
<td>David Gershenson, MD</td>
</tr>
<tr>
<td>HEAD AND NECK</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>
</tr>
<tr>
<td>HEMATOLOGY</td>
<td>ALLIANCE</td>
<td>Solitary Plasmacytoma of Bone (SPB): Randomized Phase III Trial to Evaluate Treatment with Adjuvant Systemic Treatment and Zoledronic Acid Versus Zoledronic Acid After Definite Radiation Therapy</td>
<td>Mohammad K. Khan, MD, PhD, FASTRO</td>
</tr>
<tr>
<td></td>
<td>A061402</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LUNG</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>
</tr>
<tr>
<td>NCORP</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>
</tr>
<tr>
<td></td>
<td>A221208</td>
<td>A Double Blind Placebo-Controlled Trial of Eflornithine and Sulindac to Prevent Recurrence of High Risk Adenomas and Second Primary Colorectal Cancers in Patients with Stage 0-III Colon or Rectal Cancer, Phase III- Preventing Adenomas of the Colon with Eflornithine and Sulindac (PACES)</td>
<td>Jennifer Dorth, MD</td>
</tr>
<tr>
<td></td>
<td>SWOG 0820</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Common Terminology Criteria for Adverse Events (CTCAE) version 5.0 is now available for use. CTCAE is a tool provided by the National Cancer Institute (NCI), that allows for the accurate and consistent reporting of the severity of adverse events (AEs) that occur on a clinical trial. The NCI continues to evaluate and upgrade this tool as necessary to stay current with new treatments and medications. As of April 1, 2018, the CTEP-AERS system reflects CTCAE v5.0 and expedited AE reporting for all NRG Oncology trials is in v5.0. Additionally, new protocols submitted to CTEP reflect v5.0. For currently active NRG Oncology trials, continue to use CTCAE v. 4 for routine AE reporting until NRG updates the case report forms and notifies sites via broadcast or protocol amendment (Note: some protocol case report forms will remain in v.4). See NRG Oncology Broadcast March 29, 2018 CTCAE Conversion from v4.0 to v5.0 in NRG Oncology Trials.

Because this revision affects all protocols moving forward, it is important for nurses and data coordinators to be informed of and familiar with the changes. Changes to v5.0 include clarifications of grade descriptions, clarifications of definitions of AE terms, addition or subtraction of grades, and the addition or deletion of AE terms. As of April 1, 2018, death due to progressive disease should be reported as Grade 5 "Disease progression" in the system organ class (SOC) "General disorders and administration site conditions" in CTCAE v5.0.

A new feature of the CTCAE v5.0 is Navigation Notes. Although not all AE terms have a navigation note, the notes available are useful, relevant, and help the user choose the most accurate AE term. For example, the navigation note under "Dry eye" states: If corneal ulcer is present, grade under Eye disorders: Corneal ulcer. It will be important for the nurse or data coordinator to pay attention to these notes to help avoid incorrect reporting.

Version 5.0 includes approximately 60 new AE terms. Some of these additions reflect AEs commonly seen with immunotherapy drugs such as hypophysitis, thyroid stimulating hormone (TSH) increased, and hyperphosphatemia. For example, “TSH increased” has been added under the Investigations category. The only available grade is grade 1 defined as "TSH increased and no intervention initiated." A navigation note directs the user as follows: if intervention initiated or symptomatic report as endocrine disorder- hypothyroidism.

Other term additions permit greater AE reporting specificity. For example, the SOC Infection and Infestations now includes fungemia (fungus), bacteremia (bacteria), and virema (virus). Other important and common AEs included in v5.0 are: ascites, belching, generalized edema, thrush, nail changes, hair color change, and hair texture abnormal. Many of the new terms only have one grade available and signify that the event is present. Overall, additional terms facilitate consistent and accurate AE reporting.
CTCAE version 5.0 Update (cont’d)

It is important to remember that some event terms have been eliminated with this revision (e.g., menopause has been removed from version 5.0). With AE grade and term clarification, and the addition/deletion of AE terms it is important for new nurses and coordinators, as well as the seasoned professional, to refer frequently to version 5.0 to ensure reporting accuracy.

At the upcoming NRG Oncology meeting in July, please attend the PSC Clinical Trial Nurse/Clinical Research Associate Workshop-Educational Session on July 12th to hear a presentation on CTCAE v5.0 by Sara McCartney, RN, MS, AE Administrator, NRG Oncology.

Protocol Support Committee (PSC) Educational Sessions for Clinical Trial Nurses (CTNs) and Clinical Research Associates (CRAs) during the July 2018 NRG Oncology meeting

The PSC will offer CTN and CRA education activities relevant to all levels of experience on Thursday July 12, 2018, 8am-4:30pm.

The morning session will include presentations by NRG Oncology Headquarters staff and the CTSU on topics that include an overview of CTCAE version 5.0, an update on the Rave-CTEP AERS integration, and the ins and outs of the Data Query Portal (DQP). Other presentations include an introduction to pathology and to genomic profiling, and an overview of changes to the AJCC Staging Manual.

Judith M. Fannelli, an NRG Oncology CTN, will present “An Introduction to Reiki and More.” Reiki is a Japanese technique for stress reduction and relaxation that also promotes healing administered by “laying on hands.” Lunch will be provided during this presentation.

The afternoon itinerary involves roundtable question and answer sessions from 1:30pm-4:30 pm. Each roundtable session is 20 minutes and occur simultaneously. Rather than formally presenting topics, round table hosts field coordinator questions related to the round table topic. These sessions are an opportunity to ask topic experts specific questions.

CMEs will be provided for both the morning and afternoon sessions. Due to changes in ONS policy, nursing CEs are not available.

The PowerPoint slides for the morning presentations will be posted on the NRG Oncology website. Handouts will not be provided on site.

New Members

Welcome to our newly appointed Clinical Trials Nurse Subcommittee Members:

**Susie Bullock, MPH, RN, CCRP**
University of Texas MD Anderson Cancer Center

**Erin McCaig, RN, BSN**
Cancer Research for the Ozarks NCORP

**Rosemary Zacks, RN**
Mount Carmel Health System/Trinity Health-Columbus NCORP

The roundtable topics include:

<table>
<thead>
<tr>
<th>Brain Protocols</th>
<th>NRG Oncology Audit Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Protocols (BR001/BR002)</td>
<td>NRG Oncology Biospecimen Bank</td>
</tr>
<tr>
<td>Breast Protocols (BR005/BR003)</td>
<td>CTCAE Version 5, AE &amp; SAE Reporting</td>
</tr>
<tr>
<td>GI Protocols (GI002/GI004)</td>
<td>CTSU- Data Quality</td>
</tr>
<tr>
<td>GU Protocols</td>
<td>McKesson</td>
</tr>
<tr>
<td>Head &amp; Neck Protocols</td>
<td>CIRB</td>
</tr>
<tr>
<td>Lung Protocols</td>
<td>IROC RT</td>
</tr>
<tr>
<td>NCORP &amp; QOL</td>
<td>IROC DI</td>
</tr>
<tr>
<td>Neurocognitive Testing</td>
<td>PMB</td>
</tr>
<tr>
<td>GYN Protocols- Ovarian</td>
<td>Best Practices for Study Implementation and Management</td>
</tr>
<tr>
<td>GYN Protocols- Cervix, Uterine Corpus</td>
<td>PSC/CTN/CRA</td>
</tr>
<tr>
<td>NRG Oncology Membership &amp; Payment Issues</td>
<td>NRG/RTOG Legacy Data Submission</td>
</tr>
</tbody>
</table>
NRG Oncology Publications

Publication Highlights

Analysis of Results from a Phase III Trial for Women with Ovarian Cancer Following Surgical Cytoreduction

Results from a post-trial ad hoc analysis evaluating the level of concordance among surgeons’ assessments of residual disease and pre-treatment computed tomography findings in a phase 3 randomized clinical trial evaluating the impact of bevacizumab in primary and maintenance therapy for patients with advanced stage ovarian cancer following surgical cytoreduction.


Full article

Survey Results: Recruitment Practices for U.S. Minority and Underserved Populations

NRG Oncology conducted a survey of 556 recruitment practices across its network to discover how sites recruit minority/underserved populations, to understand the catchment areas of the NRG Oncology institutions, and to examine how they can aid in planning education programs for accrual of minority/underserved populations.


Full article

NRG Oncology Press Releases on Recent Publications

MGMT Promoter Methylation Associated with Improved Survival for Patients with WHO Grade II Gliomas

Further exploration into the endpoints of the NRG Oncology/RTOG 0424 trial resulted in the discovery that MGMT promoter methylation is an independent prognostic biomarker of high-risk, low-grade, glioma treated with temozolomide and radiation. This is the first study of its kind to validate the prognostic significance of MGMT promoter methylation in this patient population and treatment regimen. MGMT promoter methylation is an independent prognostic biomarker of high-risk, low-grade glioma treated with temozolomide and radiation.

Read press release

SBRT May be an Effective and Safe Alternative for Patients with Medically Operable Early-Stage Lung Cancer

JAMA Oncology recently published data from NRG Oncology’s RTOG 0618 trial [clinicaltrials.gov identifier NCT00551369], which shows that the utilization of stereotactic body radiation therapy (SBRT) as a treatment for medically operable lung cancer is associated with favorable primary tumor control and local control rates.

Read press release

www.nrgoncology.org
NRG Oncology NCORP Updates

Tracking QOL by NRG Oncology Institution

Quality of life (QOL) is a major endpoint in many NRG Oncology trials. We have demonstrated how powerful QOL is as a prognostic factor and how patient-reported outcomes (PROs) influence our ability to understand and interpret the results of our studies, and guide the direction for future trial development.

Yet, as we have previously reported, the NRG Oncology PROs compliance rate over time has been challenging and may affect our ability to analyze QOL results due to missing data. QOL must be obtained in the appropriate time window to be useful, just as you would a CT scan.

To address this issue, NRG Oncology’s Patient Centered Outcomes Research (PCOR) Committee has appointed a QOL Compliance Working Group, led by Dr. Ron Chen. We’d like to take this opportunity to thank Ron and this team for all their hard work and dedication.

In addition to other recommendations, the working group recommended setting up a mechanism to track QOL compliance for each NRG Oncology institution. The goal of this strategy is to allow the PI and RAs at each institution to be more aware of their own institutional compliance rate with QOL forms so that they can communicate and work together to improve QOL compliance, as needed. The information will be itemized for each NRG Oncology study in which your institution participates, so that you can see where additional effort may be needed. We plan to distribute the new site reports in the fall. Because this is a new strategy, if you notice any discrepancies, please bring it to the attention of Francy Fonzi (at frances.fonzi@nsabp.org).

If your institutional QOL compliance rate is >80-90% at each time point, we applaud you and want to learn from your institutional experience. If it’s <80%, please do a “deeper dive” to determine how this can be improved (for a particular study or overall). Once we begin distributing these reports, we will really need your help ASAP to address this issue immediately.

The QOL Compliance Working Group will be following up with individual institutional PIs as needed in this regard.

Although there are many compelling reasons to support this effort, perhaps the most important is that our patients want to be heard and to share their QOL experience so we can improve care for others in the future.

If you have any questions, please reach out to us.

Thanks!

Ben Movsas MD  (bmovsas1@hfhs.org)
Patti Ganz MD  (pganz@mednet.ucla.edu)
and Lari Wenzel PhD  (lwenzel@uci.edu)

NRG Oncology PCOR Co-Chairs
Health Disparities Committee Member, Electra Paskett, PhD, Receives Increasing Health Equity Award

Electra Paskett, PhD, a member of the NRG Oncology Health Disparities Committee (HDC), Marion N. Rowley Professor of Cancer Research, and Director of the Division of Cancer Prevention and Control at Ohio State University College of Medicine, was recently awarded the Cancer Prevention Laurel for Increasing Health Equity by the Prevent Cancer Foundation at their Dialogue for Action® annual conference in McLean, VA. The award is presented to an individual or organization for programs or innovations improving cancer prevention and screening in communities in the United States affected by health disparities. Dr. Paskett received this award for her work to reduce health disparities among ethnic minority groups and rural populations.

Patricia A. Ganz, MD, Recipient of 2018 OncLive® Giants of Cancer Care® Award

Patricia A. Ganz, MD, 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, is the recipient of the 2018 OncLive® Giants of Cancer Care® award for recognition of her contributions in the “supportive care/palliative/geriatric” category in cancer research. This year’s 21 recipients of the Giants of Cancer Care® awards were recognized for advancing the field of oncology by their contributions in research and clinical practice. This year’s award ceremony was held on May 31st during an exclusive celebration at the Adler Planetarium in Chicago. 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

Do You Have Recommendations for Our Materials?

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