

SOUTHWEST ONCOLOGY GROUP

OCTOBER 2007

Dr. Hueftle and I attended the meeting in Huntington Beach, California, of the Southwest Oncology Group. I will report on the meetings I attended and Dr. Hueftle hopefully can fill in some thoughts of his own.

I attended the Board of Governors meeting to hear the political goings-on of the group. The major topics of interest included first an imaging network. SWOG is negotiating with a communications company to develop a system for transmitting digital images to the SWOG sites for reading of films for quality control on tumor measurements. It sounds like this will be a very exciting system and will probably even hopefully be able to transmit from either multiple sites in Montana or if we want to transmit from a central site we could do it by sending disks to a central site. It could be a very quick turn around though, so the biggest advantage would be if we could transmit from all our various hospitals. This is in development and I expect within the next year we will hear more details.

Second, there is a Gynecologic Oncology working group in the Southwest Group and some of the SWOG members have contacted experts around the country at Brigham and Women's Hospital in Boston, Mass General, at Fox Chase Cancer Center, Johns Hopkins, Memorial Sloan-Kettering, and the University of Chicago. All these institutions will also participate and we'll start seeing some gynecology protocols, I expect, out of this group within the next year. The Gynecologic Oncology Group has given its blessing to this new gynecology protocol input. It will probably mainly emphasize chemotherapy protocols.

Probably third of importance in this meeting was a report of the Hope Foundation announcing continued increased funding for basic science research initiatives in the group. This will help us get fun, young investigators who will help us get new interesting ideas and protocols.

Finally, there was an announcement and some demonstration that the SWOG website is going to be updated and modernized a bit. So if you visit the SWOG website in the months to come you will probably see changes in its appearance and perhaps a little improvement in its efficiency.

The first committee meeting I attended was the Genitourinary Committee meeting. It started out with an update on the SPARC Trial showing that the drug satraplatin has promise in hormone-refractory prostate cancer, which may work into future protocols.

There was some other talk from drug company representatives regarding other new possible drugs, none of which seem too close to use right now. We then went over bladder cancer protocols. I guess the main thing I would mention is that we may have a protocol for early stage disease soon. For advanced bladder cancer we will be seeing an intergroup study using cisplatin and gemcitabine with or without Avastin. The big hole in the protocol list right now is for muscle-invasive bladder cancer as far as what kind of adjuvant chemotherapy to study, and there probably won't be a protocol for this any time very soon out of SWOG. In prostate cancer there was really just one thing really pushed and that is the study S0421, which is docetaxel +/- Atrasentan. They feel that protocol should be our one to emphasize since this is such a common problem. There were other things mentioned that might be used in second-line and other new substances to study. In renal cell cancer the CTSU study E2805 using Sorafenib or sunitinib as an adjuvant in resected renal cell carcinoma is our active study and a good one. For advanced renal cancer, keep an eye out for a COMING SOON study involving combined targeted agents sunitinib, bevacizumab, perifosine, and temsirolimus. This will be really interesting.

The next meeting I attended was the Cancer Control Research meeting, which I think the main thing of note was a cancer control study to watch for, a pilot study presented by Dr. Meyskens showing really promising results in polyp prevention with a drug DFMO together with sulindac. This is being proposed to be used as an adjuvant preventing polyps in patients treated with adjuvant therapy for Stage II and III colon cancer or in patients with Stage I and II colon cancer who have not been treated with adjuvant therapy. The data looks good enough that I would expect in the next year that you might see these protocols open. There was not much else new, but we are going to try to open up in our CCOP a study for exercise in patients who were treated with combined modality therapy for lung cancer to try to maintain performance status in those patients. We are investigating it further, but I think this should be doable in most of our sites. Another study that will be COMING SOON is a registry study for osteonecrosis of the jaw for patients who are newly started on bisphosphonates. This will be a large number of people followed as a registry to try to get a handle on the real incidence of this complication. This should be a good study for us.

The next meeting I attended was the Melanoma Committee. That did not have a lot new going on. There was some good basic science talk on the putative genetic factors that allow for melanoma development. With actual protocols our current CTSU protocol E2603 is the major one with carboplatin-paclitaxel with or without Sorafenib. That is our ongoing study. The current adjuvant study is just about to close. As far as what is coming up, it sounds as though the next adjuvant study will be again interferon, but with a new antibody therapy added. It does not look like anything else will be added very soon.

The next meeting I attended was, I think, the most entertaining of the whole meeting and that was the Surgery Committee. It was a seminar on preventative surgery and involved five speakers starting with Dr. Naik from Oregon who discussed prophylactic mastectomy, doing an extensive review of the literature and showing data on effectiveness of prophylactic mastectomy in various situation and stressing technique. Second was a talk about prophylactic oophorectomy by Dr. Paley from Swedish Medical Center in Seattle. This was also a great talk and, like the first one, there was a lot of emphasis, of course, on patients who are BRCA1 and 2 positive. The third talk was by Dr. Rodriguez-Bigas from M. D. Anderson talking about prophylactic colon surgery in patients with high-risk situations such as familial polyposis. This was also an exhaustive review and a good discussion. Fourth was a fascinating talk on surgery in patients with multiple endocrine neoplasias, mostly emphasizing prophylactic thyroidectomy in these patients with MEN2. It was certainly a good up-to-date review of this syndrome and the timing of surgery and the special nature of surgery done prophylactically. Lastly, there was a discussion of Barrett's esophagus and basically prophylactic surgery to prevent reflux to try to produce regression of this condition by Dr. Follette from UC Davis. This was a very well organized symposium and all the speakers very organized.

The following morning was the Crush the Crab 5K run. Dr. Hueftle finished second in his age group and did very well. I finished and got my T-shirt is about the best I can say!

The plenary session thereafter didn't really have anything much to review. There was a good talk by Ken Pienta about pathophysiology of bone metastases, kind of a basic science thing. There wasn't really anything else of note, but just more general talks. That was followed by the Myeloma Committee. There wasn't much said about the ongoing studies except that the trial of Sorafenib on patients who have failed Velcade hopefully can accrue better. It has been accruing patients who are so far advanced that they don't live very long, which is going to make that study hard to interpret unless there are some better performance status patients accrued. As far as coming attractions, there is going to be a new Waldenstrom's protocol out that is going to involve transplant. It will be a registration study for patients; for when they become symptomatic there is a fairly aggressive treatment program. Hopefully a study for new myeloma patients will open. Right now it's numbered S0777 and it is basically Revlimid, low-dose dexamethasone with or without Velcade and the Velcade maintenance also. There were still some questions on this

study, but hopefully it can come together and open soon. It is for patients who do not have planned transplant as part of their initial induction.

The next session I got to was the Lymphoma Committee. Dr. Hueftle was at the whole meeting; I only got to part of it, so I spent an hour listening to the CCOP Principal Investigator sessions, which is mainly a gripe session – not too much happened there. At the lymphoma meeting it sounds as if the things that were emphasized were in diffuse large B cell lymphoma. We are doing the R-CHOP-bevacizumab study. When that is done, there is R-CHOP with Bexxar, a study that is active that will probably take over. The indolent lymphomas were still working on finishing the CHOP plus rituximab vs. CHOP plus Bexxar study. Although Bexxar is not our usual convenient thing to do in the office, the results certainly look good with the Phase II study with it, so it's being encouraged. The mantle cell lymphoma study is just starting up with R-CHOP plus Velcade and Velcade maintenance. It certainly is a very interesting sounding study and I have one patient on it so far. It sounds like there will be a Hodgkins disease study for advanced Hodgkins some day hopefully in the next year.

On the last morning I went to the Lung Committee meeting. I heard an interesting talk on apoptosis looking at various mechanisms of blocking the trail mechanism to cause apoptosis. Some the agents don't have a lot of single-agent activity so far, but I expect we are going to be seeing these agents in lung cancer very soon. Right now for non-small-cell lung cancer the things that are being touted for early disease is an adjuvant study CTSU E1505 with adjuvant therapy with or without bevacizumab in resected disease. It sounds like a study that would be easy to do. For patients with poor risk Stage III lung cancer there is a study (S0429) that is going to be broadened to the whole group using weekly docetaxel and cetuximab in these poor-risk patients that would be doable. COMING SOON expect protocols for extensive non-small-cell lung cancer, probably looking at Alimta, cisplatin, Avastin, and probably one of the new drugs looking at the apoptosis mechanisms. The other thing being defined is the exact role of EGRF receptors and how to measure them, and there will probably be biologic correlates and tissue required of a lot of these studies. As usual there was a dearth of things to expect for small-cell lung cancer.

The last meeting I went to was the Breast Cancer session. Here there was not a lot new opening right now, but the things that were highlighted as needing attention were S0230, which is the preservation of ovarian function in ER negative young women, which is pretty easy to do if you think about it in this group. The S0307 bisphosphonate study is also one that is good and can be done with other treatment obviously and certainly in postmenopausal women who may already have some osteoporosis this is a very reasonable study to do using one of three different bisphosphonates. A study that really seemed interesting to me was dasatinib for breast cancer with bone metastases that has failed a hormonal regimen. This is a drug that can have antiproliferative as well as bone-preserving effects. There have certainly been some promising pre-clinical data that it would be a reasonable Phase II study to try. The big hormonal therapy trial for premenopausal women on hormone therapy with tamoxifen vs. the addition of ovarian suppression has been going on for a while and certainly could use some more accrual also. There certainly did not seem to be anything amazing that is going to open right away in breast cancer. Of course they could always surprise us and we will let you know month by month if anything interesting is opening.

Overall, it was an interesting meeting with some good scientific talks. The standards of the studies are reasonable and certainly should be things we can accrue to that would be really interesting and good for our patients. Dr. Hueftle enjoyed the meeting and I would strongly encourage anyone who wants to attend SWOG or other group meetings in the future to think about it and let us know at the MCC office.

Sincerely,

Benjamin Marchello, MD