

Brain

RTOG 0614

On Study Dr.:
Joseph Fanelle, MD

Call SJH Cancer Services at
**(856) 575-4430 for further
assistance.**

A Randomized, Phase III, Double-Blind, Placebo-Controlled Trial of Memantine for Prevention of Cognitive Dysfunction in Patients Receiving Whole-Brain Radiotherapy.

Why the study is being done/Purpose:

RATIONALE: Memantine may be able to decrease side effects caused by whole-brain radiation therapy. It is not yet known if memantine is effective in preventing side effects caused by whole-brain radiation therapy.

PURPOSE: This randomized phase III trial is studying memantine to see how well it works compared to a placebo in preventing side effects caused by whole-brain radiation therapy in patients with brain metastases from solid tumors.

Breast

CALGB 40302 CIRB

On Study Dr.:
Rama Sudhindra MD

Call SJH Cancer Services at
**(856) 575-4430 for further
assistance.**

Phase III Randomized Study of Fulvestrant With or Without Lapatinib Ditosylate in Postmenopausal Women With Stage III or IV Hormone Receptor-Positive Breast Cancer

Why the study is being done/Purpose:

RATIONALE: Estrogen can cause the growth of breast cancer cells. Hormone therapy using fulvestrant may fight breast cancer by lowering the amount of estrogen the body makes. Lapatinib may stop the growth of breast cancer cells by blocking some of the enzymes needed for cell growth. It is not yet known whether fulvestrant is more effective with or without lapatinib in treating breast cancer.

PURPOSE: This randomized phase III trial is studying fulvestrant and lapatinib to see how well they work compared to fulvestrant and a placebo in treating postmenopausal women with stage III or stage IV breast cancer that is hormone receptor-positive.

Breast

CALGB 40502 CTSU

On Study Dr.:
Kush Sachdeva, MD

Call SJH Cancer Services at
**(856) 575-4430 for further
assistance.**

A Randomized Phase III Trial of Weekly Paclitaxel Compared to Weekly Nanoparticle Albumin Bound Nab-Paclitaxel or Ixabepilone Combined with Bevacizumab as First-Line Therapy for Locally Recurrent or Metastatic Breast Cancer.

Why the study is being done/Purpose:

RATIONALE: Monoclonal antibodies, such as bevacizumab, can block tumor growth in different ways. Some block the ability of tumor cells to grow and spread. Others find tumor cells and help kill them or carry tumor-killing substances to them. Drugs used in chemotherapy, such as paclitaxel, paclitaxel albumin-stabilized nanoparticle formulation, and ixabepilone, work in different ways to stop the growth of tumor cells, either by killing the cells or by stopping them from dividing. It is not yet known which treatment regimen is more effective in treating patients with recurrent or metastatic breast cancer.

PURPOSE: This randomized phase III trial is studying bevacizumab to see how well it works when given together with paclitaxel, paclitaxel albumin-stabilized nanoparticle formulation, or ixabepilone in treating patients with locally recurrent, stage IIIB, or stage IV breast cancer.



Breast

ECOG PACCT-1 CIRB

On Study Dr.:
Kush Sachdeva, MD

Call SJH Cancer Services at
(856) 575-4430 for further
assistance.

Phase III Randomized Study of Adjuvant Combination Chemotherapy and Hormonal Therapy Versus Adjuvant Hormonal Therapy Alone in Women With Previously Resected Axillary Node-Negative Breast Cancer With Various Levels of Risk for Recurrence (TAILORx Trial)

Why the study is being done/Purpose:

RATIONALE: Estrogen can cause the growth of breast cancer cells. Hormone therapy may fight breast cancer by blocking the use of estrogen by the tumor cells or by lowering the amount of estrogen the body makes. Drugs used in chemotherapy work in different ways to stop the growth of tumor cells, either by killing the cells or by stopping them from dividing. Giving hormone therapy together with more than one chemotherapy drug (combination chemotherapy) has been shown to reduce the chance of breast cancer recurrence, but the benefit of adding chemotherapy to hormone therapy for women with node-negative, estrogen-receptor positive breast cancer is small. New tests may provide information about which patients are more likely to benefit from chemotherapy.

PURPOSE: This randomized phase III trial is trying to find out the best individual therapy for women who have node-negative, estrogen-receptor positive breast cancer by using a special test (Oncotype DX), and whether hormone therapy alone or hormone therapy together with combination chemotherapy is better for women who have an Oncotype DX recurrence score of 11-25.

Breast

FCCC FER HO 001

On Study Dr.:
Melanie Pirollo, RN,
AOCN, MSN

Call SJH Cancer Services at
(856) 575-4430 for further
assistance.

Measuring Quality Improvement in Breast Cancer Care and Management throughout Fox Chase Cancer Center Partners' Hospitals

Why the study is being done/Purpose:

RATIONALE: In the United States 178,480 cases of invasive breast cancer and 62,030 additional cases of in situ breast cancer will be diagnosed in 2007. Estimated breast cancer deaths are 40,460 in women and 450 in men. The enormous toll on men and women, families, and society make it urgent that breast cancer care be effective, safe, accessible and as equitable as possible. An important aspect to reviewing quality care is to refine indicators that measure both timely access to efficacious care as well as safe treatment and standard of care. Only by measuring and monitoring adherence to recommended care can meaningful trends and gaps in the delivery, receipt and outcomes of care be identified and put in context at all levels, from individual centers and nationally.

PURPOSE: The main purpose of this study is to measure the compliance with standard breast cancer treatment guidelines at each FCCCP institution. Another purpose is to measure compliance by other factors including geographic region, age, co-morbidities, insurance type and guideline under study.



Breast

IBCSG 24-02 SOFT CTSU

On Study Dr.:
David Blom, DO

Call SJH Cancer Services at
(856) 575-4430 for further
assistance.

Phase III Randomized Study of Ovarian Function Suppression in Combination With Tamoxifen Versus Ovarian Function Suppression in Combination With Exemestane Versus Tamoxifen Alone in Premenopausal Women With Endocrine-Responsive Breast Cancer

Why the study is being done/Purpose:

RATIONALE: Estrogen can stimulate the growth of breast tumor cells. Ovarian function suppression combined with hormone therapy using tamoxifen or exemestane may fight breast cancer by reducing the production of estrogen. It is not yet known whether suppression of ovarian function plus either tamoxifen or exemestane is more effective than tamoxifen alone in preventing the recurrence of hormone-responsive breast cancer.

PURPOSE: This randomized phase III trial is studying ovarian suppression with either tamoxifen or exemestane to see how well they work compared to tamoxifen alone in treating premenopausal women who have undergone surgery for hormone-responsive breast cancer.

Breast

IBCSG 25-02 TEXT CTSU

On Study Dr.:
David Blom, DO

Call SJH Cancer Services at
(856) 575-4430 for further
assistance.

A Phase III Trial Evaluating the Role of Exemestane Plus GnRH Analogue as Adjuvant Therapy for Premenopausal Women with Endocrine Responsive Breast Cancer (TEXT)

Why the study is being done/Purpose:

RATIONALE: The current standard of care for pre-menopausal women who develop breast cancer confined to the breast and lymph nodes, is either chemotherapy followed by 5 years of Tamoxifen or in some cases, no chemotherapy and 5 years of Tamoxifen. Some previous studies have suggested that women who become amenorrheic (stop having menstrual periods because their ovarian function is suppressed) secondary to chemotherapy and/or Tamoxifen may have a better outcome than women who do not become amenorrheic.

PURPOSE: This study will compare the effects (good and bad) of Exemestane (Aromasin) given for 5 years, with Tamoxifen given for 5 years. Both arms will receive monthly injections to suppress ovarian function for 5 years. We do not know which of these two treatments is better. The main endpoint being studied will be time to either local (return of your breast cancer) or distant relapse (the cancer has spread to other parts of your body). Quality of life and late side effects of early menopause will also be studied.



Breast

NCCTG N063D ALLTO CTSU

On Study Dr.:
Carl Minniti, Jr, MD

Call SJH Cancer Services at
(856) 575-4430 for further
assistance.

Adjuvant Lapatinib and/or Trastuzumab Treatment Optimization Study: A randomized, multi-centre, open-label, phase III study of adjuvant lapatinib, trastuzumab, their sequence and their combination in patients with HER2/ErbB2 positive primary breast cancer

Why the study is being done/Purpose:

RATIONALE: Because of recent research by NCCTG, the standard treatment for HER2+ breast cancer now includes trastuzumab (Herceptin®). However, not all patients with HER2+ breast cancer do better with trastuzumab, so investigators are trying to find out why.

PURPOSE: The purpose of this research study is to: 1) Find out what effects (good and bad) the study treatment has on the patient and his/her cancer. 2) Compare four different study treatment combinations to see if one is better. #3) Find out what effects this study has on the patient's quality of life.

Breast

NSABP B-42 CIRB

On Study Dr.:
Rama Sudhindra, MD

Call SJH Cancer Services at
(856) 575-4430 for further
assistance.

A Clinical Trial to Determine the Efficacy of Five Years of Letrozole Compared to Placebo in Patients Completing Five Years of Hormonal Therapy Consisting of an Aromatase Inhibitor (AI) or Tamoxifen Followed by an AI in Prolonging Disease-Free Survival in Postmenopausal Women with Hormone Receptor Positive Cancer.

Why the study is being done/Purpose:

RATIONALE: Estrogen can cause the growth of breast cancer cells. Hormone therapy using letrozole may fight breast cancer by lowering the amount of estrogen the body makes. It is not yet known whether letrozole is more effective than a placebo in treating patients with hormone receptor-positive breast cancer.

PURPOSE: This randomized phase III trial is studying letrozole to see how well it works compared with a placebo in treating postmenopausal women who have received hormone therapy for hormone receptor-positive breast cancer.

Breast

NSABP B-43 CTSU

On Study Dr.:
Joseph Fanelle, MD
& Kush Sachdeva,
MD

Call SJH Cancer Services at
(856) 575-4430 for further
assistance.

A Phase III Trial Comparing Trastuzumab Given Concurrently with Radiation Therapy and Radiation Therapy Alone for Women with HER2-Positive Ductal Carcinoma In Situ Resected by Lumpectomy.

Why the study is being done/Purpose:

RATIONALE: Monoclonal antibodies, such as trastuzumab, can block tumor growth in different ways. Some block the ability of tumor cells to grow and spread. Others find tumor cells and help kill them or carry tumor-killing substances to them. Radiation therapy uses high-energy x-rays to kill tumor cells. It is not yet known whether radiation therapy is more effective with or without trastuzumab in treating ductal carcinoma in situ.

PURPOSE: This randomized phase III trial is studying radiation therapy to see how well it works compared with or without trastuzumab in treating women with ductal carcinoma in situ who have undergone lumpectomy.



Breast

SWOG S0307 CIRB

On Study Dr.:
Kush Sachdeva, MD

Call SJH Cancer Services at
(856) 575-4430 for further
assistance.

Phase III Randomized Study of Adjuvant Zoledronate Versus Clodronate Versus Ibandronate in Women With Resected Primary Stage I-III Adenocarcinoma of the Breast

Why the study is being done/Purpose:

RATIONALE: Zoledronate, clodronate, or ibandronate may delay or prevent bone metastases in patients with nonmetastatic breast cancer. It is not yet known whether zoledronate is more effective than clodronate or ibandronate in treating breast cancer.

PURPOSE: This randomized phase III trial is studying zoledronate to see how well it works compared to clodronate or ibandronate in treating women who have undergone surgery for stage I, stage II, or stage III breast cancer.

GI Lower - Rectal

NSABP R-04 CIRB

On Study Dr.:
Joseph Fanelle, MD

Call SJH Cancer Services at
(856) 575-4430 for further
assistance.

A Clinical Trial Comparing Preoperative Radiation Therapy and Capecitabine with or without Oxaliplatin with Preoperative Radiation Therapy and Continuous Intravenous Infusion of 5-Fluorouracil with or without Oxaliplatin in the Treatment of Patients with Operable Carcinoma of the Rectum.

Why the study is being done/Purpose:

RATIONALE: Drugs used in chemotherapy, such as capecitabine, fluorouracil, and oxaliplatin work in different ways to stop tumor cells from dividing so they stop growing or die. Radiation therapy uses high-energy x-rays to damage tumor cells.

PURPOSE: This randomized phase III trial is studying radiation therapy and either capecitabine or fluorouracil with or without oxaliplatin and comparing them to see how well they work when given before surgery in treating patients with resectable rectal cancer. It is not yet known whether radiation therapy and either capecitabine or fluorouracil is more effective with or without oxaliplatin in treating rectal cancer.



GI Lower - Colon

ECOG E5202 CIRB

On Study Dr.:
David Blom DO

Call SJH Cancer Services at
(856) 575-4430 for further
assistance.

A Randomized Phase III Study Comparing 5-FU, Leucovorin and Oxaliplatin versus 5-FU, Leucovorin, Oxaliplatin and Bevacizumab in Patients with Stage II Colon Cancer at High Risk for Recurrence to Determine Prospectively the Prognostic Value of Molecular Markers.

Why the study is being done/Purpose:

RATIONALE: Drugs used in chemotherapy, such as oxaliplatin, leucovorin, and fluorouracil, work in different ways to stop the growth of tumor cells, either by killing the cells or by stopping them from dividing. Monoclonal antibodies, such as bevacizumab, can block tumor growth in different ways. Some block the ability of tumor cells to grow and spread. Others find tumor cells and help kill them or carry tumor-killing substances to them. Bevacizumab may also stop the growth of tumor cells by blocking blood flow to the tumor. Giving combination chemotherapy together with bevacizumab after surgery may kill any remaining tumor cells or prevent the cancer from coming back. Sometimes, after surgery, the tumor may not need additional treatment until it progresses. In this case, observation may be sufficient. It is not yet known whether giving combination chemotherapy together with bevacizumab is more effective than combination chemotherapy alone or observation only in treating colon cancer.

PURPOSE: This randomized phase III trial is studying oxaliplatin, leucovorin, fluorouracil, and bevacizumab to see how well they work compared to oxaliplatin, leucovorin, and fluorouracil or observation only in treating patients who have undergone surgery for stage II colon cancer.

GI Lower - Colon

NCCTG N0147 CIRB

On Study Dr.:
Kush Sachdeva, MD

Call SJH Cancer Services at
(856) 575-4430 for further
assistance.

A Randomized Phase III Trial of Oxaliplatin (OXAL) Plus 5-Fluorouracil (5-FU)/Leucovorin (CF) with or without Cetuximab (C225) after Curative Resection for Patients with Stage III Colon Cancer

Why the study is being done/Purpose:

RATIONALE: Drugs used in chemotherapy, such as irinotecan, fluorouracil, leucovorin, and oxaliplatin, work in different ways to stop tumor cells from dividing so they stop growing or die. Monoclonal antibodies such as cetuximab can locate tumor cells and either kill them or deliver tumor-killing substances to them without harming normal cells. Combining more than one chemotherapy drug with monoclonal antibody therapy and giving them after surgery may kill any remaining tumor cells. It is not yet known which combination chemotherapy regimen is more effective after surgery in treating colon cancer. (As of 6/1/2005, patients will no longer receive irinotecan on this study.)

PURPOSE: This randomized phase III trial is comparing three different combination chemotherapy regimens to see how well they work when given with or without cetuximab in treating patients who have undergone surgery for stage III colon cancer. (As of 6/1/2005, patients will no longer receive irinotecan on this study.)



GI Lower - Colorectal

FCCC 07-846

On Study Dr.:
Joseph Fanelle, MD

**Call SJH Cancer Services at
(856) 575-4430 for further
assistance.**

Assessing the Impact of a Targeted Education Program on Colorectal Cancer Nodal Recovery Throughout Fox Chase Cancer Center Partners' Hospitals

Why the study is being done/Purpose:

Fox Chase Cancer Center (FCCC) Partners are a select group of 27 community-based hospitals in Pennsylvania and New Jersey whose cancer programs are affiliated with FCCC in Philadelphia. Among other initiatives, one major goal of the program is targeted education to perceived areas of need or national quality benchmarks. In 2003, the issue of colorectal cancer lymph node retrieval rose to prominence nationally and NCCN and ASCO guidelines were revised to recommend a minimum of 12 lymph nodes retrieved. In response, during 2004-2005 FCCC Partners began an intensive education initiative aimed at all partner institutions focusing on this topic.

The FCCC Partners' relationship with partner hospitals allows interrogation of tumor registry data for outcome measures of interest. FCCC hypothesizes that the targeted interventions will result in increased lymph node retrieval over time at partner institutions. Thus, FCCC proposes this study to obtain data from Partner hospital tumor registries from years 2003-2006, corresponding to a period of time before, during, and after our targeted education initiative.

GI Lower - Colorectal

FCCC FER HO 003

On Study Dr.:
Kush Sachdeva, MD

**Call SJH Cancer Services at
(856) 575-4430 for further
assistance.**

Do Colorectal Cancer Patients Who Recur After Oxaliplatin-Based Adjuvant Therapy Benefit from Additional Chemotherapy?— A Multi Center Retrospective Review

Why the study is being done/Purpose:

GU - Bladder

RTOG 0524

On Study Dr.:
Joseph Fanelle, MD

**Call SJH Cancer Services at
(856) 575-4430 for further
assistance.**

A phase I/II trial of a combination of Paclitaxel and Trastuzumab with daily irradiation or paclitaxel alone with daily irradiation following transurethral surgery for non-cystectomy candidates with muscle-invasive bladder cancer.

Why the study is being done/Purpose:

RATIONALE: Drugs used in chemotherapy, such as paclitaxel, work in different ways to stop the growth of tumor cells, either by killing the cells or by stopping them from dividing. Radiation therapy uses high-energy x-rays to kill tumor cells. Paclitaxel may also make tumor cells more sensitive to radiation therapy. Monoclonal antibodies, such as trastuzumab, can block tumor growth in different ways. Some block the ability of tumor cells to grow and spread. Others find tumor cells and help kill them or carry tumor-killing substances to them. Giving paclitaxel together with radiation therapy and trastuzumab may kill more tumor cells. Giving these treatments after surgery may kill any remaining tumor cells.

PURPOSE: This phase I/II trial is studying the side effects of giving paclitaxel together with radiation therapy with or without trastuzumab and to see how well it works to kill any remaining tumor cells in patients who have undergone surgery for bladder cancer.



GU - Prostate

CALGB 90202 CTSU

On Study Dr.:
Joseph Fanelle MD

**Call SJH Cancer Services at
(856) 575-4430 for further
assistance.**

A Randomized Double-Blind, Placebo-Controlled Phase III Study of Early versus Standard Zoledronic Acid to Prevent Skeletal Related Events in Men with Prostate Cancer Metastatic to Bone.

Why the study is being done/Purpose:

RATIONALE: Zoledronate may prevent or decrease skeletal (bone)-related events (such as pain or fractures) caused by bone metastases and androgen deprivation therapy. It is not yet known whether treatment with zoledronate is effective in preventing bone-related events in patients who have prostate cancer and bone metastases.

PURPOSE: This randomized phase III trial is studying how well zoledronate works in preventing bone-related events in patients who are receiving androgen deprivation therapy for prostate cancer and bone metastases.

GU - Prostate

RTOG 0534

On Study Dr.:
Joseph Fanelle, MD

**Call SJH Cancer Services at
(856) 575-4430 for further
assistance.**

A phase III trial of short term androgen deprivation with pelvic lymph node or prostate bed only radiotherapy (SPPORT) in prostate cancer patients with a rising PSA after radical prostatectomy.

Why the study is being done/Purpose:

RATIONALE: Radiation therapy uses high-energy x-rays to kill tumor cells. Androgens can cause the growth of prostate cancer cells. Antihormone therapy, such as flutamide, bicalutamide, and luteinizing hormone-releasing hormone agonist, may lessen the amount of androgens made by the body. It is not yet known which regimen of radiation therapy with or without androgen deprivation therapy is more effective for prostate cancer.

PURPOSE: This randomized phase III trial is studying prostate radiation therapy to see how well it works compared with short-term androgen deprivation therapy given together with pelvic lymph node radiation therapy with or without prostate radiation therapy in treating patients with a rising PSA after surgery for prostate cancer.

GU - Prostate

RTOG 0621

On Study Dr.:
Joseph Fanelle MD

**Call SJH Cancer Services at
(856) 575-4430 for further
assistance.**

Adjuvant 3DCRT/IMRT in Combination with Androgen Suppression and Docetaxel for High Risk Prostate Cancer Patients Post-Prostatectomy: A Phase II Trial.

Why the study is being done/Purpose:

RATIONALE: Specialized radiation therapy that delivers a high-dose of radiation directly to the tumor may kill more tumor cells and cause less damage to normal tissue. Androgens can cause the growth of prostate cancer cells. Antihormone therapy, such as leuprolide, goserelin, flutamide, or bicalutamide, may lessen the amount of androgens made by the body. Drugs used in chemotherapy, such as docetaxel, work in different ways to stop the growth of tumor cells, either by killing the cells or by stopping them from dividing. Giving radiation therapy together with androgen suppression and docetaxel after surgery may kill any tumor cells that remain after surgery.

PURPOSE: This phase II trial is studying how well giving radiation therapy together with androgen suppression and docetaxel works in treating patients with high risk prostate cancer who have undergone radical prostatectomy.



GU - Renal

ECOG E2804 - The BeST Trial

On Study Dr.:
Carl Minniti, Jr, MD

Call SJH Cancer Services at
(856) 575-4430 for further
assistance.

A Randomized Phase II Study of VEGF, RAF kinase and mTOR Combination Targeted Therapy (CTT) with Bevacizumab, Sorafenib and Temsirolimus in Advanced Renal Cell Carcinoma.

Why the study is being done/Purpose:

RATIONALE: Monoclonal antibodies, such as bevacizumab, can block tumor growth in different ways. Some block the ability of tumor cells to grow and spread. Others find tumor cells and help kill them or carry tumor-killing substances to them. Bevacizumab and sorafenib may stop the growth of tumor cells by blocking blood flow to the tumor. Temsirolimus and sorafenib may stop the growth of tumor cells by blocking some of the enzymes needed for cell growth. Giving different combinations of bevacizumab, sorafenib, and temsirolimus may be more effective than bevacizumab alone in treating metastatic kidney cancer.

PURPOSE: This randomized phase II trial is studying different combinations of bevacizumab, temsirolimus, and sorafenib to see how well they work compared with bevacizumab alone in treating patients with metastatic kidney cancer.

GU - Renal

ECOG E2805 CIRB

On Study Dr.:
Kush Sachdeva, MD

Call SJH Cancer Services at
(856) 575-4430 for further
assistance.

ASSURE - Adjuvant Sorafenib or Sunitinib for Unfavorable Renal Carcinoma.

Why the study is being done/Purpose:

RATIONALE: Sunitinib and sorafenib may stop the growth of tumor cells by blocking some of the enzymes needed for cell growth and by blocking blood flow to the tumor. Giving sunitinib or sorafenib after surgery may kill any tumor cells that remain after surgery. It is not yet known whether sunitinib is more effective than sorafenib or placebo in treating kidney cancer.

PURPOSE: This randomized phase III trial is studying sunitinib to see how well it works compared to sorafenib or placebo in treating patients with kidney cancer that has been removed by surgery.

GU- Urothelial

FCCC FER-GU-004

On Study Dr.:
Kush Sachdeva, MD

Call SJH Cancer Services at
(856) 575-4430 for further
assistance.

Randomized Phase II Trial of Cetuximab With and Without Weekly Paclitaxel in Patients with Previously Treated Advanced Urothelial (cancer of the lining of the urinary tract) Cancer.

Why the study is being done/Purpose:

RATIONALE: This research study is being done to find out if cetuximab, alone or with paclitaxel will slow the growth of urothelial cancers (cancer of the lining of the urinary tract). Cetuximab is an antibody that blocks a protein called epidermal growth factor receptor (EGFR). EGFR sits on the outside of tumor cells and controls tumor cell growth. This agent has been looked at alone and with other chemotherapy drugs including paclitaxel. It has been found to be safe and can shrink other types of cancer.

PURPOSE: The main purpose of this research study is also being done to find out if cetuximab, alone or with paclitaxel shrinks urothelial tumors (tumors in the lining of the urinary tract). If it extends the time the tumors shrink. If it helps people live longer.



Lung, Breast, Prostate

RTOG 0517

On Study Dr.:
Joseph Fanelle, MD

**Call SJH Cancer Services at
(856) 575-4430 for further
assistance.**

Phase III Randomized Study of Zoledronate, Vitamin D, and Calcium With or Without Strontium Chloride Sr 89 or Samarium Sm 153 Lexidronam Pentasodium in Preventing or Delaying Skeletal-Related Events in Patients With Bone Metastases Secondary to Prostate, Lung, or Breast Cancer

Why the study is being done/Purpose:

RATIONALE: Zoledronate, vitamin D and calcium may prevent or delay bone pain and other symptoms caused by bone metastases. It is not yet known whether giving zoledronate together with vitamin D and calcium is more effective with or without strontium 89 or samarium 153 in treating patients with bone metastases from prostate cancer, lung cancer, or breast cancer.

PURPOSE: This randomized phase III trial is studying zoledronate, vitamin D, and calcium to see how well they work compared to zoledronate, vitamin D, calcium, and either strontium 89 or samarium 153 in preventing or delaying bone problems in patients with bone metastases from prostate cancer, lung cancer, or breast cancer.

Lung, Non-small Cell

ECOG E1505 CIRB

On Study Dr.:
Kush Sachdeva, MD

**Call SJH Cancer Services at
(856) 575-4430 for further
assistance.**

A phase III randomized trial of adjuvant chemotherapy with or without Bevacizumab for patients with completely resected stage IB (= or > 4 cm) - IIIA non-small cell lung cancer (NSCLC).

Why the study is being done/Purpose:

RATIONALE: Drugs used in chemotherapy work in different ways to stop the growth of tumor cells, either by killing the cells or by stopping them from dividing. Giving more than one drug (combination chemotherapy) may kill more tumor cells. Monoclonal antibodies, such as bevacizumab, can block tumor growth in different ways. Some block the ability of tumor cells to grow and spread. Others find tumor cells and help kill them or carry tumor-killing substances to them. Bevacizumab also may stop the growth of tumor cells by blocking blood flow to the tumor. Giving chemotherapy together with bevacizumab after surgery may kill any tumor cells that remain after surgery. It is not yet known whether chemotherapy is more effective with or without bevacizumab in treating non-small cell lung cancer.

PURPOSE: This randomized phase III trial is studying chemotherapy and bevacizumab to see how well they work compared to chemotherapy alone in treating patients with stage IB, stage II, or stage IIIA non-small cell lung cancer that was removed by surgery.

Lung, Non-small Cell

SWOG S0424 CTSU

On Study Dr.:
David Blom, DO

**Call SJH Cancer Services at
(856) 575-4430 for further
assistance.**

Molecular epidemiology case-series study of non-small cell lung cancer in smoking and non-smoking women and men (smoking strata met; accruing only non-smoking)

Why the study is being done/Purpose:

RATIONALE: Studying samples of blood and tissue from smokers (closed to entry as of 7/15/07) and non-smokers with cancer in the laboratory may help doctors learn more about changes that occur in DNA and identify biomarkers related to cancer. It may also help doctors learn more about risk factors for lung cancer and may help the study of cancer in the future.

PURPOSE: This clinical trial is studying carcinogens in lung tissue from smokers (closed to entry as of 7/15/07) and non-smokers with newly diagnosed stage I, stage II, or stage III non-small cell lung cancer.



Lung, Non-small Cell

SWOG S0819 CTSU

On Study Dr.:
Kush Sachdeva, MD**Call SJH Cancer Services at
(856) 575-4430 for further
assistance.**

A Randomized, Phase III Study Comparing Carboplatin/ Paclitaxel or Carboplatin/ Paclitaxel/ Bevacizumab with or without Concurrent Cetuximab in Patients with Advanced Non-Small Cell Lung Cancer (NSCLC).

Why the study is being done/Purpose:

RATIONALE: Drugs used in chemotherapy, such as carboplatin and paclitaxel, work in different ways to stop the growth of tumor cells, either by killing the cells or by stopping them from dividing. Monoclonal antibodies, such as bevacizumab and cetuximab, can block tumor growth in different ways. Some block the ability of tumor cells to grow and spread. Others find tumor cells and help kill them or carry tumor-killing substances to them.

Bevacizumab may also stop the growth of tumor cells by blocking blood flow to the tumor. It is not yet known whether giving carboplatin and paclitaxel are more effective with or without bevacizumab and/or cetuximab in treating patients with non-small cell lung cancer.

PURPOSE: This randomized phase III trial is studying carboplatin and paclitaxel to compare how well they work with or without bevacizumab and/or cetuximab in treating patients with stage IV or recurrent non-small cell lung cancer.

Pain - Peripheral Neuropathy

CALGB 170601 CTSU

On Study Dr.:
Kush Sachdeva, MD**Call SJH Cancer Services at
(856) 575-4430 for further
assistance.**

A Phase III Double Blind Trial of Oral Duloxetine for Treatment of Pain Associated with Chemotherapy-Induced Peripheral Neuropathy (CIPN)

Why the study is being done/Purpose:

RATIONALE: Duloxetine may lessen peripheral neuropathy caused by chemotherapy. It is not yet known whether duloxetine is more effective than a placebo in treating peripheral neuropathy caused by chemotherapy.

PURPOSE: This randomized phase III trial is studying duloxetine to see how well it works compared with a placebo in treating peripheral neuropathy caused by chemotherapy in patients with cancer.

Prostate and Breast Cancer

FCCC FER-HO-002

On Study Dr.:
Glenda Smith, MD**Call SJH Cancer Services at
(856) 575-4430 for further
assistance.**

Life After Cancer: Examining Survivor Transitions from Specialist to Primary Care

Why the study is being done/Purpose:

RATIONALE: Both studies are designed to explore the roles of primary care providers and oncologists in breast or prostate cancer survivors' follow-up care

PURPOSE: The overall purpose of these research studies is to better understand and improve how primary care doctors and oncologists provide follow-up survivor care.



Survey

FCCC 08-837

On Study Dr.:

**Yu-Ning Wong, MD,
MSCE, Kush**

**Call SJH Cancer Services at
(856) 575-4430 for further
assistance.**

Understanding How Patients Choose Cancer Treatments

Why the study is being done/Purpose:

RATIONALE: Advances in translational research have led to the introduction of new chemotherapeutic and biologic agents for patients with localized and advanced cancer that come at substantially higher costs than older agents. These high prices have drawn significant attention in the medical literature and national media. There is concern about the impact on both the national health expenditures and individual patients' ability to pay for treatments. It is unclear, however how cost factors into a patient's choice of treatment. While studies have examined physicians' ability to adequately express potential benefits and risk of treatment, it is not well known if physicians are able to discuss issues of costs with their patients. This is further complicated by the complex nature of the American health insurance system; it is often difficult for patients to understand their own individual insurance plan's coverage and restrictions.

PURPOSE: The purpose of this research study is to learn about how patients' decisions about cancer treatments are affected by the cost of the medications.