

## **JKCCN E-Newsletter Supplement, 1/27/10: RTOG Semiannual Meeting**

The RTOG semiannual meeting was recently held on January 15-18, 2010, in Tampa, FL. Please see below for some important updates and announcements!

### ***Research Associate Update***

At the Research Associate (RA) Committee meeting on Friday, some of the results of the RA survey that was administered last year were presented. It was found that 59.3% of RAs who participate in RTOG studies have over 6 years of experience, and only 12.5% of these RAs have a role dedicated solely to research. It was also found that 53.4% of RAs considered “paperwork” to be their most challenging task. For the complete results of the RTOG RA membership survey, please e-mail me at [kelly.shipman@jeffersonhospital.org](mailto:kelly.shipman@jeffersonhospital.org).

### ***Audit Update***

In 2009, the RTOG audit team held a total of 140 audits. Forty (40) were considered “Acceptable,” 77 were designated “Acceptable, requires follow-up,” and 19 were “Unacceptable.” Of the 19 “Unacceptable” audits, two (2) institutions are currently on probation. Please note that RTOG main and affiliate member institutions are audited at a minimum of once every 36 months.

In the spotlight: Congratulations to Albert Einstein Medical Center, Sparta Cancer Center, and Thomas Jefferson University Hospital for successful RTOG audits in 2009!

### ***Plenary Session Update***

Walter Curran, MD, Chairman of RTOG, reported at the Plenary Session on Saturday that last year 1,984 patients were accrued to CTEP-funded RTOG treatment trials. Fourteen (14) new trials were opened in 2009, and a total of 52 RTOG trials were open for accrual last year.

In membership news, the JKCCN member Northeast Radiation Oncology Center (NROC) recently became a Provisional member of RTOG and accrued 17 patients in 2009.

### ***Accrual highlights, per disease site:***

**Brain:** RTOG 0834 (RT/TMZ for anaplastic glioma) opened in July 2009 and has a target accrual goal of 748. RTOG 0539 (Observation vs. RT for meningioma) was activated in June 2009 and has accrued 31 of 165 patients.

**Breast:** RTOG 0413/NSABP B-39 (WBI vs. PBI) was activated in March 2005 and has accrued 3649 of 4300 patients (1741 enrolled directly through RTOG).

*Gastrointestinal:* RTOG 0848 (adjuvant erlotinib/chemoRT for pancreas) was activated in November 2009 and has an accrual goal of 950. RTOG 0436 (paclitaxel/cisplatin/RT +/- cetuximab for esophagus) was activated in June 2008 and has accrued 105 of 420 patients.

*Genitourinary:* RTOG 0815 (dose-escalated RT +/- androgen deprivation for prostate) was activated in September 2009 and has accrued 10 of 1250 patients. RTOG 0524 (paclitaxel/RT +/- trastuzumab for bladder) was activated in July 2005 and has accrued 41 of 88 patients.

*Head & Neck:* RTOG 0920 (IMRT +/- cetuximab for H&N) was activated in November 2009 and has an accrual goal of 700. RTOG 0619 (chemoRT +/- vandetanib for H&N) was opened in November 2008 and has accrued 17 of 170 patients.

*Lung:* RTOG 0915 (SBRT for NSCLC) was activated in September 2009 and has accrued 2 of 88 patients. RTOG 0617 (High-Dose v. Standard-Dose RT with carboplatin/paclitaxel +/- cetuximab for NSCLC) was opened in November 2007 and has accrued 197 of 500 patients.

Please see <http://www.rtog.org> for complete descriptions of all trials and accrual numbers for currently active trials (within the “Protocols” tab).

### ***Special Trial Focus***

One of the sessions held on Friday was specifically directed toward research associates and pertained to RTOG 0841, which is entitled “Efficiency of Screening for Depression in Cancer Patients Receiving Radiotherapy.” The sample size for this trial is 400 patients. This trial aims to identify depression (and potential suicidal ideation) in patients who are receiving radiation, as well as to provide intervention for patients who present with this condition. Risk factors for depression in adults with cancer include advanced stage, poorly controlled pain, and a weak social support system. Treatment for depression may include pharmacologic interventions, Cognitive Behavioral Therapy, and/or support groups.

The schema of this trial begins with a stage I screening, and then any patients who screen positive for major depression during this stage will progress to stage II telephone evaluation by a psychologist at the University of Pennsylvania. Patients who are not currently in treatment for depression will then be offered treatment options and referrals. If you have specific questions about any aspect of this trial, please either view the protocol on the RTOG website or contact the Study Chair, Lynne Wagner, PhD, at [lwagner@northwestern.edu](mailto:lwagner@northwestern.edu). RTOG aims to open RTOG 0841 to accrual this month.

*If you have an RTOG-related question, please contact Kelly Shipman at [Kelly.shipman@jeffersonhospital.org](mailto:Kelly.shipman@jeffersonhospital.org) or 215-955-2135.*