October 2021

Meeting Updates

Alliance November 4–6 Virtual

Issue Highlights

- Newly Activated Studies
- Research Base Meetings
- Diving into Disparities
- All About AYA

Coordinator / Affiliate Call
Wednesday, November 3 at 3PM

Click to join

Newly Activated Studies

These studies have recently activated. More information can be found on CTSU.

- S2011: Randomized Phase II Trial of Gemcitabine, Avelumab and Carboplatin vs. No Neoadjuvant Therapy Preceding Surgery for Cisplatin–Ineligible Muscle–Invasive Urothelial Carcinoma: SWOG GAP TRIAL.
Happy Halloween!

- **S2104**: Randomized Phase II Trial of Postoperative Adjuvant Capecitabine and Temozolomide Versus Observation in High-Risk Pancreatic Neuroendocrine Tumors
- **A222004**: A Randomized Phase III Trial of Olanzapine Versus Megestrol Acetate for Cancer-Associated Anorexia
- **A092001**: Phase 2 Randomized Trial of Neoadjuvant or Palliative Chemotherapy with or Without Immunotherapy for Peritoneal Mesothelioma
- **NRG–CC005 (FORTE)**: Five or Ten Year Colonoscopy for 1–2 Non-Advanced Adenomatous Polyps

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**Research Base Meetings**

**Alliance Fall Meeting**

November 3-6

Virtual

Register Here

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**The Cancer Letter**

October 22, 2021

October 15, 2021
Accruals & Biospecimens—Special Entries

GY2 September 2021 Accruals By Affiliate Site

- SMC: 11
- BSSF: 3
- AnMed: 2
- UC NCORP: 16
- TMIST Only
- Accruals
- Biospecimens & Special Entries

- SMC: 41
- BSSF: 44
- AnMed: 41
- UC NCORP: 53

October 8, 2021

October 1, 2021
Under-Represented Populations
Spartanburg is in the process of opening "A Randomized Trial Addressing Cancer-Related Financial Hardship Through Delivery of a Proactive Financial Navigation Intervention (CREDIT)" which was recently activated. The primary objective of this CCDR protocol is to determine whether a proactive financial navigation program for patients planning to receive anti-cancer
New CCDR Protocol...S1912CD
CREDIT

A major effort of the NCI is to increase access to, and enrollment on clinical trials for disparate populations, including Adolescent and Young Adults ages 15–40. The clinical trials support unit, or CTSU, is one mechanism used to support this effort to access clinical studies across cooperative groups. Trials are designated as “AYA” allowing investigators a quick reference guide for understanding availability and specifics of the studies (Figure 1). However, most AYA studies on CTSU are co-sponsored by the Children’s Oncology Group and are therefore geared towards the older adolescent and younger adult age. Notice there are not studies (except histology agnostic studies like MATCH) that address breast, colorectal, gynecologic, or melanoma, which collectively make up nearly 40% of the nearly 90,000 newly diagnosed AYA patients diagnosed in US annually.

Even the most experienced oncologists don’t appreciate that the most common cancer type in AYAs is breast cancer (15%). Conversely, 6–7% of breast cancers occur in women <40. Nationally, relative AYA enrollment on clinical trials averages around 5% (5/100 enrollments are AYAs). Fortunately, the UC NCORP has exceeded this benchmark. In the last 3 years, UC–NCORP had a total of 170 total patients on breast trials and 9.4 percent of those were AYAs. However, a closer look at St. Francis showed that despite the large number of AYA breast patients (59), only 3 of those were enrolled on clinical trials. Clearly, we have room to improve. The purpose of the AYA Research Council is to identify barriers to clinical trial access and enrollment for AYAs and identify mitigation strategies to improve enrollment. The Research Council has
October is Breast Cancer Awareness Month, an annual campaign to raise awareness about the impact of breast cancer. The goal is to get community members and organizations involved in raising awareness and funds to help support life-saving collaborative research and support (National Breast Cancer Foundation, Inc.). Breast cancer is one of the most common cancers among women in the United States, specifically women over 50 years old. Unfortunately, the impact of the disease is not equal due to the incidence of breast cancer among younger women and disproportionately impacting women of various racial and ethnic backgrounds (Adams, et al., 2012)(Centers for Disease Control and Prevention). Survival rates for breast cancer have significantly increased over the past half-century, most likely due to continuous improvements in medical technology that have enabled early detection and treatment. However, in contrast to the overall improvement in breast cancer mortality, the U.S. has considerable racial and ethnic differences in breast cancer incidence and survival, specifically in the southeastern region of the country (Cunningham & Butler, 2004) (Adams, et al., 2006).

Specifically, South Carolina has some of the most significant health disparities in the nation, with elevated cancer mortality rates among racial and ethnic populations being the most highlighted.
(Herbert, Elder, & Ureda, 2006). The literature shows that the biological nature of breast cancer and its disease manifestation is inherently worse for women from multicultural backgrounds (Cunningham & Butler, 2004). Therefore, there is a need to address contextual barriers that patients may face that impact their access to adequate cancer care. For example, according to the National Cancer Institute (NCI) and current literature, African American women in rural South Carolina are more likely than Caucasian women to die of breast cancer and have lower survival rates (Adams, et al., 2012). Additionally, the social determinants of health such as poverty, lack of education, neighborhood disadvantage, and social isolation significantly impact breast cancer risk, stage, and survival (Coughlin, 2019). With very high African American representation in rural areas of South Carolina, access to education and healthcare resources and research are difficult. Socioeconomic factors are associated with breast cancer incidence, and these same factors adversely affect access to care and screening. A need for health interventions and prevention strategies that target underrepresented groups based on their social determinants of health and geographic residence is indicated (Babatunde, et al., 2021).

Understanding the epidemiologic factors and molecular genetics contributing to these differences may further explain the racial and ethnic disparities of breast cancer. Thus, providing interventions that can help reduce racial disparities and enhance the effectiveness of clinical trials that might facilitate the discovery of tumors at an earlier stage and the development of more effective therapies.

Want to learn more about Breast Cancer Disparities in South Carolina? Register below for the
South Carolina Breast Health Equity Virtual Leadership Summit
November 10, 2021 12:30PM – 2:00PM
sponsored by The American Cancer Society!

Do you have any staff you would like highlighted in The Connector? Please submit it by the 15th of the month to Alaina: akennedy@srhs.com

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