



UPSTATE CAROLINA

# Connector

October 2021

## Meeting Updates

Alliance  
November 4-6  
*Virtual*

## Issue Highlights

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



NCI Community Oncology Research Program

A program of the National Cancer Institute of the National Institutes of Health



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

## Research Base Meetings



Alliance Fall Meeting  
November 3-6  
Virtual

[Register Here](#)

## The Cancer Letter

**TCL**  
THE CANCER LETTER  
Inside information on cancer research and drug development  
Vol. 47 No. 39  
OCTOBER 22, 2021  
www.cancerletter.com

**MICHELLE LE BEAU: CPRIT WILL BE "LOOKING AT EVERYTHING" THROUGH A HEALTH EQUITY LENS IN AWARDING BILLIONS OF DOLLARS IN GRANTS**  
The Cancer Prevention and Research Institute of Texas will focus on finding solutions for health disparities among patients with cancer, Michelle Le Beau, the Institute's new chief scientific officer, said to The Cancer Letter.  
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DAVID M. LIVINGSTON, DANIA FABER SCIENTIST AND FORMER BSA CHAIR, DIES AT 80  
→ PAGE 12

MONICA BERTACONELLI, NANCY ANN WINDERMILE, KATHLEEN JANSEN, VIVEK MURTHY, DREW PARODOLL, ERIC RUBIN, FENG ZHANG ARE AMONG 100 NEW NAM MEMBERS  
→ PAGE 15

**CANCER HISTORY PROJECT**  
SUSAN LOVE ON BREAST CANCER ACTIVISM IN THE 1990S  
→ PAGE 23

**TRIALS & TRIBULATIONS**  
A FLASH FLOOD OF RESEARCH RELATING TO ULTRA-HIGH DOSE RATE RADIATION THERAPY  
→ PAGE 39

October 22, 2021

**TCL**  
THE CANCER LETTER  
Inside information on cancer research and drug development  
Vol. 47 No. 38  
OCTOBER 15, 2021  
www.cancerletter.com

**FDA'S REVIEW OF "DANGLING INDICATIONS" CONTINUES BEYOND PD-1 AND PD-L1 DRUGS**  
FDA officials said the questions about accelerated approval of PD-1 and PD-L1 drugs have been largely resolved, thanks in part to guidance from the Oncologic Drugs Advisory Committee.  
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TACKLING HEALTH EQUITY AND LATINX REPRESENTATION IN MEDICINE AS U.S. HISPANIC POPULATION GROWS  
→ PAGE 12

**OBITUARY**  
REMEMBERING JOE BERTINO  
→ PAGE 18

**AAICR CANCER PROGRESS REPORT**  
UNDESCORES NEED FOR CONTINUED INVESTMENT IN CANCER RESEARCH  
→ PAGE 21

October 15, 2021



**PANCREATIC CYSTS ARE COMMON AND USUALLY BENIGN—EXCEPT THOSE THAT TURN DEADLY**

An NCI trial compares surveillance regimens. An argument can be made that only a government research agency like NCI has the capacity to answer questions about monitoring pancreatic cysts—and how some of them turn malignant.

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DID VINAY PRASAD NEED TO MENTION THE NAZIS TO MAKE A POINT ON THE U.S. PANDEMIC RESPONSE?

→ PAGE 14

QUESTIONS: VINAY PRASAD'S NAZI ANALOGY IS IMBECILIC, IGNORANT, AND DANGEROUS

→ PAGE 30

FRANCIS COLLINS STEPS DOWN AFTER 15 YEARS AS NIH DIRECTOR

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OBITUARY: THOMAS A. WALDMANN, RENOWNED IMMUNOLOGIST, DIES AT 91

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October 8, 2021



**U.S. CANCER PATIENTS GAINED 14 MILLION LIFE-YEARS SINCE 1980 BECAUSE OF NCI-FUNDED TRIALS**

American cancer patients have collectively gained up to 14 million years of life since 1980 as a result of NCI-funded cancer trials conducted by the National Clinical Trials Network, a study led by SWOG Cancer Research Network found.

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RANDALL HOLCOMBE SPEAKS ABOUT HIS PLANS TO SEEK NCI DESIGNATION FOR VERMONT CANCER CENTER

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NIH LAUNCHED MY REPORT OF SEXUAL MISCONDUCT BY AXEL GROTH—AND DANCED AROUND QUESTIONS FROM CONGRESS

→ PAGE 16

OBITUARY: MARTIN "MAC" CHEEVER, IMMUNOTHERAPY RESEARCHER AT FRED HUTCH DIES AT 77

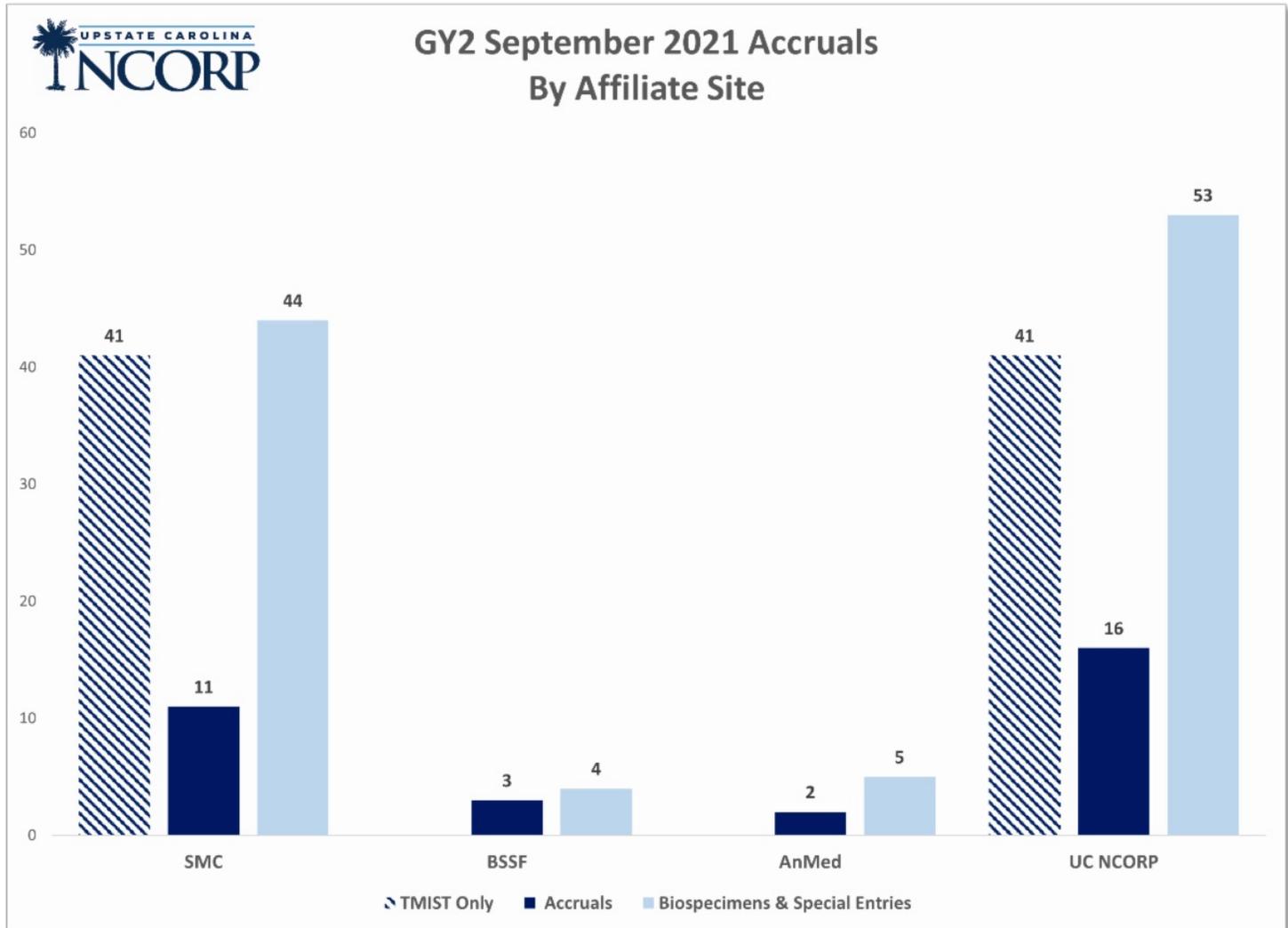
→ PAGE 18

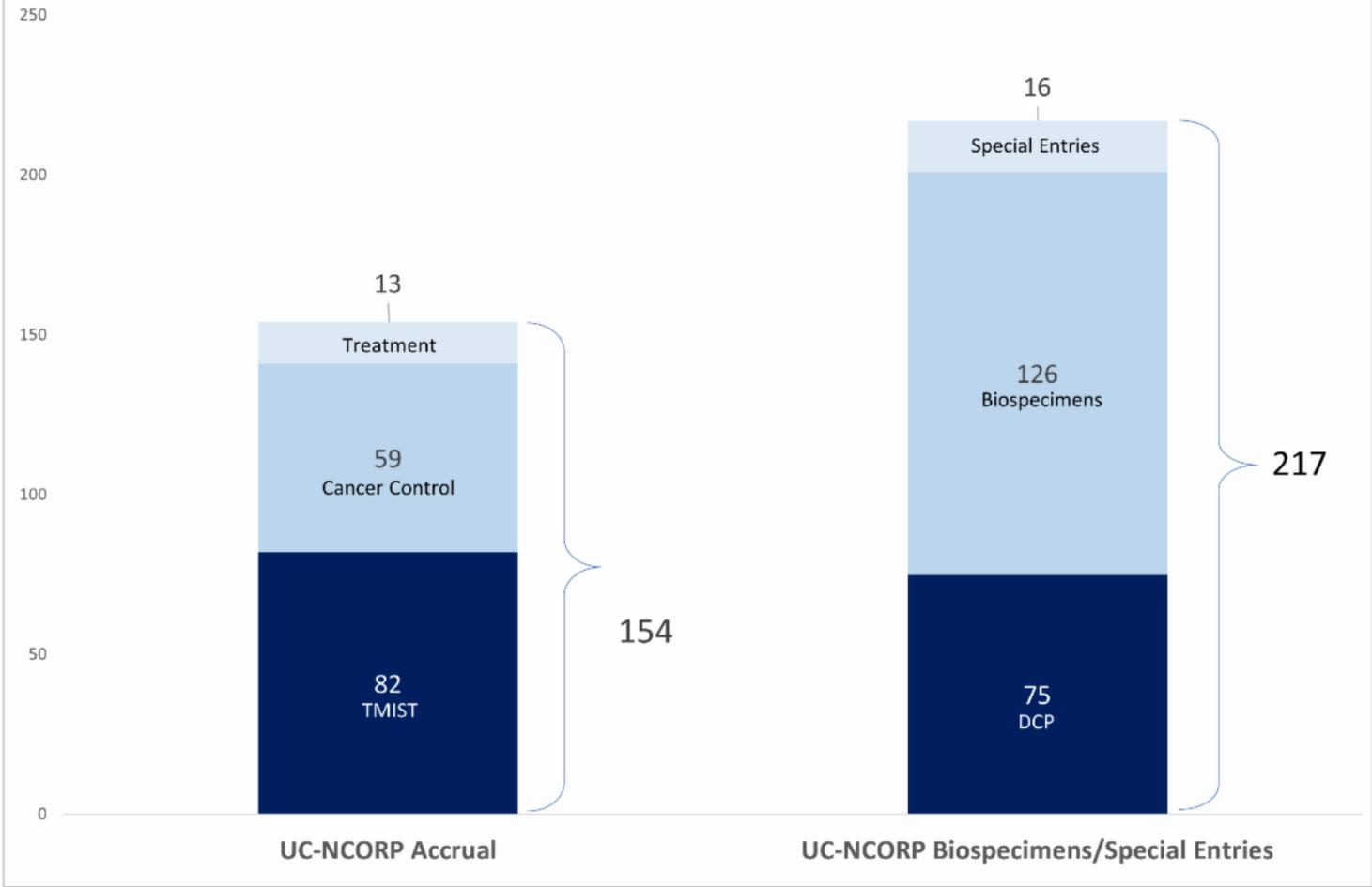
IN THE ADDRESS PODCASTING CANCER HISTORY: UROMIGOS, ASCO, AND OTHERS

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October 1, 2021

**Accruals & Biospecimens—Special Entries**





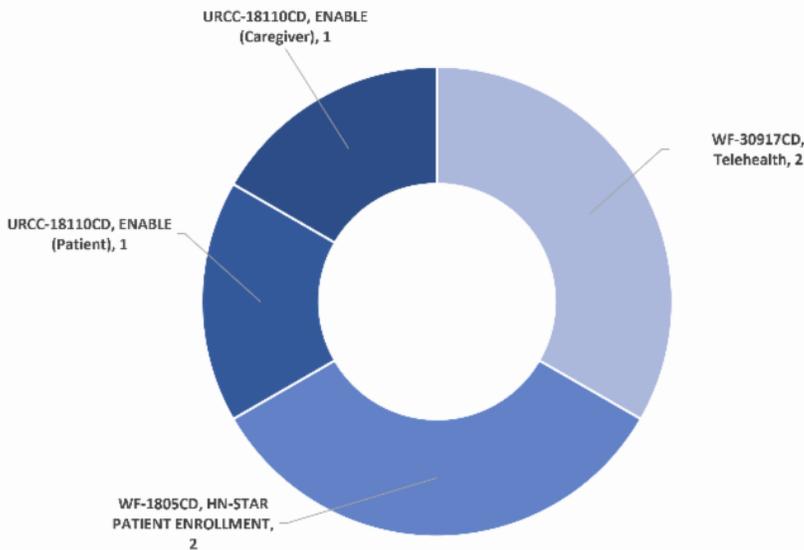
## Under-Represented Populations

# Underrepresented Populations

All Accruals	Aug 2021	Sept 2021	Goal GY3	Status GY3
AYA (15-39 yrs.)	2	1	4%	10%
Older Adults (>65 yrs.)	24	16	55%	36%
African American	12	14	17.6%	23%
Other Minorities	1	1	0.4%	1.8%
Hispanic	1	1	1%	1.8%
Rural	23	26	35%	44%

# CCDR Corner

CCDR Registrations GY2 (Aug - Sept. 2021) = 6



Protocol	SMC	BSSF	AnMed
NRG-CC007CD	0	0	0
WF-30917CD	2	N/A	N/A
WF-1805CD	1	1	0
WF-1805CD (NON-PATIENT)	0	0	0
URCC-18004CD (Sites registered)	0	0	N/A
URCC-18110CD (NON-PATIENT)	0	N/A	N/A
URCC-18110CD (PATIENT)	1	N/A	N/A
URCC-18110CD (CAREGIVER)	1	N/A	N/A
<b>Site Total</b>	<b>5</b>	<b>1</b>	<b>0</b>
<b>UC-NCORP Total</b>		<b>6</b>	

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

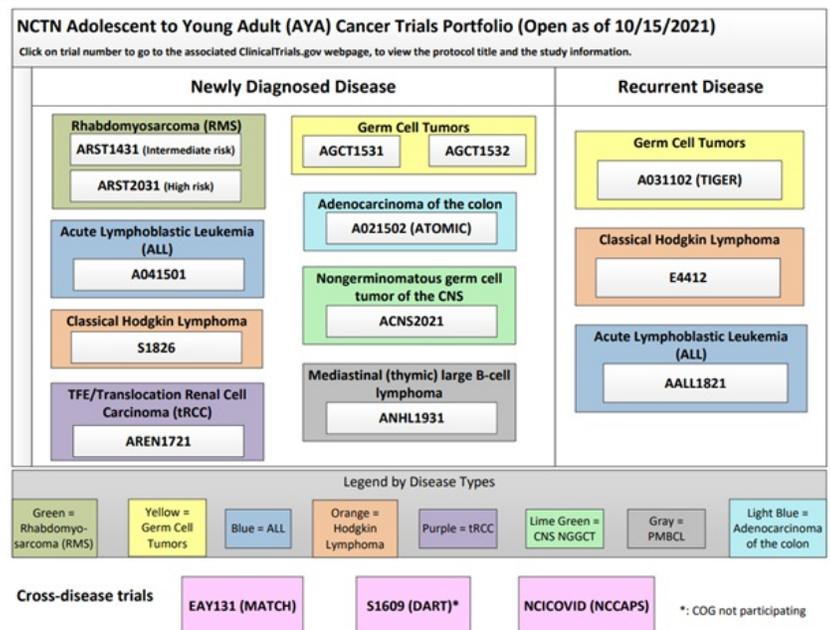


## New CCDR Protocol...S1912CD CREDIT

...treatment decreases the risk of material household financial hardship over 12 months among patients with newly diagnosed or recurrent metastatic solid tumor, or a newly diagnosed hematologic malignancy, and their spouse cares. As we know, cancer can cause unique financial strains that can have lasting impact. This trial seeks to determine if a financial navigation intervention can have a positive effect.

# All About AYA

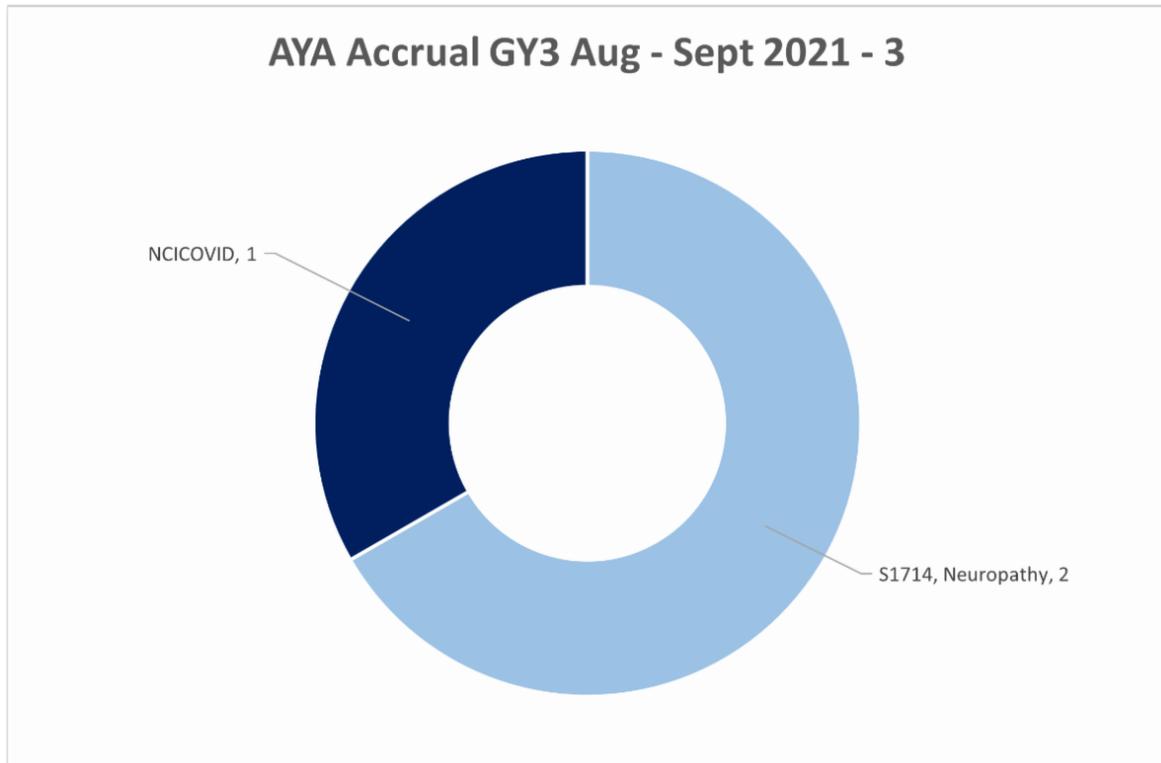
A major effort of the NCI is to increase access to, and enrollment on clinical trials for disparate populations, including Adolescent and Young Adults ages 15–40. The clinical trials support unit, or CTSU, is one mechanism used to support this effort to access clinical studies across cooperative groups. 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

made Breast Cancer a major focus for Grant Year 3. We are hopeful that future AYA Blogs will demonstrate a heightened awareness for this particular group of AYAs.

Heather Schwartz  
Howland E. Crosswell, MD



UC-NCORP AYA Accruals

## Diving into Disparities

### Breast Cancer Awareness

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!

[Register](#)

Do you have any staff you would like highlighted in The Connector?  
Please submit it by the 15<sup>th</sup> of the month to Alaina: [akennedy@srhs.com](mailto:akennedy@srhs.com)



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