UPSTATE CAROLINA Connector

June 2022

Issue Highlights

- Newly Activated Trials
- Research Base Meetings
- Diving Into Disparities
- QA with Kelsey

UPSTATE CAROLINA NCORP

NCI Community Oncology Research Program

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

Newly Activated Studies

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

- A091903: A Randomized Phase II Trial of Adjuvant Nivolumab with or Without Cabozantinib in Patients with Resected Mucosal Melanoma
- S2107: Randomized Phase II Trial of Encorafenib and Cetuximab with or Without Nivolumab (NSC #748726) for Patients with Previously Treated, Microsatellite Stable, BRAFV600E Metastatic and/or Unresectable Colorectal Cancer
- A221803: Mepitel Film for the Reduction of Radiation Dermatitis in Breast Cancer Patients Undergoing Post-Mastectomy Radiation Therapy: A Randomized Phase III Clinical Trial.
- EA9213: A Phase II Study of Daratumumab-Hyaluronidase for Chemotherapy-Relapsed/Refractory Minimal Residual Disease (MRD) in T Cell Acute Lymphoblastic Leukemia (T-ALL)

Research Base Meetings

NRG ONCOLOGY SUMMER MEETING
July 21st-23rd Chicago, IL
July 18th-25th Virtual

SAVE THE DATE!

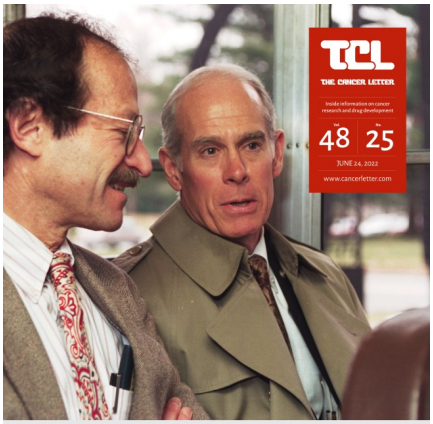
NRG: July 21-23, 2022
Chicago, IL / Virtual

Registration Now Open!

Registration

The Cancer Letter

THE CANCER LETTER



HAROLD VARMUS REFLECTS ON THE LIFE OF JOHN EDWARD PORTER, A HOUSE APPROPRIATOR—AND HIS FRIEND

Porter helped orchestrate the doubling of the NIH budget between 1998 and 2003

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ARPA-H PLACED OUTSIDE NIH IN AUTHORIZATION BILL APPROVED IN A 316-85 HOUSE VOTE

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NCI STRATEGY FOR EVALUATING MCED ASSAYS MAY BYPASS CANCER CLINICAL TRIALS GROUPS

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NCI BSA APPROVES EIGHT NEW, NINE REVISED CONCEPTS

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TRIALS & TRIBULATIONS

TRANSFORMING THE FUTURE OF RADIATION ONCOLOGY: THREE WAYS COLLABORATION ACCELERATES FLASH RADIATION THERAPY RESEARCH

→ PAGE 29

June 24, 2022

JULIE BAUMAN: WASHINGTON, DC, NEEDS ONE MORE NCI-DESIGNATED CANCER CENTER—AND IT MATTERS THAT A WOMAN RUNS IT

As she was interviewing for the director's job at the George Washington Cancer Center, Julie E. Bauman was asked what her biggest fear would be.

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NCI, CRUK AWARD $100M IN CANCER GRAND CHALLENGE GRANTS

→ PAGE 14

DOUG LOWY: NCI TO FUND MCED RESEARCH, EARLY-STAGE INVESTIGATOR DIVERSITY IN MOONSHOT 2.0

→ PAGE 17

NEUROBLASTOMA RESEARCHER ROBERT C. SEEGER DIES AT 82

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ANCHOR TRIAL SHOWS THAT TREATMENT OF ANAL HIGH-GRADE SQUAMOUS INTRAEPITHELIAL LESIONS PREVENTS ANAL CANCER IN PEOPLE WITH HIV

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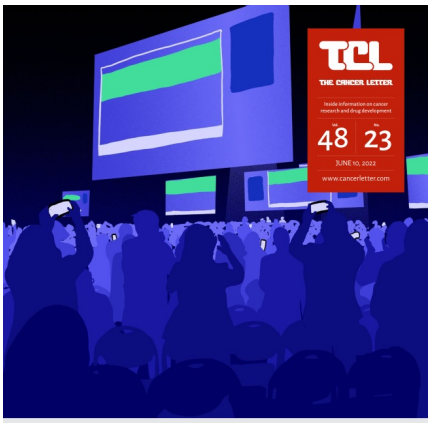
June 17, 2022



ASCO'S "ROCK CONCERT" MOMENTS CAME 17 YEARS APART—IN 2005 AND 2022

DESTINY-04 results extend HER2-targeted therapy to a larger population in breast cancer

→ PAGE 3

IN EARLY RESULTS "UNPRECEDENTED IN RECTAL CANCER," 14/14 PATIENTS SHOW CLINICAL COMPLETE RESPONSE TO DOSTARLIMAB

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MOFFITT'S ROBERT GILLIES, "FATHER OF RADIOMICS," DIES AT 69

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LOWY CALLS FOR EXPANDING NCI'S CLINICAL IMPACT, INCLUDING: (1) THE NUMBER OF DRUG CANDIDATES, (2) THE CLINICAL TRIALS SYSTEM, AND (3) ACCESS TO CANCER CARE

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LUCIUS SINKS, A GIANT IN PEDIATRIC CANCER, DIES AT 91

→ PAGE 24

June 10, 2022

#MYFIRSTASCO: MEMORIES FROM 57 YEARS OF ANNUAL MEETINGS

The ASCO annual meeting began in 1964 as a group of 51 physicians finalizing the by-laws of the organization—and has since turned into a much-anticipated global event that brings together 35,000 to 40,000 people across all areas of oncology.

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ATOM COALITION SEES PATIENT SHARING AS KEY TO OVERCOMING SCARCITY OF CANCER DRUGS IN LMICS

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IN 1998, A CML PATIENT WAS OUT OF OPTIONS. THEN SHE CHANCED INTO A TREATMENT—GLEEVEC

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ASCO ANNUAL MEETINGS THROUGH THE YEARS: A TIMELINE OF THE CANCER LETTER'S COVERAGE

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EMORY WINSHIP RECEIVES $19M NCI GRANT TO IMPROVE IMMUNOTHERAPY FOR LUNG CANCER

→ PAGE 53

June 3, 2022

WHAT CANCER CENTERS NEED TO DO IN THE WAKE OF BUFFALO, UVALDE SHOOTINGS

We hoped that our city might be "the last place this ever happened."

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GUEST EDITORIAL

BOB WYNN ON BUFFALO MASSACRE: "I GREW UP THERE. THIS IS PERSONAL TO ME."

→ PAGE 8

GUEST EDITORIAL

HEARTBREAK IN SOUTH TEXAS: SEEING THE UVALDE KILLINGS THROUGH THE LENS OF WAKE CANCER CENTER

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CAPITOL HILL

WAKE FOREST CCSG CUT FROM 5 YEARS TO 3 AS CENTER CHANCES LEADERSHIP, ADMINISTRATIVE STRUCTURE

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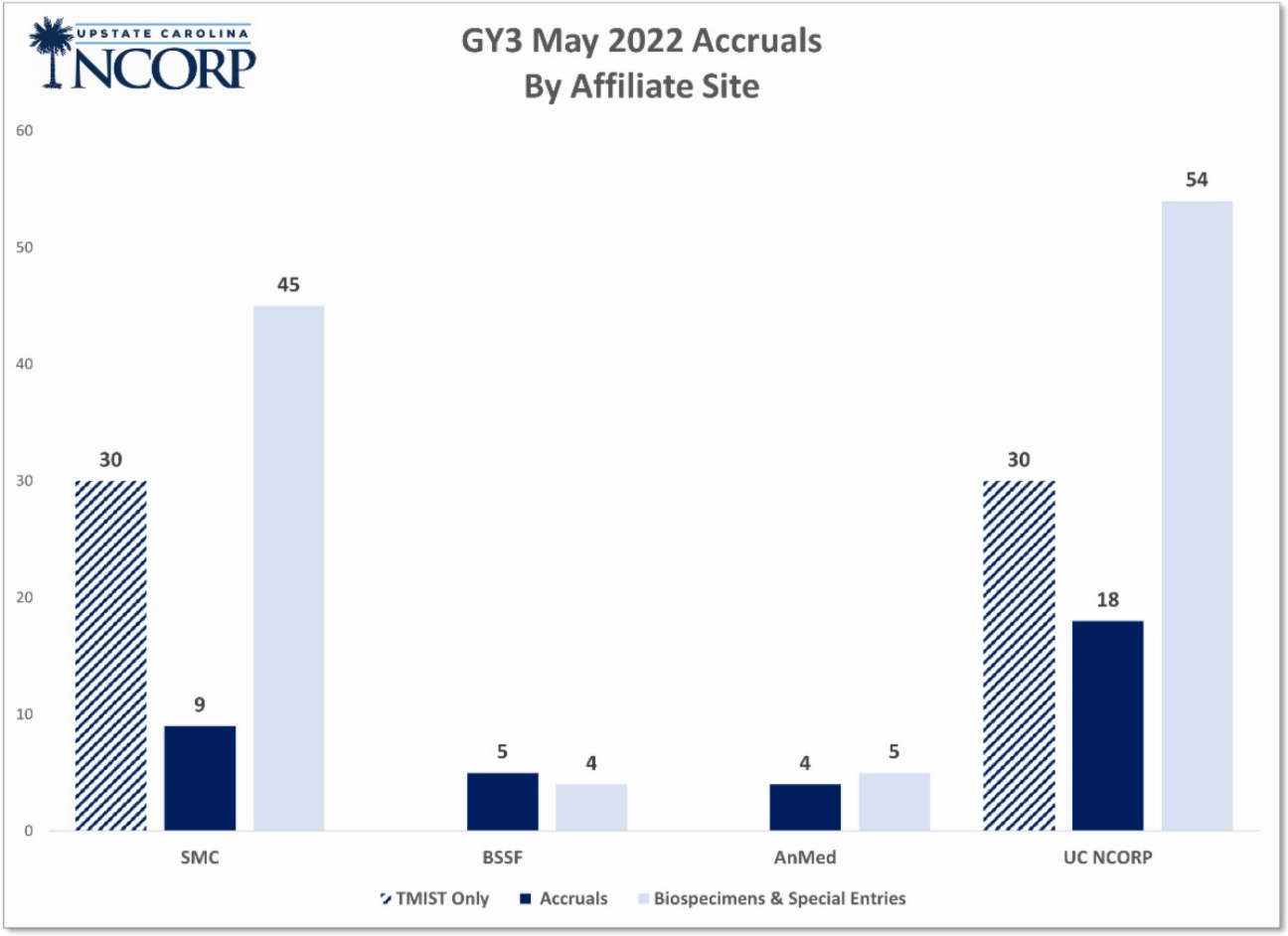
CAPITOL HILL

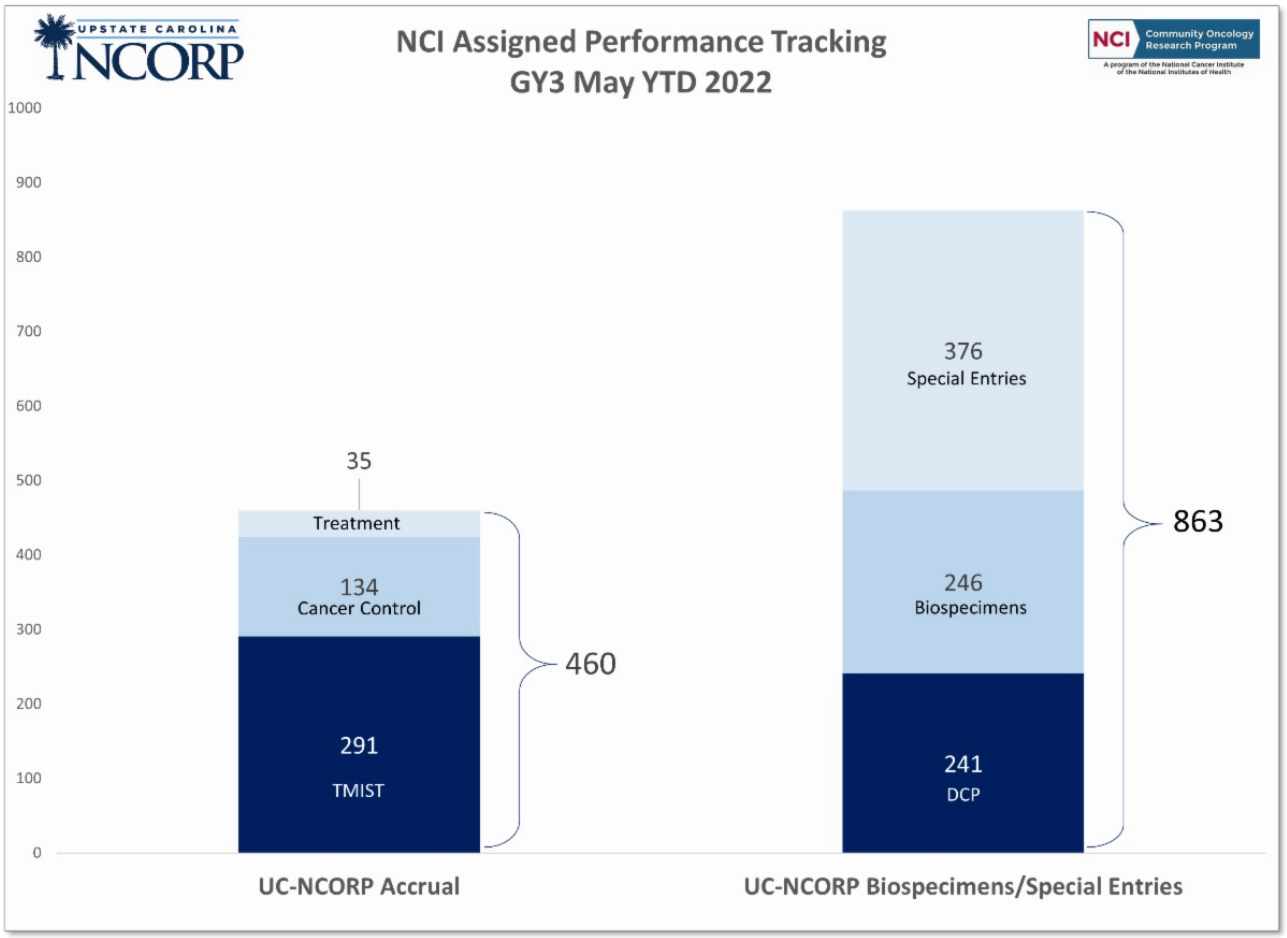
HOUSE REPUBLICANS SEEK INFORMATION ON 'ME TOO' DRUGS DEVELOPED IN CHINA

→ PAGE 15

May 27, 2022

Accruals & Biospecimens–Special Entries



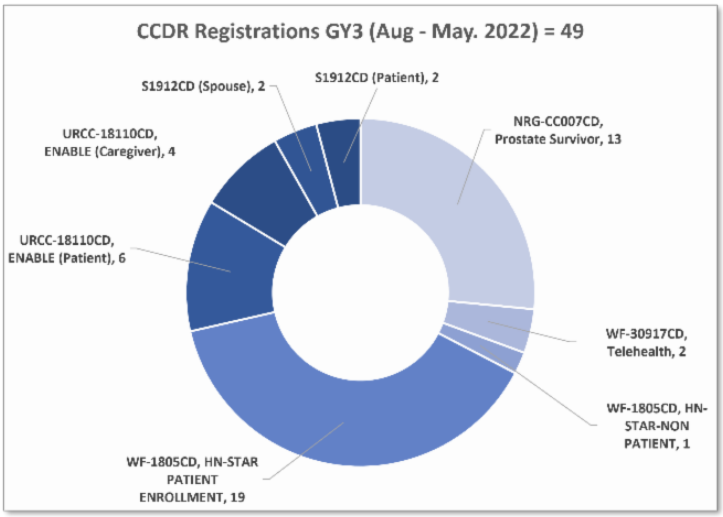


Under-Represented Populations

Underrepresented Populations

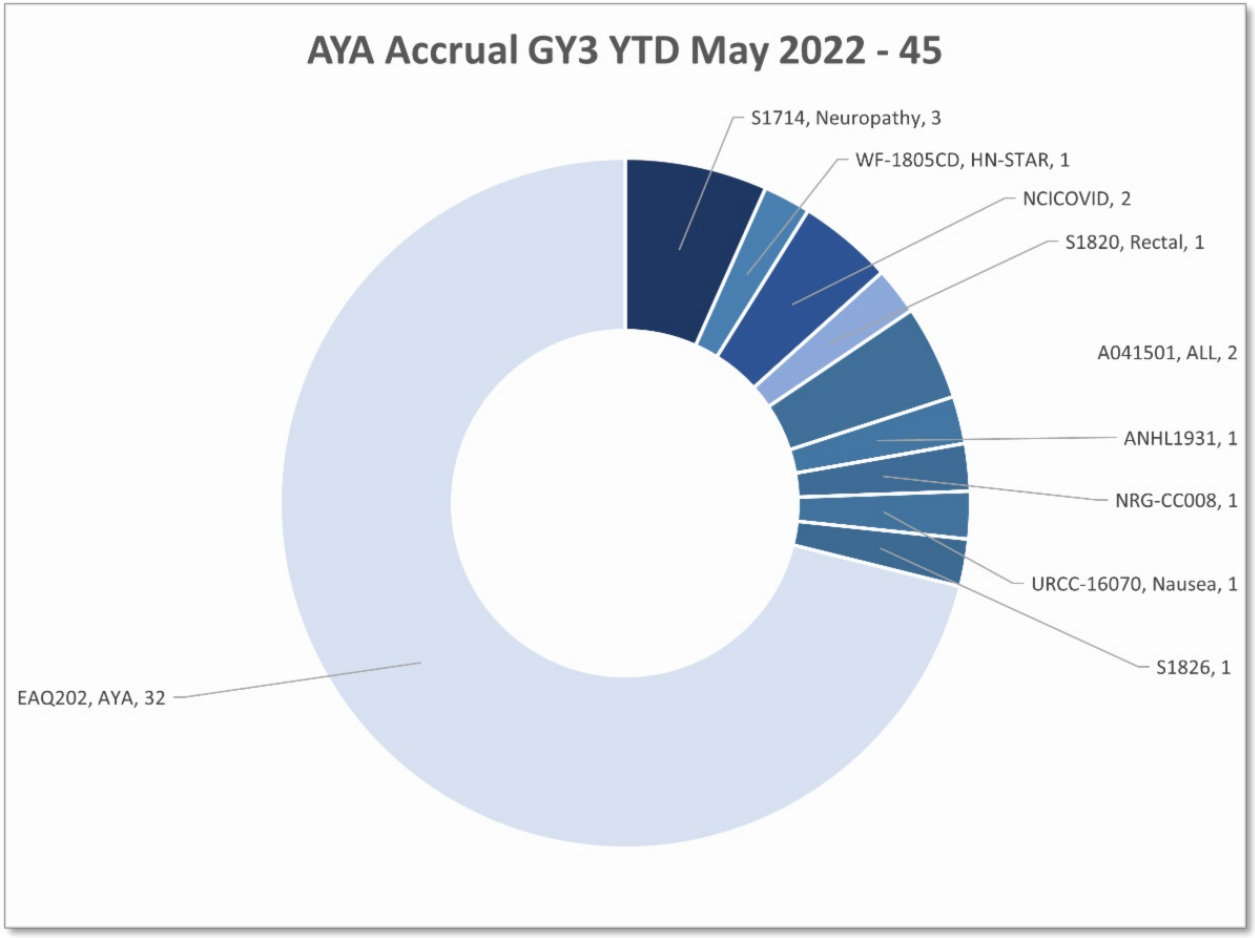
All Accruals	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Goal GY3	Status GY3
AYA (15-39 yrs.)	2	1	2	1	6	5	2	15	5	5	4%	22.22%
Older Adults (>65 yrs.)	24	17	17	22	15	10	21	22	8	30	55%	42%
African American	11	14	13	7	7	5	13	13	6	13	17.6%	21%
Other Minorities	1	1	0	0	1	0	0	3	1	2	0.4%	1.8%
Hispanic	1	1	0	1	1	3	0	4	0	1	1%	2.4%
Rural	21	27	20	11	9	8	18	18	11	10	35%	31%

CCDR Corner



Protocol	SMC	BSSF	AnMed
NRG-CC007CD	0	12	1
WF-30917CD	2	N/A	N/A
WF-1805CD	9	10	0
WF-1805CD (NON-PATIENT)	0	0	1
URCC-18004CD (Drug Shortage Participation)	X	X	N/A
URCC-18110CD (NON-PATIENT)	0	N/A	N/A
URCC-18110CD (PATIENT)	6	N/A	N/A
URCC-18110CD (CAREGIVER)	4	N/A	N/A
SWOG S1912CD (PATIENT)	2	N/A	N/A
SWOG S1912CD (CAREGIVER)	2	N/A	N/A
Site Total	**25**	**22**	**2**
UC-NCORP Total	**49 + Drug Shortage Participation**		

All About AYA



Diving into Disparities

Pride Month: LGBTQ+ Patients with Cancer

The lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) community, also referred to as sexual minorities, represents a growing and medically underserved population in the United States (Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2013). In 2016, the National Institute on Minority Health and Health Disparities (NIMHD) identified the LGBTQ+ community as a "health disparity population," citing growing evidence showing a higher burden of certain diseases, such as cancer, among this group.

A long history of LGBTQ+ bias in the healthcare system continues to be a main systemic barrier to cancer care and treatment. For example, gay and bisexual men are about twenty times as likely as heterosexual men to develop anal cancer due to the lack of screening for anal cancer, fear, and homophobia in the healthcare system (Patel et al., 2018). Additionally, other studies have shown that lesbian and bisexual women may be at increased risk for breast, cervical, and ovarian cancer compared to heterosexual women due to the lack of trust, discrimination, and a lack of inclusiveness, which contributes to late-stage cancer diagnoses (Margolies & Brown, 2019) (Quinn et al., 2015).

Due to the lack of data about sexual orientation or gender identity in the national cancer registries, there is still not enough literature about cancer in the LGBTQ+ community. Therefore, it is essential to understand how to close these gaps in healthcare. In addition, a better understanding of the barriers and facilitators to LGBTQ+ populations' cancer screening behavior can lead to early detection and identification of factors associated with such at-risk groups. Therefore, enabling public health initiatives to assess patient's lack of knowledge about cancer screening and treatment and providing culturally sensitive healthcare can lead to improved health outcomes for the LGBTQ+ population (Haviland, Swette, Kelechi, & Mueller, 2020) (Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2013).

For more information on engaging communities and influencing change among the LGBTQ+ community, please click the link below from the National Institute of Health Office of Equity, Diversity and Inclusion:

For More Information

QA with Kelsey

Upcoming Audit

NRG ONCOLOGY

NRG Audit
August 17-19, 22-23

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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