NCCN Qualifies First Community Sites for Affiliate Research Project

The NCCN Affiliate Research Project (ARP), developed by the NCCN Oncology Research Program (ORP), has qualified its first 7 affiliate sites from the Fox Chase Cancer Center Partners Program, the Seattle Cancer Care Alliance Affiliate Network, and University of Alabama at Birmingham Cancer Care Network. The newly qualified ARP community sites are:

Fox Chase Cancer Center:
- Virtua, under the direction of Principal Investigator (PI) Michael Entmacher, MD, includes Hematology Oncology Associates of South Jersey, Mt. Holly, NJ, and Comprehensive Cancer and Hematology Specialists, Voorhees, NJ.
- AtlantiCare Cancer Care Institute, under the direction of PIs Michael J. Kane, MP, FACP, and James C. Wurzer, MD, PhD, Egg Harbor Township, NJ.
- South Jersey Healthcare, under the direction of PI Kush Sachdeva, MD, includes Southern Oncology-Hematology Associates, PA, Vineland, NJ; South Jersey Radiation Oncology, P.C., Vineland, NJ; and The Minniti Center - Medical Oncology & Hematology, Mickleton, NJ.

Seattle Cancer Care Alliance:
- Bozeman Deaconess Hospital, under the direction of PI Jack Hensold, MD, includes Bozeman Deaconess Cancer Center, Bozeman, MT.
- MultiCare Health System, under the direction of PI John A. Keech Jr, DO, FACOI, includes MultiCare Regional Cancer Center, Tacoma, WA.
- Wenatchee Valley Medical Center, under the direction of PI Mitchell Garrison, MD, includes Wenatchee Valley Cancer Treatment Center, Wenatchee, WA.

University of Alabama at Birmingham Cancer Care Network:
- Medical Center of Central Georgia, under the direction of PI Frederick Schnell, MD, includes Central Georgia Cancer Care, P.C., Central Georgia Gynecologic Oncology, and Central Georgia Radiation Oncology Center, Macon, GA.

The mission of the NCCN ARP is to improve patient outcomes and to advance medical science through clinical research conducted through collaboration among NCCN, the 21 NCCN Member Institutions, and their community-based affiliate networks. The NCCN ARP plans to approve a minimum of 3 additional sites this year to potentially support more than 50 actively enrolling ORP trials.

The NCCN ORP is organized to obtain funding to support scientifically meritorious research projects at NCCN Member Institutions. Policies and standards for the program were set by the NCCN Investigator Steering Committee, a group comprised of senior research physicians appointed by each NCCN Member Institution. To date, the NCCN ORP has received more than $36 million in research grants from pharmaceutical and biotech companies to support investigator-initiated trials including, but not limited to, evaluation of innovative regimens, mechanism of action, and exploration of extended uses for specific agents.

Affiliate sites will have access to new and innovative cancer drugs for their patients in collaboration with Member Institutions, and PIs of NCCN-funded studies will have access to NCCN-qualified community sites. “We are delighted with the addition of community affiliates. The qualification of these sites will not only enhance studies through the diversification of patient cohorts, but also expedite accrual so that important research questions can be answered in a timely manner,” said Diane Paul, Vice President of the ORP.

NCCN Research at ASCO Focused on ALK and MET Expression in Glioblastoma Multiforme

This year’s ASCO Annual Meeting held June 1–5, 2012, at McCormick Place in Chicago, IL, featured an abstract entitled, “MET and ALK in glioblastoma multiforme
(GBM): Comparison of IHC and FISH,” which was accepted for both poster presentation and discussion. The research, presented by Dr. Kimary Kulig, Vice President, Clinical & Translational Outcomes Research of the NCCN, and authored by Dr. Kulig along with several investigators from Duke Cancer Institute, focused on understanding the possible role of ALK (anaplastic lymphoma kinase) and MET (mesenchymal-epithelial transition) in glioblastoma multiforme (GBM).

To better understand the role of ALK and MET in GBM, Dr. Kulig and colleagues obtained tumor samples from 56 patients with grade IV malignant GBM from the Duke Brain Tumor tissue bank. Using immunohistochemistry (IHC) and fluorescence in situ hybridization (FISH), the investigators visualized ALK and MET protein and DNA expression, respectively. Their results showed that, among the 56 GBM cases, MET was expressed in 69.9% and ALK in 17.9% of cases through IHC; through FISH, MET gain or amplification was found in 100% of GBM cases, and ALK in 48.2%. Coexpression of both MET and ALK was 14.3% through IHC and 48.2% through FISH.

Based on the difference between IHC and FISH expression patterns, the authors suggest that a gain or amplification of gene expression may not always lead to abnormal MET and ALK protein expression. In addition, they suggest that the IHC technique used in the study may need to be optimized. Dr. Kulig and colleagues’ research contributes to the overall understanding of targetable biomarkers in GBM. Their study supports ALK overexpression observed in glioma cell lines. Furthermore, ALK and MET signaling may have implications for dual-inhibition and potential treatment resistance pathways in GBM. This research may have implications for MET-targeted therapy since it found that MET gain/amplification and protein expression may be higher than previously reported.

This study was partially supported by Pfizer Oncology through an Outcomes Research services agreement. To view the abstract, visit [link]

2012 ASCO Abstract Highlights Operational Aspects of Genetic Counseling Programs

In March 2012, ASCO accepted for electronic publication an abstract from NCCN staff and risk assessment and genetic counseling leaders at NCCN Member Institutions: Fox Chase Cancer Center, Massachusetts General Hospital Cancer Center, Robert H. Lurie Comprehensive Cancer Center of Northwestern University, and the UCSF Helen Diller Family Comprehensive Cancer Center. The abstract was “The 2010 National Comprehensive Cancer Network (NCCN) risk assessment and genetic counseling (RA/GC) study: Operational aspects of RA/GC programs at academic medical centers.”

In the study, Stephen L. Sherman, MBA, Program Manager, Best Practices, at NCCN, colleagues collected quantitative and descriptive data on RA/GC program organization, staffing, patient volume, patient referral, test disclosure, and program funding from 19 NCCN Member Institutions. The mean number of patients seen by risk assessment and genetic counseling services for 17 centers reporting data was 872 (range 130–2200). The mean number of patients seen per year per 1.0 full-time equivalent (FTE) genetic counselor was 272 (range, 152–422). Self-sufficient program funding was consistently cited as one of the greatest challenges, with 18 centers indicating that they require institutional support. For disclosure of results, respondents estimated 48% were disclosed to patients via telephone and 39% in-person. Remaining disclosures were made as preferred by the patient.

To view the abstract, visit: [link]