ILLINOIS CANCERCARE, P.C.
Specializing in Cancer and Blood Disorders

National LEADERS CLINICAL RESEARCH

This past weekend, May 29th through 31st, the American Society of Clinical Oncology (ASCO) hosted its 2020 ASCO Annual Meeting virtually. ASCO is the world's leading professional organization of physicians and oncology professionals dedicated to conquering cancer through research, education, and quality patient care.

Over 45,000 health professionals attend this annual meeting to review and discuss cutting-edge cancer research, life-changing therapies, and state-of-the-art treatments.

Each year thousands of research abstracts are submitted with high hopes of being featured during this prestigious conference.

Abstracts (short summary of research) of superior quality are selected by the ASCO Scientific Program Committee for presentation at the Annual Meeting and for publication in the ASCO Annual Meeting Proceedings, a supplement to the Journal of Clinical Oncology.

We are excited to share Illinois CancerCare had seven research abstracts selected for this year's meeting!
Illinois CancerCare continues to drive cancer care forward through participating in groundbreaking research.

ILLINOIS CANCERCARE PRESENTS AT ASCO 2020!
AUTHORS OF SEVEN RESEARCH ABSTRACTS PRESENTED AT THIS YEAR'S MEETING!

MADHURI BAJAJ, M.D.
ABSTRACT PRESENTATION:
ORAL ABSTRACT SESSION

Advanced Stage Melanoma Study
Clinical Trial: Phase II
IRB17-0686 - Phase II Study of Pembrolizumab and Ipilimumab Following Initial Anti-PD1/L1 Antibody

Purpose:
This clinical trial examines how an immunotherapy treatment drug KEYTRUDA (Pembrolizumab) works in combination with melanoma treatment Yervoy (Ipilimumab) to help a patient's own immune system stop or slow tumor growth when battling advanced melanoma.

Primary Findings:
Results did show that the combination regimen of a low-dose of Yervoy (Ipilimumab) and KEYTRUDA (pembrolizumab) significantly stopped or slowed the growth of the cancer tumor(s). Overall the side effects experienced from the combined therapy were deemed tolerable.

From Dr. Bajaj:
"Dual immunotherapy is associated with a higher response rate for patients with advanced stage melanoma. This is the largest prospective study of its kind. Illinois CancerCare was the top enrolling research site in the nation for this clinical trial. Our patients are making a difference in a major way!"

PANKAJ KUMAR, M.D.
ABSTRACT PRESENTATION:
PLENARY SESSION

ABSTRACT PRESENTATION:
ORAL ABSTRACT SESSION

Multiple Myeloma Study
Clinical Trial: Phase III
E1A11 (ENDURANCE)- Randomized Phase III Trial of Bortezomib, Lenalidomide, and Dexamethasone (VRd) Versus Carfilzomib, Lenalidomide, and Dexamethasone (CRd) Followed by Limited or Indefinite Duration Lenalidomide Maintenance in Patients With Newly Diagnosed Symptomatic Multiple Myeloma.

Purpose:
The treatment of myeloma has significantly changed over the years as new drugs continue to become available. Investigators questioned whether a newer drug, carfilzomib, could be substituted for the standard of care drug, bortezomib, and result in a better patient outcome. This study looked at how long it took for the patients' cancer to become worse (time to progression) and if the patient received additional benefit by continuing to take one of the drugs after the treatment regimen was complete (maintenance therapy).

From Dr. Kumar:
"This study was conducted in several large cancer centers including Mayo Clinic and MD Anderson. Illinois CancerCare was one of the select few community cancer centers in the US that participated in this study. This trial has demonstrated that the current standard of treatment is just as good as the treatment using the new drug and It has fewer side effects – a win for our patients!"

Stage III Colon Cancer Study
Clinical Trial: Phase III
CALGB 80702 - A Phase III Trial of 6 Versus 12 Treatments of Adjuvant FOLFOX Plus Celecoxib or Placebo for Patients With Resected Stage III Colon Cancer

Purpose:
In Phase III clinical trials, investigational drugs are often added to the standard of care to determine if additional benefit can be gained. This study added an anti-inflammatory drug, celecoxib, to the standard treatment for stage III colon cancer. The hope was that the addition of this drug would decrease the chance of the cancer returning (recurrence). Along with treating the cancer itself, ensuring a good quality of life is important to the patients and the health care providers. This study also looked at decreasing the number of treatments a patient received while still fully benefiting from the treatment.

Primary Findings:
The addition of the anti-inflammatory drug did not reduce the risk of a patient's cancer from returning. However, patients who underwent 6 months of treatment received the same treatment benefits as patients who underwent 12 months of treatment. This means the amount of side effects a patient experiences can be reduced without reducing the treatment benefits.

From Dr. Kumar:
"This was a complex study. This change did not help to reduce the risk of colon cancer recurrence, but it also looked at the duration of treatment and it demonstrated that 6 months of treatment in this case is as good as 12 months. Lesser is better. Now, this is good news indeed."

GARY R. MACVICAR, M.D.
ABSTRACT PRESENTATION:
ORAL ABSTRACT SESSION

Metastatic Castrate Sensitive Prostate Cancer (mCSPC) Study
Clinical Trial: Phase III
S1216 - A Phase III Randomized Trial Comparing Androgen Deprivation Therapy + TAK-700 With Androgen Deprivation Therapy + Bicalutamide in Patients With Newly Diagnosed Metastatic Castrate Sensitive Prostate Cancer (mCSPC).

Purpose:
Cancer biomarkers can be a valuable tool in predicting a patient's response to cancer treatment. In addition to adding an investigational drug to standard of care treatments, clinical trials often ask for additional blood draws to help find new biomarkers. This research trial added a new investigational hormonal therapy, TAK-700, to standard hormonal therapy to see if the growth and spread of prostate cancer can be better controlled. Additional blood draws were requested to assess whether or not a relationship exists between circulating tumor cells (CTCs) and how patients responded to treatment. CTCs are cells shed by the cancer tumor into the blood stream.

Primary Findings:
Results from the study showed that the baseline CTC count may serve as a valuable test to predict which men are likely to respond favorably to hormonal therapies and those who may benefit from alternative treatment options. Results regarding TAK-700 are still pending.

From Dr. MacVicar:
"This study evaluated the ability to predict the likelihood that men with metastatic prostate cancer would benefit from hormone therapy. Studies such as this one are important. Participants are assisting researchers in developing tools to answer a question that patients and doctors ask alike, "How likely is this treatment going to help me?"

GREGORY J. GERSTNER, M.D.
ABSTRACT PRESENTATION:
PUBLICATION

Non-Small Cell Lung Cancer Study (NSCLC)
Clinical Trial: Phase I/II
ADXS-503-101 - A Phase 1/2, Open-Label Study of ADXS-503 Alone and in Combination With Pembrolizumab in Subjects With Metastatic Squamous or Non-Squamous Non-Small Cell Lung Cancer

Purpose:
This clinical trial is investigating the effects of a new promising immunotherapy agent, ADXS-503, given alone or in combination with the current treatment for NSCLC, pembrolizumab. This clinical trial will help determine what dose of ADXS-503 is safe for patients to receive as well as if the combination of this new immunotherapy with pembrolizumab is safe and effective in battling NSCLC.

Primary Findings:
A safe dose of ADXS-503 is established in the first part of the clinical trial. Results have shown that the new immunotherapy agent is helpful in stimulating the body's immune system to attack cancer cells. This clinical trial is ongoing. More information regarding the combination of ADXS-503 and pembrolizumab will be available in the near future.

From Dr. Gerstner:
"This is another exciting example of how we can manipulate the immune system to be more active and hopefully help to better fight the cancer cells."

NGUYET LE-LINDQWISTER, M.D.
ABSTRACT PRESENTATION:
POSTER DISCUSSION SESSION

Breast Cancer Study
Clinical Trial: Phase III
RU011201I - A Randomized Phase III Trial of Eribulin Compared to Standard Weekly Paclitaxel as First- or Second-Line Therapy for Locally Recurrent or Metastatic Breast Cancer

Purpose:
Clinical research study to determine if the chemotherapy drug Halaven (eribulin mesylate) works better than the standard chemotherapy given (paclitaxel) as an early treatment option for advanced breast cancer.

Primary Findings:
Halaven (eribulin mesylate) showed to be as beneficial as the standard chemotherapy currently used for early treatment of advanced breast cancer.

From Dr. Le-Lindqwister :
"We have found another suitable early treatment option for our advanced breast cancer patients. Clinical trials such as this are essential in finding effective treatments with improved side effects."

JIJUN LIU, M.D.
ORAL ABSTRACT SESSION

Extensive Stage Small Cell Lung Cancer Study
Clinical Trial: Phase II
EA5161- Randomized Phase II Clinical Trial of Cisplatin/Carboplatin and Etoposide (CE) Alone or in Combination With Nivolumab as Frontline Therapy for Extensive Stage Small Cell Lung Cancer (ES-SCLC)

Purpose:
This trial is evaluating if the addition of an immunotherapy drug, Opdivo (nivolumab), to the standard chemotherapy regimen for extensive stage small cell lung cancer, will result in better patient outcomes.

Primary Findings:
Results of the trial showed that the addition of the immunotherapy agent, Opdivo (nivolumab) to the standard chemotherapy regimen significantly improved patient outcomes. Overall, this new drug combination led to the patient's cancer worsening at a slower rate and patients are living longer as a result.

From Dr. Liu:
"Our study confirmed the benefit of adding immunotherapy to chemotherapy in the management of newly diagnosed extensive stage small cell lung cancer."

CONGRATULATIONS ON THIS PRESTIGIOUS ACHIEVEMENT!

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Phase I: Evaluate how a new drug should be given
Phase II: Evaluate if the drug works
Phase III: Compare new treatment to the current treatments
Phase IV: Evaluate the long term effect of a treatment

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