

Minutes  
Data Safety Monitoring Board  
Comprehensive Cancer Center of Wake Forest University  
Meeting 06/26/13

Attendees: Audrey Bell-Farrow, Doug Case, Jay Foster, Leah Griffin, Eddie Ip, Julia Lawrence (guest board member,) Bob Morrell, Mercedes Porosnicu, Rebecca Rankin, Lee Stackhouse, Megan Whelen (Not present: William Blackstock, Ralph D'Agostino, Edward Shaw)

Materials distributed prior to meeting:

- Data Review for Protocols 97211, 98110, 99211, 99311, 97609, 97509, 91105
- Abstracts for 91105
- Summary of Research Base Activity
- Copy of December 5, 2012 Minutes

Materials distributed at the meeting:

- Abstract for Protocol 97509
- Maps of Research Base (RB) sites (then and now)

**OPEN SESSION:**

1. Following a welcome from Dr. Ip, minutes from the previous meeting (12/05/12) were discussed and approved by the Board
2. Ms. Rankin mentioned that Dr. Arthur Sleeper will no longer on the Board due to lack of participation. A discussion took place with Dr. Shaw prior to making the decision.
3. Ms. Rankin also mentioned that Dr. Julia Lawrence is a guest reviewer for this DSMB meeting, because Dr. Blackstock is out of town.

**CLOSED SESSION:**

Summary of Research Activity Report:

Dr. Case presented a one-page "Summary of Research Base Activity" highlighting protocol activity (accruals, AEs, retention, compliance, etc.) for 7 trials.

1. Dr. Case briefly listed the status of the studies on the summary: 3 open, 2 closed to accrual, and 2 completed.
2. This was the 2nd largest accrual period ever, with the largest minority accrual ever.
3. There were 10 AE across all studies, none were related.
4. Dr. Case handed out a picture of nation's map with the history of CCOP sites. It has grown over the years. Sites are scattered all over the country, though they are sparser in the west. There have been 3200 accruals since the Research Base (RB) started.
5. At the last meeting, the Board asked Dr. Case to provide any ASCO abstracts; three were distributed to the group.
6. No additional comments or questions.

## Review of Protocols:

### Protocol 97211 – A Feasibility Study of Donepezil in Female Breast Cancer Survivors with Self-Reported Cognitive Dysfunction Following Chemotherapy

- Dr. Julia Lawrence was a guest reviewer at this DSMB meeting. We asked her to recuse herself during the discussion of this protocol. She entered the room only after we were finished with the discussion of Protocol 97211.
- This is a pilot study just to see if we could accrue. Target was 60, and 62 were accrued. It accrued 10 times faster than expected (10 /mo instead of 1/mo target). Accrued very well.
- There is a little bit of outcome data for first ½ of patients
- Retention 85%
- 68% still on study receiving treatment (6 month treatment period); therefore, some patients (pts) will still be in follow-up at the time of the next DSMB
- 2 AEs, both unrelated
- Overall: accrued quickly, retaining patients, a lot of data collected, good study
- The study team is already meeting to do a randomized study. They would like to see indications on signals in order to move to randomized study to make sure it is efficacious and ethical to move forward. They'll look at data before opening next trial.

### Protocol 98110 – A Randomized Phase II Dose Finding Study of ArginMax for Its Effect on Erectile Function and Quality of Life in Survivors of Prostate Cancer Previously Treated with Radiotherapy

- 13 patients (pts) were accrued in this last period (since last DSMB)
- Accrual expectation is 4 patients/mo; have 2/mo – accrual slower than expected
- Have 8 pts remaining to accrue
- Retention slightly better than expectation (80% vs. 75% expectation)
- Pts say they are taking pills and are compliant
- No AEs in this last period
- 8% pts withdrew from study
- Not a lot of toxicities with this drug
- Good study overall, just slow accrual

#### NOTE: Protocols 99211 and 99311

- First ever smoking cessation studies
- The Board wondered whether the RB would want to continue with the stronger of these two studies into a randomized trial after the trial data are collected, particularly if retention is an issue on both
- See details for each study below

### Protocol 99211 – Feasibility of Delivering a Quitline Based Smoking Cessation Intervention in Lung Cancer Patients Receiving Outpatient Treatment: A Pilot Study

- Feasibility study to see if patients will join and stay on the study

- Primary outcome: accrual, retention, adherence. Secondary outcome is quit rates between the two programs
- Expected accrual is 8 pts/mo, but it has been averaging 5 overall, with an increase to 6.5 accruals in last 6 months
- 73 of 146 patients accrued
- Study was opened to other cancers in addition to lung to increase accrual: breast, cervical, prostate, bladder, colorectal, and H&N
- Retention is 57% in one arm and 71% in the other. Overall retention is 65%. One objective was to estimate retention - they expected 70%
- 10 pts have withdrawn consent; 12.5% withdrawal rate
- 2:1 study with Quitline being the higher arm
- 4 new AEs, 9 in total. Seeing more AEs on the Quitline arm. Both arms are on the patch.
- Study stratified based on cigarettes smoked
- May look at fatigue on future studies

Overall:

- The Board thinks it is odd that the Quitline has more issues on toxicities, but Dr. Case wouldn't read anything from that at the present time.
- Next study has to be feasible; have to figure out how to increase accruals

#### Protocol 99311 – Randomized Placebo-Controlled Phase 2 Pilot Study of Memantine (Namenda) for Smoking Cessation among Cancer Survivors

- Randomized feasibility study for breast, lung, colorectal, and prostate cancers
- Primary outcome is if they are able to accrue and retain patients. Currently, they are accruing, but patients (pts) are not staying in.
- Secondary outcome – did they stop smoking
- 81 of 130 patients accrued
- Accrual is good; expected 7.5 accruals – seeing 10.3 pts/mo in past six months
- Accruing many more females than males
- This study is stratified by gender
- Difficult to determine male perspective if we don't accrue more. If they go on to next phase, we may need to set a male target
- Retention not nearly as good as they liked 43% and 65% in two arms
- 18 people withdrew – about 22%
- 2 SAEs since last DSMB, none were related

Overall:

- Pretty early in study. 12 week study. Still have ½ to accrue, and more data to collect.
- Dr. Porosnicu pointed out there are a number of questions and it may be overwhelming to the participants. Dr. Case said some participants have commented on that issue.
- Great accrual, but poor retention

#### Protocol 97609 – Impact on Genomics and Exposures on Disparities in Breast Cancer Radiosensitivity

- 1,000-patient study. Closed to accrual.
- Question from the Board last time re: Native American, Asian and Pacific Islander accruals. The RB decided to accrue only minority; closed Caucasian accruals.
- 278 African Americans (AA), 240 Hispanic accrued
- Avg. over 50 pts per mo, expected 20
- Even after study closed to minority only, still had 50 pts/mo
- Retention @ 96%, slightly little lower for AA
- Not a drug study, but a questionnaire study (observational, no randomization)
- 66% still on follow-up – year long follow-up
- Getting data over 90% of time
- Some sites don't participate in taking pictures
- No AEs reported since it is a non-interventional study
- Have received blood samples roughly 94% of time. Will be higher as they start to flow in.
- Follow everyone for a year, and add an amendment for an additional 2 more years – to look at longer term skin reactions
- Dr. Case will continue to bring data to the DSMB until it is closed for follow-up on all patients

Protocol 97509 – A Phase II Double-Blind Feasibility Study of Armodafinil for Brain Radiation-Induced Fatigue

- Some patients still in follow-up
- 2 new AEs since last DSMB, neither related
- No other changes on protocol
- Next time, Dr. Case will bring the final analysis
- ASCO abstract submitted and handed out to group
- Investigator plans to work on publications
- Next step is to turn it into a randomized study

Protocol 91105 – Phase III Double Blind, Placebo Controlled Study of Donepezil in Irradiated Brain Tumor Patients

- This study is complete
- Dr. Case distributed two ASCO abstracts to the Board

Additional Comments:

- Dr. Case mentioned the next 6 months will be slow. Dr. Hundley will be looking at statins for tx to prevent cardiovascular toxicity – it will be the next study to open.
- Dr. Case asked if there were any questions. None were raised.

**EXECUTIVE SESSION:**

(Dr. Case not present)

Recommendations and comments from the Board to the Research Base are provided for each protocol in the text below.

#### Protocol 97211

- Note: Dr. Julia Lawrence was excused from this part of the discussion, because of a conflict of interest.
- Continue study as is
- Provide data update at the next meeting.

#### Protocol 98110

- The Board expects a post-closure report and/or final analysis if data is completed by next DSMB

#### Protocol 99211

- The Board is concerned that the SAEs (9) are all on the Quitline arm (queried and self-reported). Mr. Morrell is to investigate some rationale for why there are differences in toxicities between arms. The Board would like to monitor future SAEs as they occur, and it recommends a meeting with the PI and DSMB members.
- The next study has to be feasible; study team has to figure out how to increase accruals

#### Protocol 99311

- There is a gender recruitment issue – significantly more females than males. DSMB is concerned about this for the future study design.
- Ask PI to review questionnaire length and actual questions being asked – is it too much? Is it affecting retention?
- Dr. Ip wondered if there are environmental factors, living factors, family, etc. that have an influence on quitting?
- Continue study as is, but consider concerns outlined above.

#### Protocols 99211 and 99311

- The Board wondered whether the RB would want to continue with the stronger of these two smoking cessation studies into a randomized trial after the trial data are collected, particularly if retention is an issue on both studies.

#### Protocol 97609

- The Board would like to congratulate the RB and all the sites on accruing so quickly to this study
- Can the RB learn what made people sign up so quickly for this study vs. others, and can it be applicable to other studies? Is it simply because it is easy to collect blood and take pictures?
- The DSMB would like to understand the process for the statistical analysis after the sample collection - what are milestones for samples analyzed, when submitted, etc?

#### Protocol 97509

- Continue as is

- Review final analysis at the next meeting

Protocol 91105

- Nothing further is needed related to this study.

There were no further questions/comments.

Dr. Ip adjourned the meeting at 4:40pm.