Minutes

Data Safety Monitoring Board Comprehensive Cancer Center of Wake Forest University Meeting 06/28/12

Attendees: Doug Case, Ralph D'Agostino, Jay Foster, Eddie Ip, Joseph Kelaghan, Bob Morrell, Mercedes Porosnicu, Megan Whelen (Not present: Audrey Bell-Farrow, William Blackstock, Wesley Byerly, Rebecca Rankin, Edward Shaw, Arthur Sleeper, Lee Stackhouse)

Distributed prior to meeting:

- Data Review for Protocols 97509, 98110, 97609, 99211, 97211, 91105
- Summary of Research Base Activity
- Copy of December 7, 2011 Minutes

Distributed at the meeting:

• Protocol 97609: RT-Biomarker Study – Photograph Security Measures

OPEN SESSION:

- 1. Following a welcome from Dr. Ip, minutes from the previous meeting (12/07/11) were discussed and approved by the Board
- 2. Doug Case introduced a guest biostatistician, Leah Griffin, who works with the Research Base.

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 8 trials: 5 open, 1 closed, and 2 closed pending final data.

- 1. Dr. Case briefly listed studies that opened and closed during the period. Overall, this was the best accrual period ever, with 528 patients accrued over a six month period. It was a 2-fold improvement overall, with 20% minorities and 4% Hispanics. There were four new AEs reported over the period but none were related to the studies.
- 2. Dr. Case remarked that for protocol 60A02, patients are continuing to be followed for clinical events, and the study is currently in year 3.5 of 5 year follow-up period.

Review of Protocols:

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

- Accrual has slowed (2.5 patients per month vs. 4 desired) and the study is three patients shy of accrual target. Therefore, Dr. Case is unable to give the final report for this study as previously requested by the Board.
- Retention is at 81% overall vs. 25% dropout expected, so the corresponding 19% dropout is satisfactory
- The Board noted concern that there were no minority accruals. Currently only 3 have been accrued, however this study is in primary brain cancer which is not very prevalent in minorities
- Three AEs were reported but none were related
- Dr. Case noted that the high number of toxicities are not uncommon for this patient population
- One grade 5 event occurred, but was unrelated
- Dr. Case was unable to provide the final report but hopes to do so at the next meeting.

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

- Accrual currently stands at 99 of 140 required (41 remain to be accrued). Expected 10 patients per month but accrual is only at approximately 5 patients, and there is 83% overall retention in all three arms. Accrual pace has slowed slightly; <1 patient per month decline, but nevertheless declining slightly.
- There have been no new AEs since the last meeting
- No toxicities were reported that were grade 3 or higher
- Dr. D'Agostino asked if this study was open-label and Dr. Case replied that it is not
- All data filled out daily and then summarized monthly

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

- Dr. Case remarked that this study has accrued well
- Dr. Case stated that accrual in all racial/ethnic categories has been good due to predefined targets, and since the study has been closed to Caucasian accruals, more minority accruals have been included. Dr. Case also noted that the study is about to open in New Mexico which should help, much like opening the study in Miami, Hawaii, and San Juan helped minority accruals. Native American accruals need to improve but New Mexico should help, and Dr. Urbanic wrote a letter that will be sent to MBCCOPs this month to remind them about this study and encourage minority accruals.
- Sixty-eight accruals per month previously; now >30 accruals per month are all minority; retention has been good with only 3 withdrawals from the study.
- Bob Morrell suggested that the Comprehensive Cancer Center could use insight from this study to help improve accrual rates for institutional investigator-initiated trials.
- Dr. Case provided the "Photograph Security Measures" handout and discussed image privacy.

- The "Photograph Security Measures" sheet discusses how the plan for storing images was a joint collaboration between the Research Base, CCCWFU, and the Privacy Office
- o The document summarizes the various electronic security measures and procedural protocols that are applied to this storage file
- o Images are only of chest area, and contain no names or other identifiers (other than possibly the PID).
- Only Ping Tan and Gina Enevold can access the data file, which is not labeled anything related to the word "breast" and is not accessible outside of the Medical Center's firewall (which is protected by the Cancer Center's HIPAA-regulated firewall).
- o Dr. Case remarked that the patient must give permission to have their pictures taken, and that the system will not allow pictures to be uploaded unless consent is provided.
- o Approximately half of all sites are participating in the pictures
- Data are coming in quickly
- One AE was reported but this is a non-interventional trial so it will be discussed at Research Base meeting and Doug will follow up
- Specimen data are blood samples

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

- This is a randomized feasibility study that uses quitline vs. control group for smoking cessation
- Dr. Case remarked that this study just opened so there is not much to discuss at this point
- Accrual started on 4/1712 currently have 11 patients after one month, which is 6.7 per month versus 8 expected; however, Dr. Case noted that the accrual pace picked up over time
- Patient characteristics are similar as is expected for a randomized study
- There have been no dropouts to date
- There has been one AE (grade 1 cough)
- Dr. Case stated that he will report more outcome data once more accruals are received

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

- Dr. Case stated that all patients have completed follow-up
- Quality control review and analysis are remaining
- There is not much remaining to be done on this study

Other business:

Dr. Case remarked that additional requests from the Board were to report on 60A02 (Juice Plus Study) and 97309 (Yoga Study):

60A02:

- Dr. Case remarked that the PI wanted to continue to follow for clinical events (including progression, 2nd primary tumor, or death) after the end of intervention. He stated that 66 and 57 have completed the intervention phase; however, 68 patients on Juice Plus arm are being followed, versus 57 on the control arm; follow-up data is available for 46 patients.
- One year of follow-up remains
- Dr. Case included a statistical summary, which includes analyses done to date

97309:

• Accrual completed around the time of the last meeting and data have been analyzed; Dr. Case included a statistical report.

Additional comments:

Dr. Kelaghan asked a question regarding protocol 91105, namely "study status" vs. "treatment status" and what that means in terms of its used in Table 3. Dr. Case replied that treatment status refers to patients who say "I'm not going to take the drug any longer but I will continue to complete the forms"

EXECUTIVE SESSION:

(Dr. Case not present)

Dr. Ip stated that overall recruitment is going surprisingly well and asked the group for comments or suggestions.

- Dr. D'Agostino noted that some studies are going slower but that he doesn't see the pace going so slow that the Board should be concerned they will not reach their target accrual. He doesn't think that they will meet target by the next Board meeting in December, but conceded that there is really no way to know
- Dr. Ip noted that there have been some accrual success stories
- Bob Morrell remarked that we will have ~2500 accruals versus the usual ~1500
- Dr. Porosnicu suggested assembling a team to look at successful sites (in terms of accruals) and see what types of studies attracted these high numbers of accruals, what kind of data is collected that is so attractive to make the studies high accrual, and so on.

Protocol 97609

• Jay Foster, our chaplain representative, noted surprise that protocol 97609 was so attractive to sites and participants, despite the required follow-up involving pictures. Dr. Porosnicu commented that breast cancer patients are likely more motivated due to the high cure rate, risk of recurrence, higher compliance, etc.

• In the December 2011 DSMB meeting, the Board requested that a report be delivered prior to the June 2012 DSMB meeting to determine how well-distributed the various races are in the trial. The report should be sent directly to Dr. Ip with a carbon copy to Rebecca Rankin.

Recommendation

Bob Morrell inquired about the Research Base procedures for capturing AEs on non-interventional trials. The Board asks that Dr. Case present the procedures. In the interim, the Board requests that the following be communicated to all Research Base sites:

"Research Base sites should only report adverse events that are directly related to the procedures involved in the collection of data. Note that this applies only to <u>non-interventional</u> trials."

Dr. Ip adjourned the meeting at 3:09pm