

Minutes  
Data Safety Monitoring Board  
Comprehensive Cancer Center of Wake Forest University  
Meeting 12/05/12

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

Materials distributed prior to meeting:

- Data Review for Protocols 97211, 97609, 98110, 99211, 99311, 91105, 97509
- Summary of Research Base Activity
- Race Distribution Summary for 98110 and 97609
- Copy of June 28, 2012 Minutes

Materials distributed at the meeting:

- AE/SAE Reporting Language for Protocol 97609

**OPEN SESSION:**

1. Following a welcome from Dr. Ip, minutes from the previous meeting (06/28/12) were discussed and approved by the Board
2. Ms. Rankin mentioned that Dr. Wesley Byerly is no longer with Duke and has moved to the western part of the country. He will no longer be on the Board.

**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: 5 open, 1 closed, and 1 completed.
2. Overall, accrual was positive for this past 6 month period. Protocol 98110 had the slowest accrual of all the trials (16 in total). There were eight new AEs reported over the period, but none were related to the studies.
3. Dr. Case remarked that protocol 97509 finished accruing, and follow-up is on-going. He mentioned that a final report will be written for the next DSMB meeting
4. Lastly, Dr. Case mentioned that protocol 91105 is complete and the study team is working on an ASCO abstract. A final study report will be provided at the next DSMB meeting.

## Race Distribution Summary for 98110 and 97609:

1. Dr. Case developed a race distribution summary for two protocols (98110 and 97609). A recap of the data is provided below:
  - a. 98110 – ArginMax. The Board had noted in prior meetings that the race distribution seemed oddly distributed between the arms. The trial is randomized, and the distribution between arms appears to be organically coming back into line.
  - b. 97609 – Breast biomarker study. Dr. Case discussed this trial which is designed to develop and validate prediction biomarkers in five racial/ethnic groups. Therefore, race distribution is an essential part of this trial. Dr. Case indicated that a few of the racial categories are accruing at rates less than expected. The RB plans to re-distribute the accruals to other racial groups (excluding Caucasian) to allow for timely completion of the trial. Dr. Case shared the following:
    - i. Given the accrual rate of 17 patients/month, the African American target should be completed in next few months.
    - ii. Hispanics will need about 6-7 months to get to the target.
    - iii. The other races will take a long time based on their current accrual rates.
    - iv. RB is going to contact four sites (including Arizona and Alaska) to discuss how they can increase accrual for Native Americans, since that has the lowest accrual rate.
    - v. The RB will likely re-distribute the minority accrual targets over the racial/ethnic groups that are accruing more quickly (e.g. AA, Hispanic), because it will be tough to accrue certain races (e.g. Native American and Asian).
    - vi. Dr. Porosnicu asked how this will affect the questions in the protocol. Dr. Case said it would not. Dr. Porosnicu suggested opening a new protocol that separates the Native American, Asian and Pacific islanders, so that the RB could analyze the white, black, and Hispanics without having to wait for the Native American, Asian, and Pacific Islander accruals. The slower accruing populations could then be reviewed at a later date.
    - vii. Dr. Blackstock does not think it is appropriate to wait a year or two to fill a specific cell that is at a lower accrual rate.
    - viii. Board Recommendations:
      1. The Board agreed that the RB should let the Native American cell continue as is, realizing this group will never meet the goals. They encourage the RB to follow through on their plan of contacting the sites that have higher populations of Native Americans.
      2. The RB should provide an updated accrual plan which outlines how the racial/ethnic accruals would be re-distributed to the Chair of the Board, Dr. Edward Ip, in the next 4-6 weeks.
      3. In three months, the RB should provide an analysis to Dr. Ip regarding accrual rates for Asian and Pacific Islander to monitor where the accrual rates are at that time.

## Review of Protocols:

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

- Recently opened in June 2012
- 21 patients have been accrued; 5.4/month
- Should be done with accrual in the next six months
- No related AEs have been reported to-date
- Protocol has a low drop-out rate
- Low toxicities

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

- As stated during the overview at the beginning of the meeting, minority recruitment is going well. Caucasian and African American cells should be finished accruing soon. The Caucasian cell will be closed when it has reached its target.
- Monthly accrual had been 55/month, but last 6 months the average has been 35/month – it is still higher than the expected 21/month
- Retention is 97%
- Have obtained outcome data on ~95% of patients
- Patient characteristics are being measured; however, because the study is not randomized, the RB does not expect the arms to be the same
- Participants are refusing pictures 9% of the time
- 29% of sites are not participating in taking the photographs
- No AE/SAEs reported since last meeting
- Dr. Case re-formatted the AE table based on Dr. D'Agostino's comment at the last DSMB

### 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

- The accrual to this study has really declined – currently 3/month, equaling 16 accruals in the last 5 months
- RB has discussed how accrual might pick up – they will talk with high-accruing sites to see what the issues are
- 37% of patients accrued have been minorities
- Retention is good at 79% (expected 75%)
- Compliance is good; patients say they are taking the drug
- No AEs in last reporting period (There have been three over the life of the study)

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

- Trial has been open 7 months
- 5.6 patients accrued per month; below expectations of 8/mo
- Protocol recently opened to additional cancer disease sites – no accrual to these new disease sites has occurred yet
- The arms are randomized 2 patients to 1 (so one arm will have twice the number)
- Five new AEs since the last reporting period, but none were related to the protocol
- Three Grade 3 toxicities, but nothing really striking

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

- This is a recently opened as of August 2012
- Average accrual has been 8 patients/month, slightly above the 7.5/month expectation
- Not a lot to report since it has only been open a few months
- All patients are reporting compliance
- No AEs, low toxicity

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

- This trial has been completed and is being written up for ASCO

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

- This is a completed study; the three remaining patients needed at the time of the last DSMB were accrued
- Two patients are still on study and being followed
- Two new AEs were reported since the last meeting; neither were related to the study
- Waiting for two patients to finish follow-up and then it can be written-up

Additional Comments:

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

- No recommendations were made by the Board. Continue as is.

#### Protocol 97609

- The RB plans to over-accrue African American and Hispanics to counter-act the less the expected accruals in the other races. The Board requests confirmation that the re-distribution of targets will NOT include the Caucasian cell.
- By re-distributing to AA and Hispanics, it will likely change the statistical significance. What are the RB's thoughts regarding the statistical changes? Does it alter the intent of the original protocol?
- The Board asks that Dr. Case provide to Dr. Ip a report within 4-6 weeks outlining the new targets by race/ethnicity.
- The Board would then like to see a new accrual report in three months so they can assess the trends against the new targets. This second report should be sent to Dr. Ip, who will share it with the Board members.
- From the second report, the Board also wants to monitor how the Native American, Asian and Pacific Islander recruitment is going. They may provide comments/feedback to the RB based the information.
- The Research Base should follow-through with their plans to contact the sites with larger Native American populations to see if the accrual rates can be improved.

#### Protocol 98110

- Accrual has slowed significantly, but they are close to the 140 target (at 115).
- RB should contact high accruing sites to see if the slowing trend can be reversed.
- Continue trial as is, but try to engage high accruing sites.

#### Protocol 99211

- Fairly new trial, and the RB has added new cancer disease types.
- Accrual is slightly less than expected at 5.6 vs 8.
- Might be worth talking to heavy accrual site (RBWICH) to see what their success is.
- Accrual is slow, but it appears there are strategies in place to fix this (e.g. new cancer types).

#### Protocol 99311

- There are no concerns at this time. Continue as is.

#### Protocol 91105

- This protocol is closed. The Board would like to see the findings as written for ASCO.

#### Protocol 97509

- This protocol is closed. There are 2 patients on follow-up. The Board would like to see the findings after all patient follow-up is completed (probably at the next Board meeting per Dr. Case)

There were no further questions/comments. Dr. Ip adjourned the meeting.