

Medical Director, Research

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This year, Northwest Cancer Specialists (NCS) was nominated for the **American Society of Clinical Oncology (ASCO) Clinical Trial Participation Award**. As I write this, I don't know if our practice will be selected to win this award at the upcoming annual meeting, **{We Did!!!}** but to be nominated is an honor and achievement our clinical research team should be proud of. Our research team has grown 5-fold since our beginning in 1997 and accruals to NCS trials have increased over 15-fold. Our trials have grown in sophistication from phase II "new combination of old drugs" trials to definitive large phase III registration trials that will determine whether a new agent will have sufficient benefit to be approved by the FDA. We have added a Phase I Translational Oncology Program. Our Vancouver Cancer Center is also a Biosafety Level II approved site, which allowed us to treat the fifth patient in the world with a live virus (see Translational Oncology Program report). We have been part of a network of clinical research that has played a pivotal role in the approval of 16 new oncology drugs in the last 10 years, and we are looking at other partnerships to further enhance the research opportunities for patients in this community.

The application process to be considered for the ASCO award was extensive and caused us to pause and reflect on the information we gathered (after the deadline for submission, of course). I thought I would use this forum to share some of that data. Today, we have 35 oncologists and 29 of them had access to trials over the past three years. Our four radiation oncologists are now members of the Radiation Therapy Oncology Group and can access trials through the Columbia River Oncology Program. Thus NCS physicians now have nearly 100% access. Participation in research by these physicians has been phenomenal. In the past three years, 26 of those 29 (90%!) have accrued one or more patients to a clinical trial. In the past three years, 431 patients volunteered to participate in cooperative group trials, industry-sponsored trials, and expanded access trials - a 75% increase from 2004 to 2006. This is an average of 5 accruals per physician per year and represents more than 5% of our new oncology consults.

Over a span of 10 years we have grown from two clinical research coordinators to a team of eleven full-time research nurses, data coordinators, regulatory documents coordinator, and research manager. This tireless team is able to manage an escalating burden of responsibility with compassion, humor, and professionalism. As of January 2007, over 175 patients were in active treatment and another 450 were in active follow-up. As we enter a new technological age, this same group of dedicated professionals is meeting the challenges of electronic medical records and electronic data capture without slowing down. We have already exceeded accruals for the first 4 months of last year and just opened two new sites for clinical trials.

As I've already mentioned, trial opportunities have significantly changed in 10 years with an average of 170 different trials open for enrollment in each of the last three years. The majority of patients (59%) participated in large, randomized phase III trials designed to definitively answer an important therapeutic question. The rest participated in phase II (31%), cancer control (8%), and phase I (2%) trials. The results of these trials will take some time, but there is no doubt that all of these trial participants will make a difference. The research publication bibliography included in the Annual Report this year illustrates the impact that US Oncology research trials are having on cancer care.

I want to acknowledge again the dedicated participants in research: the extraordinary research team, the committed physicians, and most of all the courageous individuals who volunteer to participate in clinical trials while facing this deadly disease. Research will cure cancer and I am proud to be part of a team willing to tackle the future now.