A Message from the OUCI Director

In this edition I’d like to provide an update about a colorectal screening program that the OUCI is coordinating.

In late 2006 the OUCI was approached by the Oklahoma State Department of Health (OSDH) regarding an opportunity to establish a colorectal screening program funded through legislative dollars. With the portion of funding that the OUCI received we agreed to facilitate a pilot project to offer free colonoscopies to under or uninsured Oklahomans between the ages of 50 and 62 (or younger if in a high risk population). The understanding was that all services were to be provided by June 30, 2007.

Tracie Anderson, OUCI’s Clinical Operations Director, coordinated the services and executed the requisite contracts, both on the OUHSC campus and throughout the OKC health care community. Between February and June 2007, the Program provided free colonoscopies to 94 under-insured and uninsured Oklahomans. We were notified by the OSDH that Program funding had been renewed for FY 2008 and are scheduling patients for screening throughout the year.

Overall, of the 166 procedures performed between February 26, 2007 and November 30, 2007, 35 pathological abnormalities have been identified (polyps or tumors) . . . see table below.

Importantly, the Colorectal Screening Program provided an opportunity to conduct research in conjunction with providing screening services – activity which supports the OUCI’s core mission of raising the standard of cancer care in Oklahoma through research and education. William Tierney, M.D., the program’s service provider, was interested in understanding the impact of financial coverage on the decision to have a colonoscopy. He developed a research protocol to answer this question and has been gathering information. With the refunding of the project, Dr. Tierney gained a collaborator from the OU College of Nursing, Kathy Dwyer, Ph.D. An expanded evaluation of this project is underway through this partnership. Hopefully, this data will lead to a research publication and serve as a pilot project for more substantive research funding.

This program has been a success because it illustrates how an academic cancer center such as the OUCI can leverage and extend the impact of targeted support through partnerships. We will continue to oversee and coordinate the Colorectal Screening Program as long as funding continues, and we will continue to leverage that support to create more research and education opportunities.

Contributed by Robert Mannel, M.D.

### Notes of Interest:
- View our CTO web site: [http://www.ouhsc.edu/oucancerinstitute/clinicalTrials](http://www.ouhsc.edu/oucancerinstitute/clinicalTrials)

PDQ (Physician Data Query) is NCI’s comprehensive cancer database. It contains peer-reviewed summaries on cancer treatment, screening, prevention, genetics, and supportive care, and complementary and alternative medicine; a registry of more than 4,000 open and 15,000 closed cancer clinical trials from around the world; and directories of physicians, professionals who provide genetics services, and organizations that provide cancer care.

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Meet Our Staff

Cheryl Crichley is a native Oklahoman and grew up in Okmulgee. After raising three boys, she returned to college, receiving a B.A. in Anthropology from OU. She completed her doctoral coursework in anthropology at SMU. Her initial role in the Section of Gynecologic Oncology was Research Assistant II. Since 2002, Cheryl has accepted increased responsibility and is now a Research Program Coordinator.

Cheryl wears many hats in the department, but she is best known as the GOG manager and database expert. She developed the initial databases in gyn/oncology research which now serve as a model for the new Velos system. Cheryl is responsible for operationalizing GOG consents electronically, which has greatly improved access to consents in the section. Cheryl's GOG data management staff of four carries a heavy data workload. For the last three years the University of Oklahoma has been the leading GOG institution nationwide.

Cheryl enjoys her present role because she has the opportunity to help her staff learn and grow. Her passion is working with people and data to make research more efficient. Her vision for the emerging OU Cancer Institute is to have better access to and control of data through electronic records as well as the incorporation and appreciation of behavioral and demographic research projects. Cheryl sees her research team’s biggest challenges as overcoming barriers to data access, communication and coordination with clinics and developing easier methods and systems that facilitate research.

When she is not working on campus, she pursues studies in cultural/medical anthropology, Latin America, and women’s reproductive health. She enjoys fishing and camping at Lake Okmulgee.

Contributed by Ingrid Block, RN., M.S.

Congratulations to Kiarash Kojouri, M.D., and the Head and Neck Multidisciplinary Clinic Team for being the nation’s lead accruer on the PARTNER trail (Read more on page 3)

Congratulations to Marie Hanigan, Ph.D., for being awarded a competing renewal of the “OUCI Institutional Research Grant” funded by the American Cancer Society. The grant provides seed funding for young investigators interested in developing a career in cancer-related research. For more information go to:

www.ouhsc.edu/oucancerinstitute/Research/SeedGrants.asp
OUCI Biospecimen Bank Begins

The OUCI has started a biospecimen bank to support basic, translational and clinical research. An IRB approved banking protocol allows the collection of any leftover biospecimens (materials obtained from humans) from consented patients receiving care at OUCI, OU Physicians, and OU Medical Center. Though the bank will focus on tumor tissues, biospecimens from patients with any diagnosis will be sought.

Because of infrastructure already in place, specimens will first be obtained from patients with gynecologic and head and neck malignancies. Other types of cancer will be added once proper consenting and collection processes are in place.

Banked specimens will be distributed based on scientific merit, as judged by a Biospecimen Core Oversight committee, to investigators with IRB approval.

Velos eResearch, software used by OUCI for clinical trials management, will permit specimens to be securely tracked and annotated with clinicopathologic information. A more advanced biospecimen management module, Velos eSample, will be deployed later this year.

For more information, please contact Gregory Blakey, M.D., Director, OUCI Biospecimen Core.

Featured Clinical Trial: PARTNER Study

**Trial Name**
“A Randomized, Open-Label, Controlled, Phase II Trial of Combination Chemotherapy With or Without Panitumumab as First-Line Treatment of Subjects with Metastatic or Recurrent Head and Neck Cancer, and Cross-Over Second-Line Panitumumab Monotherapy of Subjects who Fail the Combination Chemotherapy Only Arm.”

Dr. Kiarash Kojouri completed his fellowship in Hematology/Oncology in June of 2006 and joined the faculty in July. His areas of interest include head and neck cancers as well as lung cancer.

Squamous cell carcinoma of head and neck is the sixth most common cancer in the world in 2005. The four most common primary sites for squamous cell carcinoma are oral cavity, oro-pharynx and hypo-pharynx, and larynx.

Treatment for these cancers depends on their location, depth of involvement, and whether or not they have metastasized to other structures. A multimodality treatment approach may consist of surgery, radiation, chemotherapy, biological therapy, or a combination of these treatments.

The PARTNER study is a randomized, Phase II trial comparing the standard of care chemotherapy treatment of Docetaxel and Cisplatin plus or minus Panitumumab (Vectibix™). The primary objective of the study is to estimate the effect of the addition of Panitumumab (Vectibix™) on progression free survival.

Through this trial Dr. Kojouri and the Head and Neck Cancer Multidisciplinary Team are working to improve the overall care and clinical outcome for these patients.

Contributed by Carl Clark, R.N.
Michael Gold, M.D., Associate Professor of Obstetrics and Gynecology, Section of Gynecologic Oncology, trained at Jefferson University Medical College in Philadelphia, completing medical school and his residency there. He subsequently trained at the University of Oklahoma as a fellow in Gynecologic Oncology from 1996-1999. Dr. Gold joined the faculty after fellowship and has taken on several leadership roles within the Department of OB/GYN and the medical center. His success in clinical research has led to national recognition: he serves as the Gynecologic Oncology Group (GOG) Co-PI for OU, sits on the GOG’s Cervix Committee, is a representative to the American College of Radiology Imaging Network (ACRIN) and sits on ACRIN’s GYN Committee. He has helped develop national guidelines for the management of cervical dysplasia with the American Society for Colposcopy and Cervical Pathology (ASCCP).

Along with Joan Walker, M.D., Dr. Gold has led a successful program in cervical dysplasia and cervical cancer research. They have been co-investigators on a NCI-sponsored trial evaluating cervical dysplasia and cancer (Study to Understand Cervical Cancer Early Endpoints and Determinants / SUCCEED). This trial is designed to identify and validate potential biomarkers that might help stratify patients’ risk of progression of cervical dysplasia. To date 1740 of the anticipated 1800 patients, with a cross-sectional sampling of cancerous, precancerous, and normal pap smears, have been enrolled. Additionally, he has developed a translational research project through the GOG serving as Clinical Study Chair. Dr Gold states that this novel protocol “will evaluate glycoprotein expression in primary and metastatic cervical cancers along with serum from these patients. Tissue will be collected nationwide through the GOG and the glycoprotein expression will be evaluated to assess the biology of metastatic disease.”

Dr. Gold wrote another innovative trial, GOG 233: “Utility of Pre-operative FDG-PET/CT and Ferumoxtran-10 MRI Scanning Prior to Primary Chemoradiation Therapy to Detect Retroperitoneal Lymph Node Metastasis in Patients with Locoregionally Advanced Carcinoma of the Cervix.” Conducted jointly as a collaboration between the GOG and ACRIN, the trial will compare the utility of preoperative PET/CT versus a novel imaging marker, USPIO (Combidx), with MRI in the staging of locoregionally advanced cervical carcinoma. It will also evaluate the benefit of surgical staging in a traditionally clinically staged disease site.

The Dysplasia Clinic also provides the opportunity to evaluate several therapeutic trials. Dr. Gold noted that novel immunomodulators and cox-2 inhibitors have been studied in the treatment of cervical dysplasia at OU. Dr. Gold has also been a lead investigator in national trials evaluating spectral imaging of the cervix for the detection of cancer precursors. With the large volume of patients cared for in the dysplasia clinic Dr. Gold has created a database to support hypothesis generating retrospective analyses. He has used the database to mentor resident and fellow research projects, leading to several presentations at regional and national research meetings.

Dr. Gold is particularly excited about the opportunities for collaboration between cancer programs here at OUCI. He notes “The newly developed ACRIN affiliation will allow for collaboration between radiology and site specific physicians. ACRIN currently runs a host of novel imaging trials in breast, colorectal, head & neck, and gynecologic cancers.” He indicated that the extensive experience with studying HPV in gynecologic oncology could also be expanded to other HPV-related cancers such as head and neck, anal, and urothelial malignancies.

To support such research it is an important goal for the OUCI to provide central core services for tissue banking, data management, and regulatory assistance which will foster these types of collaborations between investigators.

Contributed by Scott McMeekin, M.D.