

Clinical Trial Opportunities and Resources

As a service to OA members, we bring to you several oncology clinical trial resources, including online matching services, hotlines and clinical trial participation opportunities. Please find this valuable information below.

Aventis

www.aventisoncology.com/clinical_start.htm

CLINICAL TRIAL MATCHING & REFERRAL SERVICE

The Clinical Trial Matching & Referral Service, powered by emergingmed.com, is designed to provide a fast, simple, and confidential way to obtain information about cancer clinical trials sponsored or supported by Aventis Pharmaceuticals. This service is free. *Questions? Call toll free 1-800-Rx-Trial or send an email to: contactus@88rxtrial.com.*

Amgen

www.amgentrials.com

AmgenTrials.com is dedicated to bringing education and awareness of Amgen's clinical trials to patient and healthcare communities.

MGI PHARMA, INC.

CURRENT TRIAL

Protocol IROF-018

THREE-ARM RANDOMIZED PHASE II CLINICAL STUDY

Of Irofulven/Prednisone, Irofulven/Capecitabine/Prednisone or Mitoxantrone/Prednisone in Docetaxel-Pretreated Hormone-Refractory Prostate Cancer Patients

TRIAL DESCRIPTION

Irofulven is an investigational chemotherapeutic agent being studied in a variety of solid tumors. The purpose of this study is to assess the efficacy and safety of irofulven-based regimens compared to mitoxantrone + prednisone in patients with hormone-refractory prostate cancer (HRPC) whose disease has progressed following Taxotere(r) based regimens. Upon determination of eligibility, patients will randomly be assigned to receive one of

three treatment arms: 1) irofulven + prednisone; 2) irofulven + capecitabine + prednisone; or 3) mitoxantrone + prednisone. For every five patients randomized, two will receive treatment #1 (irofulven + prednisone), 2 patients will receive treatment #2 (irofulven + capecitabine + prednisone), and one patient will receive treatment #3 (mitoxantrone + prednisone). This is not a blinded study, so both the patient and doctor will know which treatment has been assigned. *MGI Medical Communications phone number: 800-562-5580.*

Novartis eTRIALS

www.novartisclinicaltrials.com/etrial/home.do

Hotline: 800-340-6843

Find the information you need to make educated decisions about participating in a Novartis clinical trial. Whether you are a patient or a caregiver, Novartis' goal is to answer your questions and help you understand the trial experience.

CURRENT TRIAL Non-small Cell Lung Cancer Study US75 (Z-PACT)

This study will evaluate the effects of an investigational drug in combination with chemotherapy in patients with stage IIIB/IV non-small cell lung cancer. This study is for lung cancer patients that cannot be treated by surgery. This treatment is being studied to see if it can improve the response to cancer treatment and if it is an effective treatment to delay the progression of lung cancer to areas within the bones.

TRIAL PHASE Phase 2

PARTICIPATION DURATION Up To 12 months

Visit www.novartisclinicaltrials.com/etrial/home.do to register for this trial. *There is a high-level screening process required to participate in this study. OA*

"Oxaliplatin" Continued from page 13

most prominent adverse effect occurring at any grade in 22/26 (85%) patients, although only 9/26 (35%) had grade 3 diarrhea and no patient experienced grade 4 diarrhea. Mild (grade 1) hand-and-foot syndrome (HFS) was seen in most patients; 6/26 (23%) patients with grade 1 and 12/26 (46%) patients with grade 2 HFS. No patient developed grade 3 HFS. Other toxicities were minimal with two patients (8%) developing grade 3 neutropenia, and two (8%) with grade 3 nausea and vomiting. Grade 3 peripheral neuropathy, attributable to oxaliplatin, was seen in 3 patients (12%). Twenty-one patients (81%) required at least one dose reduction of capecitabine, and 11/26 (42%) required 2 dose reductions during treatment, typically for diarrhea and/or HFS. Of the 23 patients evaluable for efficacy, all were restaged every two months while on therapy. Thirteen patients experienced a partial response and one patient a complete response for an overall response rate of 61%. Responses were typically rapid with 10/14 (71%) responding patients achieving their partial or complete response at the first 2-month restaging. Stable disease as best response was seen in 7 patients (27%) with one patient experiencing progressive disease.

Conclusions

Preliminary evidence suggests that the XELOXA regimen is highly active. The alternative capecitabine dosing schedule appears to be well tolerated, although many patients required an initial dose reduction of capecitabine. Consequently, we have modified the current starting dose of capecitabine to 850 mg/m² bid. Enrollment will continue to a planned accrual of 50 patients. **OA**

"Dr. Joe" Continued from page 23

MVI. Oncologists would not want this liability, and vendors are reluctant to sign waivers absolving themselves of blame if something goes wrong with the mixture. Oncologists need to be very concerned about the medical/legal implications involved in the whole concept.

Oncology Associates will continue to monitor and update our members on the situation as it develops. It is of the best interest of all of us who treat cancer patients to strive to maintain quality cancer care in the outpatient setting. **OA**