Breast Cancer–Adjuvant

NSABP B-47
Phase III study comparing standard chemotherapy with or without Herceptin for invasive breast cancer with low levels of HER-2 expression. Herceptin targets the HER-2 protein on the surface of cancer cells and has proven effective in breast cancer patients with high levels of HER-2 expression.

NSABP B-53
Phase III study comparing standard endocrine therapy to the combination of standard endocrine therapy and everolimus. Everolimus is an MTOR inhibitor that is already approved for use in combination with endocrine therapy in patients with metastatic breast cancer whose disease has progressed on previous endocrine therapy.

Breast Cancer–Recurrent/Advanced

USOR 13-146
Phase III study comparing standard endocrine therapy to the combination of standard endocrine therapy plus the investigational drug LEE011 as first line therapy in patients with advanced breast cancer. LEE011 is a CDK4/6 inhibitor that inhibits progression through the cell cycle, and this class of drugs has shown promise in earlier phase breast cancer trials.

Chronic Lymphocytic Lymphoma

ALLIANCE 041202
Three arm study comparing ibrutinib to the combination of ibrutinib plus rituximab to the standard therapy combination of bendamustine and rituximab. Ibrutinib is an inhibitor of Bruton’s kinase, which plays a key role in growth signaling for B-lymphocytes. Ibrutinib has recently been approved as a second line therapy for CLL.

Colon–Adjuvant

CALGB 80702
Phase III study comparing 6 cycles of chemotherapy with or without celecoxib to 12 cycles of chemotherapy with or without celecoxib. The standard 12 cycles of chemotherapy can have significant toxicity, and the primary goal of this study is to determine if 6 cycles of chemotherapy will have equivalent efficacy as 12 cycles. Observational data have suggested that celecoxib is associated with lower risk of colon cancer recurrence.

Head & Neck

VENTI Rx
Phase II study comparing standard chemotherapy to the combination of standard chemotherapy plus VTX-2337 as 1st line treatment in patients with recurrent or advanced head and neck cancer. VTX-2337 is a Toll-like receptor 8 agonist and has immunostimulatory and antineoplastic activity.

Non-Hodgkin Lymphoma

CILEAD_0124
Phase III study comparing Rituxan to the combination of Rituxan plus investigational agent idelalisib in patients with previously treated indolent lymphomas. Idelalisib promotes programmed cell death by inhibiting PI3 kinase.

CILEAD 0125
Phase III study comparing the combination of Treanda/Rituxan to the combination of Treanda/Rituxan/idelalisib in patients with previously treated indolent lymphomas. Idelalisib promotes programmed cell death by inhibiting PI3 kinase.

Non-Small Cell Lung Cancer

ECOG 5508
Phase III study with combination chemotherapy and Avastin followed by maintenance with chemotherapy, Avastin, or both. Various studies have shown a benefit to maintenance therapy, and this study is attempting to establish the optimal maintenance schedule.

USOR 13-179
Phase III/IV study of nivolumab in patients with advanced non-small cell lung cancer that has progressed on at least one line of therapy. Nivolumab belongs to a promising novel class of agents that inhibit programmed cell death of lymphocytes and stimulate an antitumor immune response.

Multiple Myeloma

USOR 12-054
Phase II study of weekly high-dose carfilzomib with dexamethasone for patients with previously treated multiple myeloma. Carfilzomib inhibits proteasome activity leading to cell death, and is currently approved for twice-weekly administration at a lower dose.

Prostate

ALLIANCE 03120I
Phase III study comparing enzalutamide to the combination of enzalutamide and abiraterone in patients with advanced castrate-resistant prostate cancer. Both enzalutamide and abiraterone are approved for use in patients with advanced prostate cancer. The combination of enzalutamide and abiraterone has been shown to be safe in a recent report, and the main goal of this study is to assess the efficacy of the combination.

Renal

SWOC 0931
Phase III study of everolimus versus placebo in patients at high risk of recurrence after resection. Everolimus inhibits cell growth and survival by inhibiting MTOR and is approved for patients with advanced renal cancer. There is currently no standard therapy for patients at high risk for relapse after full surgical resection of renal cancer.

For more information or to refer a patient, please call (540) 662-1108.

Trial listing current as of 8/2014.