

Research Results

Radiation Therapy Oncology Group Develops Strategy for Dissemination of Research Results

The Radiation Therapy Oncology Group (RTOG) Outcomes Committee is in the process of developing a formal strategy for the dissemination of the results of their research. The goal is to improve evidence-based practice based on clinical trial findings. The timing of changes in practice based on new research findings often takes many years. To increase acceptance of new findings, the RTOG Outcomes Committee plans to enhance dissemination by increasing involvement in continuing medical education.

One example of this education effort took place at the 2001 American Society of Therapeutic Radiologists and Oncologists (ASTRO) physician seminar on 3D conformal radiotherapy. The discussion of an RTOG study of radiation to the pelvic region, which is often associated with impotence, focused on improving treatment planning to minimize the dose to normal anatomy to lower the risk of impotence while maximizing tumor dose (Fisch BM, Pickett B, Weinberg V, Roach M. Dose of radiation received by the bulb of the penis correlates with risk of impotence after three-dimensional conformal radiotherapy for prostate cancer. *Urology*. 2001 May;57(5):955-9).

More recently RTOG has disseminated the findings of the RTOG 97-14 trial (see *Network News*, February 2004 <http://www.researchadvocacy.org/February2004.pdf>), which found that patients treated with a fewer number of radiation therapy treatments (just one treatment versus ten treatments) had the same pain control. The results have been incorporated into conferences that include not just radiation therapists but also palliative care physicians and nurses. In addition, questions regarding appropriate radiation therapy treatment for bone metastasis based on this new evidence will be included into the palliative care physician's board certification examinations.

The dissemination efforts would not be complete without a plan for communication with those who participated in the trials and to the public. With that in mind, the RTOG is working with patient advocates and advocacy groups to assist with the development of methods to meet this objective. Potential methods of communication include patient advocacy newsletters, the RTOG Newsletter, email notification to the RTOG community of the publication of clinical trial results and possibly website postings of clinical trial results.

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Komen St. Louis Affiliate & Siteman Cancer Center Research Advocacy Workshop

Events for Advocates

On March 13, 2004, Siteman Cancer Center, Komen St. Louis Affiliate and the Research Advocacy Network partnered to bring an exciting workshop "Research In Action: What is Research Advocacy" to the St. Louis area. Over 65 participants learned more about research advocacy

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Komen St. Louis Affiliate & Siteman Cancer Center Research Advocacy Workshop

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and ways to influence patient focused research. Dr. Tim Eberlein, Director of Siteman Cancer Center, emphasized the importance of the advocate's perspective. Dr. Matt Ellis gave a "chalk talk" on recent breast cancer research and the importance of involvement in clinical trials. The morning concluded with a panel discussing different aspects of participation in research advocacy. Komen St. Louis will offer a focused knowledge and skill enhancement workshop for advocates interested in being equipped to take the next step to active involvement in research advocacy.

Glossaries

Tools for Advocates

In your role as a patient advocate, you often hear or read terms that are not familiar to you. To increase your understanding of terms used in medicine and research, we have compiled a list of resources for you to use. Many of these sites are so rich in information you may find yourself clicking on hyperlinks to gain a deeper understanding of not just the words but also the concepts.

- **On-Line Medical Dictionary, Dept. of Medical Oncology, University of Newcastle upon Tyne**—Different definitions for the same term are given based on the context in which the term is used. This site also has extensive hyperlinking to related terms and is one of the most helpful sites on this list.
<http://cancerweb.ncl.ac.uk/cgi-bin/omd?action=Home&query>
- **Talking Glossary of Genetic Terms, The National Human Genome Research Institute (NHGRI)**—This is a wonderful resource. In addition to a definition, you get the term's pronunciation, audio information, images and additional links to related terms.
<http://www.genome.gov/glossary.cfm>
- **MedicineNet.com**—An online healthcare media publishing company runs this excellent site. It has a good search function and hyperlinks to related terms. Looking up the term "gene" you get a simple definition, an "official definition", definitions of related terms on the same page, and a very short "history of the gene".
<http://www.medterms.com/script/main/hp.asp>
- **Birgid Schlindwein's, Hypermedia Glossary Of Genetic Terms**—Although not updated since 6/2002, this is a very good resource. In addition to more lengthy definitions, it lists related terms on the same page and has hyperlinks to the related terms.
<http://www.weihenstephan.de/~schlind/genglos.html>
- **Merriam-Webster Medical Dictionary, Aetna IntelHealth**—In spite of all the ads, this is a good site. Terms are easy to search for and definitions are thorough. Some definitions have hyperlinks to related terms and illustrations
<http://www.intelihealth.com/IH/ihIH/WSIHW000/9276/9276.html?k=navx408x9276>
- **Dictionary of Genetic Terms, Genomics and Its Impact on Science and Society, The Human Genome Project and Beyond**—Despite a good collection of terms and hyperlinks to related terms, this site does not have a search feature.
http://www.ornl.gov/sci/techresources/Human_Genome/publicat/primer2001/glossary.shtml
- **Cancer.gov Dictionary, NCI**—This site has a comprehensive list of terms. However, definitions are short and there are no hyperlinks to related terms.
http://www.cancer.gov/dictionary/db_alpha.aspx?expand=%23
- **Dictionary.com, Lexico Publishing Group, LLC**—Provides definitions from several sources and is useful if you want a "dictionary" definition. However, this is also a rich site that can be 'mined' for specific glossaries and dictionaries.
<http://dictionary.reference.com/>
- **Yahooligans! Reference: American Heritage® Dictionary**
This site has traditional definitions for terms including pronunciation, part of speech and etymology. Easy to search but it has no hyperlinks to related terms.
<http://yahooligans.yahoo.com/reference/dictionary/index.html>

Calendar-What is Research Advocacy Network Doing?

April 2004

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May 2004

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Network News

Network News is being sent to you as a courtesy. If you would like to discontinue receiving this publication, please send an email message to

info@researchadvocacy.org and type "UNSUBSCRIBE" in the subject line.

The newsletter is currently published monthly and includes articles on advocacy, research results and activities.

Research Advocacy Network

Advancing Patient-Focused Research

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Research Advocacy Network Activities

- April 13-15 North Central Cancer Treatment Group (NCCTG) Patient Advocate representatives
- April 30 Invited presentation at Oncology Administrators Meeting
- May 2-6 Invited panelist at PRIMr Meeting
- May 9-13 Patient Advocate representative, American Society of Colon and Rectal Surgeons
- May 12-14 Representative attending American Oncology Social Work Meeting
- May 11,12 Member Executive Committee, Summit on Clinical Trials WorkGroups1,3
- May 14 National Breast Cancer Awareness Month (NBCAM) event, New York City
- May 14-16 Patient representative, Eastern Cooperative Oncology Group (ECOG)

**Research Advocacy
Network
Phone & Fax Number
877-276-2187**

Additions to

<http://www.researchadvocacy.org>

Check out the addition of ADVOCATE OPPORTUNITIES on the Research Advocacy Network website <http://www.researchadvocacy.org/Adv%20Opps.html>. This listing presents opportunities and contact information for research advocates to become involved in programs. Currently the list includes information about the FDA Patient Consultant Program, NCI Director's Consumer Liaison Group, NCI Consumer Advocates in Research and Related Activities, Eastern Cooperative Oncology Group, North Central Cancer Treatment Group and more. Other programs are added as information is received and opportunities are identified.

Research Advocacy Network is YOUR network. A part of our primary mission is to serve and support research advocates and in order to do that we want to hear from you. Please help us by going to <http://www.researchadvocacy.org/form.html> and completing the survey. If you prefer to have a print copy that you can fax back to us, just let us know via email to info@researchadvocacy.org or call 877-276-2187.

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Special Article- American Association of Cancer Research Annual Meeting

The 95th Annual meeting of the American Association of Cancer Research (AACR) was held recently in Orlando, FL. The meeting provides a forum for basic, translational and clinical research in cancer. Of the over 5,600 abstracts that were accepted for presentation, 750 were published in the Association's Guide to Clinical and Translational Cancer Research. AACR has made the press releases from this meeting and past meetings available at <http://www.aacr.org/1100.asp>. A short summary of a few of the presentations that may influence the standard of care in cancer are presented here:

Vitamin E may Reduce Risk for Prostate and Bladder Cancers

Finnish men who included more Vitamin E rich foods in their diets reduced their risk of prostate cancer by as much as 53%. A separate study showed a 40 % reduction of risk for bladder cancer by taking Vitamin E supplements or a dietary increase. More evidence is needed before conclusions are made but these studies anticipate findings in a large National Cancer Institute study Vitamin E and selenium on prostate cancer. Results will not be available from that study for 7-8 years.

Sources:

- Article by Robyn Shelton from the Orlando Sentinel, downloaded from <http://www.aacr.org/2004amnews.asp>
- Abstract 3921-Intake of Vitamin E (2-R Isomers of Alpha-Tocopherol) and Gamma_Tocopherol in a Case-Control Study and Bladder Cancer Risk
- Abstract 1096 - Higher Serum ALPHA-Tocopherol and GAMMA-Tocopherol Are Associated With Lower Prostate Cancer Risk

Protein Found to be a Marker of Favorable Outcome in Ovarian Cancer

Researchers used an hK8-specific ELISA (enzyme-linked immunoabsorbent assay) in 136 ovarian tumor extracts to study the prognostic significance of this protein. Women with hK8-positive tumors most often had lower grade tumors, no residual tumor after surgery and "optimal debulking success," as well as significantly longer progression-free survival and overall survival than those with hK8 negative tumors ($p < 0.05$). Reuters quoted Carla A. Borgono, a PhD candidate at the University of Toronto, "Similar findings have been seen with several other kallikrein proteins as well. We are looking in the future to develop panels of biomarkers."

Source: Rauscher, M, Reuters Health Information Human Kallikrein 8 Found to be a Marker of Favorable Outcome in Ovarian Cancer <http://www.oncolink.com/resources/article.cfm?c=3&s=8&ss=23&id=10610&month=03&year=2004>

Vaccine Improves Survival in Stage II Melanoma

Canvaxin, a polyvalent (multiple binding sites) vaccine that covers most human leukocyte antigen (HLA) types, has shown to provide patients with early stage melanoma with a survival benefit. In a prospective study by CancerVax Corp of California 7,667 patients with Stage Ib or II melanoma received the vaccine Canvaxin or were observed. Researchers matched 315 vaccine patients with the same number in a control group comparing survival and recurrence. Statistically significant prognostic factors (T-stage, age, gender and tumor-negative sentinel node) were identified from the larger database of 11,000 patients.

5 year survival rates of 76.5% for the vaccine group compared with 67.4% for control, with 10-year survival rates at 70.6% and 58.4%, respectively ($p = .03$). Mark Faries, MD from the John Wayne Cancer Institute, Santa Monica, California said the non-vaccine group had a greater risk of recurrence of 41%, (statistically significant finding of $p = .008$) and called for a full-scale randomized trial to confirm results.

Source:

- Abstract LB-334 Canvaxin, a Polyvalent Cancer Vaccine, Improves Survival in Stage II Melanoma
- Smith, Michael, DGDDispatch Canvaxin Improves Survival in Stage II Melanoma <http://www.docguide.com/news/content/nsf/news/>