



Connecting Hope and Medical Science

Focus ON THE Search

Clinical trials advancing the quest for cancer treatment, management, and prevention.

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Meet Jana Tompkins, Breast Cancer Survivor, Clinical Trial Enthusiast

Jana was diagnosed with breast cancer in 2000. Post-surgery, Jana was referred to several oncologists. Although at that point she did not know anyone personally who had participated in a cancer clinical trial, she did know about trials and felt strongly that she would consider such an option. She interviewed several oncologists before selecting the one who indicated the strongest belief in clinical trials and who was enrolling patients in clinical trials. "I had hoped that if I could get a new drug, it might help my survivability," she said.

"The big issue for me (regarding a clinical trial) was that it gave me greater sense of hope. Before I knew that four of my lymph nodes were to test positive, I thought I would do the minimum treatment for my cancer. But once the nodes were tested, I knew my odds were not going to be very good with minimum treatment. Then I wanted to do the maximum treatment."

When asked whether or not family and friends were supportive of her decision to participate in a clinical trial, Jana spoke appreciatively of the support she received from everyone around her. She also raved about the nurses who administered the trial. "I was so impressed with how my nurse explained the trial, with how much information he gave me, with how clear he was." (Jana was on NSA BP Trial B-30,

a three-arm randomized trial to compare adjuvant Adriamycin and Cyclophosphamide followed by Taxotere (AC-T); Adriamycin and Taxotere (AT); and Adriamycin, Taxotere, and Cyclophosphamide (ATC) in breast cancer patients with positive axillary lymph nodes.

Jana acknowledges that she really can't say what her fate would have been without the trial treatment, but that she felt that the trial supported her in working to get back to health. It made her feel that what she was doing every day was important to her recovery. "It was hard work," she said, "but necessary."

"Now ten years out, it feels great. I don't know what the future will bring, but all that

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"I encourage anyone who talks to anyone who is newly diagnosed to spread the word about clinical trials. That's the way we make advances in the medical treatment of cancer." Jana and her granddaughter, Addison.

This Issue's Featured Clinical Trial

CALGB 40603

- **Purpose:** This randomized phase II trial is studying how well giving paclitaxel with or without carboplatin and/or bevacizumab followed by doxorubicin and cyclophosphamide works in treating patients with breast cancer that can be removed by surgery.
- **Eligibility:** At least 18 years old; stage II or stage IIIA breast cancer; measurable disease; HER2-negative, estrogen receptor-negative (ER-), and progesterone receptor-negative (PR-) tumor; more than 4 weeks since surgery; no previous chemotherapy, hormone therapy, or radiation therapy for this cancer.
- **Treatment/Intervention:** Patients will be randomly assigned to one of four treatment groups. Patients in group one will receive a 1-hour infusion of paclitaxel once a week for 12 weeks. They will then receive an infusion of doxorubicin and a 5- to 60-minute infusion of cyclophosphamide once in weeks 13, 15, 17, and 19. Patients in group two will receive a 1-hour infusion of paclitaxel once a week for 12 weeks. They will also receive a 30- to 90-minute infusion of bevacizumab once in weeks 1, 3, 5, 7, 9, 11, 13, 15, and 17, and infusion of doxorubicin, and a 5- to 60-minute infusion of cyclophosphamide once in weeks 13, 15, 17, and 19. Patients in group three will receive a 1-hour infusion of paclitaxel once a week for 12 weeks. They will also receive an infusion of carboplatin once in weeks 1, 4, 7, and 10, and an infusion of doxorubicin, and a 5- to 60-minute infusion of cyclophosphamide once in weeks 13, 15, 17, and 19. Patients in group four will receive a 1-hour infusion of paclitaxel once a week for 12 weeks. They will also receive a 30- to 90-minute infusion of bevacizumab once in weeks 1, 3, 5, 7, 9, 11, 13, 15, and 17, an infusion of carboplatin once in weeks 1, 4, 7, and 10, and an infusion of doxorubicin, and a 5- to 60-minute infusion of cyclophosphamide once in weeks 13, 15, 17, and 19. Patients in all arms will undergo surgery at 4–8 weeks after finishing therapy. Patients will undergo core tissue biopsies at the beginning of the study for laboratory studies. After finishing treatment, patients will be evaluated periodically for up to 10 years.

Resources

- www.cancer.gov/clinicaltrials/CALGB-40603
- www.calgb.org/
- www.breastcancercolorado.org/
- www.knowbreastcancer.org
- <http://cdmrp.army.mil/bcrp/>

Meet Jana Tompkins...

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matters is what we do today." Jana's call to action for you, our readers, is this " I encourage anyone who talks to anyone who is newly diagnosed to spread the word about clinical trials. That's the way we make advances in the medical treatment of cancer."

In addition to her enthusiasm and advocacy for clinical trials, Jana is actively supportive of CCRP, serving on the Communications Committee, talking to oncologists about CCRP, and also donating financially. To advance the success of CCRP, she is currently working with CCRP staff to create a monthly giving program.



Support CCRP on Colorado Gives Day — December 8!

CCRP is participating in this special day when the community will come together to support local charities. Colorado Gives Day asks donors to give to their favorite charities online through the website GivingFirst.org. As a special incentive, the value of your donation will be increased by the Colorado Gives Day Incentive Fund — created by FirstBank and supplemented by local organizations. Donate online from anywhere and at any time over the 24-hour period of December 8.

- 100 percent of your donation comes to CCRP when you give through GivingFirst.org.
- To boost the amount of your donation, it must be made during the 24-hour period starting at 12:00 a.m. on December 8.

On December 8, support CCRP by visiting www.co-cancerresearch.org and click on the *Colorado Gives Day* logo.



Special thanks to **Sandi and Tammi Overton**, founders of the **Hercules Run** held on September 12 at Adams County Fairgrounds. The \$2,400 raised was donated to CCRP in honor of **Dave Overton**. Dave lost his fight to duodenal cancer at age 52, and this run is now held in his memory to help fight cancer. Dave was a loving husband, father, friend, and role model.

ChemoBrain

“Where did I leave my keys?”

“How did I forget to buy milk?”

“Why can't I remember her name?”

These are questions some individuals may ask themselves when they are undergoing cancer treatment or after treatment. Thinking and memory problems are known as chemo brain or chemo fog. In more clinical terms, these problems are known as cognitive changes or cognitive dysfunction.

Possible signs and symptoms:

- difficulty concentrating, multitasking, or finding the right word
- being unusually disorganized
- shorter attention span
- short-term memory problems
- trouble with verbal memory, such as remembering a conversation
- trouble with visual memory, such as recalling an image or list of words

These changes vary widely and sometimes they are long lasting. Because symptoms differ from person to person, it is important to work with a health care provider to develop an individualized approach to dealing with them.

It is not clear what causes chemo brain. Some cancer-related causes may include chemotherapy, hormone therapy, radiation therapy, immunotherapy, and surgery. Complications of cancer treatment, such as anemia, fatigue, infection, menopause, poor nutrition, and sleep issues may also trigger symptoms. Emotional reactions to a cancer diagnosis and treatment, such as anxiety and depression, may also contribute to memory and thinking problems.

Helpful strategies for dealing with memory changes:

- exercise your brain: try crossword puzzles or number games
- learn a new skill: a second language or a new hobby
- maintain a schedule
- practice relaxation techniques
- stay organized
- take frequent breaks
- exercise your body
- get enough rest

(excerpted from article by Jill Dowdy and Sadhna Kohli at <http://www.mayoclinic.org/mcitems/mc1600-mc1699/mc1604-0110.pdf>, accessed November 8, 2010)

Resources About Chemo Brain

Your Brain After Chemo: A Practical Guide to Lifting the Fog and Getting Back Your Focus by Dan Silverman and Idelle Davidson, 2009, 284 pages.

This book is a guide for individuals experiencing chemo brain or thinking and memory problems. Some chapters highlight specific signs and symptoms with suggestions to help alleviate them. Other chapters describe the authors' nine-step program of strategies to improve memory and focus through a modification of diet, lifestyle, and frame of mind. Inspiring survivor stories are included throughout the book.

- www.cancer.gov/mcicancerbulletin/032409/page8
- www.mayoclinic.com/health/chemo-brain/DS01109
- www.medicalnewstoday.com/articles/164463.php#
- www.sciencedaily.com/releases/2009/09/090917111518.htm#

Online Cancer Resources

National Cancer Institute:
www.cancer.gov

National Comprehensive Cancer Network: www.nccn.com

A patient-oriented cancer website based on the NCCN Guidelines which set the standard of care for clinicians around the globe.

American Society of Clinical Oncology:
www.asco.org
www.cancer.net

Oncologist approved cancer information, including information on cancer research and advocacy.

CancerCare: www.cancer.org
CancerCare programs include counseling and support groups, education, financial assistance and practical help.



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