DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH
NATIONAL CANCER INSTITUTE
24th CLINICAL TRIALS AND TRANSLATIONAL RESEARCH ADVISORY COMMITTEE
(CTAC) MEETING

Summary of Meeting
July 16, 2014

WEBINAR

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The 24th meeting of the Clinical Trials and Translational Research Advisory Committee (CTAC) of the National Cancer Institute (NCI) was held by webinar on Wednesday, July 16, at 11:00 a.m. A CTAC member, Dr. Nancy E. Davidson, Director, University of Pittsburgh Cancer Institute, presided. The meeting was adjourned at 12:19 p.m.

Chair

Nancy E. Davidson

CTAC Members
James L. Abbruzzese
Susan G. Arbuck
Monica M. Bertagnolli (absent)
Curt I. Civin (absent)
Kevin J. Cullen
J. Phillip Kuebler
Scott M. Lippman (absent)
Mary S. McCabe
Edith P. Mitchell
Nikhil C. Munshi
Lisa A. Newman (absent)
Nancy Roach
Peter G. Shields
George W. Sledge, Jr.
Chris H. Takimoto
Gillian M. Thomas
Frank M. Torti
Miguel A. Villalona-Calero
George J. Weiner

***Ad hoc* Members**

Michael L. LeBlanc (absent)

***Ex Officio* Members**
James H. Doroshow, NCI
Paulette S. Gray, NCI
Rosemarie Hakim, CMS
Lee J. Helman, NCI (absent)
Michael J. Kelley, VA (absent)
Richard Pazdur, FDA (absent)
Alan S. Rabson, NCI (absent)

Executive Secretary
Sheila A. Prindiville, NCI

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WEDNESDAY, JULY 16, 2014

I. CALL TO ORDER AND OPENING REMARKS—DR. NANCY DAVIDSON

Dr. Sheila A. Prindiville, Director, Coordinating Center for Clinical Trials, NCI, and Executive Secretary of the CTAC, conducted a roll call and confirmed that a quorum of CTAC members was present. She explained that the CTAC Chair, Dr. James L. Abbruzzese, Chief, Division of Medical Oncology; and Associate Director, Clinical Research, Department of Medicine, Duke Cancer Institute, Duke University Medical Center, was unable to attend the first part of the webinar. Dr. Nancy E. Davidson, Director, University of Pittsburgh Cancer Institute, presided as Chair in his stead.

Dr. Davidson called the 24th meeting of the CTAC to order and welcomed participants to the meeting. She reviewed the confidentiality and conflict-of-interest practices required of Committee members during their deliberations. Dr. Davidson invited members of the public to send written comments on issues discussed during the meeting to Dr. Prindiville within 10 days of the meeting.

Motion. Motions to accept the minutes from the 22nd meeting of the CTAC, held on March 12, 2014, as well as the 23rd meeting of the CTAC held on June 18, 2014, were approved unanimously.

II. DEPUTY DIRECTOR'S REPORT—DR. JAMES H. DOROSHOW

Dr. James H. Doroshow, Deputy Director, Clinical and Translational Research, NCI, provided an update on the NCI's recent clinical and translational research activities.

Reports to Congress on Pancreatic Cancer and Small-Cell Lung Cancer. In response to the Recalcitrant Cancer Research Act of 2012, NCI recently submitted the *Scientific Frameworks for Small Cell Lung Cancer (SCLC)* and *Pancreatic Ductal Adenocarcinoma (PDAC)* to Congress. The PDAC and the SCLC frameworks are available on the NCI Division of Extramural Activities' (DEA) CTAC Working Groups and Supplements page, http://deainfo.nci.nih.gov/advisory/ctac/workgroup/ctacsupmat.htm. It was noted that the NCI has now fulfilled the initial directives of the Recalcitrant Cancer Research Act.

The SCLC report identified several scientific opportunities including the collection of blood and tissue specimens from patients before treatment and after relapse to develop patient-derived xenograft mouse models for the study of new therapeutic approaches. NCI plans to issue a request for applications from NCI-supported programs such as the Cancer Centers and NCI Community Oncology Research Program (NCORP) for supplemental awards to collect blood specimens from a variety of cancers, including SCLC, to develop the resources for this effort.

Progress has also been made one of the recommendations made in the PDAC report. In a recent joint meeting, the NCI Board of Scientific Advisors (BSA) and National Cancer Advisory Board (NCAB) approved a request for applications (RFA) sponsored by NCI and the National Institute of Diabetes and Digestive and Kidney (NIDDK) to study the interactions between the

development of diabetes and PDAC, including diabetes associated with pancreatic cancer(also known as type 3c diabetes), NIDDK and NCI will issue the RFA, which addresses a recommendation in the PDAC report submitted to Congress, at the end of the current fiscal year or early in the next fiscal year.

Re-competition of the Early Detection Research Network (EDRN). At their recent joint meeting, the NCI BSA and NCAB also approved the re-competition of the EDRN.

NCORP Network. NCI has selected the NCORP awardees and plans to send out the notices of award soon. The program represents a major effort to reorganize and modernize NCI's approach to clinical and translational research in community settings.

Experimental Therapeutics Clinical Trials Network (ET-CTN). The first in-person meeting of ET-CTN investigators is scheduled for July 17–18, 2014. The meeting will focus on team-based development of targeted agents.

Dr. Doroshow thanked the many CTAC members whose involvement helped make these important NCI accomplishments possible.

III. FINAL REPORT OF THE NCI NATIONAL CLINICAL TRIALS NETWORK (NCTN) WORKING GROUP—DR. GEORGE W. SLEDGE, JR.

Dr. George W. Sledge, Jr., Chief, Division of Oncology, Stanford University, co-chaired the NCI NCTN Working Group with Dr. Robert Diasio, Professor of Pharmacology, Mayo Clinic College of Medicine and Director, Mayo Clinic Cancer Center. Dr. Sledge opened his review of the NCI NCTN Working Group's final report by thanking all of the working group and NCI staff members who supported the report's development.

Since most of the components of Section 1 of the report had been covered at previous CTAC meetings. Dr. Sledge focused his remarks on the report's second section, which addresses approaches for NCTN trial prioritization and strategic assessment.

Dr. Sledge described the three main components of the recommended comprehensive process for trial prioritization:

- Prospective disease-specific priority setting;
- Identification of trial categories generally considered high or low priority; and
- Cross-disease prioritization in response to resource constraints.

Dr. Sledge reported that the NCI NCTN Working Group recommended periodic strategic assessments of each disease-specific trial portfolio to complement the recommended prospective priority-setting and cross-disease prioritization activities.

Questions and Discussion

Although periodic assessments of the trial portfolios would be valuable, Dr. Sledge commented on the fact that these assessments would be time consuming endeavors. Dr. Nikhil C. Munshi, Associate Director, Jerome Lipper Myeloma Center, Dana-Faber Cancer Institute; and Associate Professor of Medicine, Harvard Medical School, added that such reviews could provide essential feedback to the Scientific Steering Committees (SSCs).

Ms. Nancy Roach, Consumer Advocate, Fight Colorectal Cancer Coalition, proposed that NCI conduct periodic assessments on a rolling basis and ensure that the same people review portfolios in different diseases. Dr. Munshi suggested that the NCI conduct the portfolio assessments every 3 years given the speed of changes in cancer research. Dr. George Weiner commented that every 5 years is probably sufficient.

Dr. Davidson stated that the NCTN steering committees (SSCs) need to examine their portfolios every year to ensure that their studies are addressing their priorities. These frequent reviews could substitute the higher-level reviews that the NCI NCTN Working Group had recommended. Dr. Gillian M. Thomas, Professor, Departments of Radiation Oncology and of Obstetrics and Gynecology, University of Toronto, agreed and suggested that the SSCs should report on the results of these reviews to the CTAC.

Dr. Abbruzzese supported the CTAC members' recommendations for more frequent portfolio reviews by the SSCs and for less frequent, higher-level reviews by NCI. He added that NCI should complete the higher-level reviews of all of the portfolios every 3–5 years to ensure that the balance among the portfolios is appropriate. Dr. Davidson suggested that the higher-level assessments should be conducted by a CTAC subcommittee.

Dr. Frank M. Torti, Executive Vice President for Health Affairs, University of Connecticut Health Center, and Dean, University of Connecticut School of Medicine, suggested that NCI should conduct the first periodic assessment in 3 years to ensure that the program is moving in the right direction. If the results are positive, the reviews could be conducted every 5 years thereafter.

Dr. Sledge commented that the NCTN Groups' Disease Committee chairs' input should be very useful when the individual disease portfolios are assessed by the SSCs. Dr. J. Phillip Kuebler, PI, Columbus Community Clinical Oncology Program (CCOP), Columbus Oncology Associates, Inc., added that the Group chairs could help determine whether the trials are high or low priority.

Motion. A motion to accept the final report of the NCI NCTN Working Group was approved unanimously.

IV. STATUS OF PLANS TO IMPLEMENT THE NCI NCTN WORKING GROUP'S CROSS-PORTFOLIO RECOMMENDATIONS—DR. JEFFREY ABRAMS

Dr. Jeffrey Abrams, Associate Director, Cancer Therapy Evaluation Program, Division of Cancer Treatment and Diagnosis, NCI, summarized NCI's activities to implement the cross-portfolio recommendations of the NCI NCTN Working Group:

- Emphasize innovative science-driven trials: Balance innovative and more conventional trials and focus on biology-driven trials when establishing strategic priorities for each disease; use scientific impact/contribution as a primary criterion for cross-disease prioritization.

- Consider reallocation of NCTN resources: Allocate funds to each disease based on the science; set aside funds for the Biomarker, Imaging, and Quality of Life Studies Funding Program (BIQSFP); work to establish creative partnerships to provide new resources for integral, integrated, and correlative studies.

- Enhance coordinated strategic planning: Continue to enhance coordinated strategic planning through clinical trials planning meetings (CTPMs) and the new disease-specific strategic priority-setting process; establish new public-private partnerships for future collaborative trials.

- Strengthen strategic planning: Emphasize the importance of accrual challenges and competing trials in trial concepts; carefully monitor accrual performance; use competing trials as a criterion in cross-disease prioritization.

- Optimize steering committee processes: Monitor steering committees' use of task forces, working groups, and CTPMs through periodic strategic assessments of clinical trial portfolios.

Questions and Discussion

Dr. Abbruzzese inquired whether NCI plans to address all of the activities at the same time or focus on some of the high-priority efforts first. Dr. Abrams said that NCI has been emphasizing accrual-related issues, sharing of best practices across NCTN groups as well as BIQSFP activities. Other activities will become a focus when NCI and the SSCs conduct portfolio assessments. Although the list of implementation activities is ambitious, NCI has already made progress on many of the activities.

Ms. Roach asked whether the best practices that are shared among SSCs have been documented. Dr. Abrams said that NCI has not distributed best practices as of yet.

Ms. Mary S. McCabe, Director, Cancer Survivorship Program, Memorial Sloan Kettering Cancer Center, asked whether investigators proposing BIQSFP studies on biomarker, imaging, or

quality-of-life studies must compete with researchers proposing studies in one of the other two areas. Dr. Abrams explained that studies in the three areas have not competed against one another yet, although this potentially could happen in the future. NCI wants to maintain a balance among these three areas.
Dr. Miguel A. Villalona-Calero, Division Director, Medical Oncology, Division of Hematology and Oncology, Ohio State University, commented on the fact that the recommendation of the NCI NCTN Working Group to pursue studies that will have the most substantial clinical and scientific impact might not be compatible with the Recalcitrant Cancers Act, which calls for research on certain types of cancer. Dr. Abrams replied that NCI is always seeking opportunities to address recalcitrant cancers but can only fund this type of research if it has the potential to have clinical and scientific impact.

V. NEW BUSINESS—DR. DAVIDSON

Dr. Abbruzzese asked CTAC members to inform him and/or Dr. Prindiville of potential agenda items for future CTAC meetings.

Dr. Villalona-Calero suggested that the next CTAC meeting feature a presentation on the status of the revamping of the Phase 2 N01 program. Dr. Doroshow confirmed that NCI will discuss its plans for the program at a future CTAC meeting.

VI. ADJOURNMENT—DR. DAVIDSON

There being no further business, the 24th meeting of the CTAC was adjourned at 12:19 p.m. on Wednesday, July 16, 2014.