Cooperative Group Banks

Request for Reissuance of RFA (Limited Competition)

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U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES

National Institutes of Health

The Vision of Personalized Medicine

- Selection of the most effective therapy for patients based on the evaluation of individual characteristics of the patient and patient's disease
- Selection depends on having robust, validated clinical assays for the evaluation
- Clinical credentialing of the assays requires the availability of specimens from patients uniformly treated on randomized trials with high-quality clinical data

Specimen Collection on Clinical Trials

- Clinical trials testing the efficacy of targeted therapies often include assays for integral markers that inform patient eligibility, stratification or therapy selection
- Integral markers must be evaluated for the trial to proceed
- Assessment of integral markers requires the collection and evaluation of patient specimens in real time

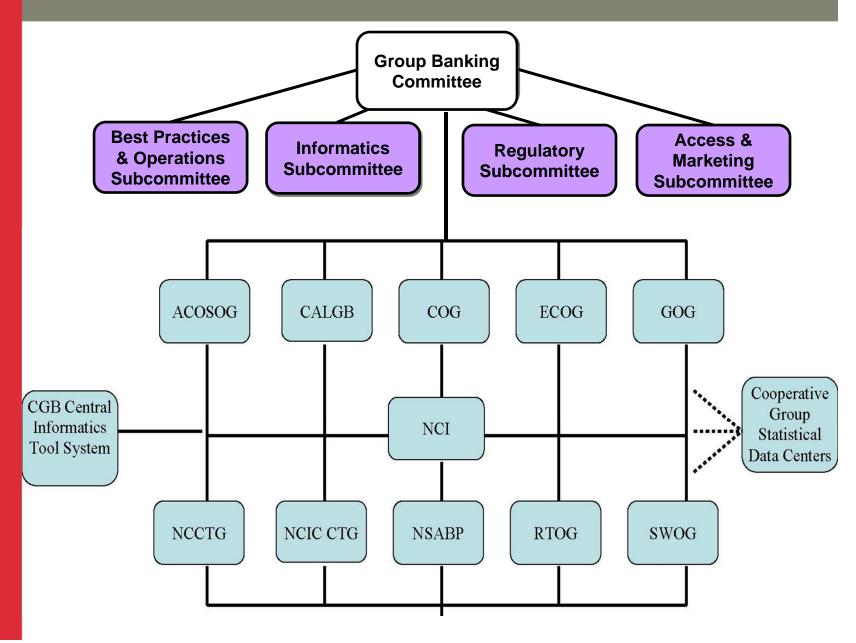
Cooperative Group Banks (CGBs)

- Biorepositories of specimens from patients enrolled in Clinical Cooperative Oncology Group trials
 - Only source of specimens from patients treated uniformly on phase III and large phase II clinical trials with high quality clinical, treatment and outcome data
 - Critical to developing and validating the markers for diagnosis, prognosis and prediction of response to therapy
- The ability of the CGBs to collect and distribute specimens depends on stable funding

History of Funding

- Individual CGBs had no dedicated funding until September, 2005
- NCI Cooperative Group Banking RFA:
 U24 Cooperative Agreement Grants (9/2005-3/31/2010)
 - Provide stable support for CGB infrastructure for continuing specimen collection, storage and utilization
 - Harmonize banking procedures and IT systems
 - Establish fair and open access
- 9 CGBs: ACOSOG, CALGB, COG, GOG, ECOG, NCCTG, NSABP, RTOG, SWOG
- Pls: Cooperative Group Chairs

Organizational Chart of the CGB Resource



Group Banking Committee Accomplishments (2006-2008)

Best Practices and Operations Subcommittee

- Central Manual of Operations
- Harmonization of Standard Operating Procedures (SOPs) based on local CGB SOPs

Informatics Subcommittee

Central Informatics Tool System

- Pilot project Scope of Work for GBC Informatics Initiatives
- Reporting Tool Version 1 Project
- Common interactive Biospecimen Inventory Query System
- Common Reporting Tool Version 2 Plan

Initiative with caBIG to connect the GBC Reporting application to caGrid and the second version of Specimen Locator

Group Banking Committee Accomplishments (2006-2008; contd.)

Regulatory Subcommittee

- Common Informed Consent Document
- Common Patient Information Brochure
- Common IRB Information Sheet

Access & Marketing Subcommittee

- Guiding Principles for Access and Marketing of Specimen Resources
- Common Material Use Agreement Template
- Common Sample Letter of Intent for Access to Specimens
- Common Biospecimen Access Application Template

Tumor/Organ Site of Specimens Collected

	ACOSOG	CALGB	COG	ECOG	GOG	NCCTG	NSABP	RTOG	SWOG	NCIC CTG
Brain			X	X		X		Χ		X
Breast	X	X		X		X	Χ	Χ	X	X
GI	X	X	X	X		X	X	Χ	X	X
GU		Χ	X	X				Χ	X	X
GYN					Х			Χ		
Head&Nec k			X	X				Χ	X	
Lymphoma		Χ		Χ					Χ	Χ
Melanoma				Χ					X	X
Myeloma				X					Χ	X
Periph. Neuro		Χ	Χ	X		Χ				
Liver			X							
Leukemia		Χ	X	X					X	
Lung	X	X				X		Χ	X	
Sarcoma			X					X		X
Serum	Χ	Χ	Χ	Χ	Х	Χ	Χ	Χ	Χ	X
Thyroid			X							

Specimen Activities 10 Solid Tumor Banks (2000-2007)

Tumor Specimens Collected	807,767
Serum Specimens Collected	143,047
Tumor Specimens Distributed	720,172
Serum Specimens Distributed	38,663
Intra/Inter Group Investigators Supported	1,257
External Investigators Supported	283

Specimen Activities 4 Leukemia Banks (2000-2007)

Specimens Collected	49,491
Cryoviable Cells (Bone Marrow, Blood) Collected	45,068
Specimens Distributed	28,728
Cryoviable Cells (Bone Marrow, Blood) Distributed	18,914
Intra/Inter Group Investigators Supported	370
External Investigators Supported	30

Scientific Impact (2000-2008)

- 1,350 PUBLICATIONS AND 36 PATENTS BY CGB USERS
- >346 PUBLICATIONS WITH IMPACT FACTOR (IF) \geq 10
- HIGH IMPACT PUBLICATION RATE DOUBLED IN 2006-2008 COMPARED TO 2000-2005

Selected Banks	% Impact Factor > 10
CALGB LEUKEMIA	37
CALGB SOLID TUMOR	37
COG	27
ECOG SOLID TUMOR	54
ECOG LEUKEMIA	50
ECOG MYELOMA	43
NCCTG	57
NCIC CTG	41

Research Highlights

- OncotypeDx[™] test on FFPE Breast Cancer tissue (Paik S et al, NEJM 2004) → TAILORx Breast Cancer trial
- K-ras mutation status in advanced Colorectal Cancer Tx with cetuximab (Karapetis CS et al, NEJM 2008)
- MicroRNA signature and event-free survival in AML (Marcucci et al, NEJM 2008)
- HER2 over-expression in tissues (IHC, FISH) with response to paclitaxel in node-positive Breast Cancer (Hayes et al, NEJM 2007)
- Prediction of disease severity in early stage Multiple Myeloma (Barlogie et al. Blood 2008)
- Evaluation of Glioblastoma Tx (NCCTG, RTOG, NCIC CTG)
- SPECS, TARGET, Trans-NCI Initiatives

Oncotype Dx: Role of Clinical Trial Specimens in Development of a Clinically Validated Assay

- Assay development (NSABP B-20 Trial)
 - -250 genes studied on archival material by high-throughput qRT-PCR
 - -Reduced to a 21 gene-signature
 - -Recurrence Score (RS) identified patients with low, intermediate or high recurrence risk (10-year 6.8%, 14.3%, and 30.5%, respectively, *P*≤.001)
- Validation of reproducibility and outcome correlation
 (NSABP Trial B-14 Validation, Kaiser Permanente External Validation)
- Predictive Value of the assay for chemotherapy (NSABP Trial B-20)
 - -Significant benefit from chemotherapy in high risk RS patients (decrease of 26.7% in absolute risk)
 - -No benefit from chemotherapy in low risk RS patients
- Trial Assigning Individualized Options for Treatment (TAILORx)
 - -ECOG led multicenter trial integrating the 21-gene assay into the clinical decision-making process

External Evaluation of CGB Resource

- Critical value to cancer research community
- Need for stable support for CGB infrastructure for continuing specimen collection, storage and utilization
- Harmonization of banking procedures and IT systems will increase quality and accessibility
- Important to establish fair and open access
- Increase collection of frozen specimens to meet emerging technology needs

Justification for Limited Competition RFA and Budget

Limited Competition

- Coop Groups are the only groups that conduct phase III and large phase II NCI trials
- Coop Group Banks are in the process of harmonization

Budget

- Support 9 awards to established CGBs
- Year 1: \$8.75 M total cost for all groups
- Total cost over 5 years: \$43.75 M

Importance of NCI Funding for CGBs

- A unique value for the research community and National Cancer Institute
- Well annotated specimens with high quality clinical, treatment and outcome data collected on trials
- Critical to developing and validating the markers for diagnosis, prognosis, response to therapy and personalized medicine
- Well utilized; high scientific impact of correlative studies
- Complementary to the proposed OBBR caHUB initiative