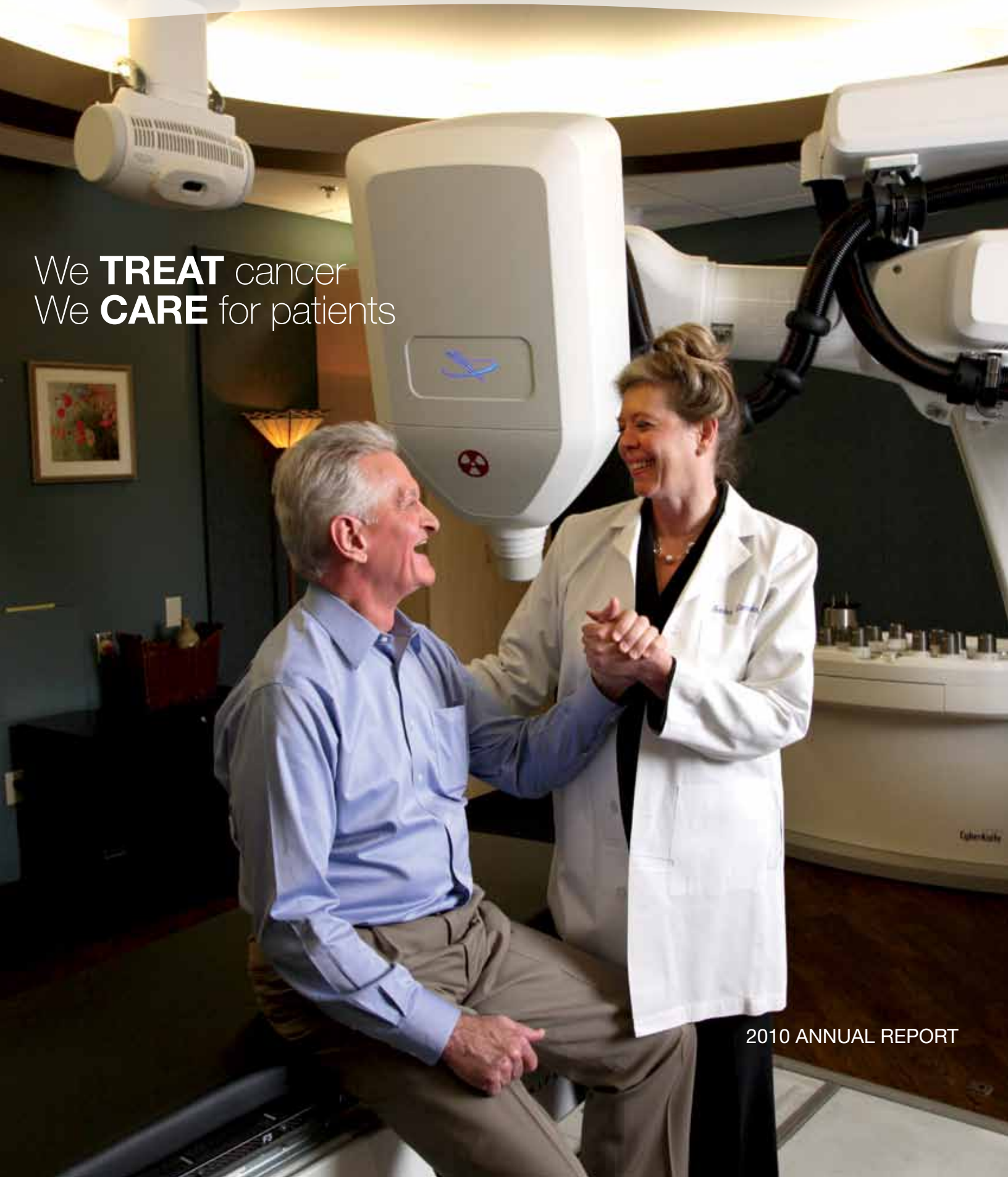
SWEDISH
CANCER INSTITUTE



We **TREAT** cancer
We **CARE** for patients

2010 ANNUAL REPORT

2010 Cancer Committee Membership Roster

Mariko Adachi
Informatics Specialist

Ralph Aye, M.D.
Thoracic/Esophageal Surgery

Janet Bagley, R.N., M.S., AOCNS
Director, Medical and Surgical Oncology Outpatient Clinical Operations

J. David Beatty, M.D.
Breast Surgery

Candy Bonham, CTR
Cancer Registry/Cancer Program Coordinator

Mark Bonnema, M.Div.
Spiritual Care

Patricia Dawson, M.D.
Breast Surgery

Albert Einstein Jr., M.D.
Executive Director Swedish Cancer Institute

Stephen Eulau, M.D.
Radiation Oncology

Sylvia Farias, MSW
Social Services

Daniel Flugstad, M.D.
Orthopedic Surgery

Greg Foltz, M.D.
Neurological Surgery

Philip Gold, M.D.
Medical Oncology

Patra Grevstad, R.N., M.N.
Research

Gordon Irving, M.D.
Medical Director, Pain Management Services

Sandra Johnson, LICSW
Oncology Social Services

Mary Kelly, M.D.
Diagnostic Radiology

Namou Kim, M.D.
Head and Neck Surgery

Barbara Kollar, MHA, CHES
Patient Education/ Integrated Care

Dan Labriola, N.D.
Naturopathic Medicine

Shannon Marsh
American Cancer Society Patient Navigation Representative

Vivek Mehta, M.D.
Radiation Oncology

Michael Milder, M.D.
Medical Oncology/ Internal Medicine

David Moore, M.D.
Head and Neck Surgery

Jay Parikh, M.D.
Diagnostic Radiology

Bruce Porter, M.D.
Diagnostic Radiology

James Porter, M.D.
Urology

Robert Resta, M.S., CGC
Hereditary Cancer Clinic

Carlotta Reynolds, R.N.
Inpatient Oncology Nurse Manager

Sara Rigel, MPH, CHES
Manager, Patient/Family Education and Community Health

Eric Rosen, M.D.
Diagnostic Radiology

Nancii Stonebraker, R.D., C.D.
Manager, Clinical Nutrition

Alexis Takasumi, CHES
Medical Education

Nancy Thompson, R.N., M.S., AOCNS
Outpatient Clinical Nursing

Ronald Tickman, M.D.*
Pathology

Dan Veljovich, M.D.
Gynecological Oncology

John Wynn, M.D.
Psycho-Oncology

Jim Yates, MSPH, MBA
Administrative Director Swedish Cancer Institute and First Hill Service Lines

Jon Younger, M.D.
Internal Medicine/ Hospice Director

John Zarek
Director, Clinical Pharmacy

David Zucker, M.D., Ph.D.
Medical Director, Cancer Rehabilitation Services

**2010 Committee Chairman*

COVER PHOTO: Swedish Radiosurgery Center patient William Schatz meets with radiation oncologist Sandra S. Vermeulen, M.D., following his CyberKnife treatment.

A message from the Swedish Cancer Institute leadership

A commitment to fight cancer takes innovation, tenacity and an unwillingness to accept the status quo. For nearly eight decades the men and women of the Swedish Cancer Institute (SCI) have been relentless pioneers in developing and acquiring the latest cancer-fighting technologies and therapies.

In 2010 the SCI reinforced its reputation for having a progressive, personalized approach to cancer treatment and truly embracing our philosophy, which simply states:

We **treat** cancer – We **care** for people

Our experts care for patients with compassion, respect and understanding while aggressively treating their cancer with the most advanced equipment and techniques. We offer customized care plans and access to novel therapeutic agents through clinical trials. That's the tradition of cancer care at the Swedish Cancer Institute.

Ronald J. Tickman, M.D. (left) and Albert B. Einstein, M.D. (right)

This focus on identifying and providing the best treatment for each unique individual has driven many of our current strategic initiatives. Patients and their families are always at the center of our cancer-fighting team. Therefore, at SCI we continually seek ways to expand access to cancer care that is both high quality and close to home or work. This year we have made considerable progress meeting that goal. We have:

- Added Gamma Knife® technology to the Swedish Radiosurgery Center
- Launched construction on a radiation treatment center that will offer TomoTherapy®
- Designed a comprehensive cancer treatment center for Swedish/Issaquah
- Completed negotiations with Puget Sound Cancer Center to create a closer affiliation
- Enhanced our menu of patient education classes and support groups

This is the SCI approach to cancer. We recruit the nation's leading experts and equip them with the latest technology. We encourage them to participate in ground-breaking clinical trials to discover new treatment techniques and therapies. And — we enable them to focus on their patients who have chosen Swedish for some of the most critical medical care they may ever receive.

Treating cancer – Caring for people. It's been our foundation since 1932 – and it will remain so far into our future.

Albert B. Einstein Jr., M.D.
Executive Director
Swedish Cancer Institute

Ronald J. Tickman, M.D.
Cancer Committee Chairman

Lung cancer: Finding ways to give patients a better chance of survival

More people die from lung cancer each year than from breast and prostate cancer combined – even though it is about half as prevalent.[1] Like those cancers, it is highly survivable when diagnosed in its earliest stages. And yet, too often lung cancer patients are diagnosed too late to be treated aggressively and successfully.

In 2009, 65 percent of all lung cancer cases at the Swedish Cancer Institute (SCI) were late stage (Stages III and IV). Although that represents a slight improvement (2 percent) over the last five years, it still suggests an urgency in identifying ways to detect lung cancer earlier and to provide lung-cancer patients a better chance of survival.

Creating customized care plans

The diagnosis and treatment of lung cancer patients requires a full complement of expertise and technology. At SCI that is clearly evident in the multidisciplinary collaboration that brings together thoracic surgeons, medical and radiation oncologists, pulmonologists and interventional pulmonogists, radiologists, pathologists and alternative medicine physicians to diagnose and tailor treatment plans to individual patients. It also is evident in SCI's commitment to making available the most up-to-date diagnostic tools, treatments and therapies.

An arsenal of diagnostic tools

Interventional pulmonologist Jed A. Gorden, M.D.

Early testing that determines malignant vs. benign and small vs. non-small cell lung cancer, and assists the team in staging the cancer is the critical first step in determining a treatment path for lung-cancer patients. The bigger the arsenal of diagnostic tools, the better the ability to effectively target the treatment to the patient.

"At SCI, the lung-cancer team has something to offer all patients at all stages – whether that treatment is meant to cure or palliate and improve quality of life," says **Jed A. Gorden, M.D.**, interventional pulmonologist. "Under staging during the diagnostic phase potentially could lead to prescribing unnecessary treatments that would not be beneficial, while over staging can mean the patient will not receive potentially curative treatments."

Swedish Cancer Institute
Lung Cancer by the Numbers

Number of Cases (2009)

2005	**333**
2006	**364**
2007	**391**
2008	**389**
2009	**425**

Cases by Age (2009)

Less than 20 years	**1%**
20-29 years	**0%**
30-39 years	**1%**
40-49 years	**5%**
50-59	**18%**
60-69 years	**31%**
70-79 years	**26%**
80-89 years	**17%**
90 or older	**2%**

Cases by Diagnosis/Treatment Location

Diagnosed at SCI/Treated at SCI
2005 – **45.8%** 2009 – **50.6%**

Diagnosed elsewhere/Treated at SCI
2005 – **52.6%** 2009 – **42.5%**

Diagnosed at SCI/Treated elsewhere
2005 – **1.6%** 2009 – **6.9%**

As technology has evolved, SCI has made new tools available to its physicians to assist in making their diagnostic and therapeutic decisions. In addition to radiographic and CT imaging as initial diagnostic tools, SCI offers bronchoscopy, mediastinoscopy, needle aspiration, sputum cytology, thoracentesis, thoracoscopy and thoracotomy as additional means of gathering fluid and tissue necessary to refine the diagnosis. Advanced bronchoscopy using electromagnetic navigation and endobronchial ultrasound (EBUS) are additional options that provide a minimally invasive method of navigating the maze of airways and targeting lesions that are mostly beyond the visual field.

SCI is one of a handful of organizations currently involved in National Institutes of Health-funded research evaluating what could be considered the ultimate in minimally invasive diagnostic testing. The Menssana Breath Text shows great promise for the early detection of lung cancer. An early study identified a combination of 22 breath-volatile organic compounds that was sensitive and specific to lung cancer. Further research identified a new marker for oxidative stress, breath methylated alkane contour (BMAC), which was followed by the discovery that BMAC was altered in patients with lung cancer. Results of the current research to validate the use and process by which the breath test is administered, which should be completed in 2011, will be used to obtain approval from the U.S. Food and Drug Administration.

Appropriate, aggressive treatments

Surgery, chemotherapy and radiation therapy – individually and in concert – are the frontline treatment options for lung cancer. That same determination to push for new and more advanced diagnostic tools is also evident in the therapeutic arena with SCI involved in multiple studies to find better drug treatments that can be finely individualized, can treat lung cancer at the molecular level, or that can be used with people who develop resistance to other treatments or who are compromised by multiple co-morbidities.

"Our goal," says medical oncologist **Howard (Jack) West, M.D.**, "is to find the optimal balance of appropriate, aggressive treatment and a good quality of life for the patient. We have a relatively narrow time window to do that – especially with small-cell lung cancer. We are moving in real time into a new era of management of lung cancer based increasingly on its particular molecular features, a level of granularity we are only beginning to appreciate. Therefore, as a profession we are moving toward obtaining larger tissue samples that will provide more diagnostic material and give us a better opportunity to hit the right target with the most appropriate treatment."

Medical oncologist Howard (Jack) West, M.D., (left) and radiation oncologist Vivek K. Mehta, M.D.

During the last five years, SCI set the standard for access to state-of-the-art radiation therapies by becoming the first in the region to install a PET CT for treatment planning, 4D planning technology, which allows for individualized treatment fields based on a patient's specific breathing pattern, and the Elekta Synergy® image-guided linear accelerator that allows for precise radiation treatment. In 2010 SCI opened the Swedish Radiosurgery Center, which is one of the only centers in the world to offer both CyberKnife® and Gamma Knife® radiosurgery technologies under one roof. The SCI also broke ground on a new radiation treatment center on the Swedish/Ballard campus that will offer TomoTherapy® services beginning in 2011. *(See article on page 6.)*

"The spirit of cooperation at SCI is critical to determining the right road for each patient," says radiation oncologist **Vivek K. Mehta, M.D.** "All of us meet at our weekly Thoracic Oncology Tumor Board to review the best treatment approaches for each patient. We work closely to develop an individualized

Continued on page 4

Lung cancer (continued)

game plan for each patient and then put it into action. Regardless of the goals or type of treatment, all of us remain available to participate in each patient's care."

This focus on patients' individual needs also extends to SCI expansion plans. As part of its Eastside expansion, SCI will have a comprehensive cancer clinic in the new medical office building at the Swedish/Issaquah campus. The new center, which will include both infusion therapy and radiation oncology services, will focus on convenience by bringing cancer treatment, as well as education and support services, closer to patients' homes and work.

Options for thoacic surgery

Thoracic surgeon Eric Vallières, M.D.

One individual at a time is the foundation upon which thoracic surgeons at SCI approach patient care. With expertise that comes from many years of surgical practice and an armament of surgical techniques, many of which were pioneered by surgeons at Swedish, each patient's medical and social past is scrutinized in order to customize the very best treatment plan for that particular patient.

"We are fortunate to have surgeons on staff who are leaders in thoracic surgery," says thoracic surgeon **Eric Vallières, M.D.** "For example, Dr. Aye introduced and pioneered the minimally invasive video-assisted thoroscopic (VATS) lobectomy in the Pacific Northwest. And Drs. Louie and Farivar, are leading surgeons in the use of the Da Vinci® robotic surgery system in the treatment of thoracic cancers."

For Stage I and II patients with non-small cell lung cancer (NSCLC), removing the tumor via a wedge resection, segmentectomy, lobectomy or pneumonectomy remains the gold standard. Surgery may also be an option for patients with more advanced lung cancer. Because of the close proximity and inherent collaboration with the Swedish Neuroscience Institute and the Swedish Orthopedic Institute, thoracic surgeons at SCI are able perform complex operations that also may require the skills of neurosurgeons and/or orthopedic surgeons.

Thoracic and esophageal surgeon Ralph W. Aye, M.D.

"Because each patient is unique," says thoracic and esophageal surgeon **Ralph W. Aye, M.D.**, "we must design a treatment plan based first on the evidence that has determined the patient's staging and clinical situation. Then, we must look to the patient's overall medical condition and general health, his or her philosophy of care and tolerance for particular treatment options, and the availability of the patient's support system. It is only then that we can present a range of options that may or may not include surgery, and help the patient select the option that is best for his or her situation."

Advanced techniques in palliative care

To care for patients who are in the advanced stages of lung cancer, SCI lung-cancer experts focus on those options that can provide patients more independence and an improved quality of life, while also providing relief from coughing, shortness of breath or hemoptysis. SCI is one of the few centers in the region that can treat airway obstruction due to tumor encroachment with rigid bronchoscopy, as well as tumor removal or stenting to open the airway. Pleural disease can be mitigated using thoracentesis or placement of a PleurX® drainage catheter that allows the patient to self drain and avoid being tethered to his or her physician or the emergency department. At SCI, pleurodesis to obliterate the pleural space is also an option if that is the decision of the patient and physician.

Screening to enhance early detection

Despite multiple advancements in diagnostic and treatment technology and therapeutics, lung cancer continues to be the number one cancer killer – not because of the failure of treatments, but because of the lack of early detection. Too often the first symptoms of lung cancer are attributed to something other than cancer. For many years, lung-cancer specialists have been seeking a screening algorithm that would allow them to identify cancerous lesions at an earlier, more curable stage. Unlike breast, colon and prostate cancer, no such lung-cancer screening has been widely acknowledged as effective – until now.

National Cancer Data Base

Five-Year Survival Data 1998 – 2002

Lung (Non Small Cell)

	National	Pacific Region*	Swedish
Stage 0	23.10%	100.00%	25.60%
Stage I	46.40%	49.28%	49.10%
Stage II	26.40%	23.29%	28.90%
Stage III	10.20%	12.02%	10.70%
Stage IV	2.80%	3.66%	2.70%

Lung - All Histologies

	National	Pacific Region*	Swedish
Stage 0	20.90%	100.00%	23.80%
Stage I	43.20%	49.28%	45.70%
Stage II	24.60%	23.29%	27.00%
Stage III	10.00%	12.02%	10.20%
Stage IV	2.50%	3.66%	2.40%

**Pacific Region includes Alaska, California, Hawaii, Oregon and Washington*

The SCI has more than a decade of experience in lung cancer screening with low-dose CT scans to detect cancer earlier in high-risk patients. SCI was one of the first participants in the International Early Cancer Action Program (I-ELCAP), a multicenter study aimed at screening smokers and high-risk nonsmokers using low-dose CT scan. To date, the I-ELCAP research shows an 80 percent cure rate when lung cancer is detected using an annual CT scan. The scanning protocol has proven to be especially effective when lung cancer is caught at its earliest stage and can be surgically removed. For those individuals, the cure rate is 92 percent.[2]

In November 2010 the National Cancer Institute (NCI) made public the very positive results of a second study, the National Lung Screening Trial. The early results showed a 20 percent lower death rate in participants who were screened using a low-dose helix (spiral) CT scan compared to a chest X-ray. In this study, all participants were current or former heavy smokers. The NCI publicized the results after the trial's independent monitoring board determined the results were statistically convincing to support the efficacy of this type of screening.[3]

With these trial results, many lung-cancer specialists anticipate the NCI will issue guidelines for CT screening for high-risk patients, such as men and women ages 55-75 with at least a 30-pack/year smoking history. Unfortunately, Medicare and most health insurance companies do not currently cover the cost of screening CT scans for lung cancer. In today's economy that cost burden may be the next battle in the war against lung cancer.

1 U.S. Cancer Statistics Working Group. United States Cancer Statistics: 1999–2007 Incidence and Mortality Web-based Report. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2010.

2 New England Journal of Medicine 2006: 355: 1763-1771 as posted on www.ielcap.org

3 National Cancer Institute NLST Fast Facts

Swedish Radiation Therapy

A comprehensive menu to support every need

The menu of radiation therapy options at the Swedish Cancer Institute (SCI) grew in 2010 thanks to a multi-campus, multi-faceted approach to the delivery of these services. SCI moved forward with multiple projects to provide physicians and patients access to the best technology and expertise, and the greatest array of resources.

The fundamental goal of each project was identical: make it possible to customize radiation therapy to each patient's unique needs while using Swedish facilities that offer better convenience for patients.

Stereotactic radiosurgery resources

The CyberKnife Center on Swedish/Cherry Hill campus was originally designed with two vaults, anticipating the addition of a second Accuray CyberKnife® Robotic Radiosurgery System or a Leksell Gamma Knife® Perfexion™. In the summer of 2010, the center expanded by 2,500 square feet to support a Gamma Knife. At the same time the center was renamed the Swedish Radiosurgery Center to acknowledge the dual technologies that would now be available.

Both systems use high-dose radiation beams to target small or complex, cancerous and noncancerous tumors. CyberKnife, which has been available at Swedish/Cherry Hill since 2006, can be used to treat tumors in all parts of the body – including the brain, breast, head and neck, kidney, liver, lung, pancreas, pelvis, prostate and spine. At Swedish, Gamma Knife is used for targeted treatment of cancer of the brain, and to treat several neurological conditions, such as arteriovenous malformations, essential tremor and trigeminal neuralgia.

As part of the expansion of its Radiosurgery Center, Swedish recruited Ronald F. Young, M.D., a pioneer in the use of Gamma Knife to treat neurological conditions.

The Radiosurgery Center supports both the SCI and the Swedish Neuroscience Institute. Radiation oncologist **Sandra S. Vermeulen, M.D.**, is executive director of the center. **Robert Meier, M.D.**, is radiation oncologist medical director for CyberKnife and Gamma Knife. As part of the expansion, Swedish Health Services recruited one of the country's leading Gamma Knife experts, neurosurgeon **Ronald F. Young, M.D.**, as neuroscience medical director for Gamma Knife.

Left to right: Neurosurgeon Marc R. Mayberg, M.D., radiation oncologist Sandra S. Vermeulen, M.D., neurosurgeon Ronald F. Young, M.D., and radiation oncologist Robert Meier, M.D.

With both radiation therapies available in one location, Swedish now has one of the most technologically advanced stereotactic radiosurgery suites in the country.

New center offers TomoTherapy®

In 2010 the SCI broke ground on its new, free-standing Radiation Treatment Center at Swedish/Ballard. When complete, the center will make available the TomoTherapy® Hi-Art® radiation treatment system – a first for the Seattle metropolitan area.

Radiation oncologists Todd A. Barnett, M.D., and Daniel M. Landis, M.D., Ph.D., visit the site of the new Radiation Treatment Center at Swedish/Ballard.

TomoTherapy combines 3D-imaging technology with rotational delivery of intensity-modulated radiation. The result is highly focused radiation therapy with unprecedented accuracy. Because TomoTherapy allows for image-driven refinement and precise tailoring, this system provides an individualized and comprehensive treatment solution for a variety of cancers, including complex tumors and tumors that are close to critical organs. TomoTherapy delivers tens of thousands of individually programmed, narrow "beamlets" of radiation as it rotates around the patient.

For many years, Swedish has provided medical care for Ballard and other nearby North Seattle communities. Positioning the new Radiation Treatment Center at Swedish/Ballard offers patients highly sophisticated cancer therapy close to home or work.

A comprehensive approach to Eastside cancer care

In January 2010 construction commenced on a 175-bed hospital and five-story medical office building in the Issaquah Highlands area east of downtown Seattle. This campus is the first major medical complex for Swedish on the eastside, and also the first new hospital built in King County in more than 25 years.

It is also the first opportunity for SCI to integrate its medical oncology, infusion therapy and radiation oncology services into one remote Swedish clinic site. SCI played an active role in designing the first-floor cancer center that would provide comprehensive cancer care closer to home for patients in the surrounding area.

The center will house the newest generation of linear accelerators to provide external beam radiation therapy (EBRT). Adding Issaquah as a radiation therapy site will greatly expand overall access to SCI's EBRT services that are currently available at Swedish/First Hill, Swedish/Edmonds and Highline Medical Center.

The center will be a resource for cancer related retail items, as well as educational and support

Continued on page 8

Radiation Therapy Services at Swedish Medical Center

- Calypso 4D Localization System
- CyberKnife
- External Beam Radiation Therapy
- Gamma Knife
- HDR Brachytherapy
- Image-Guided Radiation Therapy (IGRT)
- Intensity-Modulated Radiation Therapy (IMRT)
- LDR Brachytherapy
- TomoTherapy
- Volumetric Modulated Arc Therapy (VMAT)

Radiation Therapy (continued)

programs. The Issaquah medical office building is expected to open in July 2011.

For nearly eight decades, the men and women of SCI have been relentless in developing and acquiring the latest cancer-fighting technologies and therapies – and making them readily available. The current focus on expanding radiation therapy services in Seattle and beyond and improving access for patients throughout the region continues that long tradition.

When complete, the new medical office building at Swedish/Issaquah will be home to a 15,000-square-foot comprehensive cancer care center that will offer integrated medical oncology, infusion therapy and radiation oncology services, as well as educational and support programs. Rendering courtesy of CollinsWoerman.

Swedish designated an Elekta Center of Excellence

In May of 2010 Elekta, one of the leading manufacturers of state-of-the-art linear accelerators and tools for radiation therapy and radiosurgery, designated the Swedish Cancer Institute (SCI) as an Elekta Center of Excellence. SCI is one of only four such centers of excellence globally. Elekta granted the designation because of the very successful partnership that began during a five-year collaborative effort with Swedish involving implementation and optimization of critical new radiation therapy technologies, such as image-guided radiation therapy (IGRT) and volumetric modulated arc therapy (VMAT).

The partnership ensures the SCI will have early access to innovative technologies developed by Elekta, including four-dimensional computed tomography (CT) imaging and Elekta's advanced beam shaping system called the Agility multileaf collimator. The SCI will work to demonstrate how these tools can be used to improve clinical care for patients with cancer. The physicians and physicists at the SCI will continue to educate other cancer providers in the region, as well as nationally and internationally, through on- and off-site educational symposiums. The hope is that this continued partnership will result in improved care for patients at SCI and will speed the adoption of these improvements at other cancer centers.

"This most recent development in the Swedish Cancer Institute-Elekta relationship will help take the cancer institute to a new level in its ability to meet the health-care needs of patients in the Northwest," says Tomas Puusepp, President and CEO of Elekta. "At the same time, Elekta has reinforced a working partnership with a vitally important clinical collaborator. We look forward to continuing and extending our efforts with Swedish Cancer Institute to develop effective cancer management solutions."

The agreement includes the acquisition of a Leksell Gamma Knife® Perfexion™, Elekta's most advanced delivery system for intracranial radiosurgery. Additionally, Swedish will install an Elekta Infinity linear accelerator in its cancer center in the new medical office building in Issaquah opening in July 2011.

"The Swedish Cancer Institute continues to build on its track record for radiation oncology innovation and excellent patient care," said **Vivek Mehta, M.D.**, radiation oncologist and director of the Center for Advanced Targeted Radiotherapies at SCI. "We are excited that technology that promises greater accuracy and more precise treatment is coming to the Pacific Northwest and that the SCI has been recognized as a Center of Excellence – setting the standard for state-of-the-art care."

Uniting to grow and serve

If you are looking for an example of a win-win partnership, you need not look any further than the new affiliation between the Swedish Cancer Institute (SCI) and the Puget Sound Cancer Center (PSCC). Nearly two years in the making, the affiliation became a reality in July 2010.

From a Swedish perspective, the SCI-PSCC affiliation enhances its ability to provide cancer care closer to its patients' homes and/or places of work, and to provide more oncology services to patients living north of Seattle. The SCI-PSCC affiliation places all medical and radiation oncology, and infusion therapy services under one umbrella, which ensures better coordination and integration.

"This affiliation enhances services from a both technological and programmatic perspective," says **Albert B. Einstein, M.D.**, executive director of the SCI. "Combining existing resources and committing new resources will allow us to further develop our cancer network, to upgrade facilities and equipment, and, most importantly, to support the medical needs of many more patients. We plan to remodel the medical oncology and infusion therapy facilities, and also to replace the existing linear accelerator with newer technology."

The leadership at PSCC had been considering an affiliation with a large medical center to help address issues related to the changing health-care environment, to improve its long-term financial stability and to enhance professional collaboration, and access and continuity of care for its patients. It was apparent that a community like Edmonds was not able to support full-time staffing of oncology subspecialists who are infrequently needed – but are critically important for some cancer patients. Identifying that referral resource was a primary concern for PSCC.

"We feel partnering with Swedish is a logical step for our practice, says **Richard McGee, M.D.**, president of PSCC. "We have similar organizational cultures, and the expertise, trust and commitment to providing quality care that we each bring to the table is very complementary. Being part of the Swedish family will improve access for our patients not only to subspecialty care, but also to new medications and treatment modalities that are currently only available through clinical trials."

Richard A. McGee, M.D., FACP, president of Puget Sound Cancer Centers (shown above), worked closely with Albert Einstein Jr., M.D., executive director of the Swedish Cancer Institute, to ensure the new affiliation would be beneficial to both organizations and the patients they serve.

The SCI-PSCC affiliation doubles the available medical oncology services through the Swedish network of campuses. It also provides an opportunity to investigate the value of incorporating the PSCC oncology specific electronic medical record (EMR) into Swedish's existing EMR, and to take advantage of PSCC's experience as a beta site for the Quality Oncology Practice Initiative (QOPI) of the American Society of Clinical Oncologists (ASCO), an oncologist-led quality improvement program.

Both Einstein and McGee agree that systems need to grow in order to weather the current health-care climate. The partnership they have created between SCI and PSCC is a made-to-order forecast for long-term, quality oncology care for the Puget Sound community.

Setting the standard for women's cancer care

The determination of the men and women of the Swedish Cancer Institute and the generosity of a community have taken the *True Family* Women's Cancer Center from concept to a near reality. This innovative center will set a national standard for women's cancer care when it opens in 2012.

The three C's of patient-focused care — comprehensive, coordinated and compassionate — will be evident in the center's new model of care.

Comprehensive care: The center will focus on breast and gynecological cancer services, but women with non-gender-specific cancer, such as lung and colon cancer, also will be able to benefit from the center. As part of the Swedish Cancer Institute (SCI), the center will offer a robust menu of traditional treatments and therapies, as well as complementary services, and patient support and educational resources. Key components of the center include:

- A second-opinion clinic for breast-cancer patients
- An ovarian-cancer-screening clinic operated in partnership with the Marsha Rivkin Center for Ovarian Cancer Research
- An evaluation and screening clinic for high-risk patients
- A research and clinical trials program
- A women's health education center
- A multidisciplinary consultative and treatment-planning program
- Integrative and supportive programs, including plastic and reconstructive surgery consultations, psychiatric services and support groups, naturopathic treatment, massage and meditation therapies, and dietary counseling

Coordinated: In 2009 nearly 60 percent of all patients treated at SCI were women and more than 36 percent of all patients had breast or some form of gynecological cancer. The *True Family* Women's Cancer Center will be a single, comprehensive resource for all the specialists, skills, tools, information and support women need to guide them from early diagnosis through survivorship. SCI is committed to providing an environment that promotes professional collaboration in the diagnosis and treatment of cancer as the first step to ensuring coordinated care. It is equally important to offer patients improved convenience and the services of nurse care coordinators who will help patients manage the many components of their treatment plan, which may include surgery, chemotherapy, radiation therapy and integrative care.

"It is vitally important to continue our efforts to help patients better understand their disease and treatment, and to enable them to cope and navigate the complexities of the care system," says **Albert B. Einstein Jr., M.D.**, executive director of the SCI. "We are creating a true haven of support for women and their families as they face a cancer diagnosis."

Patricia Dawson, M.D., Swedish Cancer Institute Breast Program Leader

Compassionate: The men and women of the SCI have highly specialized skills and access to the most advanced, state-of-the-art technology. They can harness multiple resources in order to treat cancer. They never lose sight, however, that they are caring for unique individuals who may be facing the biggest challenge of their lives.

"Hearing the words 'You have cancer' can be devastating," says **Patricia Dawson, M.D.**, Swedish

Cancer Institute Breast Program Leader. "Because it is usually necessary to begin treatment right away, women are faced with a tidal wave of complex decisions to make before they have really had a chance to come to grips with their diagnosis. It can be completely overwhelming. While we move forward planning and identifying resources and treatment, we also surround the patient with the support, information and reassurance she needs to be an integral part of her care."

Community generosity

Albert Pine, a 19th-Century British author, once said, "What we do for ourselves dies with us. What we do for others and the world remains and is immortal."

That quotation is particularly relevant to the *True Family* Women's Cancer Center. It is the support from individuals, foundations and businesses that will make it possible for the SCI to meet the needs of women in the Puget Sound region and beyond for years to come.

The *True Family* Women's Cancer Center has been named after the True Family of Seattle, in honor of the generous $2-million gift made by Patricia "Patty" J. True, and her two sons and their wives, Doug and Janet True, and Bill and Ruth True, and their families. This initial gift, along with more than $8 million in contributions from multiple organizations and individuals, is allowing the men and women of the SCI to take their place as leaders in the prevention, diagnosis and treatment of women's cancer.

Setting the standard for community support

Donors help make a dream a reality

In 2009 the Swedish Cancer Institute set a goal of raising $10 million to fund the capital costs of building a comprehensive women's cancer center. Thanks to a generous $2-million leadership gift from the True family, as well as the support of many community members, Swedish has raised the $10 million in just over one year. Other cornerstone gifts for the *True Family* Women's Cancer Center include:

Robin Knepper ($1 million)
The Norcliffe Foundation ($1 million)
Seattle Radiologists ($1 million)
Sellen Construction ($1 million)
Estate of Brian McGinty ($850,000)
Chap and Eve Alvord Family ($700,000)
Radia ($500,000)

Annual luncheon raises $400,000+ for new center

The $401,870 raised at the 2010 Swedish Medical Center's annual Women's Wellness Luncheon helped push the total raised to support the *True Family* Women's Cancer Center over the $10 million mark – the amount needed to fund capital construction costs. The goal was surpassed thanks to the generosity of more than 800 luncheon guests, along with a $100,000 gift from Dr. Joseph and Barbara Buchman, and the support of the luncheon's Presenting Sponsor, Sellen Construction, and other top event sponsors that included Seattle Radiologists, CollinsWoerman and Radia. Carol Westlund and Sally A. Nordstrom served as event chairwoman and honorary chairwoman, respectively.

Adding meaningful color to the Seattle scene

Have you seen them – the contemporary pink chairs – in restaurants, museums and other locations around the greater Seattle metropolitan area? In 2010 these colorful chairs became clever messengers to raise awareness and increase contributions for the *True Family* Women's Cancer Center. The chairs have made appearances at all of the Swedish campuses, as well as at museums, restaurants, special events, boutiques, and other retail and service outlets.

Martha Harris, philanthropist, entrepreneur, cancer survivor and owner of the Martha E. Harris Boutique in Seattle's Madison Park neighborhood, was one of the first to showcase a pink chair. "I'm so excited to see this new center go forward," Martha says. "The comprehensive care aspect is just huge. And it's not just for the women who are patients, but for caretakers and family members, too."

Swedish Cancer Registry 2009
Analytic Cancer Site Listing

CANCER SITES	NUMBER	PERCENT
Neuro/ Central Nervous System		
Brain	153	3.7%
Other Central Nervous System	101	2.4%
Head and Neck		
Lip and Oral Cavity	41	1.0%
Pharynx	34	0.8%
Nasal Cavity/Sinuses/Middle Ear	8	0.2%
Major Salivary Glands	15	0.4%
Larynx	19	0.5%
Gastrointestinal		
Stomach	54	1.3%
Small Intestine	10	0.2%
Colon	118	2.8%
Rectum/Rectosigmoid	81	1.9%
Anus, Anal Canal, Anorectum	18	0.4%
Liver	30	0.7%
Gallbladder	8	0.2%
Bile Ducts	9	0.2%
Pancreas	70	1.7%
Other Digestive	1	0.0%
Thoracic		
Esophagus	37	0.9%
Trachea	0	0.0%
Bronchus and Lung	424	10.2%
Thymus	0	0.0%
Heart/Mediastinum/Pleura	4	0.1%
Breast	1043	25.0%
Gynecologic		
Vulva	19	0.5%
Vagina	6	0.1%
Cervix	72	1.7%
Uterus	240	5.8%
Ovary	120	2.9%
Other	12	0.3%

CANCER SITES	NUMBER	PERCENT
Genitourinary		
Prostate	577	13.9%
Testis	16	0.4%
Kidney/Renal Pelvis	94	2.3%
Ureter	5	0.1%
Bladder	79	1.9%
Other Urinary Organs	2	0.0%
Hematology		
Hematopoietic/Reticuloendothelial	106	2.5%
Hodgkins Disease	22	0.5%
Non-Hoddgin's Lymphoma	132	2.7%
Musculoskeletal		
Bones/Joints/Cartilage	5	0.1%
Connective and Soft Tissue	24	0.6%
Retroperitoneum/peritoneum	14	0.3%
Endocrine		
Thyroid	155	3.7%
Other Endocrine glands	77	1.8%
Skin		
Melanoma	42	1.0%
Non-Melanoma	7	0.2%
Other		
Eye and adnexa	27	0.6%
Unknown or Ill Defined Site	35	0.8%
TOTAL	**4166**	**100.0%**

This site listing reflects the number of analytic cases seen at Swedish Medical Center (all campuses). An analytic patient is one who has been diagnosed or received all or part of their first course of treatment at Swedish.

2010 Annual Report Bibliography

This bibliography features recent publications and presentations by Swedish Cancer Institute members and affiliated physicians.

Taras AR, Hendrickson NA, Lowe KA, **Atwood M, Beatty JD**. Recurrence rates in breast cancer patients with false-negative intraoperative evaluation of sentinel lymph nodes. Am J Surg. 2010 May;199(5):625-8.

Precht LM, Lowe KA, **Atwood M, Beatty JD**. Neoadjuvant chemotherapy of breast cancer: tumor markers as predictors of pathologic response, recurrence, and survival. Breast J. 2010 Jul;16(4):362-8.

Schummer M, Green A, **Beatty JD**, Karlan BY, Karlan S, Gross J, Thornton S, McIntosh M, Urban N. Comparison of breast cancer to healthy control tissue discovers novel markers with potential for prognosis and early detection. PLoS One. 2010 Feb 9;5(2):e9122.

Billingham RP, **Peters WA**, Kobashi KC, eds. Reoperative Pelvic Surgery. New York, Springer, 2009, 347pp.

Billingham RP. Perioperative complications and length of hospital stay are equivalent for open and MIS cancer in: Goldfarb M, Brower S, Schwaitzberg SD Minimally invasive surgery and cancer: controversies part 1. Surg. Endosc 24:304-334, 2010.

Markell KW and **Billingham RP**. Pruritis Ani: Etiology and Management in: Steele, SR, ed, Anorectal Disease (issue of Surgical Clinics of North America, 90:1, 125-136, Feb 2010.

Blitz M and **Louie BE**. Chronic Traumatic Diaphragmatic Hernias in Thoracic Surgical Clinics. 19(4):491-500. (2009). November.

Page B, **Blitz M**, **Louie B**, **Aye R** and **Vallières E**. Pulmonary Resection of NSCLC can be performed safely following definitive chemoradiotherapy. Oral presentation 13th World Conference on Lung Cancer, San Francisco, CA August 1st 2009, Journal of Thoracic Oncology. 4(9) Supplement 1:S301, September 2009.

Buduhan G, Menon S, **Aye R**, **Louie B**, **Mehta V** and **Vallières E**. Induction Chemotherapy, Extrapleural Pneumonectomy and Hemithoracic Radiation Therapy for malignant pleural mesothelioma. Annals of Thoracic Surgery. 2009 (88):870-876. September 2009.

Buduhan G, **Orlina J**, **Louie B**, **Vallières E**, **Aye R**. Endoscopic and Manometric Position-Related Characteristics of the Normal Gastro-esophageal Junction, Surgical Endoscopy, Published on–line 02/21/2010

Buduhan G, Menon S, **Aye R**, **Louie B, Mehta V**, **Vallières E**. Trimodality therapy for malignant pleural mesothelioma. Annals of Thoracic Surgery. 88(3):870-5; discussion 876, 2009 Sep.

Cao D, **Afghan MK**, **Ye J**, **Chen F**, **Shepard DM**. A generalized inverse planning tool for volumetric-modulated arc therapy. Phys Med Biol. 2009 Nov 7;54(21):6725-38. Epub 2009 Oct 20. PubMed PMID: 19841516.

Ventura AP, Radhakrishnan S, Green A, Rajaram SK, Allen AN, O'Briant K, Schummer M, Karlan B, Urban N, Tewari M, **Drescher C**, Knudsen BS. Activation of the MEK-S6 Pathway in High-grade Ovarian Cancers. Appl Immunohistochem Mol Morphol. 2010 Jul 23. [Epub ahead of print]

Amon LM, Law W, Fitzgibbon MP, Gross JA, O'Briant K, Peterson A, **Drescher C**, Martin DB, McIntosh M. Integrative Proteomic Analysis of Serum and Peritoneal Fluids Helps Identify Proteins that Are Up-Regulated in Serum of Women with Ovarian Cancer. PLoS ONE. 2010; 5(6): e11137.

Andersen MR, Goff BA, Lowe KA, Scholler N, Bergan L, **Drescher CW, Paley P**, Urban N. Use of a Symptom Index, CA125 and HE4 to predict ovarian cancer. Gynecologic Oncology. 2010 Mar; 116(3):378-383.

Houshdaran S, Hawley S, Palmer C, Campan M, Olsen MN, Ventura AP, Knudsen BS, **Drescher CW**, Urban ND, Brown PO, Laird PW. DNA methylation profiles of ovarian epithelial carcinoma tumors and cell lines. PLoS ONE. 2010 Feb 22;5(2):e9359.

Bendoraite A, Knouf EC, Garg KS, Parkin RK, Kroh EM, O'Briant KC, Ventura AP, Godwin AK, Karlan BY, **Drescher CW**, Urban N, Knudsen B, Tewari M. Regulation of miR-200 family microRNAs and ZEB transcription factors in ovarian cancer: Evidence supporting a mesothelial-to-epithelial transition. Gynecologic Oncology. 2010 Jan; 116(1):117-25.

Lowe KA, Andersen MR, Urban N, Paley P, **Dresher CW**, Goff BA. The temporal stability of the Symptom Index among women at high-risk for ovarian cancer. Gynecologic Oncology. 2009 Aug;114(2):225-30. PMCID: PMC2736546.

Pan S, Cheng L, White JT, Lu W, Utleg AG, Yan X, Urban ND, **Drescher CW**, Hood L, Lin B. Quantitative Proteomics Analysis Integrated with Microarray Data Reveals That Extracellular Matrix Proteins, Catenins, and P53 Binding Protein 1 Are Important for Chemotherapy Response in Ovarian Cancers. OMICS. 2009 Aug;13(4):345-54.

Panchalingam KM, Paramchuk WJ, Chiang CY, Shah N, Madan A, Hood L, **Foltz G**, Behie LA. Bioprocessing of human glioblastoma brain cancer tissue. Tissue engineering. Part A. 16(4):1169-77, 2010 Apr.

Wu J, Muggia F, Henderson C, Feun L, Veldhuizen PV, **Gold P**, Zheng H, Abbadessa G, Lewis J, Zhu AX. Phase II study of darinaparsin in patients with advanced hepatocellular carcinoma. J Clin Oncol 27, 2009 (suppl; abstr e15630).

Leichman L, Goldman BH, Benedetti JK, Billingsley KG, Thomas CR, Iqbal S, Lenz H, Blanke C, **Gold PJ**, Corless CL. Oxaliplatin (OXP) plus protracted infusion 5-fluorouracil (PIFU) and external beam radiation (EBRT) prior to surgery (S) for potentially curable esophageal adenocarcinoma (EA): A Southwest Oncology Group (SWOG) phase II trial with molecular correlates (S0356). J Clin Oncol 27:15s, 2009 (suppl; abstr 4513).

Earhart RH, Rosen L, Mendelson D, Plaxe S, **Gold P**, et al. QTc study of picoplatin with emphasis on pharmacodynamics of cardiac repolarization. AACR-NCI-EORTC International Conference, 'Molecular Targets and Cancer Therapeutics', November 15-19, 2009, Boston, MA. Presented at AACR.

Iyengar T, Ramanathan RK, **Gold PJ**. What's causing this woman's chest pain?. Gastroenterology. 138(1):e1-2, 2010 Jan.

Whitehead RP, Rankin C, Hoff PM, **Gold PJ**, Billingsley KG, Chapman RA, Wong L, Ward JH, Abbruzzese JL, Blanke CD. Phase II trial of romidepsin (NSC-630176) in previously treated colorectal cancer patients with advanced disease: a Southwest Oncology Group study (S0336). Investigational New Drugs. 27(5):469-75, 2009 Oct.

Anderson GL, McIntosh M, Wu L, Thorpe JD, Bergan L, **Goodman GE**, Barnett M, Thornquist MD, Scholler N, Kim N, O'Briant K, **Drescher C**, Urban N. Preliminary assessment of the early detection potential of selected ovarian cancer biomarkers: a nested case-control study. JNCI.

Fesinmeyer MD, Stanford JL, Brentnall TA, Mandelson MT, Farin FM, Srinouanprachanh S, Afsharinejad Z, **Goodman GE**, Barnett MJ, Austin MA. Association Between the Peroxisome Proliferators-Activated Receptor-gamma Pro 12Ala Variant and Haplotype and Pancreatic Cancer in a High-Risk Cohort of Smokers: A Pilot Study. Pancreas. 38(6);631-7, Aug 2009. Epub 11 May 2009.

Neuhouser ML, Barnett MJ, Kristal AR, Ambrosone CB, King IB, Thornquist MD, **Goodman GE**. Dietary supplement use and prostate cancer risk in the Carotene and Retinol Efficacy Trial. Cancer Epidemiol Biomarkers Prev. 18(8);2202-6, Aug 2009. PMCID: PMC2733330

Landi MT, Chatterjee N, Yu K, Goldin LR, Goldstein AM, Rotunno M, Mirabello L, Jacobs K, Wheeler W, Yeager M, Bergen AW, Li Q, Consonni D, Pesatori AC, Wacholder S, Thun M, Diver R, Oken M, Virtamo J, Albanes D, Wang Z, Burdette L, Doheny KF, Pugh EW, Laurie C, Brennan P, Hung R, Gaborieau V, McKay JD, Lathrop M, McLaughlin J, Wang Y, Tsao MS, Spitz MR, Wang Y, Krokan H, Vatten L, Skorpen F, Ameson E, Benhamou S, Bouchard C, Metsapalu A, Vooder T, Nelis M, Valk K, Field JK, Chen C, **Goodman G**, Sulem P, Thorleifsson G, Rafnar T, Eisen T, Sauter W, Rosenberger A, Bickeboller H, Risch A, Chang-Claude J, Wichmann HE, Stefansson K, Houlston R, Amos CI, Fraumeni JF Jr, Savage SA, Bertazzi PA, Tucker MA, Chanock S, Caporaso NE. A Genome-wide Association Study of Lung Cancer Identifies a Region of Chromosome 5p15 Associated with Risk for Adenocarcinoma. Am J Hum Genet. 85;1-13, 13 Nov 2009.

Anderson GL, McIntosh M, Wu L, Barnett M, **Goodman G**, Thorpe JD, Bergan L, Thornquist MD, Scholler N, Kim N, O'Briant K, **Drescher C**, Urban N. Assessing lead time of selected ovarian cancer biomarkers: a nested case-control study. J Natl Cancer Inst. 102(1):26-38, 6 Jan 2010. Epub 30 Dec 2009. PMCID: PMC2802285

Fong PY, Fesinmeyer MD, White E, Farin FM, Srinouanprachanh S, Afsharinejad Z, Mandelson MT, Brentnall TA, Barnett MJ, **Goodman GE**, Austin MA. Association of Diabetes Susceptibility Gene Calpain-10 with Pancreatic Cancer Among Smokers. J Gastrointest Cancer. Epub ahead of print 23 Feb 2010.

Gorden JA, Ernst A. Endoscopic management of central airway obstruction. Semin Thorac Cardiovasc Surg. 2009 Fall;21(3):263-73. Review.

Grossheim L, Malkin M, Jayapalan S, **Henson JW**. Neurologic complications of lung cancer. In Newton H and Malkin M, Neurologic Complications of Systemic Cancer. Taylor and Francis, 2010.

Henson JW, Keogh B. Assessing radiographic response to bevacizumab in patients with GBM. In Chamberlain M, Controversies in Neuro-oncology, Bentham Books, 2010.

Henson JW, Jung LK. Neurology on the Internet. In Avitzur O, Neurol Clin 2010 28:385-393.

Henson JW, Keogh BP. Plasticity: Teaching an old brain new tricks. Neurology 2010 74:53-55.

Mrugala M, and **Henson JW**. Neurological complications of malignant melanoma. In Newton H and Malkin M, Neurologic Complications of Systemic Cancer. Taylor and Francis, 2010.

Pruitt A, **Henson JW**. Equal care for the elderly with low-grade gliomas? Neurology 2009 73:2056-2057.

Argoff CE, Albrecht P, **Irving G**, Rice F. Multimodal analgesia for chronic pain: Rationale and future directions. Pain Medicine. 2009: 10 (S2) S53-S66.

Irving G, Pénzes J, Ramjattan B, Cousins M, Rauck R, Spierings ELH, Kleoudis CS, Snidow JW, Pierce A, Wurzelmann J, Mortensen E. A randomized, placebo-controlled phase 3 trial (study SB-767905/013) of alvimopan for opioid-induced bowel dysfunction in patients with non-cancer pain. Accepted J Pain July 2010.

Wallace MS, **Irving G**, Cowles VE A Randomized, Double-Blind, Placebo-Controlled Study of Gabapentin Extended-Release Tablets for Treatment of Patients With Postherpetic Neuralgia Clinical Drug Investigation accepted July 2010.

Irving G. The placebo response: Relationship to outcomes in trials of postherpetic neuralgia. Clinical Drug Investigation accepted July 2010.

Irving G, Jensen M, Cramer M, Wu J, Chiang Y-K, Tark M, Wallace M. Efficacy and Tolerability of Gastric-Retentive Gabapentin for the Treatment of Postherpetic Neuralgia: Results of a Double-blind, Randomized, Placebo-Controlled Clinical Trial: Clin J Pain 2009;25:185–192).

Irving GA, Irving RM. Diabetic peripheral neuropathy In Practical Guide to Chronic Pain Syndromes. Ed Gary Jay. Informa healthcare New York, London 2010.

Irving GA, Squire P. Evaluation of the chronic pain patient: In Bonica Textbook of Pain Management Fifth edition: 2009.

Squire P, Walk D, **Irving G**. Backonja M. Investigations and Neurological (physiological) Assessment in Pain Management. In Lynch M, Craig K &Peng P, Clinical Pain Management, a Practical Guide. Oxford England: Wiley Press, 2010.

Kaplan HG and **Milder M**. Evaluation of Patients with Myelodysplastic Syndromes (MDS) Obtaining Stable Disease with the Use of Decitabine, Blood, 114(22):#2790;2009.

Kaplan HG, **Malmgren JA**, and **Atwood MAL**. Myelodysplastic Syndrome and Acute Myeloid Leukemia Incidence Following Primary Breast Cancer Treatment, Cancer Res 69(24):#2082;2009.

Kaplan HG, **Malmgren JA**, **Atwood MA**, Wiseman C, and Goldstein L. Response Rates to Neoadjuvant Cyclophosphamide and Doxorubicin (AC) in Breast Cancer Patients Exhibiting Her-2/neu (Her-2) negative, Topoisomerase II (TOPO 2A) normal, Chromosome 17 (Ca7) Normal Phenotype, Cancer Res 69(24):#2033;2009.

Kaplan HG, **Malmgren JA**, **Atwood MK**. Positive response to neoadjuvant cyclophosphamide and doxorubicin in topoisomerase II non-amplified/HER2/neu negative/polysomy 17 absent breast cancer patients. Cancer Management and Research 2010:2 213–218.

Kaplan HG, **Malmgren JA**, and **Atwood M**. T1N0 Triple Negative Breast Cancer: Risk Recurrence and Adjuvant Chemotherapy, Breast J 15(5):454-460; 2009.

Malmgren JA, **Atwood MA**, and **Kaplan HG**. Mammography-Detected Breast Cancer Among 40-49 year-old Patients at a Community-Based Cancer Center, 1990-2008, Amer Soc Clin Oncol., 28(15S):#1605;2010.

Witzig TE, Wiernik PH, Moore T, Reeder C, Coe C, Justice G, **Kaplan H**, Voralia M, Pietronigro D, Takeshita K, Ervin-Hayes A, Zeldis JB, and Vose JM. Phase II Multi-Center Study of Lenalidomide Oral Monotherapy in Relapsed or Refractory Indolent Non-Hodgkin's Lymphoma, J Clin Onc, 27(32):5404-9;2009.

Witzig TE, Wiernik PH, Moore T, Reeder C, Cole C, Justice G, **Kaplan H**, Voralia M, Pietronigro D, Vose JM. Lenalidomide Oral Monotherapy Produces Durable Responses in Relapsed or Refractory Indolent Non-Hodgkin's Lymphoma (NHL-001), Amer Soc Clin Oncol 27(15S):#8560;2009.

Malmgren JA, **Atwood MK**, **Kaplan HG**. Increase in mammography detected breast cancer over time among 40-49 year old patients at a community based cancer center: 1990-2008. J Clin Oncol 28:15s, 2010 (suppl; abstr 1605). Poster presentation at the American Society of Clinical Oncology Meeting, Chicago 2010.

Kaplan HG, **Malmgren JA**, **Atwood MK**. Response rates to neoadjuvant cycolophosphamide and doxorubicin (AC) in breast cancer patients exhibiting Her-2/neu (Her-2) negative, topoisomerase II (TOPO 2A) normal, chromosome 17 (C17) phenotype. Cancer Research 69 (Meeting Abstract Supplement), 2033, December 15, 2009. doi: 10.1158/0008-5472. SABCS-09-2033.

Kaplan HG, **Malmgren JA**, **Atwood MK**. Myelodysplastic syndrome and acute myeloid leukemia incidence following primary breast cancer treatment. Cancer Research 69 (Meeting Abstract Supplement), 2082, December 15, 2009. doi: 10.1158/0008-5472. SABCS-09-2082.

Carney PA, Sickles EA, Monsees BS, Bassett LW, Brenner RJ, Feig SA, Smith RA, Rosenberg RD, Bogart TA, Browning S, Barry JW, **Kelly MM**, Tran KA, Miglioretti DL. Identifying minimally acceptable interpretive performance criteria for screening mammography. Radiology. 2010 May;255(2):354-61.

Kau RL, **Kim N**, Hinni ML, Patel NP. Repair of esophageal perforation due to anterior cervical spine instrumentation. Laryngoscope. 2010 Apr;120(4):739-42.

LS, Harsha MW, **Kim N**, Hayden RE. Free flap survival despite early loss of the vascular pedicle. Head Neck. 2010 Feb 19. [Epub ahead of print]

Markell KW, Hunt, BM, Charron PD., **Kratz RJ**, Nelson J, Isler, JT, Steele SR, **Billingham RP**. Prophylaxis and Management of Wound Infections after Elective Colorectal Surgery: A Survey of the American Society of Colon and Rectal Surgeons Membership. Journal of Gastrointestinal Surgery: Volume 14, Issue 7 (2010), Page 1090.

Larson TL, Wong ML. Imaging of the mastoid, middle ear, and internal auditory canal after surgery: what every radiologist should know. Neuroimaging Clin N Am. 2009 Aug;19(3):307-20.

Youssef S, **Louie BE**, **Blitz M**, **Farivar A**, **Aye R** and **Vallières E**. Comparison of open and minimally invasive thymectomies at a single institution. The American Journal of Surgery. 2010 199(5):589-593.

Louie BE. Is esophagectomy the paradigm for volume-outcome relationships? Tom R. DeMeester Fetschrift. Journal of Gastrointestinal Surgery. 14(Supplement 1):115-120 (2010).

Harris RD, **Marks WM**. Compact ultrasound for improving maternal and perinatal care in low-resource settings: review of the potential benefits, implementation challenges, and public health issues. J Ultrasound Med. 2009 Aug;28(8):1067-76.

Quigley MM, **Mate TP**, **Sylvester JE**. Prostate tumor alignment and continuous, real-time adaptive radiation therapy using electromagnetic fiducials: clinical and cost-utility analyses. Urol Oncol. 2009 Sep-Oct;27(5):473-82.

Ludlam WH, **Mayberg MR**, Rostad SW. Pituitary corticotroph hyperplasia is frequently indentified in intermittent Cushing's disease. International Pituitary Society, 2009.

Wright NM, Kim KD, Cosgrove R, Tew JM, **Mayberg MR**, et al. DuraSeal spinal sealant as an adjunct to sutured dural repair in the subaxial spine: results of a prospective, multi-center, randomized controlled study. AANS Conference, Phoenix, AZ, Feb 17-20, 2010.

Eboli P, Shafa B, **Mayberg MR**. Intraoperative CT registration and electromagnetic neuronavigation for transsphenoidal pituitary surgery: accuracy and time-effectiveness. 72nd Annual Meeting of the American Academy of Neurological Surgery, Nov. 3-6, 2010.

Wang G, Guo Q, Hossain M, Faziov V, Zeynalov E, Janigro D, **Mayberg MR**, Namura S. Bone marrow-derived cells are the major source of MMP-9 contributing to blood-brain barrier dysfunction and infarct formation after ischemic stroke in mice. Brain Research. Oct. 19, 2009; 1294: 183-92. Epub Jul 2009.

Marko NF, Gonugunta VA, Hamrahian AH, Usmani A, **Mayberg MR**, Weil RJ. Use of morning serum cortisol level after transsphenoidal resection of pituitary adenoma to predict the need for long-term glucocorticoid supplementation. J Neurosurg. 2009 Sep;111(3):540-4.

Eboli P, Shafa B, **Mayberg MR**. Intraoperative CT registration and electromagnetic neuronavigation for transsphenoidal pituitary surgery: accuracy and time-effectiveness. J Neurosurg Epub June 18, 2010.

Fesinmeyer MD, **Mehta VK**, Blough D, Tock L, Ramsey SD. Effect of Radiotherapy Interruptions on Survival in Medicare Enrollees with Local and Regional Head-and-Neck Cancer. Int J Radiat Oncol Biol Phys. 2010 Nov 1;78(3):675-81. Epub 2010 Feb 3.

Mehta VK, Dowlatshai K, Dooley W, Syzek E, Ahmad S, Griem KL, Dickler AT, Haile K, Wazer DE, Kurtzman S, Chadha M, Steven RE, Lerner A, Modin S, Elliott KW. Experience with an electronic brachytherapy technique for intracavitary accelerated partial breast irradiation. American Journal Clinical Oncology, August 2010; 33 (4): 327-35.

Fesinmeyer MD, **Mehta VK**, Tock L, Blough D, McDermott C, Ramsey S. Completion of Radiotherapy for Local and Regional Head and Neck Cancer in Medicare. Arch Otolaryngol Head Neck Surg. 2009;135(9):860-867.

Liao SY, Randall LM, Tian C, Monk BJ, Burger RA, Fruehauf JP, **Peters WA**, Stock RJ, Stanbridge EJ. Prognostic relevance of carbonic anhydrase-IX in high-risk, early-stage cervical cancer: a Gynecologic Oncology Group study. Gynecol. Oncol. 116:452, 2010.

Shaw PA, Rouzbahman M, **Pizer ES**, Pintilie M, Begley H. Candidate serous cancer precursors in fallopian tube epithelium of BRCA1/2 mutation carriers. Mod Pathol. 2009 Sep;22(9):1133-8. Epub 2009 Jun 19.

Ficarra V, Benway BM, Bhayani SB, Rogers CG, **Porter JR**, Guazzoni G, Buffi N, Mottrie A. Reply from authors re: Ricardo Brandina, Inderbir S. Gill. Robotic partial nephrectomy: new beginnings. Eur Urol 2010;57:778-9. Eur Urol. 2010 Jul;58(1):53-6. Epub 2010 Apr 21.

Benway BM, Bhayani SB, Rogers CG, **Porter JR**, Buffi NM, Figenshau RS, Mottrie A. Robot-Assisted Partial Nephrectomy: An International Experience. Eur Urol. 2010 Jan 22. [Epub ahead of print]

Peethambaram PP, Melisko ME, **Rinn KJ**, Alberts SR, Provost NM, Jones LA, Sims RB, Lin LR, Frohlich MW, Park JW. A phase I trial of immunotherapy with lapuleucel-T (APC8024) in patients with refractory metastatic tumors that express HER-2/neu. Clin Cancer Res. 2009 Sep 15;15(18):5937-44. Epub 2009 Sep 1.

Rivkin S, Muller C, **Malmgren JA**, Moon J, Iriarte D, Arthur J, Gerould H. A phase I/II study of lapatinib plus carboplatin and paclitaxel in relapsed ovarian and breast cancer. Clinical Ovarian Cancer 2009;2(2);112-117.

Vallières E, Shepherd FA, Crowley JJ, Van Houtte P, Postmus PE, Carney D, Chansky K, Shaikh Z, Goldstraw P, on behalf of the International Association for the Study of Lung Cancer International Staging Committee*, and Participating Institutions. The IASLC Lung Cancer Staging Project: Proposals regarding the relevance of TNM in the Pathological Staging of Small Cell Lung Cancer in the Forthcoming (Seventh) Edition of theTNM Classification for Lung Cancer, Journal of Thoracic Oncology 4(9): 1049-59, Sept 2009.

Vallières E. More Questions about Neoadjuvant Chemotherapy in Lung Cancer, Oncology 23(10): 892, 896, Sept 2009.

Pisters KMW, **Vallières E**, Bunn P, Crowley JC, Chansky K, Ginsberg RJ, Gandara D. Surgery With or Without Preoperative Paclitaxel and Carboplatin in Early-Stage Non-Small Cell Lung Cancer: Southwest Oncology Group Trial S9900, an Intergroup, Randomized, Phase III Trial, J Clin Oncol 28 (11): 1843-49, 2010.

Vallières E. Role of surgery in multimodality therapy for small cell lung cancer. In: UpToDate, Basow, D (Ed), UpToDate, Waltham, MA, 2009.

Park DR, **Vallières E**. Tumors and Cysts of the Mediastinum, in Mason RJ, Broaddus VC, Martin TR, King TE, Schraufnagel DE, Murray JF and Nadel JA (eds) Murray & Nadel's Textbook of Respiratory Medicine 5th edition, Elsevier Saunders, Chapter 76: 1814-1835, 2010.

Pisters K, **Vallières E**, Bunn P, Crowley J, Chansky K, Gandara D. S9900 trial update, mature analysis Journal of Thoracic Oncology. 4(9) Supplement 1:S201, September 2009.

Young RF, Li F, **Vermeulen S**, **Meier R**. Gamma Knife thalamotomy for treatment of essential tremor: long-term results. J Neurosurg 112:1311-1317, 2010.

West H, Harpole D and Travis W. Histologic considerations for individualized systemic therapy approaches for the management of non-small cell lung cancer. CHEST, 2009: 136; 1112-1118.

Green, MR, **West H** and Socinski MA. Impact of the ASCO 2007 Presentation of HOG Lun 01-24/USO-023 on the Prescribing Plans of American Medical Oncologists for Patients with Stage IIIB Non-small Cell Lung Cancer. J Thor Oncol 2009; 4: 983-987.

Schild S, West H, **Vallières E**. Management of stage I and stage II non-small cell lung cancer. In: UpToDate, Basow, D (Ed), UpToDate, Waltham, MA, 2009.

West H and Garfield DH. Bronchioloalveolar Carcinoma: Not as East as BAC. J Thor Oncol, 2009; 4: 1047-1048.

West H, Lilenbaum R, Harpole D, et al. Molecular analysis-based treatment strategies for the management of non-small cell lung cancer. J Thor Oncol 2009; 4 (suppl 2): S1029-1039.

West H. The role for surgery in stage III non–small-cell lung cancer: Can we reliably select the right patients? Clin Lung Cancer 2009; 10: 314-316.

Stinchecombe TE and **West HL**. Maintenance therapy in non-small-cell lung cancer. Lancet 2009; 374: 1398-1400.

Wakelee H, Gettinger S, Engelman J, Jänne P, **West H**, Subramaniam D, Leach J, Wax M, Yaron Y and Lara P. A phase 1b/2 study of XL184 (BMS 907351) with and without erlotinib (E) in patients (pts) with non-small cell lung cancer (NSCLC). Proceedings of the American Society of Clinical Oncology 28 15s (suppl., A#3017).

Green MR, Wozniak AJ, Willey J, Lemke KE and **West HJ**. Plans of American medical oncologists (AMO) to order molecular testing before starting first-line therapy for patients with stage IV non-small cell lung cancer (NSCLC). Proceedings of the American Society of Clinical Oncology 28 15s (suppl., A#7568).

Wynn JD: Difficult personality traits and disorders in cancer care. In Holland J et al (eds): Textbook of Psycho-Oncology, 2/e. Oxford University Press. (2010).

Hu W, **Ye J**, Wang J, Ma X, Zhang Z. Use of kilovoltage X-ray volume imaging in patient dose calculation for head-and-neck and partial brain radiation therapy. Radiat Oncol. 2010 Apr 19;5:29.

Rao M, Yang W, Chen F, Sheng K, Ye J, **Mehta VK**, **Shepard D**, **Cao D**. Comparison of Elekta VMAT with Helical Tomotherapy and Fixed Field IMRT: Plan Quality, Delivery Efficiency and Accuracy. Med. Phys. Volume 37, Issue 3, pp. 1350-1359 (March 2010).

Swedish Cancer Institute - Open Research Studies (as of 12/14/2010)

Brain

CTSU E3F05 Phase III Study of Radiation Therapy with or without Temozolomide for Symptomatic or Progressive Low-Grade Gliomas

RTOG 0834 Phase III Trial on Concurrent and Adjuvant Temozolomide Chemotherapy in Non-1P/19Q Deleted Anaplastic Glioma: The Catnon Intergroup Trial

RTOG 0825 Phase III Double-Blind Placebo-Controlled Trial of Conventional Concurrent Chemoradiation and Adjuvant Temozolomide plus Bevacizumab Versus Conventional Concurrent Chemoradiation and Adjuvant Temozolomide in Patients with Newly Diagnosed Glioblastoma

Breast

CTSU ACOSOG Z1071 A Phase II Study Evaluating the Role of Sentinel Lymph Node Surgery and Axillary Lymph Node Dissection Following Preoperative Chemotherapy in Women with Node Positive Breast Cancer (T1-4, N1-2, M0) at Initial Diagnosis

SWOG 0500 A Randomized Phase III Trial to Test the Strategy of Changing Therapy Versus Maintaining Therapy for Metastatic Breast Cancer Patients who Have Elevated Circulating Tumor Cell Levels at First Follow-Up Assessment

CTSU N063D Adjuvant Lapatinib and/or Trastuzumab Treatment Optimisation (ALTTO) study: A Randomised, Multi-Centre, Open-Label, Phase III Study of Adjuvant Lapatinib, Trastuzumab, Their Sequence and Their Combination in Patients with HER2/ErbB2 Positive Primary Breast

ACOSOG Z1041 A Randomized Phase III Trial Comparing a Neoadjuvant Regimen of FEC-75 Followed By Paclitaxel Plus Trastuzumab With a Neoadjuvant Regimen of Paclitaxel Plus Trastuzumab Followed by FEC-75 Plus Trastuzumab in Patients with HER-2 Positive Operable Breast Ca

CTSU N0733 Randomized Phase II Trial of Capecitabine and Lapatinib with or without IMC-A12 in Patients with HER2 Positive Breast Cancer Previously Treated with Trastuzumab and an Anthracycline and/or a Taxane BREAST

SWOG 0715 Randomized Placebo-Controlled Trial of Acetyl L-Carnitine for the Prevention of Taxane Induced Neuropathy

CTSU C40603 Randomized Phase II 2 X 2 Factorial Trial Of The Addition Of Carboplatin +/- Bevacizumab To Neoadjuvant Weekly Paclitaxel Followed By Dose-Dense AC In Hormone Receptor-Poor/HER2-Negative Resectable Breast Cancer

SWOG 0230 Phase III Trial of LHRH Analog Administration During Chemotherapy to Reduce Ovarian Failure Following Chemotherapy in Early Stage, Hormone-Receptor Negative Breast Cancer

CTSU C40601 Randomized Phase III Trial of Paclitaxel Combined with Trastuzumab, Lapatinib, or Both as Neoadjuvant Treatment of Her2-Positive Primary Breast Cancer

CTSU 25-02 A Phase III Trial Evaluating the Role of Exemestane Plus GnRH Analogue as Adjuvant Therapy for Premenopausal Women with Endocrine Responsive Breast Cancer

SWOG 0800 A Randomized Phase II Trial of Weekly Nanoparticle Albumin Bound Paclitaxel (Nab-Paclitaxel) (NSC-736631) With or Without Bevacizumab, Either Preceded by or Followed by Q 2 Week Doxorubicin (A) and Cyclphosphamide (C) Plus Pegfilgrastim (Peg-G) as Neoadju

LPT112515 A Randomized, Phase III, Open-label Study of Lapatinib plus Trastuzumab versus Trastuzumab as Continued HER2 Suppression Therapy after Completion of First- or Second-line Trastuzumab plus Chemotherapy in Subjects with HER2- positive Metastatic Breast Cancer

CRC 09096 Clinical Value of pre-surgery positron emission Mammography (PEM) in patients with newly diagnosed breast cancer

097517 I-SPY 2 Trial (Investigation of Serial Studies to Predict Your Therapeutic Response with Imaging And moLecular Analysis 2)

041-00 A Two-Part, Adaptive, Randomized Trial of Ridaforolimus (MK8669) in Combination with Dalotuzumab (MK0646) Compared to Exemestane or Compared to Ridaforolimus or Dalotuzumab Monotherapy in Estrogen Receptor Positive Breast Cancer Patients

CA Control Lung

SWOG 0424 Molecular Epidemiology Case-Series Study of Non-Small Cell Lung Cancer in Smoking and Non-Smoking Women and Men

SWOG 0702 A Prospective Observational Multicenter Cohort Study to Assess the Incidence of Osteonecrosis of the Jaw (ONJ) in Cancer Patients with Bone Metastases Starting Zoledronic Acid Treatment

Gastroenterology

SWOG 0711 Phase I Pharmacokinetic Study of Dasatinib (BMS-354825) (NSC-732517; IND-73969) in Patients With Advanced Malignancies and Varying Levels of Liver Dysfunction

SWOG 0713 A Phase II Study of Oxaliplatin, Capecitabine, Cetuximab and Radiation in Preoperative Therapy of Rectal Cancer

CTSU E5202 A Randomized Phase III Study Comparing 5-FU, Leucovorin and Oxaliplatin versus 5-FU, Leucovorin, Oxaliplatin and Bevacizumab in Patients with Stage II Colon Cancer at High Risk for Recurrence to Determine Prospectively the Prognostic Value of Molecular Ma

CTSU C80702 A Phase III Trial of 6 versus 12 Treatments of Adjuvant FOLFOX plus Celecoxib or Placebo for Patients with Resected Stage III Colon Cancer

SWOG 0941 Phase II Study of Sorafenib (NSC-724772) and Erlotinib (NSC-718781) in Patients with Advanced Gallbladder Carcinoma or Cholangiocarcinoma

CTSU C80405 A Phase III Trial of Irinotecan/5-FU/Leucovorin or Oxaliplatin/5-FU/Leucovorin with Bevacizumab, or Cetuximab (C225), or with the Combination of Bevacizumab and Cetuximab for Patients with Untreated Metastatic Adenocarcinoma of the Colon or Rectum

SWOG 0809 A Phase II Trial of Adjuvant Capecitabine/Gemcitabine Chemotherapy Followed by Concurrent Capecitabine and Radiotherapy in Extrahepatic Cholangiocarcinoma (EHCC)

SWOG 0518 Phase III Prospective Randomized Comparison of Depot Octreotide plus Interferon Alpha versus Depot Octreotide plus Bevacizumab (NSC #704865) in Advanced, Poor Prognosis Carcinoid Patients

GC-001US A Phase I, Open-Label, Multi-center, Dose-escalation Study of the Safety, Tolerability, and Pharmacokinetics of GC33, a Recombinant Humanized Antibody to Glypican-3 Administered Weekly in Patients with Advanced or Metastatic Hepatocellular Carcinoma (HCC)

D9010C00008 A Phase II, Open-Label, Multicenter Trial to Assess the Efficacy and Safety of the PARP inhibitor, olaparib, Alone in Previously-Treated Patients with Stage IV, Measurable Colorectal Cancer, Stratified by MSI Status

CA046 A Randomized Phase III Study of Weekly ABI-007 plus Gemcitabine versus Gemcitabine Alone in Patients with Metastatic Adenocarcinoma of the Pancreas

20090321 (EFC11553) Randomized Phase 3 Trial of Gemcitabine/Carboplatin With or Without BSI-201 (SAR240550) (a PARP1 Inhibitor) in Subjects with Previously Untreated Stage IV Squamous Non Small-Cell Lung Cancer (NSCLC)

B-500 HALO Patient Registry: Ablation of Barrett's Esophagus

Perifosine 343 A Phase III Randomized Double-Blind Study to Assess the Efficacy and Safety of Perifosine Plus Capecitabine Versus Placebo Plus Capecitabine in Patients with Refractory Advanced Colorectal Cancer

D9010C00009 A Dose Finding and Phase II Study of AZD6244 (Hyd-Sulfate) in Combination with Irinotecan in 2nd Line Patients with K-ras or B-raf Mutation Positive Advanced or Metastatic Colorectal Cancer

CLBH589BUS19T Phase II Trial of LBH589 in Refractory Colorectal Cancer

Clofazimine IND Single Patient IND for Compassionate Use of Clofazimine for Crohn's Disease

Genitourinary

CTSU E2804 The BeST Trial: A Randomized Phase II study of VEGF, RAF Kinase, mTOR Combination Targeted Therapy (CTT) with Bevacizumab, Sorafenib, Temsirolimus in Advanced Renal Cell Carcinoma

SWOG 0000D S0000D "A Study of the Effect of Vitamin E and/or Selenium on Adenomatous Colorectal Polyps (ACP) in Participants Enrolled in SELECT, Phase III Ancillary to S0000-SELECT

CTSU C90601 A Randomized Doubled-Blinded Phase III Study Comparing Gemcitabine, Cisplatin, and Bevacizumab to Gemcitabine, Cisplatin, and Placebo in Patients with Advanced Transitional Cell Carcinoma

CTSU C90202 A Randomized, Double-Blind, Placebo-Controlled Phase III Study of Early versus Standard Zoledronic Acid to Prevent Skeletal Related Events in Men with Prostate Cancer Metastatic to Bone

ACCP001.0 Prospective Evaluation of Cyberknife Stereotactic Radiosurgery for Low and Intermediate Risk Prostate Cancer: Homogenous Dose Distribution

SWOG 0904 Randomized Phase II Study of Docetaxel Followed by Vandetanib (ZD6474) vs. Docetaxel plus Vandetanib in Patients with Persistent or Recurrent Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Carcinoma

Gynecologic

EC-FV-04 A Randomized Phase II Trial Comparing EC145 And Pegylated Liposomal Doxorubicin (PLD/Doxil®/Caelyx®) In Combination Versus PLD Alone In Subjects With Platinum-Resistant Ovarian Cancer

Head and Neck

CTSU E1305 A Phase III Randomized Trial of Cisplatin and Docetaxel with or without Bevacizumab In Patients with Recurrent or Metastatic Head and Neck Cancer **N/A** Prospective, Longitudinal, Multi-Center, Descriptive Registry of Patients Receiving Therapy other than Surgical Resection Alone for Newly Diagnosed Head and Neck Carcinoma

Leukemia

SWOG 9007 Cytogenetic Studies in Leukemia Patients

SWOG 9910 Leukemia Centralized Reference Laboratories and Tissue Repositories

SWOG 0805 Phase II Study of Combination of Hyper-CVAD and Dasatinib with or without Allogeneic Stem Cell transplant in Patients with Philadelphia (Ph) Chromosome Positive and/or Bcr-Abl Positive Acute Lymphoblastic Leukemia (ALL)

SWOG 0919 A Phase II Study of Idarubicin and Ara-C in Combination with Pravastatin for Relapsed Acute Myelogenous Leukemia (AML)

CTSU C10603 Phase III Randomized, Double-Blind Study of Induction (Daunorubicin/Cytarabine) and Consolidation (High-Dose Cytarabine) Chemotherapy + Midostaurin (PKC412) or Placebo in Newly Diagnosed Patients < 60 years of age with FLT3 Mutated Acute Myeloid Leukemia

CTSU C10403 An Intergroup Phase II Clinical Trial for Adolescents and Young Adults with Untreated Acute Lymphoblastic Leukemia (ALL)

CC-5013-CLL-002 A Phase 3, Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Study of the Efficacy and Safety of Lenalidomide (REVLIMID®) as consolidation and maintenance therapy for patients with B-Cell Chronic Lymphodema Leukemia following SECO

CC-5013-CLL-008 A Phase 3, Multicenter, Randomized, Open-Label, Parallel-Group Study of the Efficacy and Safety of Lenalidomide (REVLIMID®) versus Chlorambucil as first-line therapy for previously untreated elderly patients with B-Cell Chronic Lymphodema Leukemia

Omacetaxine IND Compassionate use of Omacetaxine Mepesuccinate [Homoharringtonine (HHT)] for Subcutaneous Administration in a Chronic Myeloid Leukemia

Lung

SWOG 0635 A Phase II Trial of the Combination of OSI-774 (Erlotinib; NSC-718781) and Bevacizumab (Rhumab VEGF; NSC-704865) in Stage IIIB and IV Bronchioloalveolar Carcinoma (BAC) and Adenocarcinoma with BAC Features

SWOG 0819 A Randomized, Phase III Study Comparing Carboplatin/Paclitaxel or Carboplatin/Paclitaxel/Bevacizumab with or without Concurrent Cetuximab in Patients with Advanced Non-Small Cell Lung Cancer (NSCLC)

SWOG 0709 A Phase II Selection Design of Pharmacodynamic Separation of Carboplatin/Paclitaxel/OSI-774 (Erlotinib; NSC-718781) or OSI-774 Alone in Advanced Non-Small Cell Lung Cancer (NSCLC) Patients with Performance Status 2 (PS-2) Selected by Serum Proteomics

CTSU C140503 A Phase III Randomized Trial of Lobectomy versus Sublobar Resection for Small (<=2 cm) Peripheral Non-Small Cell Lung Cancer

SWOG 0720 Phase II ERCC 1and RRM1-Based Adjuvant Therapy Trial in Patients with Stage I Non-Small Cell Lung Cancer (NSCLC)

CTSU E1505 A Phase III Randomized Trial of Adjuvant Chemotherapy With or Without Bevacizumab for Completely Resected Stage IB-IIIA Non-Small Cell Lung Cancer (NSCLC)

SWOG 0722 A Phase II Trial of mTOR Inhibitor, Everolimus, (RAD001) in Malignant Pleural Mesothelioma (MPM)

109493 A double-blind, randomized, placebo-controlled Phase III study to assess the efficacy of recMAGE-A3 + AS15 Antigen-Specific Cancer Immunotherapeutic as adjuvant therapy in patients with resectable MAGE-A3-positive non-small cell lung cancer

2007-LC3 A Breath Test for Lung Cancer

CP12-0708 A Phase 2, Open-label Study of IMC-1121B in Combination with Paclitaxel and Carboplatin as First-line Therapy in Patients with Stage IIIB/IV Non-small Cell Lung Cancer

XL184-202 A Phase 1/2 Study of XL184 with or without Erlotinib in Subjects with Non-Small Cell Lung Cancer

CP14B012 A randomized Phase II study of imetelstat as maintenance therapy after initial induction chemotherapy for advanced non-small cell lung cancer (NSCLC)

113174 An open-label, Phase I dose-escalation study to assess the safety and immunogenicity of recPRAME + AS15 Antigen-Specific Cancer Immunotherapeutic as adjuvant therapy in patients with resectable PRAME-positive Non-Small Cell Lung Cancer

A8081005 Phase 2, open-label single arm study of the efficacy and safety of PF-02341066 in patients with advanced non-small cell lung cancer (NSCLC) harboring a translocaiton or inversion involving the anaplastic lymphoma kinase (ALK) gene locus

A8081007 Phase 3, randomized, open-label study of the efficacy and safety of PF-02341066 versus standard of care chemotherapy (pemetrexed or docetaxel) in patients with advanced non-small cell lung cancer (NSCLC) harboring A translocation or inversion event involve

9090-06 A Non-Randomized, Open-label, Multi-Center, Multi-Cohort Phase 2 Study Evaluating the Efficacy and Safety of STA-9090 in Subjects with Stage IIIB or IV Non-Small Cell Lung Cancer (NSCLC)

Lymphoma

SWOG 0801 A Phase II Study of Iodine-131 Labeled Tositumomab in Combination With Cyclophosphamide, Doxorubicin, Vincristine, Prednisone and Rituximab Therapy for Patients with Advanced Stage Follicular Non-Hodgkin's Lymphoma

CTSU C50303 A Phase III Randomized Study of R-CHOP v. Dose-adjusted EPOCH-R with Molecular Profiling in Untreated De Novo Diffuse Large B-Cell Lymphomas

SWOG 0816 A Phase II Trial of Response-Adapted Therapy of Stage III-IV Hodgkin Lymphoma using Interim FDG-PET Imaging

SWOG 8819 Central Lymphoma Repository Tissue Procurement Protocol

SWOG 9245 Central lymphoma respository tissue procurement protocol for relapse or recurrent disease, ancillary

SWOG 8947 Central lymphoma serum repository protocol

H6Q-MC-JCBJ A Phase 3 Clinical Study to Investigate the Prevention of Relapse in Lymphoma Using Daily Enzasaurin

C18083/3064/NL/MN "An Open-Label, Randomized, Parallel-Group Study of Bendamustine Hydrochloride and Rituximab (BR) Compared With Rituximab, Cyclophosphamide, Vincristine, and Prednisone (R-CVP) or Rituximab, Cyclophosphamide, Doxorubicin, Vincristine, and Prednisone (R-CH")

Myeloma

CTSU E1A06 An Intergroup Phase III Randomized Controlled Trial Comparing Melphalan, Prednisone and Thalidomide (MPT) Versus Melphalan, Prednisone and Lenalidomide (Revlimid(tm)) (MPR) in Newly Diagnosed Multiple Myeloma Patients Who Are Not Candidates for High-Dose

CC-5013-MM-020 A Phase III, Randomized, Open-Label, 3-Arm Study to Determine the Efficacy and Safety of Lenalidomide (Revlimid) Plus Low-Dose Dexamethasone When Given Until Progressive Disease or for 18 Four-Week Cycles Versus the Combination of Melphalan, Prednisone,

CLBH589B2207 A phase Ib, multi-center, open-label, dose-escalation study of oral LBH589 and IV bortezomib in adult patients with multiple myeloma

CLBH589D2308 A multicenter, randomized, double-blind, placebo controlled phase III study of panobinostat in combination with bortezomib and dexamethasone in patients with relapsed multiple myeloma

Sarcoma

Yondelis IND YONDELIS®, (trabectedin) in Soft Tissue Sarcoma

Not Site Specific

CRC 0644 Adaptive Radiotherapy Utilizing Information Obtained From Volume View Conebeam Images Obtained During Image Guided Radiotherapy Treatment

CRC 08061 Comparison of Volume Modulated Arc Therapy (VMAT) to Image Modulated Radiation Therapy (IMRT): A Pilot Study in a Standard of Care Setting

SWEDISH
CANCER INSTITUTE

1221 Madison St.
Arnold Pavilion
Seattle, WA 98104
www.swedish.org/cancer

CI-11-10249 1/11