Methodist Hospitals Onoclogy Clinical Trials
Updated: 1/19/2016

PROTOCOL TITLE	PROTOCOL NAME	STUDY STATUS
CTSU SWOG S1207 Breast Cancer	Phase III Randomized, Placebo-Controlled Clinical Trial Evaluating the Use of Adjuvant Endocrine Therapy +/- One Year of Everolimus in Patients with High Risk, Hormone Receptio-Positive and HER2/neu Negative Breast Cancer. e3 Breast Cancer Stust- evaluating everolimus with endocrine therapy.	■ Histologically confirmed diagnosis of invasive breast carcinoma with positive estrogen and/or progesterone receptor status, and negative HER-2, for whom standard adjuvant endocrine therapy is planned ■ Patients must NOT have Metastatic Breast Cancer ■ Patients must be considered HIGH RISK per Protocol Guidelines.
CTSU ECOG 2905 MDS	Randomized Phase III Trial Comparing the Frequency of Major Erythroid Response (MER) to Treatment with Lenalidomide (Revlimid) Alone and in Combination with Epoetin Alfa (Procrit) in Subjects with Low-or Intermediate-1 Risk MDS and Symptomatic Anemia	■ Dx MDS lasting 3 months or more or non-proliferative CMML ■ IPSS low or intermediate-1risk , determined by cytogenic analysis prior to randomization. ■ Symptomatic anemia untransfused Hgb ≤ 8 weeks prior to randomization, or RBC dependence ≤ 8 weeks before randomization ■ No transfusion for 28 days before initiation ■ No iron deficiencies ■ No prior lenalidomide treatment
CTSU SWOG S0820 Colon Cancer	A Double Blind Placebo-Controlled Trial of Eflornithine and Sulindac to Prevent Recurrence of High Risk Adenomas and Second Primary Colorectal Cancers in Patients with Stage 0-III Colon Cancer, Phase III-Preventing Ademomas of the Colon with Eflornithine and Silindac (PACES).	■ Stage 0, I, II, III, treated with standard care or resection ■ Patients must be registered between 180-465 days of primary resection and show no evidence of disease based on post-op colonoscopy and CT scans of chest, abdomen and pelvis. ■ No CV risk factors, No Hx of FAP, IBD or Hereditary non-polyposis colon cancer ■ At least 30 days from completion of adjuvant chemo and RT
CTSU ECOG E7208 Colon Cancer	A Randomized Phase II Study of Irinotecan and Cetuximab with or Without the Anti-Angiogenic Antibody, Ramucirumab (IMC-1121B), in Advanced, K-ras Wild-Type Colorectal Cancer Following Progression on Bevacizumab-Containing Chemotherapy	■ Kras Wild type, registered within 42 days of disease progression ■ Prior treatment with oxilplatin-based chemo and bevacizumab for metastatic colorectal cancer ■ No brain mets ■ No IBD, No GI Obstruction, perforation or prior surgery ■ Measurable lesions are defined as those that can be accurately measured in at least one dimension (longest diameter to be recorded) as ≥ 20 mm by chest x-ray, as ≥ 10 mm with CT scan, or ≥ 10 mm with calipers by clinical exam
CTSU ECOG E1412 Lymphoma	Randomized Phase II Open Label Study of Lenalidomide R-CHOP (R2CHOP) vs. RCHOP (Rituximab, Cyclophosphamide, Doxorubicin, Vincristine and Prednisone) in Patients with Newly Diagnosed Diffuse Large B Cell Lymphoma	■ Histologically confirmed DLBCL expressing CD20 antigen. Patients with transformed lymphoma are excluded. ■Stages II bulky disease (defined as mass size of more than 10 cm), stage III, or IV (Ann Arbor Staging). ■Previously untreated and not receiving any other agent that would be considered as a
POSITIV All Cancer Survivors	The Methodist Hospitals' Oncology Institute LongITudinal SurvIVorship Care Plan Protocol	■ Male or Female ■ Age >18 y/o ■ Received a Survivorship Care Plan at Methodist Hospitals
REVEAL: INCB-MA-PV-401	Prospective, Non-Interventional study of Disease Progression and Treatment of Patients with Polycythemia Vera in United States Academic or Community Clinical Practices	■ Diagnosis of PV ■ Under the care of a MD including but not limited to watchful waiting, ASA, Antithrombotics, PHI, HU interferon, busulfan, anagrelide ■ No Secondary AML ■ No MDS ■ No myelofibrosis