SWOG Moves to the University of Michigan

For 50 years, the Southwest Oncology Group (SWOG) has been the nation’s largest organization devoted to organizing and running clinical trials in cancer. Made up of nearly 4,000 physicians at 283 U.S. and Canadian institutions (see map below), and funded by the National Cancer Institute, it has played a pivotal role in studying new treatments, and gathering the data that have led to their approval and widespread use by patients.

Now, it has come to Michigan.

In spring of 2005, the SWOG headquarters offices relocated to Ann Arbor. At the same time, Laurence Baker, DO, Hematology/Oncology, took the organization’s reins as SWOG chairman, replacing a 24-year veteran.

Working with three executive officers drawn from the U-M Hem/Onc Faculty—Harry Erba, MD, PhD, Bruce Redman, DO, and Anne Schott, MD—as well as attorney Anna Shork and operations director Denise Reinke, NP, Baker intends to steer SWOG into a new era.

Further involvement of community-based oncology programs, more efficient operations and better integration of scientific questions into clinical trial design are among his goals.

Baker and his team plan to be the first to integrate translational medicine into the SWOG clinical trials process, and are developing a unique new initiative to facilitate pre-clinical modeling to drive future clinical trials.
One-Woman Bridge Between Clinic and Lab

What genetic factors can put a woman at higher risk for breast cancer? And how can a woman with such a risk come to understand her situation in a way that will let her make informed decisions about testing and treatment?

Each of these complex questions is daunting enough by itself. But Sofia Merajver, MD, PhD (left) and her team in Hematology/Oncology are addressing both at once. And 2005 was a banner year for progress on both fronts.

As a physician and a scientist, Merajver bridges two very different worlds: the cancer clinic and the cancer research laboratory. In the clinical world, she directs the Breast and Ovarian Cancer Risk and Evaluation Clinic, working with genetic counselor Kara Milliron to help women who have a family history of breast or ovarian cancer, or other factors that put them at higher risk. Together, they counsel women about whether or not to have genetic testing, how often to be screened for cancer so they can catch it early, and even whether to have surgery to remove cancer-prone breasts or ovaries. Such wrenching decisions are hard enough to make for women with a good understanding of genetics and risk. But for the vast majority of women, education on these topics is vital—and often delivered in clinic.

That’s why Merajver and Milliron, in conjunction with doctoral student Catherine Wang and members of the U-M Health Media Lab, developed a CD-ROM to educate women on genetics and risk while they waited for their clinic appointments. This year, the team published results of a randomized trial of the educational effort, showing that patients learned a great deal from the CD-ROM and could devote more of their clinic visit to discussions of their particular situation, rather than general information on how genes work and the language of risk.

The CD-ROM is now a routine part of the U-M clinic, and has been distributed to other cancer centers around the country, to help women understand concepts important to their health decisions. It’s ready to be adapted for other cancers with a genetic component, to help other patients learn about their own situation.

Genetic risk is Merajver’s focus in the clinic—and also in her laboratory seven floors above in the Comprehensive Cancer Center building. There, she leads a team that zeroes in on the molecular biology of inflammatory breast cancer, an especially aggressive
Prostate Cancer Screening Progress

A major collaboration between Hematology/Oncology faculty and members of the U-M Departments of Pathology and Urology this year yielded a promising approach to screening for prostate cancer—one that may be more accurate than the standard PSA test taken by millions of men each year.

Kenneth Pienta, MD, (below right) a leading prostate cancer researcher, was a key part of a multidisciplinary research effort that led to the new screening approach, which was reported in September in the New England Journal of Medicine.

The researchers developed the screening test, which assesses levels of 22 biomarkers, using blood samples from hundreds of U-M patients treated in the Urologic Oncology program directed by Pienta. In three rounds of testing, they compared biomarker levels among the patients with levels in men who did not have prostate cancer.

In all, the 22-biomarker screening technique correctly identified non-cancerous samples 88 percent of the time, and cancerous samples 81.6 percent of the time. This is far better than the PSA test, which gives false positives 80 percent of the time, and sends many men for needless biopsies.

Until the test is validated in a large community study now under way, Pienta and his colleagues say men should continue to undergo PSA testing. But they hope their work will help add to—or even replace—screening for prostate cancer.

Dr. Arul Chinnaiyan (Pathology), lead author, and Dr. Kenneth Pienta (Hematology/Oncology) collaborated with thirteen other scientists to discover that new biomarkers such as autoantibody signatures may improve the early detection of prostate cancer.

Their study was published in the September 22, 2005 edition of the New England Journal of Medicine.