



## NEWS AND UPDATES



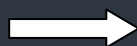
### NIH NEWS

- Grant revisions now limited to a new application and a single resubmission
- K, F, T and D funding mechanisms transition to electronic submission
- New K-award policy allows PI to receive support from R, P and U grants

### PUBLIC ACCESS POLICY

- Scientists are required to submit final peer-reviewed journal manuscripts that arise from NIH funds to the digital archive PubMed Central
- *NIH* applications, proposals, and progress reports must include the PubMed Central reference # when citing a paper that falls under the policy and is authored/co-authored by the investigator, or arose from the investigator's NIH award.

## CRG CORNER



CRG announces recent system developments:

- The new and improved web based version of the Clinical Research Database is called CRDBi. Please visit the new CRDBi web application
- Three new 64-bit RedHat Linux Servers were deployed in December 2008 to accommodate the growing computational needs of our department



### DEPARTMENT CHAIR

Colin Begg, PhD

### EDITORS

Lindsay Jacks, MS  
Sharon Bayuga, MPH

### CONTRIBUTORS

Rick Church | Brendan Phalan  
Gennie Snow | Joey Kanik

## NEW OR RENEWED GRANTS

### ▪ Development of the Patient-Reported Outcomes version of the CTCAE

**Ethan Basch, MD** was awarded an *NCI contract* to create a multi-institution consortium for the development of a patient-reported version of the Common Terminology Criteria for Adverse Events (CTCAE). This 2-year project involves a centralized technology platform, as well as cognitive interviews, usability testing, and validation studies at five participating cancer centers. MSKCC Health Outcomes staff involved in this project includes Laura Sit, Marwan Shouery, and Thomas Atkinson.

### ▪ National Colonoscopy Study

**Ann Zauber, PhD** was awarded a *Competitive Renewal for the National Colonoscopy Study*, which is a multi-center study that compares the performance of a single screening colonoscopy with programmatic (annual) fecal occult blood testing (FOBT) in the asymptomatic general population. The National Colonoscopy team includes Ann Zauber, Sidney Winawer, Sharon Bayuga-Miller, Jessica Hill, Renee Lichtenstein, Rita Krishtul, and investigators at MSKCC and other institutions.

### ▪ Statistical Methods for Identifying Clonal Tumors

A team of investigators in the department (**C. Begg, I. Ostrovnya, A. Olshen, I. Orlow**) have been awarded an *NCI R-01 grant* to develop statistical methods that will distinguish second primary cancers from metastases on the basis of the somatic mutational profiles in the tumors. They will collaborate with cancer pathologists and molecular biologists both at MSKCC and at other institutions.

## Implementing the Continual Reassessment Method in Phase I trials

A team of statisticians (**A. Iasonos, E. Riedel, Q. Mo**), the Computer Group lead by **K-H. Lin**, and OCR (**K. Kaufman**) have developed a web-interface in CRDB so that the Continual Reassessment Method (Iasonos et al) can be implemented at future Phase I trials at MSKCC. Dose allocation can be obtained seamlessly by clinical personnel in real-time given that toxicity data are up-to-date in CRDB. A statistical and treatment allocation section of a mock CRM protocol explaining the design and dose-allocation process, as well as detailed materials and software to run simulations for the operating characteristics of this method are available on the shared drive: H:\Biostatistics\CRM

## PUBLICATIONS

### CHILDHOOD CANCER SURVIVOR STUDY (CCSS)

#### ***Breast Cancer Surveillance Practices Among Women Previously Treated With Chest Radiation for a Childhood Cancer: A Report from the Childhood Cancer Survivor Study (CCSS)***

Kevin C. Oeffinger, MD; Jennifer S. Ford, PhD; **Chaya S. Moskowitz, PhD**; Lisa R. Diller, MD; Melissa M. Hudson, MD; **Joanne F. Chou, MPH**; **Stephanie M. Smith, MPH**; Ann C. Mertens, PhD; Tara O. Henderson, MD; Debra L. Friedman, MD; Wendy M. Leisenring, ScD; and Leslie L. Robison, PhD  
In Press: Journal of the American Medical Association

Women treated with chest radiation for a pediatric malignancy face a significantly increased risk of breast cancer at a young age. The paper describes the prevalence of, and factors associated with, screening mammography. A main finding was that screening rates were higher among women who reported a physician recommendation compared to those who did not. Nevertheless, the study suggests that most young women at risk of breast cancer following chest radiation therapy are not being appropriately screened.

## WELCOME NEW STAFF!

## HEALTH OUTCOMES

▪ **Victoria Blinder, MD***Assistant Attending Physician*

Victoria is a breast oncologist and health outcomes researcher. She studies breast cancer survivorship, return to work following cancer therapy and racial/ethnic disparities in cancer care and outcomes.

▪ **Talya Salz, PhD***Assistant Attending Outcomes Research Scientist*

Talya is a health services researcher who completed her PhD in Health Policy. She is interested in how patient and physician behavior contribute to gaps between recommended and actual cancer care.

▪ **Amy Hamilton***Research Project Coordinator*

Amy is working with Elena Elkin and Karl Minges (new Research Intern) on a pilot study aimed at understanding the service needs and utilization of services in elderly colorectal cancer patients receiving adjuvant chemotherapy.

## GOODBYE &amp; GOOD LUCK

## EPIDEMIOLOGY

▪ **Urvi Mujumdar, MPH***Research Epidemiologist*

After 10 years of service at MSKCC, Urvi Mujumdar has left the department for the position of Team Lead Analyst at Health Dialog in Boston, MA. We wish Urvi the best of luck as she pursues this new path in her career.

## COMPUTER RESOURCE GROUP

▪ **Li Zeng***Senior Applications Analyst*

CRG reluctantly says goodbye to longtime staff member, Li Zeng. Li has worked with the CRG for approximately 9 years and dedicated her time to the development of the CRDB. We wish Li much success as she plans a momentous move for her family to Wuhan, China.

## ADMINISTRATION

▪ **Ellie Park***Administrative Manager*

Ellie Park completed her 1-year assignment with the department and has returned to Neurology to serve as Acting Administrator. We are very grateful for her hard work and dedication during her time here.

## EPIDEMIOLOGY OF ENDOMETRIAL CANCER CONSORTIUM (E2C2)

**Two Estrogen-Related Variants in CYP19A1 and Endometrial Cancer Risk: A Pooled Analysis in the Epidemiology of Endometrial Cancer Consortium**

Setiawan VW, Doherty JA, Shu XO, Akbari MR, Chen C, De Vivo I, Demichele A, Garcia-Closas M, Goodman MT, Haiman CA, Hankinson SE, Henderson BE, Horn-Ross PL, Lacey JV Jr, Le Marchand L, Levine DA, **Liang X**, Lissowska J, Lurie G, McGrath M, Narod SA, Rebbeck TR, Ursin G, Weiss NS, Xiang YB, Yang HP, Zheng W, **Olson SH**. *Cancer Epidemiol Biomarkers Prev*. 2009 Jan;18(1):242-7.

The association between circulating estrogens and risk of endometrial cancer has been well established. After menopause the main source of estrogens is conversion from androgens, which takes place in adipose tissue. This explains in part the higher risk of endometrial cancer among women with high BMI. The *CYP19A1* gene is responsible for this final step in estrogen biosynthesis. Members of E2C2, including **Sara Olson, PhD** for the EDGE Study, studied 2 variants (SNPs) in this gene that had been shown to be strongly related to circulating estrogen levels. They hypothesized that the variants would increase risk of endometrial cancer. Results for a total of 4998 cases and 8285 controls in 10 studies were pooled. For both of the SNPs, they found significantly elevated risk of endometrial cancer. As expected, risk increased with increasing BMI, and there was a significant interaction between age and BMI for one of the SNPs. This study provides evidence that common variation in *CYP19A1* influences susceptibility to endometrial cancer, particularly in older and obese women.

## CANCER INTERVENTION AND SURVEILLANCE MODELING NETWORK (CISNET)

▪ **United States Preventive Services Task Force****Evaluating test strategies for colorectal cancer screening: a decision analysis for the U.S. Preventive Services Task Force**

**Zauber AG**, Lansdorp-Vogelaar I, Knudsen AB, Wilschut J, van Ballegooijen M, Kuntz KM. *Ann Intern Med*. 2008 Nov 4;149(9):659-69

The CISNET group's microsimulation modeling showed that you could stop colorectal cancer screening at age 75 in those who had been consistently screened since age 50 with no findings during that time.

▪ **Report to the Center for Medicare and Medicaid Services (CMS)**

CT-colonography is a novel colorectal cancer screening test which is non-invasive with sensitivity for larger adenomas and colorectal cancers similar to that of optical colonoscopy. [CMS](#) has requested a National Coverage Determination to assess whether to reimburse for this new screening test. **Ann Zauber, PhD** presented to CMS a cost-effectiveness analysis on CT-colonography compared to the traditional screening tests of colonoscopy, fecal occult blood test, and flexible sigmoidoscopy. Dr. Zauber presented this report on behalf of [CISNET](#) to CMS who had requested this analysis. A decision from CMS is expected in February. The final report has been submitted and will be on the CMS website.

## EPIDEMIOLOGY AND BIOSTATISTICS HOLIDAY PARTY 2008

This year's celebration was held at the Rockefeller Scholars Residence on Tuesday, December 16th. The event was a great success and included a Thai food buffet, a live jazz band, and a game called "Guess that Baby". Colleagues who achieved milestones in 2008 were awarded with a celebratory pin presented by Dr. Begg. Special thanks to the Party Planning Committee for organizing the event, as well as all those who helped with set up and clean up. See more [pictures](#).



## CONGRATULATIONS!

MILESTONES REACHED  
IN 2008

- 5 years: Elena Elkin and Larry Engel
- 10 years: Ellie Park, Kathy Panageas and Peter Bach
- 15 years: Elyn Riedel
- 30 years: Ann Zauber