Hoosier Cancer Research Network’s vision and mission is to form \textit{unparalleled} relationships between academic, community, pharmaceutical, and biotech partners with the goal of \textit{advancing} cancer research, education, and patient advocacy.

Our \textit{highly qualified} team provides \textit{comprehensive} study management and support, from conception and study design through project completion and publication.
Twenty-seventeen was an extraordinary year of growth for HCRN — both in terms of numbers and in the quality of engagement with our network collaborators.

More top academic research institutions and key opinion leaders joined our network in 2017, enriching the scientific strength and energy of each of our disease-specific clinical trial working groups. The best kept secret in clinical research is quickly evaporating as investigators invite their colleagues to join our network. We are increasingly viewed by top academic institutions as a preferred research collaborator for multi-center investigator-initiated studies.

This growth enables us to pursue more aggressively than ever our highest goal: to help our patients live longer and healthier lives.

Each investigator, bench scientist, oncology nurse, pharmacist, and study coordinator throughout our network knows that patients are the heart and soul of our work. As an outgrowth of our mission, HCRN is committed not only to the timely completion of primary endpoints, but also to exploring answers to key correlative questions. The more we learn about a patient's genetic profile, the micro-environment of their tumor, and the effect of an investigational therapy on patients with similar characteristics, we can make more timely, informed decisions that could benefit our patients or spare them from what would be an ineffective treatment approach.

HCRN negotiates with funders and investigators to include correlative objectives within our study budgets to the fullest extent possible. Yet, important correlative studies are often outside the scope of a clinical trial budget. For that reason, HCRN relies on the generosity of individuals, businesses, and philanthropic organizations to fill the gap in funding these important studies. Every donation or grant we receive moves us further down the road of scientific discovery. To all those who contributed in 2017, and to those who are already contributing in 2018 — thank you for making a difference for our patients!

I am proud of the dedicated and knowledgeable staff at HCRN for their contributions to an outstanding year.
Veterans of clinical research know that we have entered a new era in which clinical trials are more targeted than ever to specific, biomarker-defined patient populations. This shift reflects the greater trend in healthcare toward personalized therapy, and is evidenced in the concepts that come to HCRN.

Investigators understand that clinical trials based on biomarker-selected subgroups are difficult to fully accrue, and can only succeed when conducted via collaboration across multiple institutions. An example of this can be seen in studies that involve immunotherapeutic agents for certain subgroups of patients, such as patients with microsatellite instability-high (MSI-H) colorectal cancer, representing just 3 percent of all metastatic colorectal cancers.

To our investigators, HCRN brings not only the wisdom gained from more than three decades of multi-center investigator-initiated research, but also a responsive organizational culture that quickly adapts to the changing horizon of medical research. Only a few years ago, immunotherapy was just entering the clinical research milieu. Today, more than 60 percent of HCRN studies involve immunotherapy.

HCRN’s clinical trial working groups provide an ideal venue for investigators to test their concepts in a supportive, collegial environment. Our personal style of engagement allows young investigators to learn from the experience of thought leaders from the nation’s leading academic institutions, while providing a venue for all investigators to receive valuable scientific feedback on their research proposals. The growth of our investigator network is leading to more clinical trials in more therapeutic areas, in both solid tumor and hematologic malignancies.

Of course, none of this would be possible without strong relationships with funders. Each year, the number of pharmaceutical and biotech companies with whom we collaborate increases. And more and more, these companies return to conduct additional studies with HCRN.

We are grateful, as well, to the foundations and advocacy groups that support our studies. In fact, we are nearing completion of a personalized medicine study in breast cancer that has been fully funded through foundation grants. Another organization is funding a banking and genomic sequencing study in bladder cancer.

To all our members and collaborators, thank you for your partnership with HCRN. We look forward to continuing our work together in 2018.
Being a clinical research specialist, I find that there is no boring day; every day is new. You learn every day, you work through medical records, and if there is anything in question, you research it and try to find answers. You ask your PI, research nurse, and your team for answers along the way. Each patient experience gives you knowledge.

Some of the trials we have are survival studies, so you follow these patients for a long time and you get to know the family. There are patients from many years ago that still come to my office to see me.

2017 Recipient
Rhoda Loman
Clinical Research Specialist, Indiana University Melvin and Bren Simon Cancer Center

About the Award
The Sandra Turner Excellence in Clinical Research Award was established in 2002 by William B. Fisher, MD, through the George and Sarah Jane Fisher Fund to honor the memory of Sandra Turner, the first executive director of Hoosier Cancer Research Network. Recipients exemplify qualities which Sandra Turner possessed, such as sustained professional commitment, contribution to the progress of oncology care, and unflinching compassion.
Oncology care is not for the faint of heart. It can be filled with a lot of joy, but there are really sad moments. Having a way to manage those emotions and acknowledge them allows you to be there for a family or patient that’s going through this. Every time is their first time, and you have to really pay attention to that.

2017 Recipient
Maggie Uhrich, RN, BSN, OCN
Thoracic Oncology Research Nurse, Indiana University
Melvin and Bren Simon Cancer Center

The Sandra Turner Excellence in Clinical Research Award was established in 2002 by William B. Fisher, MD, through the George and Sarah Jane Fisher Fund to honor the memory of Sandra Turner, the first executive director of Hoosier Cancer Research Network. Recipients exemplify qualities which Sandra Turner possessed, such as sustained professional commitment, contribution to the progress of oncology care, and unflinching compassion.
Genitourinary malignancies are very diverse cancers, making GU oncology a very exciting field. Right now, I’m working on a variant of bladder cancer, plasmacytoid urothelial carcinoma, that has a very poor outcome compared to the common urothelial carcinoma. I have collected a cohort of patients and analyzed their responses to a variety of treatments. We are sending those patients to our precision genomics clinic to look for possible targetable mutations. We are also doing epigenomic (methylation) assays and chromatin analysis to compare the plasmacytoid carcinomas with the common urothelial carcinomas. If any DNA hypermethylation is found, then we could try combining immune checkpoint inhibitors or chemotherapy with a hypomethylating agent.

2017 Recipient
Neda Hashemi Sadraei, MD

Third-year fellow; chief fellow in hematology/oncology, Indiana University School of Medicine

About the Award

In 2011, William B. Fisher, MD and others generously established a new award through the George and Sarah Jane Fisher Fund to challenge the next generation of cancer researchers. The George and Sarah Jane Fisher Young Investigator Award honors Indiana University oncology fellows and faculty members who have made significant contributions to clinical or basic science research in collaboration with Hoosier Cancer Research Network.
With cancer comes recognition of the fact that death is real, that you only are blest with so many days, and you only have so much time. But you also realize that you get to make choices about how you spend this measured time. When my diagnosis came, I decided how I wanted to spend this time — I chose advocacy and art.

I sit here most likely alive today because of having made a decision to go into a clinical trial. ... I’m such a believer that these trials will be what will cure cancer, I have no question it will happen. But it is only when people raise their hand and say, ‘I will do my part,’ that it happens.

2016-2017 Recipient
Teresa Altemeyer
Patient advocate; board chair, Indiana Chapter of the Leukemia & Lymphoma Society

About the Award
Terry Hoeppner, beloved Indiana University football coach, lost his battle with brain cancer in 2007. Coach Hep was known for his “never quit” attitude and determination to face challenges head-on. To honor his memory, his wife, Jane Hoeppner, created the Terry Hoeppner Patient Advocacy Award. The award honors individuals who embody Coach Hep’s spirit and determination to champion their cause.
GI14-186

A phase II study of pembrolizumab in combination with mFOLFOX6 for patients with advanced colorectal cancer.

*J Clin Oncol 35, 2017 (suppl abstr 354)*

**Authors:** Sofi Shahda, Anne M. Noonan, Tanios S. Bekalil-Saab, Bert H. O'Neill, Amikar Sehdev, Walid Labib Shalib, Paul R. Helft, Patrick J. Loehrner, Yan Tong, Ziyue Liu, Bassel F. El-Rayes; Indiana University, Indianapolis, IN; The Ohio State University Comprehensive Cancer Center, Arthur G. James Cancer Hospital, Columbus, OH; Mayo Clinic Cancer Center, Phoenix, AZ; Indiana University Melvin and Bren Simon Cancer Center, Indianapolis, IN; Winship Cancer Institute, Atlanta, GA; Indiana University School of Medicine, Indianapolis, IN.

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GU10-148

DNA damage response (DDR) gene mutations (mut), mut load, and sensitivity to chemotherapy plus immune checkpoint blockade in urothelial cancer (UC).

*J Clin Oncol 35, 2017 (suppl 6S; abstract 300)*

**Authors:** Matt D. Galsky, Andrew V. Uzlov, Russell Bailey McBride, Huan Wang, Vaibhav G. Patel, John Sfakianos, Li Wang, Nicholas Akers, Gopa Iyer, David B. Solit, Takuro Saito, Mireia Castillo-Martin, Noah M. Hahn, Sumanta K. Pal, Mark T. Fleming, Ralph J. Hauke, Bojan Losic, Sacha Gnjatic, Rong Chen, Nina Bhardwaj; Icahn School of Medicine at Mount Sinai, New York, NY; Department of Medicine, Icahn School of Medicine at Mount Sinai, New York, NY; Department of Urology, Icahn School of Medicine at Mount Sinai, New York, NY; Genetics and Genomic Sciences, The Tisch Cancer Institute, Mount Sinai School of Medicine, New York, NY; Memorial Sloan Kettering Cancer Center, New York, NY; Johns Hopkins University, Baltimore, MD; City of Hope, Duarte, CA; US Oncology Research, Virginia Oncology Associates, Hampton, VA; Nebraska Cancer Specialists, Omaha, NE; Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai, New York, NY.

GU12-160


*J Clin Oncol 35, 2017 (suppl 6S; abstract 289)*

**Authors:** Toni K. Choueiri, Noah M. Hahn, Lillian Werner, Meredith M. Regan, Jonathan E. Rosenberg, BOREALIS-02 investigators; Dana-Farber/Harvard Cancer Center, Boston, MA; Johns Hopkins University, Baltimore, MD; Dana-Farber Cancer Institute, Boston, MA; Memorial Sloan Kettering Cancer Center, New York, NY.

GU14-206

Phase II trial of pembrolizumab in patients (pts) with incurable platinum refractory germ cell tumors (GCT).

*J Clin Oncol 35, 2017 (suppl; abstr 4520)*

**Authors:** Nabii Adra, Sandra K. Althouse, Natraj Reddy Ammakkannavar, Milan Radovich, Costantine Albany, David J. Vaughn, Lawrence H. Einhorn, Nasser H. Hanna; Indiana University Melvin and Bren Simon Cancer Center, Indianapolis, IN; Indiana University School of Medicine, Indianapolis, IN; Community Cancer Center, Indianapolis, IN; Abramson Cancer Center, Philadelphia, PA.

LUN14-179


*J Clin Oncol 35, 2017 (suppl; abstr 8523)*

**Authors:** Greg Andrew Durm, Cynthia Johnson, Shadia Ibrahim Jalal, Ahad Ali Sadiq, Salma Jabbour, Robin Zon, Goetz H. Kloecker, Karen L. Reckamp, William B. Fisher, Nasser H. Hanna; Indiana University Melvin and Bren Simon Cancer Center, Indianapolis, IN; Indiana University Department of Biostatistics, Indianapolis, IN; Indiana University School of Medicine, Indianapolis, IN; Fort Wayne Medical Oncology and Hematology, Fort Wayne, IN; Rutgers Cancer Institute of New Jersey, New Brunswick, NJ; Michiana Hematology Oncology, PC, South Bend, IN; University of Louisville, Louisville, KY; City of Hope Comprehensive Cancer Center, Duarte, CA; Medical Consultants, Muncie, IN.

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- Nebraska Cancer Specialists, Omaha
- Nebraska Methodist Hospital, Omaha

New Hampshire
- Dartmouth-Hitchcock Norris Cotton Cancer Center, Lebanon

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- Regional Cancer Care Associates, LLC, Cherry Hill
- Rutgers Cancer Institute of New Jersey, New Brunswick

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- Integrated Medical Professionals, PLLC, Melville
- Tisch Cancer Institute at Mount Sinai, New York
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