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Today's cancer care.
Tomorrow's cancer cure.

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Nancy M. Paris, MS, FACHE
President
Georgia CORE
50 Hurt Plaza, Suite 704
Atlanta, GA 30303
Office: 404.588.4083
Fax: 404.584.8839
nparis@georgiacore.org

Background and Progress

When Georgia CORE was envisioned in 2002, the State of Georgia was fighting to counteract the perception that “better cancer care was available elsewhere.” Each neighboring state boasted at least one NCI-designated Comprehensive Cancer Center while Georgia, the largest state east of the Mississippi River, had a high incidence of cancer, fewer clinical trials and no NCI-designated Cancer Center. Though there were medical schools, hospitals, oncologists and cancer centers in Georgia, the state lacked a focused, strategic approach to oncology care and research.

Governor Roy Barnes’ unveiled a bold initiative in 2001 which provided the impetus for creation of Georgia CORE. One of the Governor’s most emphatic demands was that no Georgian should have to leave the state to obtain quality cancer care. His plan established the Georgia Cancer Coalition (GCC) with funding from a portion of the state’s “tobacco settlement.” The late Hamilton Jordan, a survivor of multiple cancers, created the strategy for the new entity whose goal was to make Georgia a national leader in cancer care while saving lives lost to the disease.

The Georgia Center for Oncology Research and Education (Georgia CORE) was created to address two of the state’s most glaring weaknesses - a deficit of clinical trials and limited capacity to conduct research - by orchestrating collaboration among community oncologists and academic researchers. With support from the Georgia Cancer Coalition and the Georgia Society of Clinical Oncology, Georgia CORE is contributing to the state’s growing distinction as a national leader in cancer care and research and to improved health for Georgians.

Since Georgia CORE’s inception the state has benefitted from:

Expanded access to clinical trials – from 82 to 137 trials in breast, lung, colorectal and prostate cancers which cause 53% of cancer deaths (a 67% increase between 2006 and 2009); in 2010 Georgia has 265 adult cancer clinical trials.

Enhanced research capacity – 57 research sites in 43 cities across the state.

Availability of top trials and treatments – Winship Cancer Institute became first NCI-designated cancer center in 2009; the state has numerous NCI funded programs including the National Community Cancer Centers Program at St. Joseph’s Candler in Savannah; CORE research network has grown 404% -- to 210 oncologists -- between 2006 and 2009.

Impressive accrual to clinical trials – Commission on Cancer Accredited Centers report an average of 7% accrual to trials in Georgia in 2007; minority accrual to CORE investigator initiated studies was 44% in 2009.

CORE Accomplishments

Creation of a statewide research network that promotes, designs and conducts clinical trials

Development of a website profiling all cancer clinical trials, oncologists and research sites in the state

Establishment of working groups where oncologists and researchers define research priorities, develop trials, review results and disseminate findings

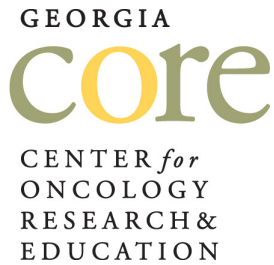
Delivery of live and electronic educational programs for investigators and research professionals

Membership in the NCI’s Gynecologic Oncology Group; NCI licensee for distribution of research information

Accrual of ethnic minority patients to investigator initiated clinical trials

Analysis of disparities in access to cancer clinical trials and care among minority and rural populations

Presentation at state, national and international meetings and conferences



Strategic Framework 2010

Mission

Enhance the quality of cancer care in Georgia through research and education.

Vision

Georgia CORE will drive improvements in cancer outcomes, contributing measurably to the state's distinction as a national leader in cancer care and research and to better health for Georgians.

Values and Strategies

Partnership

Engage Georgia's clinical and scientific leaders in collaborative cancer research;
Affiliate with preeminent organizations and institutions.

Innovation

Conduct translational research;
Develop research based on leading science and emerging opportunities;
Disseminate findings and share best practices.

Community

Join with patients, survivors and advocates to improve access to quality cancer care;
Reduce cancer care disparities.

Goals

Create a statewide cancer research network linking community oncologists and cancer centers with researchers and academic medical centers

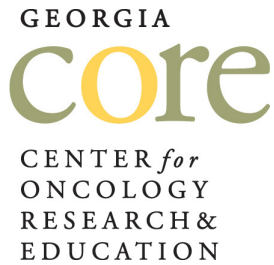
Increase access and accrual to clinical trials through outreach and community awareness programs

Adopt and adapt 21st century information technology to improve research quality and efficiency

Develop community partnerships and obtain patient/survivor feedback to minimize disparate access to clinical trials

Enhance research capacity and infrastructure via professional education

Advance the quality of care by promoting and conducting research, disseminating new findings and serving as a vehicle for knowledge transfer



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*Denotes Georgia Cancer Coalition Distinguished Cancer Scholar

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2009/2010 Scientific Leadership

Principal Investigators

Donald G. Gallup, MD
Ruth M. O'Regan, MD
Suresh S. Ramalingam, MD
Amelia Zelnak, MD

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Lung Cancer Working Group Co-Chairs

Rodolfo E. Bordoni, MD
Suresh S. Ramalingam, MD

Prostate/GU Cancer Working Group Co-Chairs

Vasily J. Assikis, MD
Omer Kucuk, MD

Investigators

Vasily J. Assikis, MD
James J. Burke, II, MD
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Research Network

Aims

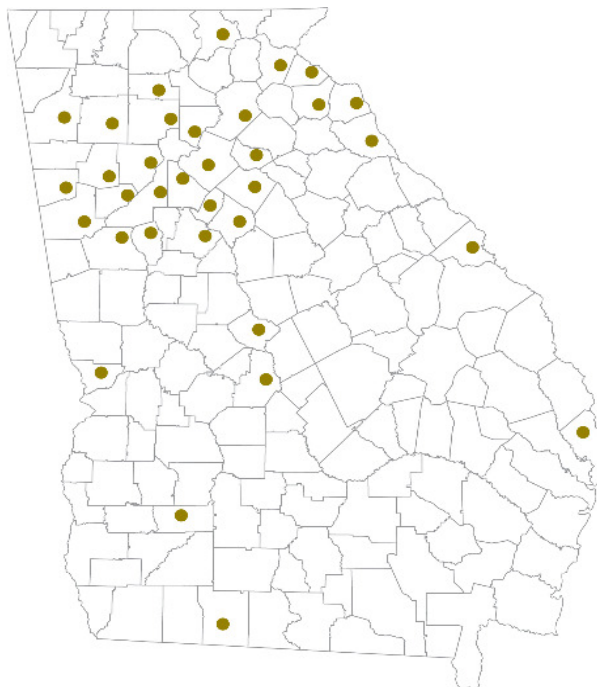
- Promote research-driven improvements in cancer care and control
- Expand access to and availability of clinical cancer trials
- Increase patients' participation in clinical trials – particularly minorities
- Design and conduct clinical trials to answer pressing research questions
- Use technology to exchange information and improve efficiency
- Enhance performance and capacity of research sites

Features

- Statewide network of academic and community-based oncologists and researchers
- Connects qualified research sites with sponsors/clinical trials
- Offers web-based tools for protocol review, site selection and study management
- Provides consultation on clinical care and trial development
- Serves as single point of entry for contracting, budgeting and management of multi-site trials
- Maintains research staff / consultants for central IRB submission, regulatory management and monitoring
- Provides training on clinical research and protocol administration
- Conducts educational programs on new developments in cancer treatment

Research Sites

The map displays Georgia counties with institutions that participate in the research network.



Members are located in the following cities:

Albany	Jasper
Atlanta	Johns Creek
Athens	Lawrenceville
Augusta	Macon
Austell	Marietta
Blairsville	McDonough
Bremen	Monroe
Canton	Newnan
Carrollton	Riverdale
Cartersville	Rome
Columbus	Roswell
Conyers	Royston
Cumming	Savannah
Dallas	Snellville
Decatur	Stockbridge
Demorest	Thomasville
Douglasville	Toccoa
Duluth	Villa Rica
Elberton	Warner Robbins
Fayetteville	Winder
Gainesville	Woodstock
Hartwell	

Multi-Disciplinary Statewide Research Network Membership

211 Oncologists
57 Research Sites
43 Cities

According to the Institute of Medicine, "Physicians who participate in clinical trials are associated with providing excellent medical care as well as improving the standard of care through research."

Georgia CORE's mission- to enhance the quality of cancer care in Georgia through research and education- is founded on this principle.

Through the Georgia CORE Research Network academic investigators and community oncologists study developments in cancer research, analyze new approaches to treatment, conduct clinical trials and disseminate their findings.

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www.GeorgiaCORE.org
www.GeorgiaCancerTrials.org

2010 Georgia CORE Research Network Oncology Practices & Hospitals

Archbold Medical Center
Thomasville
www.archbold.org

Atlanta Cancer Care
Atlanta, Conyers, Cumming,
Decatur, Johns Creek, McDonough,
Roswell, Stockbridge
www.atlantacancercare.com

**Curtis and Elizabeth Anderson
Cancer Institute at Memorial
University Medical Center**
Savannah
www.memorialhealth.com

**John B. Amos Cancer Center
at Columbus Regional Healthcare
System**
Columbus
www.columbusregional.com

Augusta Oncology Associates
Augusta
www.augonc.com

Central Georgia Cancer Care
Macon, Warner Robbins
www.centralgacancercare.com

DeKalb Medical
Decatur, Lithonia
www.dekalbmedical.org

**Emory University Hospital
Midtown**
Atlanta
www.emory.org

**Emory University / Winship
Cancer Institute**
Atlanta
www.cancer.emory.edu

**Georgia Cancer Center for
Excellence at Grady Health
System**
Atlanta
www.gradyhealthsystem.org

Georgia Cancer Specialists
Decatur and Marietta Locations
www.gacancer.com

Harbin Clinic
Rome
www.harbinclinic.com

**Hematology and Oncology of
Northeast Georgia**
Athens, Demorest, Elberton,
Hartwell, Monroe, Royston,
Toccoa, Winder
www.negacancer.com

Medical College of Georgia
Augusta
www.mcg.edu

Medical Oncology Associates
Augusta
www.moaaugusta.com

**Mercer University Medical
School**
Savannah
<http://medicine.mercer.edu/>

Morehouse School of Medicine
Atlanta
www.msm.edu

**Nancy N. and J.C. Lewis Cancer
& Research Pavilion at St.
Joseph's Candler**
Savannah
www.stjosephs-candler.org

Northeast Georgia Cancer Care
Athens
<http://www.negacancer.com/>

**Northeast Georgia Medical
Center**
Gainesville
www.nghs.com

**Northside Hospital Cancer
Center**
Atlanta
www.northside.com

**Northwest Georgia Oncology
Centers**
Austell, Blairsville, Bremen,
Canton, Cartersville, Carrollton,
Douglasville, Hiram, Jasper,
Marietta, Villa Rica, Woodstock
www.ngoc.com

**Peachtree Hematology
Oncology**
Consultants
Atlanta, Fayetteville, Newnan
www.phoc.com

**Phoebe Putney Memorial
Hospital**
Albany
www.phoebeputney.com

Piedmont Hospital
Atlanta, Fayetteville
www.piedmonthospital.org

**Saint Joseph's Hospital of
Atlanta**
Atlanta
www.stjosephsatlanta.org

**South Atlanta Hematology
Oncology**
Riverdale, Stockbridge

**Suburban Hematology-
Oncology
Associates, P.C.**
Duluth, Lawrenceville, Snellville
www.cancergwinnett.com

Wellstar Health System
Marietta, Austell, Dallas,
Douglasville
www.wellstar.org
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Active Research Sites by Study

	EU822-03	ABX 018	GOG	Pfizer A7471028
Augusta Oncology Associates	•			
Central Georgia Cancer Care	•			
DeKalb Medical	•	•		•
Georgia Cancer Center for Excellence at Grady	•	•	•	•
Georgia Cancer Specialists	•	•		
John. B. Amos Cancer Center	•		•	•
Medical College of Georgia Cancer Center			•	
Memorial Health University Medical Center			•	
Northeast Georgia Cancer Care		•		
Northwest Georgia Oncology Centers	•			
Peachtree Hematology Oncology Consultants		•		
Piedmont Hospital		•		
Wellstar Health System	•			
Winship Cancer Institute of Emory University	•	•		•

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**Today's cancer care.
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The Importance of Clinical Trials in Quality Cancer Care: Foundation of the Georgia CORE Model

- Many if not most of the advances in life expectancy and quality of life for cancer patients and survivors as reported by the American Cancer Society are a result of cancer clinical trials.
- Participation in clinical trials is associated with excellent medical care as well as improving the standard of care through research¹.
- Far fewer patients enroll in clinical trials than are needed to answer the most pressing cancer questions quickly².
- The low accrual rate in cancer clinical trials has a profound effect on the quality of cancer care provided to all cancer patients³.
- Access to cancer clinical trials is a key quality measure for delivery of health care services, and one of the established standards for delivery of comprehensive cancer care⁴.
- Minorities with cancer are less likely to be offered participation in a clinical trial and African Americans are known to enroll in clinical trials at much lower rates than Caucasians⁵.
- The most prevalent barrier to participation in clinical trials is lack of awareness. However, participants report high levels of satisfaction with care received while enrolled in clinical trials⁶.

1. Institute of Medicine. Assessing the Quality of Cancer Care: An Approach to Measurement in Georgia. Washington, DC: National Academies Press. 2005; 184.
2. Coalition of Cancer Cooperative Groups, 2003
3. National Cancer Institute, 2004
4. American College of Surgeons, Commission on Cancer Standards, 2004
5. President's Cancer Panel, 2004-2005 Report
6. C-Change and the Coalition of Cancer Cooperative Groups, 2006
7. Singh, S, et al. The Georgia Cancer Data Report 2005. Georgia Department of Human Resources, Division of Public Health and American Cancer Society, South Atlantic Division. 2006
8. National Cancer Institute, at <http://ncccp.cancer.gov/Media/FactSheet.htm>.

Why Georgia Needs Georgia CORE

Georgia is characterized by a higher incidence of cancer and historically fewer clinical trials than neighboring states⁷

85% of cancer care is provided by community based oncologists; 15% in academic centers⁸

Ensuring that Georgian's have access to the latest trials and treatments requires a partnership between community oncologists and academic researchers

Georgia CORE links community oncologists and cancer centers with academic researchers to promote research-driven improvements in care and conduct clinical trials

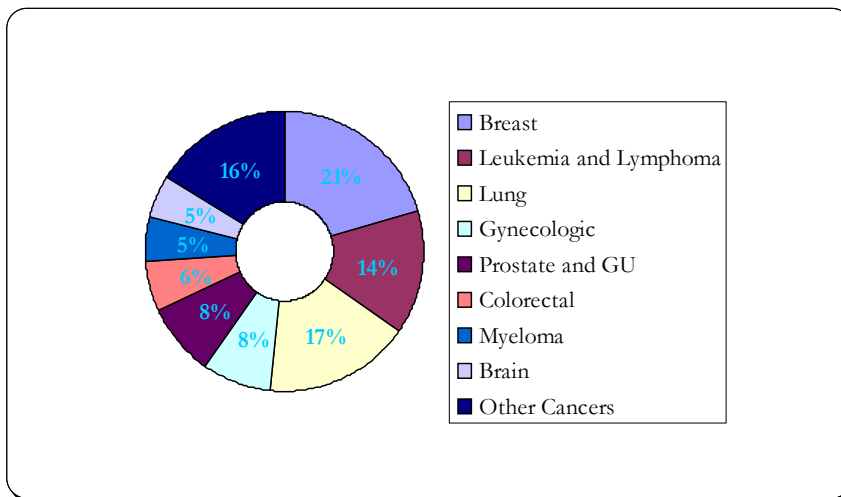
Georgia CORE provides education, tools and training to improve research infrastructure in local communities where most cancer patients receive care

57% of medical oncologists in Georgia maintain research affiliations to conduct clinical trials

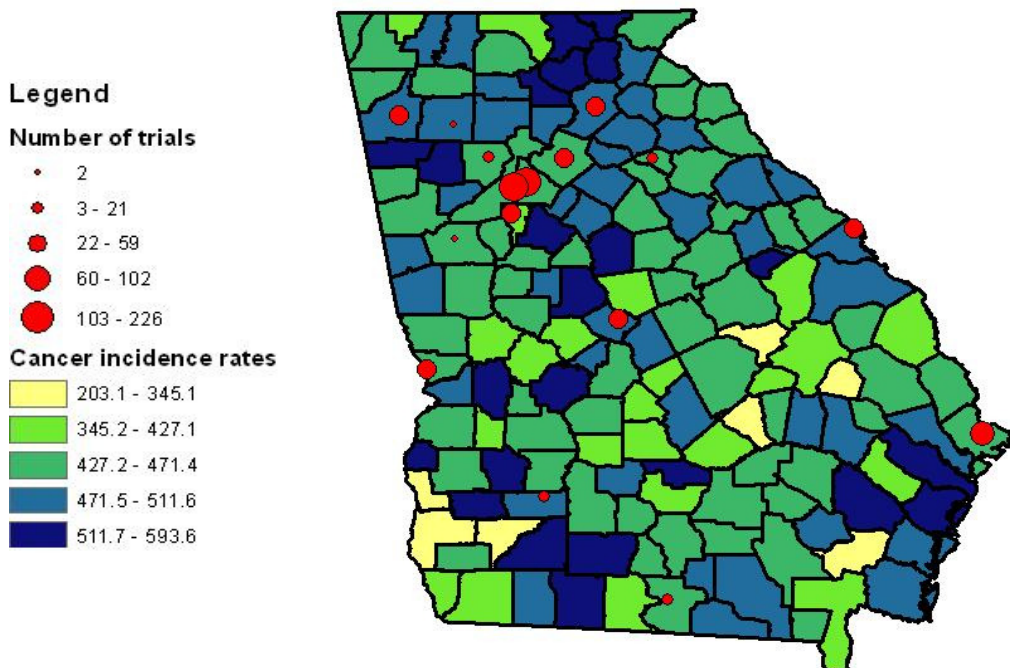
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Cancer Clinical Trials in Georgia

Adult Cancer Clinical Trials by Cancer Type



Distribution of Cancer Clinical Trials (2010) and Cancer Incidence Rates (2002-2006), by County



CORE Facts about Cancer Clinical Trials

Georgia CORE website
www.GeorgiaCancerTrials.org
provides up to date
information on all cancer
clinical trials in Georgia

265 Adult Trials

60 Pediatric Trials

**42% trials outside of greater
Atlanta**

**52% of all trials in 4 major
cancer types: breast,
colorectal, lung and
prostate which account for
53% of cancer deaths¹**

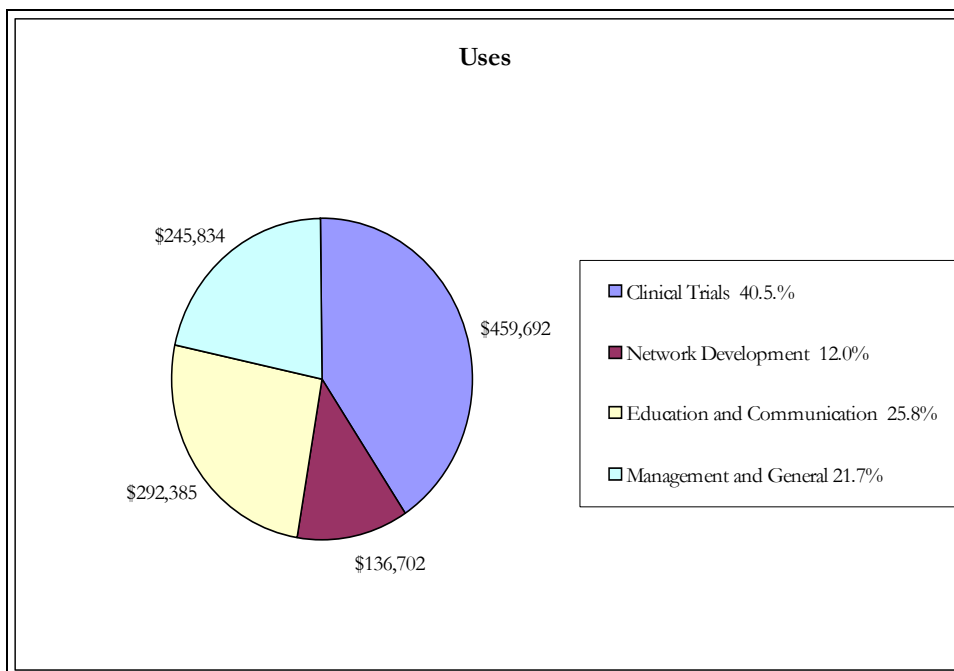
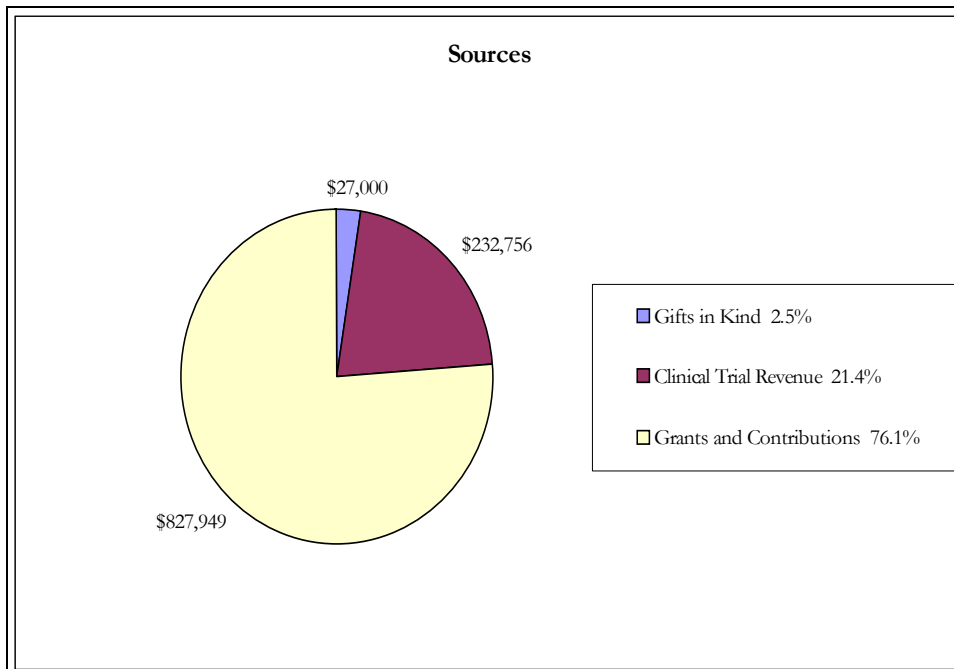
**Number of trials in 4 major
cancers increased 67%
between 2006 and 2009.**

**Over 75% of all cancer
clinical trials are Phase 2
and Phase 3**

**Over 80 percent of all trials
study new cancer
treatments**

¹Singh S, Bayakly AR, McNamara C, Redding K, Thompson SK, Wall K. Georgia Cancer Data Report, 2005. Georgia Department of Human Resources, Division of Public Health, Chronic Disease, Injury, and Environmental Epidemiology Section, and the American Cancer Society, Southeast Division, February, 2006. Publication Number: DPH06/007HW

Sources and Uses of Funds 2009



Georgia CORE is a tax exempt non profit organization under Section 501(c)3 of the Internal Revenue Code

Georgia CORE is a Registered Corporation with the Georgia Secretary of State

Georgia CORE is a registered trademark

An independent audit of Georgia CORE is conducted annually

Georgia CORE's annual operating budget is approximately \$1.1 million

Contributions from the Georgia Cancer Coalition to Georgia CORE averaged \$583,000 per year (\$3.5 million) between 2003 and 2009

In 2009 Georgia CORE received grants from the Georgia Society of Clinical Oncology (GASCO) and the Winship Cancer Institute at Emory University

In 2009 grants from Abraxis, Sanofi-Aventis and Genentech supported Georgia CORE research and education

More information is available at GeorgiaCORE.org and Guidestar.org

Presentations and Publications 2007-2010

Paris, Nancy M. and O'Regan, MD, Ruth M. 2010. Creation of a Statewide Network to Expand Clinical Trials Access and Accrual. National Cancer Institute and American Society of Clinical Oncology 2010 Clinical Trials Symposium, Bethesda, Maryland, April 29, 2010.

Wright, Shaunta S. 2009. Assessing Disparities in Cancer Clinical Trial Availability in Georgia using Geographic Information System (GIS) Analysis. Annual Meeting of the American Public Health Association. Philadelphia, Pennsylvania, November 9, 2009.

Paris, Nancy M. 2009. Georgia CORE Progress and Potential. Georgia Cancer Coalition Georgia Cancer Research Symposium. Athens, Georgia, November 5, 2009.

Schnell, Frederick M.D., FACP. 2009. Georgia CORE: Statewide Research Network Progress. Emory Winship Cancer Institute Future Directions in Hematology and Oncology. Kiawah Island, South Carolina, July 26, 2009.

Harichand-Herdt, Seema MD, Zelnak, Amelia MD, Styblo, Toncred MD, et.al. 2008. A Randomized Phase II Trial of Preoperative Docetaxel (D) and Capecitabine (C) Given Sequentially or Concurrently for Her2 Negative Breast Cancers. San Antonio Breast Cancer Conference. San Antonio, Texas, December, 2008.

Paris, Nancy M. 2008. Development of a Statewide Cancer Research Network Using Innovation Diffusion Strategies. UICC 08 World Cancer Congress. Geneva, Switzerland, August 28, 2008.

Mealor, Rhonda; Canterbury, Kate; Paris, Nancy, et al. 2008. Georgia on My Mind: One State's Unified, Comprehensive Approach to Cancer Treatment. *Oncology Issues*. May/June 2008.

Paris, Nancy M. 2008. Clinical and Translational Research in Georgia: Bangle, Bracelet or Slinky? The Promise of Collaboration: 2008 Research Symposium of the Georgia Cancer Coalition. Lake Oconee, Georgia, May 12, 2008.

Paris, Nancy M. 2008. Improving Clinical Trials Access and Availability: The Landscape in Georgia. North Carolina Advisory Committee on Cancer Coordination and Control. Chapel Hill, North Carolina, April 25, 2008.

Paris, Nancy M. 2008. Improving Clinical Trials Availability: The Landscape in Georgia. Southeast Georgia Cancer Coalition Cancer Survivorship and Clinical Trials Symposium. Savannah, Georgia, April 12, 2008.

Parker, Shaunta S. 2008. Disparities in Patient Recruitment: Overcoming Barriers to Clinical Trials. Southeast Georgia Cancer Coalition Cancer Survivorship and Clinical Trials Symposium. Savannah, Georgia, April 12, 2008.

Parker, Shaunta S. 2008. Cancer Survivorship and Health Disparities. Southeast Georgia Cancer Coalition Cancer Survivorship and Clinical Trials Symposium. Savannah, Georgia, April 11, 2008.

Parker, Shaunta S. 2008. Clinical Trial Availability for African Americans in Georgia. Georgia Cancer Summit. Atlanta, Georgia, January 15, 2008.

Paris, Nancy M. 2008. Improving Clinical Trials Availability. Georgia Cancer Summit. Atlanta, Georgia, January 14, 2008.

Parker, Shaunta S. 2007. Geographic Information System (GIS) analysis of breast and prostate cancer clinical trial availability for Georgia's African American cancer population, by county. American Association of Cancer Research: The Science of Cancer Health Disparities Conference. Atlanta, Georgia, November 29, 2007.

Parker, Shaunta S. 2007. Promoting Clinical Trials in Indigent and Minority Populations. Georgia Society of Clinical Oncology Annual Meeting. Atlanta, Georgia, November 3, 2007.

Paris, Nancy M. 2007. 21st Century Cancer Workforce Development: Building a Community-Based Cancer Workforce. 2007 CDC Cancer Conference. Atlanta, Georgia, August 15, 2007.

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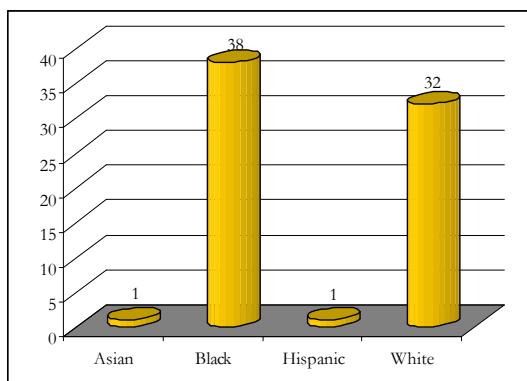
NEW

CORE Releases Minority Enrollment Data for Breast Cancer Investigator-Initiated Trials

Data collected on accrual to two Georgia CORE sponsored Breast Cancer Trials revealed that the cumulative enrollment of minority patients was 55.5% (see Figure 1 below). Accrual of African American patients in community sites was 60% (10 of the 17 patients enrolled) and accrual of all minorities (African American, Asian and Hispanic) in academic affiliate sites (Grady and Winship) was 55%.

The successful recruitment of minority patients in clinical trials is an issue of concern as studies report that minority participation is declining (Evelyn and colleagues, 2001) and minority populations are less like to participate in and be offered a clinical trial (American College of Surgeons, 2004).

Figure 1. Number of Patients Enrolled in Georgia CORE Breast Cancer Investigator-Initiated Studies (EU 822-03 and 0495-2006)



NOW

Four New Members Join the CORE Research Network

Georgia CORE has four new members of the Research Network:

- Archbold Medical Center, Thomasville
- Nancy N. and J.C. Lewis Cancer and Research Pavilion at St. Joseph's/Candler, Savannah
- Northeast Georgia Medical Center, Gainesville
- Northside Hospital Cancer Center, Atlanta

The Research Network serves to unite academic and community-based scientists, clinicians, educators, public health practitioners, survivors and advocates across Georgia. Research Network members have access to Georgia CORE clinical trials, Working Groups and other clinical research initiatives.

For more information about the Georgia CORE Research network, please contact Nancy Paris at nparis@georgiacore.org.

Analysis Underway for First Georgia CORE Research Network Trial

Ruth M. O'Regan, MD, Principal Investigator of the first investigator initiated trial opened by Georgia CORE announced that the study is closed having enrolled 51 patients. Active sites included Amos Cancer Center; Augusta Oncology; Central Georgia Cancer Care; Dekalb Medical/Georgia Cancer Specialists; Georgia Cancer Center for Excellence at Grady; Wellstar Health System/Northwest Georgia Oncology. These sites are to be commended for their leadership and collaboration. Results of the study are being analyzed; Dr. O'Regan will present results to Georgia CORE investigators.

Event Calendar

April 17th- Atlanta Lung Cancer Symposium
The Four Seasons Hotel
www.atlantalung.net

April 28th- Developing a Cancer Survivorship Program
The Westin Buckhead
www.varian.com

May 15-19th -11th International Workshop on Radiation Damage to DNA
Grand Hyatt Atlanta

Events or news to share?
Contact Shaunta Wright at swright@georgiacore.org.

CORE Research Network Accrues Patients to 22 Studies in 2009

Georgia CORE is pleased to announce that its Research Network and GOG Consortium accrued patients to 22 studies in 2009. Patients were accrued to 19 Gynecologic Oncology Group Cooperative Group Trials, 2 Breast Cancer Investigator-Initiated Trials and 1 Lung Cancer Industry Sponsored Trial.

Thank you to the fourteen active research sites, which include community practices, cancer centers and academic institutions.

NEXT

Expansion of Georgia CORE GOG Consortium

The GOG Consortium achieved its membership goals and is a full member of the cooperative group. Donald Gallup, MD is the Principal Investigator and Sharad Ghamande, MD is the Co-Principal Investigator. Sites enrolling patients in 2009 included Georgia Cancer Center for Excellence at Grady, Medical Center of Central Georgia, Medical College of Georgia, and Memorial Health University Medical Center. Current discussions with potential new affiliates will expand access to GOG trials in 2010.

For more information about the Georgia CORE GOG Consortium, please contact Georgia CORE at info@georgiacore.org.

Paris to Present Abstract on Statewide Clinical Trials Network Development at NCI and ASCO's 2010 Cancer Trial Accrual Symposium

Nancy Paris, President of Georgia CORE, will present an abstract, co-authored by Ruth O'Regan, MD, entitled "Creation of a Statewide Network to Expand Clinical Trials Access and Accrual" at the 2010 Cancer Trial Accrual Symposium, co-sponsored by the National Cancer Institute (NCI) and the American Society of Clinical Oncology (ASCO). The symposium is being held April 29-30, 2010 at the Hyatt Regency in Bethesda, Maryland.

Late Breaking News

Standard Operating Procedures Available

SOPs for the Network are available electronically to all research sites. SOP categories include Study Start-Up, Study Management, Data Management, Privacy Issues and Quality Assurance. To obtain copies please contact Shaunta Wright at swright@georgiacore.org.

Georgia CORE®
50 Hurt Plaza
Suite 704
Atlanta, GA 30303
404-523-8735
www.georgiacore.org
info@georgiacore.org

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