

# ACRIN NEWSLETTER

*Advancing Clinical Care Through Imaging Research*

Winter 2010

## **From the Network Chair** **2010 New Year Resolution—Accrual, Accrual, Accrual**



*Mitchell Schnall, MD, PhD, delivers the “State of ACRIN” presentation at the 2009 ACRIN Fall Meeting.*

ACRIN offers also understand the important relationship between clinical trial accrual and robust data for results reporting. For example, the success of ACRIN at its next grant review by the National Cancer Institute, by far ACRIN’s largest funder, depends on dramatically increasing participant accrual in the coming year.

Prior to 2007, a significant focus of ACRIN clinical trials had been on screening studies that successfully accrued large numbers of healthy participants. From 2004 through 2006, nearly 10,000 participants were enrolled in ACRIN trials. Over the past several years, the ACRIN scientific committees have worked very hard to generate new ideas, opening many new trials and doubling the number of planned trials in the protocol pipeline. However, the nature of these trials—many testing imaging as a biomarker, which often requires engaging participants who are very ill—has drastically affected participant accrual rates. From 2007 through 2009, less than a total of 900 patients were accrued.

Fortunately, a variety of strategies are underway to help ACRIN successfully meet the accrual goals of these more challenging trials, including the following:

- Reaching out to medical institutions in the United States and abroad in an effort to encourage them to become trial sites and offering to assist them with trial activation and enrollment activities
- Working at the individual institution level to identify and resolve systemic barriers to patient enrollment

*(continued on page 4)*

With the transition from 2009 to 2010, ACRIN is poised to focus on the goal of increasing the rate of participant accrual for our expanded portfolio of imaging clinical trials. The forces behind this goal are both scientific and financial. First and foremost, generating, analyzing, and publishing data from clinical trials allows ACRIN to demonstrate the value of imaging in the clinical care of patients with cancer and other diseases. However, without adequate numbers of trial participants, ACRIN would lack data to provide results of any significance. In addition, those who evaluate the value that



*Constantine Gatsonis, PhD, presents information about imaging clinical trials and the associated impact on patient outcomes.*

## **Recruiting Sites**

Sites are being sought to participate in the following ACRIN trials. For trial-specific information, go to the “Protocol Summary Table” on the ACRIN Web site at: [www.acrin.org/CurrentProtocols.aspx](http://www.acrin.org/CurrentProtocols.aspx) or contact the trial’s project manager.

### **BREAST TRIAL**

*Phase II Study of FLT PET in Invasive Breast Cancer (ACRIN 6688)*

**Project Manager:** Heather Polley  
(215-574-3245; [hpolley@acr-arrs.org](mailto:hpolley@acr-arrs.org))

### **GYNECOLOGIC TRIALS**

*Cervical and Endometrial Cancers: Staging with PET/CT (GOG 0233 / ACRIN 6671)*

**Project Manager:** Heather Polley  
(215-574-3245; [hpolley@acr-arrs.org](mailto:hpolley@acr-arrs.org))

*Phase II Trial of 64Cu-ATSM PET/CT in Cervical Cancer (ACRIN 6682)*

**Project Manager:** Donna Hartfeil  
(215-717-2765; [dhartfeil@acr-arrs.org](mailto:dhartfeil@acr-arrs.org))

### **HEAD/NECK AND NEURO TRIAL**

*FDG-PET/CT Staging of Head and Neck Cancer and its Impact on the NO Neck Surgical Treatment (ACRIN 6685)*

**Project Manager:** Irene Mahon  
(215-574-3249; [imahon@acr-arrs.org](mailto:imahon@acr-arrs.org))

### **THORACIC TRIAL**

*FDG-PET/CT as a Predictive Marker of Tumor Response and Patient Outcome: Prospective Validation in Non-small Cell Lung Cancer (ACRIN 6678)*

**Project Manager:** Donna Hartfeil  
(215-717-2765; [dhartfeil@acr-arrs.org](mailto:dhartfeil@acr-arrs.org))

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IMAGING NETWORK

## New Accrual Subcommittee Forms

With the 2010 focus on clinical trial participant accrual, members of the ACRIN Patient Advocacy and Research Associate Committees decided to bring together their collective knowledge and interest in this area to form the ACRIN Accrual Subcommittee. Peggy Anthony (patient advocate for the ACRIN Thoracic Committee) agreed to serve as Committee Chair, and Tracy Sitton-Petro, CTR, CCRP (RA from Clinical Radiologists, S.C.) volunteered as Committee Co-chair (see sidebar).

During its first conference call, in November 2009, the subcommittee established the overall goal of identifying the major accrual barriers across all types of participating sites and developing strategies to overcome these barriers, along with defining several specific objectives for 2010.

### Accrual Survey in the Works

To gain a better understanding of accrual barriers confronted by site principal investigators (PIs) and research associates (RAs) in carrying out ACRIN trials, the subcommittee has decided to

**“... This survey has been developed to explore the factors that influence patients' decisions regarding clinical trial entry.”**

–Tracy Sitton-Petro, CTR, CCRP

develop a site survey that, in addition to identifying accrual barriers, is also intended to discover best practices for reaching accrual goals. According to Sitton-Petro, “A patient's decision to enter into a clinical trial has been typically explored from the perspectives of patients and their physicians. Little investigation has involved clinical research associates (CRAs), despite their central role in the process of recruitment. This survey has been developed to explore the factors that influence the decision of patients regarding clinical trial entry, from the perspective of both the CRA as well as the site PI.”

The data collected from this survey will be summarized and distributed to ACRIN-affiliated PIs and RAs through the ACRIN Newsletter and meeting presentations. PIs and RAs should expect the survey to be e-mailed to them in spring 2010. The recipients are encouraged to take the time to complete this survey, as their input is valued greatly.

### New Participant Screening Log to be Introduced

The ACRIN Accrual Subcommittee will also be instrumental in the development of an ACRIN Participant Screening Log to gather data about why potentially eligible participants either ended up not being eligible for or decided not to take part in a

trial. This screening log tool, a Web-based form that includes no identifying patient information, will be required on a study-by-study basis. It is anticipated that the information derived from the tool can help to address accrual barriers identified as significant across all sites and assist the protocol team in making protocol revisions, as possible, to help meet accrual targets. The subcommittee has been providing valuable input on the feasibility and usefulness of this new tool, as well as providing support for the tool's development.

As committee member Suzanne Lenz, MA, CCRP, from

Dartmouth-Hitchcock

Medical Center states, “Knowing what keeps a potential, eligible participant from enrolling in a clinical trial can help determine what we might be able to change or do better at the site and sponsor level to achieve accrual targets. Even when a participant gives ‘no reason,’ there is typically an underlying cause for not wanting to enroll in a clinical trial. Once the answers are known, the site and sponsor can work more closely as a team to resolve recruitment obstacles, improve accrual rate, and better plan for future protocols.”

**“Knowing what keeps a potential, eligible participant from enrolling in a clinical trial can help determine what we might be able to change or do better...”**

–Suzanne Lenz, MA, CCRP

### Accrual Subcommittee Members

Margaret “Peggy” Anthony, RN, MHS, CNOR

*Committee Chair*

Tracy Sitton-Petro, CTR, CCRP

*Committee Co-chair*

Monene Kamm, AS

Missy Layfield, PT, ATC

Suzanne Lenz, MA, CCRP

Elizabeth Patterson, MD

#### Staff Liaisons

Nancy Fredericks, MBA

Heather Homick, MPH

The committee invites other persons involved in ACRIN research who are interested in accrual issues to join the subcommittee. Contact Heather Homick at [hhomick@acr-arrs.org](mailto:hhomick@acr-arrs.org) or 215-574-3194.

## Participant Accrual: Best Practices

The following ideas for increasing clinical trial enrollment were offered by members of the ACRIN Patient Advocacy and Research Associate Committees who were requested to submit participant accrual methods they have seen effectively used in ACRIN trials, other cooperative group trials, and in industry. Best practices suggestions were provided by ACRIN patient advocates Nancy Sauer and Barbara LeStage and research associates Tracy Sitton-Petro, CTR, CCRP (Clinical Radiologists, S.C.); Monene M. Kamm, AS (University of Cincinnati Physicians, Department of Radiology); and Lorna Beccaria, RN, CCRC (Medical Advisory Board, Larry L. Hillblom Foundation). Thank you contributors!

### Identify Potential Patients

- Review clinical practice, surgical, and tumor board schedules to identify appropriate cases that might be overlooked by busy staff (keeping the site's HIPAA regulations in mind)
- Establish a process for the PI or referring clinician to track the number of patients with whom the trial was discussed, the number of patients enrolling in the trial, and the reason for refusal for those who chose not to enroll and present these data on the monthly call with participating sites (*Note:* these data will be collected in the new Web-based screening log form. See the related article.)

### Make Trial Participation Easier

- Make sure recruitment materials are written at a low-literacy level and that translated versions are available
- Identify a clear and concise way for patients and their family members, referring doctors, and nurses (as well as other study personnel) to reach the RA; repeatedly distribute this information; and return phone calls, pages, and e-mails promptly
- Go to where the patient is for initial study consent process, especially if the study setting is particularly difficult to navigate (e.g., the MRI center is located separately from the study office that is in a cubby hole on the basement level halfway across campus)

- Outline in the informed consent the provision of services to make it as easy as possible for the patient to get to all study-related visits (e.g., pay or reimburse for parking and tolls, babysitting, elder care sitting, and meals or snacks if the day is going to be long)
- Offer translation services, if available

### Communicate With Referral Sources

- Develop pocket-size booklets outlining the eligibility criteria for each study currently enrolling patients, for RAs to hand out to physicians
- Establish good working relationships with referring physicians and their staff, frequenting the clinics and greeting them as a subtle reminder about the research studies
- Distribute the pager or cell phone number of the RA in order to be more accessible to physicians for patient meetings

### Obtain Support of Additional Clinical Personnel

- Keep all nonresearch clinical personnel (e.g., clinical nurses, nurse practitioners, support staff) informed and engaged through updates on how the study is progressing and about changes to the study
- Send a thank you note or message for referring clinicians who have helped to identify a participant
- Notify related community organizations about on-going trials
- Request that ACRIN headquarters send out an announcement about a trial to the national advocacy organizations in the database compiled by the ACRIN patient advocates
- Investigate the possibility of contacting the local chapters of all appropriate advocacy organizations and asking them to send their members information about the trial

## Did You Notice?

ACRIN headquarters staff members have new e-mail addresses. Coincident with last year's strategic alliance between the American College of Radiology and the American Roentgen Ray Society, new e-mail addresses reflecting the alliance were issued. All ACRIN staff now can be reached via e-mail using: *FirstInitialLastName@acr-arrs.org*

**Thank you for making the change.**

## Advocate Highlight: Neil Levitan *Needs of Patients with Brain Cancer*

Neal Levitan, a resident of Cambridge, Massachusetts, is completing his first year as a member of the ACRIN Patient Advocacy Committee. No stranger to the world of patient advocacy, he served as a peer reviewer and editorial advisor for Consumer Advocates in Research and Related Activities (CARRA), a program administered by the NCI Office of Advocacy Relations, since its inception in 2001.

When approached by ACRIN to consider applying his advocacy efforts to the field of cancer imaging, Levitan says, “I was enthusiastic because of the extensive number of scans I’ve experienced in my own personal journey.” Since being diagnosed with a malignant glioma brain tumor and subsequently undergoing surgery, radiation, and chemotherapy in 1989 with a recent reoccurrence and a second craniotomy, he has undergone over 100 MRIs. “I consider myself particularly suited to advocate for patients with head and neck tumors who are considering participating in imaging-based clinical trials,” reflects Levitan.

Over this past year, Levitan has been active in reviewing materials related to two Head and Neck/Neuro Committee trials: Assessment of Tumor Hypoxia in Glioblastoma with FMISO PET and MRI

(6684) and FDG-PET/CT—Staging of Head and Neck Cancer and its Impact on N0 Neck Surgical Treatment (6685). “We complete a Project IMPACT Statement and Review Form as part of our review at every stage of clinical trial development, from concept submission to the finalized protocol, to identify how the trial might be viewed from the patient perspective,” he summarizes. In particular, the committee focuses on whether eligibility requirements and scanning procedures pose burdens to patients considering enrollment and ensuring that informed consent forms adequately meet the needs of patients. The committee members communicate face-to-face at the ACRIN Fall Meeting and through several teleconferences throughout the year.

Understanding the science of cancer imaging can be challenging at times, but Levitan finds his experience as the former CEO of a national brain tumor organization a plus in this regard. He has also found his new advocacy role to be more time-consuming than he initially expected, with reviewing responsibilities coming in random chunks of time related to trial development stages. Nevertheless, he believes that “helping to advance science for others with a similar diagnosis is a meaningful endeavor.”



*Patient advocate Neil Levitan participates in the Head and Neck/Neuro Committee Session at the 2009 ACRIN Fall Meeting.*

The importance of ACRIN research, according to Levitan, lies in the non-invasive aspects of its imaging techniques, which provide opportunities for finding out more about cancer and its progression. He looks forward to assisting with future ACRIN trials, because, as he states, “Improving these techniques in order to obtain more precise information earlier in the diagnosis and/or treatment process can only enhance the lives of patients coping with a cancer diagnosis.”

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### **2010 New Year Resolution—Accrual, Accrual, Accrual** *(continued from page 1)*

- Collaborating with cancer cooperative groups and professional societies to garner support for ACRIN clinical trials and for participant referrals
- Approaching international scientific organizations for additional support

Also, a major ACRIN strength is its ability to work with a variety of facilities in diverse settings to carry out ACRIN’s imaging clinical trials. This is critical, as some complex trials may require recruitment of sites that are more academically focused (e.g., ACRIN 6684 evaluating FMISO-PET and dynamic contrast-enhanced PET for patients with glioblastoma tumors). However, more uncomplicated trials (e.g., ACRIN 6685 evaluating FDG-PET for staging head and neck cancer) can be carried out at—and may even be more ideally suited for—more community-based sites, including freestanding imaging centers.

ACRIN must significantly increase the number of patients enrolled in its trials in 2010 compared with recent years. In order to reach this goal, we must turn our attention to effectively executing the many studies developed during the past year.

## Neurosciences Committee Convenes

Members of the ACRIN Neurosciences Committee met for the first time during the 2009 ACRIN Fall Meeting. The committee, established by a grant from the ACRIN Fund for Imaging Innovation, is chaired by neuroradiologist Gregory Sorensen, MD, Associate Professor of Radiology at Harvard Medical School, Co-director of the Athinoula A. Martinos Center for Biomedical Imaging and Director of the Center for Biomarkers in Imaging at Massachusetts General Hospital. Sorensen is also the Chair of ACRIN's oncology-focused Head and Neck/Neuro Committee. The committee has established three research aims that include:

- Assessing the use of imaging for the measurement of extent of disease and for monitoring therapeutic response
- Developing and validating functional imaging markers for response to therapy for neurologic disease
- Exploring the feasibility of using imaging in the management of intravenous thrombolysis in acute ischemic stroke

Says Sorensen, "Imaging continues to play an increasingly important role in stroke diagnosis and treatment. I'm enthusiastic about employing ACRIN's research network and



*Gregory Sorensen, MD, solicits input regarding research priorities for the newly established ACRIN Neurosciences Committee.*

infrastructure to answer critical questions about such topics as the optimal imaging of the acute stroke patient, the role of imaging as a biomarker or surrogate end point, as well as the use of imaging to assess the risk of hemorrhage after chemical thrombolysis." A first research concept under consideration is exploring the feasibility of using imaging to extend the window of intravenous thrombolysis in acute ischemic stroke.

## Scientific Committees Leadership Update

### Susanna Lee, MD, PhD Assumes Gynecologic Committee Chair Role

As the new year begins, ACRIN is pleased to acknowledge several new committee chairs who began their leadership role in 2009. Susanna Lee, MD, PhD, an instructor in radiology and a radiologist in the Abdominal and Intervention Division at Massachusetts General Hospital, joined ACRIN as chair of the ACRIN Gynecologic Committee in the summer of 2009. In her short tenure as chair, Lee has worked with committee members to put forward a research concept for the ACRIN Steering Committee's consideration. As Heather Polley, the project manager liaison for the committee notes, "Dr. Lee's close working relationship with members of the Gynecologic Oncology Group (GOG) allows her to know the research in development and to discern which protocols would be enhanced by an ACRIN research component. Plus, she is super organized!"



*Susanna Lee, MD, PhD, addresses the ACRIN Gynecologic Committee meeting at the 2009 Fall Meeting.*

### Terence Wong, MD, PhD, Becomes Abdominal Committee Chair

As of the 2009 Fall Meeting, ACRIN Abdominal Committee chair Fergus Coakley, MD, handed over the committee's leadership role to the committee's co-chair Terence Wong, MD, PhD from Duke University Medical Center. "Under Dr. Coakley's leadership, a number of significant milestones took place, including

publication of the results of the ACRIN 6659 trial *MR Imaging and MR Spectroscopic Imaging of Prostate Cancer*, for which he was a significant paper contributor, and development of the ACRIN 6690 trial, which will evaluate novel MRI scanning techniques for patients with hepatocellular cancer," says committee project manager liaison Donna Hartfeil. "Also, his ability to stay focused on ACRIN's research goals to guide prioritization of the committee's work was admirable."

An associate professor of radiology in the Radiology Department's Nuclear Medicine Division at Duke, as the new committee chair, Wong "knows the ropes," having served as the committee's co-chair as well as the site principal investigator of several ACRIN trials. ACRIN looks forward to Coakley's continued involvement in its imaging trials and welcomes Wong to his new role.

## ACRIN Recognizes Outstanding Performance

### Outstanding Contribution Awards

Seventeen individuals have been singled out for their outstanding contributions on behalf of ACRIN clinical trial research during 2009. These awards are made particularly meaningful by the fact that they are based on nominations by fellow ACRIN colleagues who work side by side with the nominees and, therefore, have firsthand knowledge of their efforts and abilities. At the ACRIN Fall Meeting, Mitchell Schnall, MD, PhD, ACRIN Network Chair, conveyed his personal appreciation for the commendable way these researchers and staff have carried out their professional responsibilities and for their integral role in ACRIN's success. An abridged description of the awardees and their accomplishments follows; please visit [www.acrin.org](http://www.acrin.org) for the full award descriptions.

### Special Recognition Awards

#### **Hal Kundel, MD**

As the first chair of the ACRIN Advisory Panel, Hal has organized, developed, and led a multidisciplinary committee that has provided insightful commentary and guidance to ACRIN leadership since the panel's inception. The committees' recommendations have been objective, realistic in creating expectations, and representative of the interests of the broader scientific community. The support of the Advisory Panel was instrumental to ACRIN's preparations for renewal during the last grant renewal cycle and it continues to play a critical role as a result of Hal's stewardship.

#### **Barbara LeStage, MHP**

The Chair of the Patient Advocates Committee, Barbara is recognized for her exemplary leadership in fostering the development of Project IMPACT, a nationally recognized innovative model for advocate involvement in clinical research. Her efforts have ensured that the voice of the patient is heard in the



*Barbara LeStage, MHP, is presented with an award for her leadership of the ACRIN Patient Advocacy Committee.*

review of new ACRIN research concepts and results in study designs that ensure the patient remains the focus. As a member of the ACRIN leadership team, Barbara has consistently provided valuable perspective and has made significant contributions toward creating and refining the strategic direction of the organization.

### Trial Investigators and Chairs

#### **Gerald (Chip) Dodd, MD**

As the ACRIN 6673 trial's principal investigator, Chip has clearly demonstrated an exceptional level of commitment to defining the role of radiofrequency ablation in treating patients with advanced HCC, a population otherwise facing poor prognosis. His 7-year dedication to obtaining approvals and adapting to address study design considerations

ultimately led the trial to a successful completion, including a recent central reader study.

#### **Mark Rosen, MD, PhD**

Mark has led ACRIN's efforts to advance the imaging core laboratory capabilities in MR/CT and personally helped to define the role and methodology of dynamic contrast-enhanced (DCE) MRI in clinical research. His activities with the imaging core lab have been instrumental in developing standards for

imaging analysis and in fostering collaboration with other cooperative groups and consortiums.

#### **Barry Siegel, MD**

Barry is recognized for providing valuable counsel as ACRIN deputy chair, leading core lab initiatives, guiding numerous clinical research trials, and directing the National Oncology PET Registry (NOPR) to reach over 160,000 participants. By bringing in new researchers and fostering a team approach, Barry has advanced the growth and development of ACRIN's scientific team.

### Researcher Associates (RAs)

#### **Pam Allen, Jewish Hospital**

Since becoming the lead RA during a time of transition 5 years ago, Pam has worked effectively with staff to increase data submission and quickly rectify audit issues occurring prior to her tenure, at a site that accrued over 1,900 participants. Pam has gained a reputation for her kindness, respect, relationship building, and trustworthiness.

#### **Deb Chewar and Pat Shwartz, Mayo Clinic Jacksonville**

As primary RAs at the Mayo Clinic Jacksonville NLST site, Pam and Deb have helped their team to be consistently responsive to data queries, forms due reports, procurement of death certificates, and requests for medical records for abstraction and EVP. Their focus on building personal relationships with participants is reflected in 99% of Mayo Jacksonville's participants having a vital status, which sets the benchmark for other NLST sites.

### **Jennifer Frye, Washington University**

Jennifer's role as RA for ACRIN 6678 at Washington University in St. Louis has been critical to becoming one of the two top accruing trial sites. Her ability to work across the departmental boundaries between radiology and oncology has produced consistently superior accrual results, and she has generously shared ideas for bolstering trial site accrual with ACRIN staff.

### **Connie Sathre, Mayo Clinic Rochester**

As RA of the National Lung Screening Trial (NLST) at Mayo Clinic Rochester, Connie has inspired her team to achieve a high degree of excellence in their work. This includes never missing a deadline and maintaining a remarkably high participant retention rate.

## **Biostatistics and Data Management Center (BDMC) Staff**

### **Lindsey Dymond, Data Management Center**

The nominating site reported, "Lindsey promptly responds to questions. She was particularly helpful to us in resolving the results of our last audit, saving us time and effort. Lindsey gives us praise and encouragement for our accomplishments, even taking the time to send us a handwritten 'thank you' and sharing our accomplishments with our supervisor."

### **Glenna Gabrielli, Data Management Center**

The ACRIN 6666 principal investigator noted, "Glenna has been instrumental in working with the 20 sites to resolve all queries and achieve extremely high rates of follow-up over the 4-year trial." Also relayed was Glenna's 2000% effort carried out cheerfully and capably



*Glenna Gabrielli, BS, CCRP, accepts an award in recognition of her excellent work on the ACRIN 6666 trial.*

as well as her outstanding level of competence.

### **Lucy Hanna, Biostatistics Center**

Lucy's contributions, beginning with the original ACRIN grant, have included the establishment of reporting guidelines, SOPs, and training programs; serving as the lead biostatistician for all studies to which she contributed; and working with the Brown University Institutional Research Board to keep the Biostatistics Center approved and operational. Lucy's consistent "get-it-done" attitude has meant meeting deadlines sometimes at great personal inconvenience.



*Lucy Hanna, MS, MAT, receives an award for her outstanding support of ACRIN research over the past 10 years.*

### **Helga Marques, Biostatistics Center**

As lead biostatistician or primary analyst for three of the five protocols she supports, Helga has written clear, well-documented, and easy-to-follow analytic reports. Manuscripts, abstracts, and presentations for ACRIN 6652, 6657, and 6666 have been published from her reports in the past year alone. Helga embodies the spirit that "the difficult is done immediately; the impossible takes a little longer."

### **Brad Snyder, Biostatistics Center**

Brad has provided critical guidance and input to ACRIN 6660, especially in helping direct the complex reader study requiring close coordination between the BDMC and the imaging core lab staff, to successfully bring the trial to completion. His tireless contributions to assessing the data from the central reads are directly related to producing a manuscript for this study.

### **Tina Taylor, Data Management Center**

Tina is recognized for her work both on the National CT Colonography Trial, and on the ACRIN 6673 reader study which allowed for the incorporation of 11th-hour forms modification, the creation of data pockets for readers, and data scrutinization. Tina's hard work, professionalism, and extraordinary performance have earned her the praise of the investigators and coworkers alike.

## **Headquarters Staff**

### **Adam Opanowski**

Since joining the imaging core lab just over a year ago, Adam has supported numerous PET clinical trials, helped to develop an interactive data language extension for automated standardized uptake value tracking and measurements for ACRIN 6678 and ACRIN 6668, and has facilitated the ongoing development of PET standard procedures. His tireless efforts have been instrumental to carrying out a successful initial ACRIN 6678 reader study.

### **Donna Hartfeil**

Donna's guidance has been an integral part of the Experimental Imaging Sciences Committee's growth into a fully functioning, protocol-generating committee. She is recognized for her expert generation of concepts, protocols, and guidance documents; efficient organization of committee calls and meetings; compassionate guidance of a committee chair new to ACRIN; and ability to work under extreme pressure with efficiency, grace, and joy.

## Exceptional ACRIN Sites

Producing research results that further ACRIN's mission requires a network of site researchers and support staff committed to enrolling patients, submitting timely and quality clinical data, submitting protocol-compliant images, and adhering to other aspects of the research protocol. Each year, the ACRIN Institutional Participants Committee (IPC) reviews the performance of all sites participating in active protocols relative to these research quality indicators. In addition, the IPC recognizes sites with exemplary overall ACRIN clinical trial performance with the Network Chair's Institutional Achievement Award at the ACRIN Annual Meeting. Following are the 2009 awards recipients.

Award Site	Site Principal Investigator
National Cancer Center, Korea	Seok-ki Kim, MD
Tel Aviv Sourasky Medical Center	Orna Aizenstein, MD
The University of Oklahoma Health Sciences Center	Susan M. Edwards, MD
Thomas Jefferson University Hospital	Vijay Rao, MD
University of Pennsylvania School of Medicine	Mitchell Schnall, MD, PhD
Washington University School of Medicine	Jeffrey J. Brown, MD

This year's award recipients excelled in one of the following two categories.

### Category I: Participation in three or more ACRIN clinical trials

- Image quality scores: 90% or better
- Data quality scores: 80% or better
- Audit scores: have acceptable audits
- Accrual: are in the top two quartiles of accruing sites

### Category II: Participation in one or more ACRIN clinical trials

- Image quality scores: 90% or better
- Data quality scores: 85% or better
- Audit scores: have acceptable audits
- Accrual: are the lead accruing site in one trial

Performance reports for all sites participating in ACRIN trials from July 1, 2008 through June 30, 2009 are sent to site principal investigators each year. To learn how your site compares with these standards, check with the site PI.



ACRIN Senior Director, Charlie Apgar, MBA, presents the Network Chair's Institutional Achievement Award to Drew Torigian, MD (left photo) on behalf of the University of Pennsylvania and to Barry Siegel, MD (right photo) on behalf of Washington University.

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The *ACRIN Newsletter* is published by ACRIN headquarters and distributed to affiliated research personnel and others interested in the networks' clinical trials research. ACRIN is supported by the National Cancer Institute through grants CA079778 and CA80098.

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