

# Clinical Trials

## Cancer Patients Benefiting from Promising Treatments

Years ago, the words “clinical trial” sounded a lot like “guinea pig” to patients who were asked to participate. Not anymore. The success of such trials has more and more people actually seeking the opportunity to help doctors advance the science of treatment.

At the John B. Amos Cancer Center, oncologist and Medical Director Dr. Andrew Pippas relies heavily on clinical trials to make sure his cancer patients are getting the newest and most promising anti-cancer drugs and therapies.

The trials give doctors a chance to test experimental drugs on human patients to assess their safety, effectiveness and whether they're better than the current therapy. The drugs have already gone through years of evaluation and testing on laboratory animals and only a few are for clinical trials.

“For every 5,000 drugs that are tested in a pre-clinical setting, about five make it to clinical trials,” Dr. Pippas explained. “And only about one in these five is ultimately approved by the FDA.”

However, with the number of medical oncology patients at the John B. Amos Cancer Center growing at a rate of about 20 percent every year, Dr. Pippas believes it's more important than ever to zero in on new ways of treating cancer. Nationwide, only 3 percent of cancer patients go on a clinical trial, but at the John B. Amos Cancer Center, the rate for the first half of this year was 4.5 percent. Dr. Pippas's goal is to enroll at least 8 percent of his cancer patients in such trials this time next year.

Reaching that goal is a good bet, considering the positive experiences his patients are reporting. A recent survey put the John B. Amos Cancer Center in the 92nd percentile in patient satisfaction.

“I was all for it,” patient Laurie Devitt recalled. The Wynnton Hardware store manager went to see Dr. Pippas when she was diagnosed with colon cancer. “He asked if I would be interested in a clinical trial. I said ‘yes’ immediately. From the way he looked at me, some people must say ‘no’ to clinical trials!”

Retired football coach Raul Santaliz and executive secretary Rita Comer were a bit more apprehensive on their treatment journey, but trusted Dr. Pippas to make the right decisions for them. “I just put myself in their hands and said, ‘Let's do what we have to do.’ They explained the situation to me, and I said, ‘Let's go,’” Mr. Santaliz said.



*Survivor Laurie Devitt walks Elizabeth at Wenacoba Park.*

As an executive secretary to Fort Gillem's commanding general, Ms. Comer was a little worried about juggling a high-pressure job and the anticipated side effects of cancer treatment. "I can't afford to not be alert and ready to go."

Ms. Comer said she was put on a medicine that acted like chemotherapy in a pill. "I felt absolutely marvelous," she said. "Wasn't tired. Didn't gain any weight. Didn't lose my hair. It was just normal normal," she said.

"I don't think I could have received better treatment anywhere," Ms. Comer said. "To me, it is most important to have a doctor that cares. I never felt like a guinea pig. I just feel fortunate today that I was able to be in this trial."

Participation in clinical trials at the John B. Amos Cancer Center is voluntary, and patients may leave a trial at any time. But according to National Comprehensive Cancer Network guidelines, the first and foremost treatment option for every new cancer patient should be enrollment in a clinical trial.

Hospital officials don't take these trials lightly. An institutional review board at The Medical Center, made up of doctors, lay people and clergy, examines the trial for safety, ethics and appropriateness for the patient population. Once the trial is approved, Dr. Pippas goes over a detailed consent form with

each patient, outlining the risks as well as the benefits. While the drug may improve the patient's likelihood of surviving cancer, it could possibly have negative side effects. Patients are notified immediately if something unusual happens during a trial.

Unfortunately, not every patient will be a good candidate for clinical trials. Dr. Pippas reports that only about one in three people screened will meet the rigid criteria for the study. Those who are selected are followed very closely.

Patients obviously hope the new drugs will make them healthy again. But some trial participants, like Ms. Devitt, look at the bigger picture, too.

"To me, a clinical trial is what you should be doing, because even if it didn't help me initially, further down the line it might help other people. People before me had to participate in trials in order for me to get the treatment I got so why shouldn't I do it for someone else?"

The successful trial has given Mr. Santaliz a new outlook. "I'm not looking over my shoulder," he said. "I'm just doing my coaching, and I have a brand new granddaughter, and I'm just going on with my life. I put my faith in God, and I have my family. I'm enjoying life."



*Coach Raul Santaliz holds a football on the sidelines at a recent Double Churches Middle School football game.*