

Clinical Trials

A student's interviews of nurses, patients and survivors experience and opinions of cancer and cancer clinical trials in Alaska.



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Introduction

Clinical Trials in Alaska

This booklet combines a student's interviews of nurses, patients and survivors experience and opinions of cancer and cancer clinical trials in Alaska.

A clinical trial is a research study to answer specific questions about vaccines or new therapies or new ways of using known treatments.

Clinical trials (also called medical research and research studies) are used to determine whether new drugs or treatments are both safe and effective.

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Krista Rangitsch

Research Nurse, Providence Cancer Center



Krista Rangitsch, a research nurse at Providence Cancer Center, works closely with doctors and their patients by providing them with information on clinical trials. She explains that “cancer clinical trials are research studies involving human subjects that look at ways of preventing, detecting, and/or treating cancer in the hopes of improving over all survival and patient quality of life. These trials help doctors find better ways of improving cancer care by answering certain

“Clinical Trials ... look at ways of preventing, detecting, and/or treating cancer.”

scientific questions.”

She also explained “There are a variety of different ways cancer clinical trials are designed.

Some trials look at new experimental treatments for cancer, while others look at treatments that are already approved by the United States Food and Drug Administration (FDA) for one type of cancer but are being studied in another type of cancer. Alternatively, clinical trials can compare the difference between two or more treatment regimens (i.e. medication “A” compared to medication “B”). Some trials investigate administering an FDA approved medication on a different schedule (i.e. once a week versus every three weeks) or in a different manner (i.e. oral versus intravenous).”

When discussing with a patient potentially interested in participating in a cancer clinical trial, Rangitsch informs them of the risks and benefits of participating and that their insurance may not cover some or all of the care associated with the clinical trial. Acting as an intermediary for the patient, Rangitsch will often contact their insurance provider to request coverage for the routine care costs associated with the clinical trial. Generally the items considered to be investigational are provided at no charge to the participants or their insurance company.

“These trials help doctors find better ways of improving cancer care by answering certain scientific questions”

Some insurance companies have been more difficult to work with than others. One company in particular refused to pay for routine care costs of a patient considering participating in a clinical trial for

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her soft tissue sarcoma. Rangitsch stated that the sponsor of the study was willing to “pay for everything outside the standard of care”; meaning that all extra costs would be paid for. The only thing the insurance company was being asked to cover were the routine care costs associated with standard sarcoma care follow-up, which they would have incurred even if the patient was not enrolled in the clinical trial. The patient was very frustrated, saying that she has worked her entire life paying for health insurance coverage and expected that it would be there when she need it. Now, because they will not pay for routine care costs during this clinical trial she is actually considering paying for her treatment out of pocket.

Other insurance companies have made things very easy. Rangitsch mentioned that working with one company in particular has been a great experience; they cover the routine care cost during a clinical trial and the process for approval is clear and simple. Rangitsch has testified as a private citizen in support of Senate Bill 10 which would mandate that insurance companies in Alaska cover the routine care costs associated with a clinical trial. Creating equal access to clinical trials is “so important because it is currently a huge barrier. Clinical trials are how we improve and advance medicine, and clinical trials are the only way to get new drugs approved.”

*“Clinical trials
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Kathy

Clinical Trials Story



Kathy found a lump in her breast but was not alarmed by it, it just seemed kind of weird that there were little red dots on the outside of the breast and there was something on the inside that was a little bit hard. She thought that cancer was large, defined, marble size lumps, not something like this, so she thought it just might go away and went back to her busy life taking care of her children and supporting her husband. Kathy stated “I wasn’t thinking about myself,” too much seemed to be going on for her to worry about something that didn’t seem like cancer.

Several months later she noticed the lump was still there, and her body started to get progressively weaker. She tried to make an appointment at the local Breast Cancer Detection Center for a mammogram, but was told she needed a prescription. Her insurance company insisted that she go to the urgent care clinic for doctor visits, so she decided to go there hoping they could give her a prescription. Still not too alarmed, because throughout her life she had taken precautions to reduce the risk of cancer, Kathy was checked by an urgent care doctor. Because the urgent care center doctor wouldn’t give her a prescription for a mammogram, the Dr., with urgency in her voice, made an appointment for Kathy to be seen by a gynecologist - that hour! It was then that she experienced fear for the first time. She drove straight to the gynecologist’s office, and was examined.

“I wasn’t thinking about myself,” too much seemed to be going on for her to worry about something that didn’t seem like cancer.

He stated that he would call and order a mammogram and ultrasound, and that she should make the appointment as soon as possible. She went home a little shook up, and thought about how scared she was over the possibility that she might have breast cancer. Finally, after several days, she got enough nerve to call and make an appointment. However, the next available appointment was three weeks out, which gave her even more time to be frightened.

During the mammogram, the radiologist just kept taking pictures. As he looked at the ultrasound he said he thought the mammogram looked “suspicious.” Kathy said “I felt sick to my stomach.” Not wanting to delay anything further, the radiologist set up an appointment for a biopsy later that week. Since they

were already booked solid, he set it for a time that was outside the normal “biopsy schedule.” It was for 7 AM — a time that would be most inconvenient for her, because she had four kids at home to get ready for school. Unable to bare the thought of explaining to her kids why she had to leave so early in the morning, she got up in the middle of the night and left while everyone was sleeping. She left notes for her husband and kids telling them she had gone to her friend’s house. Unbeknown to anyone, her friend was going to accompany her to the appointment. The next morning, the gynecologist called her while she was at school with her youngest daughter; he told Kathy it was a malignant tumor.

“I felt sick to my stomach.”

According to Kathy, she got up, kissed her six year old daughter, and told her she’d still be at the school, but would be outside. She went to her car, and cried. After a while, she called her mother, her husband, and two of her friends. One of them came up to the school and sat with her in the parking lot — they both cried.

“Not knowing what her future held, she wondered if this would be the last time she’d ever see her kids poking their heads out the bus window, waving goodbye for the summer.”

She knew she had to collect herself because in just a little while school would be out, and not just for the day; it was the last day of school before summer, and there were year end traditions to uphold.

Things weren’t going to change just because she had breast cancer. At her kids’ elementary school, on the last day of school, once the kids

board the buses for home, they do a bus parade and circle the parking lot several times. The entire school staff comes outside and waves goodbye to the kids. With four kids, this was a tradition she hadn’t missed in ten years. She tried to pretend things were perfectly normal but did not do very well. Instead, she felt very emotional.

Not knowing what her future held, she wondered if this would be the last time she’d ever see her kids poking their heads out the bus window, waving goodbye for the summer. Her other daughter’s teacher noticed she was teary eyed. Unable to speak at first, she finally got the words out – she was “just diagnosed with breast cancer three hours ago.” As difficult as it was for her, she was trying to hide her emotions. She surely didn’t want her two youngest daughters seeing her cry. She remembers him putting his arm around her, trying, in his most reassuring tone,

“Kathy wanted to do something... she found a press release on the Zometa clinical trial and showed it to her doctor.”

to tell her that she would be okay. The most difficult part for Kathy was the fear of what would happen to her kids if she died.

After visiting the surgeon she felt hopeful because the tumor was less than two centimeters. Things were looking better, and the surgeon was very encouraging. After more than a week of not being able to eat, or even drink water, she was finally able to eat, and enjoyed a plate of fettuccine, which is her favorite food. She had already lost more than five pounds by then. Kathy remembered thinking how she wanted to go on a diet that summer, but the cancer diet was never in the plan.

Kathy wanted to do something. Shortly after her diagnosis, she heard about the drug Zometa. Manufacturer's had been working with Zometa, and found that the drug that has shown positive correlations with fewer reoccurrences of breast cancer. At the time, her Dr. told her Zometa was normally used to treat bone cancer, and they had not heard of it being used to treat breast cancer. A couple of weeks later, at the ASCO Conference in Chicago, it was announced that

It took a lot of thought to make sure it was something she would want to do and wondered if it would be beneficial.

Zometa had shown promise is a limited clinical trial. Kathy found a press release on the Zometa clinical trial and showed it to her doctor. Her internet research quoted one doctor to say that Zometa will “probably become the standard of care.”

After several months into chemotherapy, Doctor Cox mentioned the Zometa study was expanding and she would be a likely candidate. She advised her to read about the clinical trial to see if it was something she really wanted to pursue. This trial was a much more aggressive treatment than what she had heard about in the previous study. It took a lot of thought to make sure it was something she would want to do and wondered if it would be beneficial. Her initial reasons for participating in the clinical trial were so that she would receive additional treatment. It seemed as though the additional drug would be beneficial. After careful consideration, Kathy decided to enroll in the clinical trial. She was hoping to be randomized to the Zometa arm of the study. Instead, she was selected to take Clodronate, which is not approved in the United States. The three drugs within the study are all in the same drug family and, to her knowledge Clodronate has only been used in the UK, Canada, and Italy. This led her to weigh her options to see if she wanted to drop out or remain in the study. Kathy knew remaining in the study was optional. She began to research Clodronate but she could not find much information about it. What she did find she was conflicting, and there were not any significant end result findings from using this drug. The study is looking at its effectiveness in the reoccurrence of cancer as compared to the other two drugs, Zometa being one of them. Kathy said “I will just go ahead and do it. There are thousands and thousands of women before me that

Kathy — Clinical Trials Story

this was not even offered to, and it has promise. I am fortunate to have this option. A year ago, I would not have had the option to be on this drug.” She now has follow-up care scans which would have not been done otherwise. According to Kathy “people are going to monitor me for a long time.” In Kathy’s case, the standard of care was going to be less than what she will get from the clinical trial.

It was not easy to get on this study. Kathy encountered several challenges when dealing with her insurance company even though she pays \$900 dollars a month for health insurance coverage. They denied her requests to participate in the study three times. That was no surprise to her - they denied more than half the cost of her surgery too, possibly due to doing a double mastectomy,

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rather than the suggested lumpectomy or single mastectomy. Kathy researched her cancer type and felt there was a high chance of the cancer occurring in both breasts, so she opted for the double mastectomy to reduce her risk of reoccurrence. In Kathy’s clinical trial, only the drug is paid for by the manufacturer, the follow up care is not. Without approval, remaining on the study would not be an option for her because she could not afford it on her own. Finally, with only three days to spare in the 8 week window, they agreed to cover the costs associated with it.

Kathy continues to fight her breast cancer, and is learning to live with the diagnosis. As the interview ended, she stated “Where ever you go, there you are” because she can’t get away from herself. Her diagnosis will follow her wherever she goes. She left me with a quote that she often tells her daughters “The sky is always blue above the clouds. Its always sunny somewhere.” This left me with an understanding that Kathy is a fighter, looking for a silver lining in a sky full of gray.



“The sky is always blue above the clouds. Its always sunny somewhere.”

Claire

Clinical Trials Story



Claire's sister had breast cancer eight years ago. When Claire found out she too had breast cancer, it was shocking but not surprising. It was found during a mammogram and after three scans, the doctors found the cancerous cells. Claire ended up having a mastectomy which found a small node of cancer. Doctors recommended that she also undergo radiation and chemotherapy but Claire chose not to do either. According to Claire it took a lot of research and studying statistics to figure out her chances of survival.

It took a lot of research and studying statistics to figure out her chances of survival.

In 2006, Claire had the opportunity to be enrolled in a clinical trial for bone strengthening, and she thought it would be beneficial. The trial had several different groups which would be receiving different forms of treatment. Claire would be randomly assigned to a group, but because of her fear of needles, she projected which group she would be in. Just as she had guessed, she was assigned to be in the only group that required an IV. At first, Claire was going to the hospital quite often to have treatments done. As time progressed, she had the IV treatments less often and did not require as many hospital visits. She has had no side effects from the IV treatments unlike the other groups who received different drugs. Because Claire chose to take part in the clinical trial she will receive lab tests and doctors visits to monitor the effectiveness of the treatment for years to come. Claire is convinced that this clinical trial will help her bone strength and decrease the probability of bone cancer.

Not only did Claire receive numerous personal benefits from the clinical trial, she also helped advance research.

Even though there were several positive aspects to the clinical trial, Claire did encounter one problem. During the clinical trial the insurance company would only cover a part of routine care cost during the clinical trial even though some of the treatment options on the clinical trial were well established and widely prescribed in other countries. When Claire's sister went through treatment, she was living in Britain and did not encounter any problems when participating in research. She received fabulous care with universal health coverage.

Claire — Clinical Trials Story

Not only did Claire receive numerous personal benefits from the clinical trial, she also helped advance research. Claire thinks of herself as a statistic that could be measured and studied through her clinical trial journey. It is important to have these statistics and patients associated with new treatment options in order to give the treatment more credibility and help it become well-established. As Claire stated, “How do we find out about new drugs or treatments if we do not conduct clinical trials?”

“How do we find out about new drugs or treatments if we do not conduct clinical trials?”

Connie

Clinical Trials Story



In early 1999, there was a lump on the side of Connie's neck. The lump did not come with a cold or any sickness, so she let it go. Three months later the lump had not gone, yet there was still no pain, illness or anything substantial that would cause her to worry. As a precautionary measure she went to her doctor and received blood work.

In April 1999, Connie was diagnosed with Non-Hodgkin's Lymphoma, a cancer that affects the immune system and the bodies'

Non-Hodgkin's Lymphoma, a cancer that affects the immune system and the bodies' ability to fight infection.

ability to fight infection. She learned that this type of cancer is less aggressive than Hodgkin's Lymphoma; however, there is also no cure.

Through the use of her computer and her husband by her side, Connie learned as much as she could about the Non-Hodgkin's' Lymphoma which helped ease some fears. She found that this type of cancer is slow growing which gave her time to look at various treatment options and how the disease progressed in the body.

By looking at treatment options for this type of diagnosis, Connie learned that it would be treated with chemotherapy. As Connie continued to learn about her disease she discovered a clinical trial her doctor had mentioned from the National Cancer Institute. She would be able to advance medical treatment through this clinical trial. The vaccine study would take a sample of one of Connie's nodes and mix it with another enzyme to try to create a vaccine which would attack her specific cancer. According to Connie the study "gave me hope for a possible cure," and although the study was a double blind study, she would be able to take part in possible advances in cancer research. In this study Connie will be followed for the next ten years which is much longer than a person who just receives standard treatment.

Clinical trials "gave me hope for a possible cure."

Statistically 30 to 40 percent of those with Non-Hodgkin's Lymphoma convert to a more aggressive type. Connie's did while on vacation in New Zealand in 2004. She began to have severe stomach pains and flew to Australia for a scan. The scan showed that her belly was full of cancer. Connie chose to come back to Alaska for treatment. At this point the cancer had blocked

the blood flow to the legs which caused a clot. The clot then traveled to her pulmonary artery which caused a pulmonary embolism, leaving her weak, short of breath and her body atrophied. The doctors suggested that she begin chemotherapy. After treatment she felt much better however the doctor suggested a stem cell transplant which sifts old and new cells, and stores the new cells. She received a high level of chemotherapy treatment with the hope of killing off all cancer affected cells in her body & essentially destroying her immune system. Then, they reintroduce the saved stem cells which were also treated with chemotherapy and put back into her body with the hope of introducing a healthy immune system. About this time she was offered a second clinical trial. The new trial involved a medication that would help to stimulate the mucus membrane cells in the mouth. This trial would help those who receive chemo have less pain and sores in the mouth. In Connie's case, the drug helped reduce the number of days with sores by a day or two.

Connie chose to come back to Alaska for treatment.

Connie also participated in a third clinical trial which was very different from the first two. The researchers conducted a psychological study to gauge feelings about the stem cell treatment before and after the treatment. It gave her the opportunity to find how her feelings have changed over time. The study also gave researchers insight on mood and attitude during and after treatment.

A third Clinical trial...

*Clinical trials
“made me feel like
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medical treatment
and patient care.”*

Throughout the three clinical trials Connie was worried about insurance covering the costs. But the National Institute of Health paid for all of the clinical trials and gave her a partial stipend for travel, room, and board. All of her clinical trials had to be preapproved by the insurance company and she worries that the insurance she has will soon run out because the cost of treatment is so expensive.

Connie feels supported by her family, friends and doctors. She stated the clinical trials “made me feel like I was advancing medical treatment and patient care.” She is encouraged by clinical trials and feels like there are not nearly enough people in them. After all, no cancer advancement can occur without participation in clinical trials. Connie also feels that each person has to choose for themselves if they want to participate, weighing the benefits and risks of the trial.

Each person has to choose for themselves if they want to participate, weighing the benefits and risks of the trial.

Dennis

Clinical Trials Story



Late summer early fall of 2007, Dennis started to notice a change. It was prostate cancer, not that he knew it at the time. He had problems urinating and a sore left shoulder. The year also involved a broken ankle, which took several months to heal, and continual shoulder pain. By early April of 2008 Dennis became very ill. His roommate was very concerned and convinced him to see a doctor. After the appointment was set up, Dennis began to feel better so he thought about just skipping it because going to the doctor seemed like overreacting. Though he was feeling better,

he kept his appointment. The doctor gave him several blood draws and he waited to hear the results from the doctor's office.

Dennis stated "On April 9th 2008 I was told I had kidney failure." He was directed by his primary care physician, Dr. Reeves, to report immediately to the hospital emergency room. Dennis went through a series of tests and was then admitted to Providence Hospital where he remained for one week. Further testing revealed that prostate cancer was blocking the urinal tubes. Short term treatment for the kidneys was dialysis for several days a week for up to a year. Stents were placed to drain the kidneys and they were so effective that his dialysis treatment was rescinded.

Dennis stated "I had Stage 4 prostate cancer; Dr. Ferucci, my urologist, explained that normal PSA (Prostate Specific Antigen) levels range from .1 to 4, and my PSA level was well over 400." Dennis was

ready to fight prostate cancer. Dr. Ferucci suggested hormone treatment which is the standard treatment for those with stage 4 prostate cancer. This treatment halts testosterone and attempts to prevent the cancer from growing. A group of medical professionals, including a urologist, oncologist and hospital staff teamed up to help Dennis fight his cancer. They began hormone treatment which consisted of monthly injections of Lupron along with an oral medication called Casodex which is consumed once a day. In addition, they began radiation treatment in both shoulders and the left and right femur areas to reduce the heavier concentration of the cancer which had spread to other parts of his body. The hormone treatment was very effective and within 30 days Dennis' PSA level

"I had Stage 4 prostate cancer."

Dennis was ready to fight prostate cancer.

dropped to around 20. Within another 60 days his PSA level was below 4.

Dr. Ferucci introduced Dennis to Krista a research nurse who knew of a clinical trial for prostate cancer taking place in Alaska. Dennis jumped on board “not in an effort to get better, but to participate in research. Prostate cancer research is ten years behind that of breast cancer, and men are less likely to participate in clinical trials.” The clinical trial utilized a new type of drug substituting Lupron to Zoladex. The use of Zoladex was monitored through blood draws. After PSA levels began increasing it was decided by Dennis and his doctor that removal from the study was the best option.

During this clinical trial, Dennis incurred very little out of pocket expenses because his insurance company was very supportive by covering the cost of his routine care during the clinical trial.

After the clinical trial, Dennis’ medications were returned to current treatment options. He plans to bring his team back together to look at treatment options for cancer in his femurs, along with trying a new diet plan for a more natural treatment option.

Though Dennis has gone through a very difficult time his presence is felt when he walks into a room. He has personal strength and support from his friends. Through this difficult time Dennis is encouraged that research will help future generations find better options to cancer treatment.

Prostate cancer research is ten years behind that of breast cancer, and men are less likely to participate in clinical trials.”

Hannah

Clinical Trials Story



Brice Smith, a cancer research nurse, screens people to determine whether or not they are eligible for clinical trials. She educates staff and patients on what clinical trials are. When patients are enrolled in a clinical trial she is the liaison and case manager during the trial.

During one experience in attempting to enroll a patient in a clinical trial the patients' physicians' office staff and the data center staff, both called the insurer to attain coverage and both were declined three separate times. The data center staff contacted

Hannah regarding the insurance companies' decline of coverage for the patient during the clinical trial. When Hannah contacted the insurer they referred her to the case management group where she spoke with a lead case manager who would review the patient's file. The lead case manager stated the insurance company was "emphatic" that no payment for treatment would be provided while the patient was participating in clinical trials and none of the clinical trial would be paid for. Hannah then asked the lead case manager for something with the insurance companies' logo on it stating the reasons the client was declined, because the Clinical Trials Workgroup is gathering documentation for legislation. The lead case manager from the insurance company called back three days later stating the company needed more information in the form of a letter on some of the benefits of the clinical trials for example: while in the clinical trial all medications will be paid for. After sending in the letter identifying the benefits of the clinical trial an approval was granted within 48 hours.

Attaining coverage for this one patient was five weeks of work; the amount of money spent in time to get the coverage would have cut the cost of insurance company's time and the cost of time for hospital staff.

Hannah pointed out that NCI released a statement that the best care a patient can receive is when enrolled in clinical trials. Under the scrutiny of clinical trials patients are monitored more closely. This particular patient will receive ten years of follow up care. By participating in a clinical trial, this person is on the radar when they would not normally be on the radar.

The best care a patient can receive is when enrolled in clinical trials.

Judy

Clinical Trials Story



For over fifteen years doctors have told Judy that she had a fibroid in her pelvis. In the summer of 2006 it started to interfere with the flow of her urine, the kidney was not draining properly. It was probably never a fibroid, she was diagnosed with Leiomyosarcoma. It was probably a low grade cancer but somehow it had kicked up into high gear and spread. The cancer Judy has is very rare and there is not much research on it, she states “the research needs to get done.”

“The research needs to get done.”

During a hysterectomy the doctors did not do anything to the tumor but they urged her to go to a cancer center and get an appointment with an oncologist. She stated “it was difficult to get an appointment” and after contacting several hospitals she decided to go to Memorial Sloan Kettering Cancer Center. So Judy went to New York and was seen by a surgical oncologist who told her she needed to shrink the tumor before they removed it. She flew back to Alaska and had four rounds of chemotherapy, she went back and forth from Alaska to New York before the surgical oncologist and urologist at Sloan Memorial felt that they should go forward with surgery because the cancer was not diminishing in size.

According to Judy, Memorial Sloan did an incredible job. She returned home receiving cat scans every four months in Alaska and once a year in New York. In January of 2008 Judy learned that the tumor had returned, two more nodes were present in her right lung, she was able to have the two nodes removed. She was sent home for radiation with surgery on the primary pelvic tumor scheduled for the end of May. Returning in May, the surgeon decided removal was unsafe, she was sent back to Alaska for more chemotherapy. During this trip she was able to stay at a place called Hope Lodge sponsored by the American Cancer Society which provided free housing during her treatment in New York. When back in Alaska Judy received chemotherapy, the doctors stated if it stabilized there was an oral drug she could take; she just had to finish the fourth round of her chemotherapy. During the fourth round, the cancer grew and spread.

With all treatment options exhausted Judy is only left with clinical trials.

Now with all treatment options exhausted Judy is only left with clinical

Judy — Clinical Trials Story

trials, however the insurance company is not willing to pay for routine care costs during the clinical trial. They refuse to help with the cost even though the doctors are recommending them as a best option because all other treatments have failed. The health board for her insurance company will look at supporting clinical trials in April of 2009. If the health care plan still refuses coverage, she will have to pay out of pocket. Her next step is to have a metal plate put into her right femur from hip to knee, because of a tumor, doctors are worried it could break without this support. Judy is waiting to continue the clinical trial until after this treatment and radiation.

Judy mentions the importance of having a support network, and feels even if the clinical trial doesn't do anything for her at least we learn something. She stated "I would hate to think that this was all (the cancer) just a waste" in the mean time "I have worked, played, and seen my grandson."

A team approach to health care is needed because it's a lot of work managing your own health care when you have cancer with oncologist, urologist, doctors, radiologist, and nurses at various places across the country. Judy continues to fight her battle with cancer; her strength is seen in her courage to continue to fight, even though getting around is sometimes a battle.

"I would hate to think that this was all (the cancer) just a waste."

Myths and Facts

About Cancer Clinical Trials

Myth: Cancer patients avoid clinical trials because they are too risky.

Fact: Many patients simply don't know that clinical trials are a treatment option. In one survey*, most of these patients said they would have enrolled if they had known. In clinical trials, patients are watched closely by their doctor. They are also watched by other members of their medical team.

Myth: Patients in clinical trials are treated like “guinea pigs.”

Fact: 97 percent of people in one survey* said they were treated with dignity and respect. They also said that the care was very good.

Myth: Cancer clinical trial patients are given “sugar pills.”

Fact: Patients who join clinical trials are given the best treatment available or the chance to receive a new treatment being considered.

Myth: Medicare does not cover the patient care costs of clinical trials.

Fact: Medicare has been covering these costs since June of 2000.

Myth

You need to be near a big hospital to take part in a clinical trial.

Fact: Many cancer clinical trials take place at local hospitals. Some also take place at local cancer clinics and doctors' offices.

—Coalition of cancer cooperative groups

*Harris Interactive Survey, 2000

Additional Resources

For More Information

Alaska

Anchorage

Alaska Regional Hospital Cancer Care Center

2741 DeBarr Road. Building c-414
Anchorage, AK 99508
Phone: (907)264-1579 or 264-1431
<http://www.alaskaregional.com>

Alaska Clinical Research Center, LLC

1200 Airport Heights Drive, Suite 330
Anchorage, AK 99508
Phone: (907)276-1455
<http://www.centerwatch.com>

Providence Cancer Center Research Department

3851 Piper Street
Anchorage, Alaska 99508
Phone: (907) 212-6871
Fax: (907) 212-3674
<http://www.providence.org/Alaska>

Fairbanks

Oncology Data Center

Fairbanks Memorial Hospital
1640 Cowles St. Suite 2
Fairbanks, Alaska 99701
Phone: (907)458-5458 or 4458
Toll Free: 1-888-678-5458
[http://www.bannerhealth.com/
Locations/Alaska/Fairbanks](http://www.bannerhealth.com/Locations/Alaska/Fairbanks)

Cancer Treatment Center

Cancer Treatment Center Entrance
1640 Cowles St. Suite 2
Fairbanks, AK 99701
Phone: (907) 458-5380
[http://www.bannerhealth.com/Services/
Cancer](http://www.bannerhealth.com/Services/Cancer)

Nationwide

American Cancer Society Clinical

Trials Matching Service
<http://www.cancer.org>
or 1-800-303-5691

CenterWatch Clinical Trials Listing Service

<http://www.centerwatch.com/>

Clinical Connection

<http://www.clinicalconnection.com/>

Coalition of Cancer Cooperative Group

<http://www.CancerTrialsHelp.org>

NCI's Clinical Trials Locator

http://www.cancer.gov/clinical_trials

U.S. National Institutes of Health

<http://www.clinicaltrials.gov>



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