

LEUKEMIA

LYMPHOMA

MYELOMA

# Understanding Clinical Trials for Blood Cancers

# Table of Contents

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|--|----|
| Introduction   | 2  |
| How is a Clinical Trial Planned and Organized?                 | 3  |
| What is it Like to be Treated in a Clinical Trial?             | 6  |
| Are Clinical Trials Safe?                                      | 7  |
| Who can Participate in a Cancer Clinical Trial?                | 11 |
| How to Find Cancer Clinical Trials that Might be Right for You | 12 |
| What You Need to Know and Do Before You Decide                 | 15 |
| Resources  | 20 |

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# Introduction

A cancer clinical trial is a carefully controlled research study conducted by doctors to improve the care and treatment of cancer patients. A treatment that is proven safe and effective in a cancer clinical trial is often approved by the U.S. Food and Drug Administration (FDA) for use as a standard treatment if it is more effective or has fewer side effects than the current standard treatment.

The purpose of clinical trials for the treatment of leukemia, lymphoma, myeloma, myelodysplastic syndromes or other blood cancers is to improve treatment options, increase survival and improve quality of life. Advances in treatment for these blood cancers depend on clinical trials of new therapies or new combinations of therapies. A vivid example of this is the progress made treating the most common form of childhood leukemia. In 1966, the survival rate for children with acute lymphocytic leukemia was only 14 percent. Today, as a result of successful treatments made possible by clinical trials, more than 87 percent of children survive this form of leukemia.

Gleevec<sup>®</sup>, a drug used to treat chronic myelogenous leukemia (CML) for the past five years, is also evidence of the value of clinical trials. Before the introduction of this drug, 50 percent of CML patients progressed to advanced stages of the disease within three to five years of diagnosis. With Gleevec<sup>®</sup>, many CML patients' blood counts return to a normal range and patients continue to be in remission after five years.

This booklet will help you to know more about how new treatments are developed, how clinical trials help advance blood cancer treatment, how to evaluate the benefits and risks of a clinical trial for yourself, what questions to ask to decide if a clinical trial is right for you and how The Leukemia & Lymphoma Society can help.

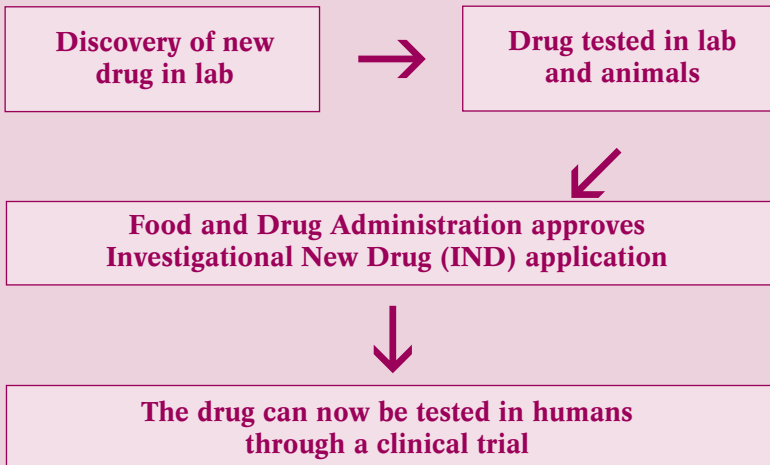
# How is a Clinical Trial Planned and Organized?

There are different types of cancer clinical trials. They are designed to develop and test new and improved ways to

- Diagnose and treat cancer in people
- Prevent or relieve treatment side effects
- Help prevent a return of cancer
- Improve comfort and quality of life for people with cancer.

Before a clinical trial begins, a new therapy is often developed and tested in a laboratory. Then it is thoroughly tested in animals. If the early research (the preclinical trials) shows the therapy is safe and effective, a carefully planned and monitored clinical trial of the drug or treatment will then be conducted in people (see Figure 1).

## New Drug Development



A cancer clinical trial is developed and led by experienced doctors who specialize in cancer research. They decide on

- The disease to be treated
- The treatment that will be tested
- The goal(s) of the study (sometimes called “endpoints”)
- The type of patient who will be an appropriate participant in a study
- Ways to protect the participant’s safety
- How much medicine or other treatment will be given to patients in the trial
- How long the treatment will be studied in the trial.

Some cancer clinical trials are funded by an institution, such as the National Cancer Institute. Others are funded by organizations or companies – pharmaceutical companies, for example. A trial may take place at just a few specific locations or it may be conducted from many different venues across the United States. In many cases, participants can get their treatments at various locations, which may include a large cancer center, a university hospital, a clinic, or a local medical center or the physician’s office.

A cancer clinical trial is divided into four parts, called phases, each with a specific purpose (see Table 1, page 5). When each phase has been successfully completed the trial can move into the next phase.

# Table 1. Phases of Clinical Trials

## Phase I

Treatment is tested in a very small group of patients to determine

- Its safety
- The appropriate dose (amount)
- The best way of giving the treatment.

Researchers watch patients closely for possible side effects of the treatment.

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## Phase II

Treatment is tested in a larger group of patients to determine

- Whether the treatment works
- How well the treatment works.

Researchers will also continue to monitor patient safety in phase II and throughout the trial.

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## Phase III

If the results of phase II studies are positive, the trial will move into phase III.

Phase III trials are “randomized.” This means a “treatment group” is compared to a “control group.”

In a randomized trial

- The treatment group is made up of large numbers of patients who receive the “study” treatment.
- The control group is made up of large numbers of patients who are being treated with the best standard treatment.
- The outcomes of the treatment for the two groups are compared at specific time intervals.

The U.S. Food and Drug Administration will approve a treatment if it “passes” phase III testing – including meeting safety requirements – and is

- More effective than standard treatment
  - Equally effective as standard treatment but has less toxic side effects.
- 

## Phase IV

At this phase in its development, the treatment in the study has already been approved by the FDA. Phase IV studies are often performed to

- Identify an additional use for an already approved drug or other treatment.
- Gather additional safety and effectiveness information from a larger group of patients.
- Establish effectiveness in a subgroup of patients, for example, patients over age 65.

In some phase III and phase IV randomized studies, the patients and the healthcare providers are told what treatment is being administered as part of the study protocol. Sometimes randomized phase III or phase IV clinical trials are designed to be “single-blind” or “double-blind” studies. These strategies help ensure that the results of the study are without bias. In a single-blind study the patients do not know whether they are receiving the “study” treatment or the standard treatment. In a double-blind study neither the patients nor the clinicians (doctors and/or nurses) treating the patients know which participants are receiving which treatment. To ensure anonymity, the medications for double-blind studies are prepared and coded by researchers who are not giving the treatment to patients in the study.

## What is it Like to be Treated in a Clinical Trial?

Most clinical trials provide treatments for a designated disease, such as follicular lymphoma or a specific condition, for example, treatment-related fatigue. But trials do not include the extended or complete health care that would routinely be covered by your health plan. Your regular healthcare provider will work with the research team and make sure that the other ongoing medications or treatments you need will not interfere with the study treatment.

The clinical trial team is made up of doctors and nurses as well as social workers and other healthcare professionals. These clinicians check the health of each participant at the beginning of the trial, give specific instructions for taking part in the trial, monitor the health of each participant throughout the trial and, in some cases, they may stay in touch with patients after the trial is over.

Treatment in a clinical trial may be different from standard treatment in the following ways:

- Your responses to treatment will be followed closely in a study. You may receive more tests during treatment and have more doctors’ visits as part of the clinical trial than you would in your standard care setting.
- Treatment routinely covered by your health insurance or managed care plan may no longer be covered for patients enrolled in clinical trials. In some plans, coverage for patients who are receiving treatment as part of a clinical trial is set up differently (see pages 15-16).

- You may not know if you are receiving the study treatment or the best standard treatment. This is because many cancer clinical trials compare two patient groups (see the discussion of “randomized” drug trials in Table 1, phase III on page 5). However, Federal regulations require patients to be told if a placebo (a substance that looks the same as the treatment but is inactive) will be used in a trial. Placebos are not typically used with patients in cancer clinical trials.

## Are Clinical Trials Safe?

U.S. clinical trials are designed to give patients the safest, potentially most effective clinical therapies. The trials are conducted once researchers have shown in the laboratory and in animal research that a particular study treatment has a good chance of offering better outcomes for people with a specific disease.

All trials follow strict scientific and ethical principles. Every clinical trial has an action plan, called a protocol. The same plan is used by every doctor at each treatment center taking part in the trial.

The plan or protocol specifies

- The purpose of the study
- The number of people who will be recruited for the study
- The group of patients eligible to participate in the study (e.g., type of blood cancer, general health)
- Any agents (treatments) participants will receive, the dosage and how often
- The medical tests participants will be asked to undergo
- The number of visits that will be required for follow up (at the study location or with a local physician)
- The type of participant information that will be gathered
- The endpoints of the study.

An “endpoint” is the event or outcome of the study that researchers will be able to measure. It provides a way for them to evaluate the results of the “study” treatment. Research teams establish the endpoints of a trial before it begins. The endpoints for a given study depend on the type and phase of the clinical trial. Some examples of endpoints are response rates or time to progression of disease; toxicity (are there any harmful effects of the agent?); and quality of life (whether there are any treatment effects on overall enjoyment of life and sense of well-being).

There are several processes in place to ensure that trials are safe for patients (see Table 2, page 9). They provide oversight and monitor trial protocols to make certain that

- Study risks do not outweigh potential benefits
- Randomization of treatment groups is conducted fairly and ethically.

## **The Informed Consent Process**

“Informed consent” is the name given to the ongoing interactive informational process that begins when a person first expresses interest in a clinical trial. “Informed consent” is also the term for a document that provides detailed written information about the trial.

If you are considering participating in a clinical trial, the doctors and nurses involved in the trial will explain the study to help you decide if you want to take part. People who need the services of a language interpreter may request one.

The informed consent process gives you

- A chance to ask questions – both during your first meeting and then at follow-up meetings – so you have the information you need to make a decision.
- Time to review the details of the study; you will be given written information so that that you can take it home, read it over, and discuss it with your doctor, family or others you trust.

You must agree to sign an informed consent document before you can begin the trial protocol. It affirms that you fully understand the nature of the study. It is not a contract, though, and you are free to leave the study if any new information leads you to want to do so. In fact, you may withdraw from the trial at any time, for any reason. If you do enter a study and then withdraw you should let the research team know your reasons for leaving the study.

The informed consent document includes

- Details about the study, such as its purpose and length (duration)
- Key contacts
- The examinations and lab tests that are needed with the treatment
- Study risks and potential benefits.

You can decide whether or not to sign the informed consent document after reading it. Take the time you need to think about it, discuss it and ask questions. Be sure that you fully understand the information. Read the informed consent document very carefully and if you have questions and concerns, write them down. Take that list with you when you next meet with the physician or nurse. In that way, you will be sure to remember what issues you wanted to address and get answers to all your questions.

New information may become available to the research team as the trial goes along. The clinical trial study design (protocol) may also change over time. The informed consent process requires that members of the research team update you when there are such changes. You may also be asked to sign a new informed consent document.

**Table 2. Safeguards in Clinical Trials**

**Oversight/monitoring provided by**

**Responsibility**

**Sponsoring organization**

The sponsoring organization seeks outside review of merits of the study.

The sponsoring organization provides for outside experts who will evaluate the purpose and design of the study. They will also determine if the study is of value and if it is possible, as designed, to conduct it safely in the setting(s) as described.

**Study (“principal” investigator)**

The principal investigator supervises the treatment plan.

Prepares or follows an action plan for the study (protocol) that outlines how many people will take part in the study, what medical tests they will receive and how often, and the treatment plan.

There may be many cooperative centers (participating institutions) in different locations offering the same clinical trial and the same protocol is used by each doctor who takes part in the study.

## Table 2. Safeguards in Clinical Trials (con't)

### **Institutional Review Board (IRB)**

The IRB reviews, monitors and approves the treatment plan.

Each participating institution has an IRB or uses a centralized IRB, made up of healthcare professionals, clergy members, community leaders and other community members.

The IRB:

- Reviews the plan to make sure the study is conducted fairly and participants are not likely to be harmed.
- Decides how often to review the trial once it has begun. Based on this information, the IRB decides whether the clinical trial should continue as initially planned and, if not, what changes should be made.
- Can stop a clinical trial if the researcher is not following the protocol or if the trial appears to be causing unexpected harm.
- Can also stop a clinical trial if there is clear evidence that the new intervention is effective, in order to initiate steps to make it widely available.

### **Data Safety Monitoring Board (DSMB)**

The DSMB monitors all trial results.

The DSMB is an independent committee made up of statisticians, physicians, and other expert scientists.

The DSMB:

- Periodically monitors the results, tests, and safety of some phase I and phase II trials and all phase III trials to ensure that the risks of participation are as small as possible.
- Makes sure the data are complete.
- Monitors all trial results; if early results show clear advantages of a new drug, the DSMB can recommend the trial end early to move on to the approval process more quickly. The DSMB might recommend a trial end early if there is compelling evidence that the new treatment is not working or that it has severe or life-threatening side effects.

# Who can Participate in a Cancer Clinical Trial?

Your doctor may speak to you about being treated in a clinical trial. However many patients seen by a hematologist or oncologist say that their specialists never informed them about the possibility of participating in a trial. Blood cancer patients or their advocates need to ask their doctors about clinical trials.

Some people may think they should wait until standard treatment fails before considering a clinical trial. However, clinical trials are not only for people with the most advanced disease. A trial can be designed to test new treatment(s) that improve response rates or improve the quality of life of patients with newly diagnosed or very limited disease.

Clinical trials are appropriate for different types of people depending on the purpose and phase of the trial. Study researchers develop patient eligibility criteria which may include

- Disease type
- Patient age gender race
- Stage of disease
- Other treatments used by the patient
- The presence of any other illnesses or conditions.

Some trials might require that you try standard treatment first; other trials may be for patients who have not had any previous treatment. Some trials may require you to allow a period of time before switching from a standard treatment to a study treatment. Some trials exclude patients with illnesses such as liver or kidney disease because the study uses treatments that put stress on these body parts.

# How to Find Cancer Clinical Trials that Might be Right for You

- Begin by talking with your doctor about clinical trials as a treatment option.
- Contact The Leukemia & Lymphoma Society's Information Resource Center (IRC) and speak with an Information Specialist. The IRC staff can help you to identify the information you will need about your diagnosis and treatment history to determine which trials you might be eligible for. They can also help you search for a clinical trial and develop a list of questions to ask your current doctor or the trial team about participating in a trial.
- You may also want to gather information from the Internet or from organizations and advocacy groups.
- Once you and/or your doctor conclude that a clinical trial might be a good option for you ask your doctor or another member of your healthcare team to contact the clinical trial team for you. This is because the trial team will ask many questions related to your medical and treatment history to determine if the clinical trial is right for you.
- If you find out about a trial that is of interest to you and your current doctor cannot make the inquiries for you, you may want to contact the trial team directly. Ask to speak with the "trial coordinator," the "referral coordinator," or the "protocol assistant." This information can be found on the protocol summary. The trial coordinator answers questions from potential patients and their doctors and will make a preliminary assessment of your eligibility for the trial. A final determination will be made after an initial appointment. You may want to contact The Leukemia & Lymphoma Society's Information Resource Center before you contact the trial team. An Information Specialist will assist you with the basic information you need to contact the trial team.
- There are many types of treatments offered through cancer clinical trials for leukemia, lymphoma, myeloma, myelodysplastic syndromes and other blood cancers (see Table 3, page 13).

**Table 3. Types of Studies**

**Treatments**

**Study Questions**

**Drug therapy**

New chemotherapy drugs or new combination of drugs are often tested

What is the best order and combinations of chemotherapy drug therapies?

**Drug maintenance therapy**

After remission continuing therapy with a drug or combination drugs used to induce the remission.

Is disease progression or overall survival any different with or without maintenance therapy?

**Targeted drug therapy**

Drugs designed to interfere with cell functions of specific cancer cells, resulting in cancer cell death.

Does the targeted therapy used alone have better response rates and/or overall survival than standard therapy with fewer side effects? Should it be combined with other standard therapies to improve effectiveness?

**Radiation therapy**

New combinations of treatment types are being investigated.

Are outcomes improved compared to current outcomes for patients getting combined radiation and drug therapy?

**Immunotherapy**

Immunotherapy is being studied to trigger the body's immune system to fight cancer cells.

If there is a good response, should the therapy be combined with standard treatment or used alone?

**Radioimmunotherapy**

Delivering radiation to blood cancer cells by attaching a radioisotope to a monoclonal antibody (highly specific antibodies that can be produced in the laboratory and used for targeted delivery of drugs to cancer cells).

Approved for relapsed or refractory low-grade, follicular, or transformed B-cell non-Hodgkin lymphoma, can this therapy be used as a first-line therapy with fewer side effects and with equal or better overall survival time than current standard front-line treatment options?

## Table 3. Types of Studies (con't)

### Treatments

### Study Questions

#### Stem cell transplantation

New stem cell transplant procedures are being studied for many forms of blood cancer.

When is the best time for stem cell transplant and which type of transplant is best (auto, allo, “mini”, tandem)?

#### Supportive therapy

Treatments to reduce disease or treatment-related side effects such as nausea, vomiting, infection or fatigue.

Does the supportive therapy reduce side effects and improve patients’ quality of life? Does it interfere with or compromise the effects of cancer therapy?

#### Disease and treatment response monitoring (diagnostics and monitoring techniques)

Are certain cytogenetic tests good indicators of the likelihood of progression of an indolent disease such as chronic lymphocytic leukemia or myeloma? How do imaging technologies such as MRI and PET scans compare in evaluating responses to therapy and recurrence of lymphoma and other blood cancers?

The Leukemia & Lymphoma Society’s Information Resource Center (IRC) Information Specialists can assist you and your healthcare provider with clinical trial searches that take into account your disease, location and treatment history. This service is also available on our Web site [www.LLS.org](http://www.LLS.org). It includes National Cancer Institute clinical trial listings as well as pharmaceutical company-sponsored trials. Please call the IRC at (800) 955-4572 or visit our Web site at [www.LLS.org](http://www.LLS.org).

Information Specialists can also answer general questions about diagnosis and treatment options and offer guidance and support.

Remember that each person’s situation is different. So it’s important to ask your doctor about whether a study treatment might be a good choice for you.

# What You Need to Know and Do Before You Decide

Once you have found a clinical trial you might want to join you will be faced with some important considerations. You will need to know how your care will be paid for and how your participation in a trial will impact your usual treatments and day-to-day life for you and members of your family. Your doctor and other resources can help you put together information to make educated choices that will be in your best interests.

## Costs, Insurance and Medicare coverage

Some costs of a clinical trial may be covered by the sponsor of the study. Most studies provide the drug or treatment free of charge.

Other costs may or may not be covered by health insurance plans. It is important to speak to the clinical trial sponsor and your insurance provider to learn ahead of time what will be covered. There are steps that you can take to find out about your coverage. Insurance reimbursement varies depending on the treatment, the insurance company and the health insurance policy.

Ask if your treatment costs are expected to be covered by the clinical trial sponsor, your insurance provider or by you if you are uninsured or do not have adequate medical insurance.

In general costs that are covered or free by the study sponsor are the

- Research doctor and nurse time
- Cost of drug being studied.

There are certain treatment costs that you would have whether or not you were in a clinical trial that may or may not be covered by the sponsor; these costs may or may not be covered by your insurance for example

- Doctor's visits
- Hospitalizations
- Laboratory tests
- Drugs that are not part of the study design.

Many types of new cancer treatments can be tolerated by older patients as well as younger patients. Medicare pays for patients' routine care costs (such as office visits and regular medical tests) for people enrolled in federally funded clinical trials. Information about this coverage is available online at [www.cms.hhs.gov/ClinicalTrialPolicies](http://www.cms.hhs.gov/ClinicalTrialPolicies) or you can call the Centers for Medicare and Medicaid Services at (800) 633-4227.

To get more information:

- Talk with your doctor, nurse, social worker or the study contact person to find out if the study drug is offered free of charge or at low-cost from the drug company.
- Your healthcare providers and your insurance representative can tell you the expenses that are covered by your health insurance plan.
- If your health insurance company will not pay treatment costs or denies your claims you or your healthcare providers can contact other groups including drug manufacturers or advocacy groups for assistance. Organizations that may have information and suggestions to help you appeal denied insurance claims include: The National Coalition for Cancer Survivorship ([888] YES-NCCS or [888] 937 6227) and The Patient Advocate Foundation ([800] 532-5274.)
- Your own doctor or the research study contact can send necessary information to your insurance company about the benefits of the study treatment for you and if they think it might be helpful, they can point out to your insurance provider that other companies have paid for such treatment. You may have to provide more information once the study begins.

## **How Participation in a Trial May Affect You and Your Family**

You may be considering all treatment opportunities including clinical trials before making a choice about the treatment that is right for you. Or you may be looking for a cancer clinical trial if standard treatment is not working. Together you and your doctor can decide if and when a clinical trial is right for you.

You and your doctor can discuss

- Your individual situation
- Your type of disease
- Any treatment you may have had so far
- The cancer clinical trials for which you might be eligible.

There are always pros and cons to participating in a clinical trial (see Table 4). It is important to review these and make them part of your discussion with your doctor.

## Table 4. Pros and Cons of Participating in a Clinical Trial

### Pros

### Cons

#### Treatment choice

You will receive high-quality care, receiving either the study treatment or best standard treatment.

If it is a phase III study and is randomized into treatment groups, you may not be able to choose which therapy you receive.

#### Uncertainty of side effects or response

You will gain access to new research treatments before they are widely available.

Potential side effects of the study treatment may be unknown; there may be unpleasant, serious or even life-threatening side effects to treatment. Or, there might be fewer side effects with the study treatment but it is yet unknown if it is as effective in treating the disease as the standard treatment.

#### Costs involved

In some cases, the manufacturer of the study drug may pay for some or all of the costs of the study treatment.

Your insurance policy may or may not pay all, part, or any of the costs of the study.

#### Time requirement

You will be monitored very carefully during the study period and may receive expert follow-up after the study is completed.

The study protocol may require more of your time and attention than would a non-protocol treatment. It is likely to require trips to the study site, more treatments, possible hospital stays or complex dosage requirements.

## Talk with Your Doctor

Throughout this booklet we keep mentioning how important it is for you to discuss your clinical trials options with your doctor.

You may want to give your doctor copies of the information you find on treatment options including cancer clinical trials before you sit down to talk with your doctor.

When you talk with your doctor you may want to

- Bring a family member or good friend with you to listen along with, you ask questions write down answers and provide support
- Bring a tape recorder so you can listen to the discussion again at home.

There is a lot to know about clinical trials. Table 5 list suggested questions to ask the doctor.

There are thousands of clinical trials today for leukemia, lymphoma, myeloma, myelodysplastic syndromes and other blood cancers. The trials are designed to help us better understand each disease, reduce disease and treatment side effects and improve treatment response rates and overall survival. By participating in clinical trial programs, doctors and patients together are unlocking the mysteries of these diseases and they are building new bridges to improved outcomes and quality of life.

## Table 5. Treatment and Clinical Trials: Questions to Ask Your Doctor

- What are my treatment options right now? What is the goal of the treatment?
- What are the advantages, disadvantages, and side effects of my current (or standard) treatment?
- Are there any clinical trials for which I might be eligible?
- How would the study treatment be different than the standard treatment? What kind of tests would I receive? What are the expected side effects of the study treatment versus the standard treatment?
- How long will I be treated in the study?
- What is the purpose of the study and why do researchers think the approach may be effective?
- Who will be in charge of my care and where will I be treated?
- Can I talk to other people in the study?
- How and when will I know if my treatment is or isn't working?
- Will my treatment options change if the current treatment doesn't work?
- If not now, when and under what circumstances would a clinical trial be an option for me?
- How will I find out about clinical trials that might help me?
- Are there clinical trials available where I'm being treated now, or would I need to change treatment locations?
- How do I know whether my insurance will cover the costs of the clinical trial? Will I have to pay for any part of the trial such as tests or the study drug?
- Who can help answer any questions from my insurance company or health plan?
- Will there be any travel or child care costs that I need to consider while I am in the trial?
- How will I know if the study treatment is working for me? Will general results of the trials be provided to me?
- Will I have responsibilities such as keeping a log or filling out forms about my health?
- Will the study team continue to check on me after their treatment is over?

# Resources

## **The Leukemia & Lymphoma Society**

(800) 955-4572

[www.LLS.org](http://www.LLS.org)

Callers may speak directly with an Information Specialist Monday-Friday 9-6pm ET at (800) 955-4572. Information Specialists can answer general questions about diagnosis and treatment options including clinical trials for leukemia Hodgkin and non-Hodgkin lymphoma, myeloma, myelodysplastic syndromes and other blood cancers. The Society provides free fact sheets and booklets that can be ordered via the 800 number or through the Web site.

## **Centers for Medicare and Medicaid Services**

[www.cms.hhs.gov/ClinicalTrialPolicies](http://www.cms.hhs.gov/ClinicalTrialPolicies)

(800) 633-4227

## **CenterWatch**

Clinical Trials Listing Service

(617) 856-5900

[www.centerwatch.com](http://www.centerwatch.com)

## **ClinicalTrials.Gov**

Information on Clinical Trials and Human Research Studies

[www.clinicaltrials.gov](http://www.clinicaltrials.gov)

## **CureSearch**

CureSearch Children's Oncology Group

[www.childrensoncologygroup.org/](http://www.childrensoncologygroup.org/)

## **Food and Drug Administration**

Food and Drug Administration Home Page

(888) INFO-FDA or (888) 463 6332

[www.fda.gov](http://www.fda.gov)

## **National Cancer Institute (NCI)**

National Cancer Institute – Clinical trials Home Page

(800) 4-CANCER or (800) 422 6237

[www.cancer.gov/clinicaltrials](http://www.cancer.gov/clinicaltrials)

## **National Coalition for Cancer Survivorship**

NCCS; The National Coalition for Cancer Survivorship Home Page

[www.canceradvocacy.org](http://www.canceradvocacy.org)

(888) YES-NCCS

## **Patient Advocate Foundation**

Patient Advocate Foundation Home Page

[www.patientadvocate.org](http://www.patientadvocate.org)

(800) 532-5274

# Call Our Information Resource Center

The Society's Information Resource Center (IRC) provides patients, families and healthcare professionals with the latest information on leukemia, lymphoma and myeloma. Our information specialists – master's level oncology professionals – are available by phone (800.955.4572) Monday through Friday, 9 am to 6 pm (ET); via email ([infocenter@LLS.org](mailto:infocenter@LLS.org)); or chat online at [www.LLS.org](http://www.LLS.org) (click on "Live Help").

Call 800.955.4572 for a complete directory of our patient services programs.



**The Leukemia &  
Lymphoma Society**

*Fighting Blood Cancers*

800.955.4572 • [www.LLS.org](http://www.LLS.org)

For more information, please contact:



or:

Home Office

1311 Mamaroneck Avenue, Suite 310

White Plains, NY 10605

Information Resource Center (IRC) 800.955.4572

[www.LLS.org](http://www.LLS.org)

*Our Mission: Cure leukemia, lymphoma,  
Hodgkin's disease and myeloma, and improve the  
quality of life of patients and their families.*

The Society is a nonprofit organization that relies on the generosity of corporate and individual contributions to advance its mission.



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