Current Head and Neck Clinical Trials/Studies in Cancer Research at Mount Sinai School of Medicine.

Study Name:  
(ADVAXIS) Window of Opportunity Trial of Neoadjuvant ADXS 11-001 Vaccination Prior to Robot-Assisted Resection of HPV-Positive Oropharyngeal Squamous Cell Carcinoma  
Principle Investigator: Brett Miles, MD

Study Coordinator:  
Pang Herrera

Introduction:  
This is an investigator-initiated prospective clinical study of patients with stage II-IV squamous cell carcinoma of the oropharynx (OPSCC) who are to undergo ablative transoral robotic surgery (TORS). We propose to test the hypothesis that the listeria-based HPV vaccine ADX11-001 induces circulating and tumor-infiltrating antigen-specific T cells in HPV16+ oropharyngeal cancer patients undergoing TORS resection. The results of this trial will assess the ability of ADX11-001 vaccination to induce a robust HPV-specific cytotoxic lymphocyte (CTL) response in the blood and tumor.

Acceptance Criteria  
Age: 18 Yrs.  
Gender: Both  
Healthy Volunteers: No

Inclusion Criteria:  
- The patient has newly-diagnosed, biopsy proven squamous cell carcinoma of Stage I-IV (T1-3, N0-2b) of the oropharynx.  
- The patient's tumor is HPV positive by PCR or ISH assay of tumor biopsy.  
- The patient is able/eligible to undergo treatment with transoral robotic surgery (TORS) with or without neck dissection.  
- The patient may or may not receive adjuvant radiation therapy or chemo radiation.  
- The patient is able to understand and give informed consent.  
- The patient is at least 18 years old.  
- The patient's ECOG performance status is \( \leq 2 \).

Exclusion Criteria:  
- The patient has had prior head and neck squamous cell carcinoma (HNSCC), with the exception of superficial cutaneous basal cell or squamous cell carcinomas.  
- The patient has active cancer in another part of the body, with the exception of superficial cutaneous basal cell or squamous cell carcinomas.  
- If a cancer survivor, the disease free interval is less than 3 years, with the exception of superficial cutaneous basal cell or squamous cell carcinomas.
• If a cancer survivor the patient received prior systemic chemotherapy or radiotherapy
• If prior standard-of-care pre-treatment biopsy is inadequate for analysis by immunohistochemistry, and the patient is unwilling to undergo an additional biopsy procedure.
• The patient is a minor.
• The patient is a prisoner.
• The patient has a psychiatric illness or developmental delay which would interfere with understanding of the study and provision of informed consent.
• The patient has previously received definitive surgical, radiation, or chemo radiation treatment for HNSCC.
• The patient has a history of HIV or other known cause of immunosuppression, or is actively taking immunosuppressive medications due to organ transplantation, rheumatoid disease, or other medical conditions.
• Patient is allergic to naproxen or Ibuprofen.
• The patient has a history of liver disease.
• Pregnancy. The effects of this vaccine on the developing human fetus are unknown. For this reason women of child-bearing potential and men must use two forms of contraception (i.e., barrier contraception and one other method of contraception) at least 4 weeks prior to study entry, for the duration of study participation, Should a woman become pregnant or suspect she is pregnant while participating in this study, she should inform her treating physician immediately.

Study Name:
The Mount Sinai Cancer Institute Biorepository

Study Coordinator:
Pang Herrera

Introduction:
The purpose of this longitudinal, observational study is to establish a high quality tumor tissue and fluid repository that will support research to better understand the etiology of cancer including the processes governing cell replication and differentiation, and to develop cures for the disease. For the past 10 years, Mount Sinai Hospital has treated a variety of cancers and the majority of diagnoses reflects the national hierarchy of site specific cancer morbidity (see chart in Appendix). This demonstrates Mount Sinai’s commitment to quality patient care and the significance in establishing a diversified tumor tissue and fluid resource such as the Mount Sinai Cancer Institute Biorepository (CIB) that will assist qualified scientists involved in translational research.

Acceptance Criteria
Age: All
Gender: All
Healthy Volunteers: No
Inclusion Criteria:

- Tumor mass present in any organ system.
- Scheduled for surgery or have already undergone surgery at The Mount Sinai Medical Center.

Exclusion Criteria:

- Absence of tumor mass.
- Not scheduled or have not had surgery at The Mount Sinai Medical Center.

Study Name:
Dormancy Markers

Study Coordinator:
Hailun Wang

Introduction:
The primary purpose of this study is to determine the effect of radiation therapy on the development of clinically significant obstructive sleep apnea in the head and neck cancer patient. Secondary aims will be to determine if there is a time relationship to the development of OSA in the treated patient. Also we will examine if radiation therapy modulates the severity of symptoms in patients already diagnosed with OSA. We will also examine the effect of treatment modality on the development and severity of obstructive sleep apnea.

Acceptance Criteria
Age: at least 18 years
Gender: All
Healthy Volunteers: No

Inclusion Criteria are as follows:

- All subjects with clinically proven carcinoma of the head and neck that have received therapeutic doses of radiation therapy
- Age greater than or equal to 18 years
- Patient must have a newly diagnosed head and neck cancer (no evidence of treated head and neck cancer in patient history and is being evaluated for treatment options) that is treatment naïve (has not received cancer treatment) and plan will be to treat cancer with surgery, chemotherapy, radiation therapy or a combination of treatment modalities with curative intent.
• Patient must be available for follow up, from completion of radiation treatment to 6 months post radiation treatment

**Exclusion Criteria are as follows:**

• Age less than 18 years.
• Patients with total laryngectomy
• Patients with dependence of tracheostomy/tracheotomy
• Completion of radiation therapy prior to entry into study

**Study Name:**
The Role of Doxycycline in Management of Severe Chronic Rhinosinusitis with Nasal Polyps

**Study Coordinator:**
Pang Herrera

**Introduction:**
This is a prospective, double-blind trial for patients with severe CRSwNP. Subjects will be randomized to either a treatment arm (doxycycline and standard therapy) or a control arm (placebo and standard therapy) for a 20-day treatment course. Standard therapy will consist of oral steroids and nasal saline sprays. Patients will be followed at 3-week, 8-week, and 12-week visits after the initiation of treatment. The primary endpoint will be change in Sino-Nasal Outcome Test (SNOT-22) at 12 weeks. Secondary endpoints will include change in endoscopic nasal polyp score, subjective symptom scores, radiographic changes seen on computerized tomography scan of the paranasal sinuses, changes in middle meatus cultures pre- and post-treatment, allergy association, need for surgical intervention, and number side effects and toxicities of doxycycline experienced by subjects.

**Acceptance Criteria**
Age: All
Gender: All
Healthy Volunteers: No

**Inclusion Criteria are as follows:**

• The patient has clinically diagnosed chronic rhinosinusitis with nasal polyps according to the AAO-HNS diagnostic criteria:
  - At least 2 of the following symptoms/signs:
    - Mucopurulent drainage (anterior, posterior, or both)
    - Nasal obstruction (congestion)
    - Facial pain-pressure-fullness
    - Decreased sense of smell
    - Symptoms lasting 12 weeks or longer.
• Nasal polyps on nasal endoscopy.
• The patient has severe disease, defined by severe subjective symptoms (a score greater than 7 on 10-cm VAS).
• The patient is at least 18 years old.
• The patient is able to understand and give informed consent.

**Exclusion Criteria are as follows:**

• The patient has a history of treatment with oral corticosteroids in the past 4 weeks.
• The patient has cystic fibrosis.
• The patient has primary ciliary dyskinesia.
• The patient has diabetes.
• The patient has had sinus surgery in the past 3 months.
• The patient has an allergy to doxycycline or related tetracyclines or glucocorticoids.
• The patient is a minor.
• The patient is a prisoner.
• The patient has a psychiatric illness or developmental delay, which would interfere with understanding of the study and provision of informed consent.
• The patient is a breastfeeding mother. The effects of the drugs used in this study (doxycycline) on breast milk are unknown and thus, these patients will be excluded from the study.
• The patient has a history of HIV or other known cause of immunosuppression, or is actively taking immunosuppressive medications due to organ transplantation, rheumatoid disease, or other medical conditions.
• The patient is on penicillin; antacids containing aluminum, calcium, magnesium, or iron; bismuth subsalicylate; barbiturates; carbamazepine; and phenytoin; as well as tetracycline and Pentane.
• Pregnancy. Doxycycline, a tetracycline, is a known teratogen. For this reason women of childbearing potential are suggested to take a form of contraception for the duration that they are taking doxycycline. Should a woman become pregnant or suspect she is pregnant while participating in this study, she should inform her treating physician immediately.
• Pregnancy Testing. Women of childbearing potential are required to have a negative serum pregnancy test (with a sensitivity of at least 25 mIU/mL) prior to the first dose of drug. No further pregnancy tests are required since after this visit the patient will no longer be taking tetracycline after 3 weeks.
• Women of childbearing potential are defined as follows:
  - Patients with regular menses
  - Patients with amenorrhea, irregular cycles, or using a contraceptive method that precludes withdrawal bleeding
  - Women who have had a tubal ligation
  - Women are considered not to be of childbearing potential for the following reasons:
    - The patient has undergone hysterectomy and/or bilateral oophorectomy.
    - The patient is post-menopausal defined by amenorrhea for at least 1 year in a woman > 45 years old.
Study Name:
Oncologic Therapy and the Development of Obstructive Sleep Apnea in the Head and Neck Patient

Study Coordinator:
Hailun Wang

Introduction:
The primary purpose of this study is to determine the effect of radiation therapy on the development of clinically significant obstructive sleep apnea in the head and neck cancer patient. Secondary aims will be to determine if there is a time relationship to the development of OSA in the treated patient. Also we will examine if radiation therapy modulates the severity of symptoms in patients already diagnosed with OSA. We will also examine the effect of treatment modality on the development and severity of obstructive sleep apnea.

Acceptance Criteria
Age: at least 18 years
Gender: All
Healthy Volunteers: No

Inclusion Criteria are as follows:

- All subjects with clinically proven carcinoma of the head and neck that have received therapeutic doses of radiation therapy
- Age greater than or equal to 18 years
- Patient must have a newly diagnosed head and neck cancer (no evidence of treated head and neck cancer in patient history and is being evaluated for treatment options) that is treatment naïve (has not received cancer treatment) and plan will be to treat cancer with surgery, chemotherapy, radiation therapy or a combination of treatment modalities with curative intent.
- Patient must be available for follow up, from completion of radiation treatment to 6 months post radiation treatment

Exclusion Criteria are as follows:

- Age less than 18 years.
- Patients with total laryngectomy
- Patients with dependence of tracheostomy/tracheotomy
- Completion of radiation therapy prior to entry into study
Study Name:
The Sinai Robotic Surgery Trial in HPV Positive Oropharyngeal SCCA (SIRS) Trial

Study Coordinator:
Pang Herrera

Introduction:
This is a Non-randomized Phase II de-escalation clinical trial to establish recurrence rates, site of recurrence, survival and quality of life outcomes for early T-stage HPV positive oropharyngeal SCCA treated with upfront surgery. Eligible, consented and registered patients will undergo transoral robotic surgery and selective neck dissection. After pathologic evaluation, patients with early stage disease as defined below will be placed into surveillance protocol as outlined or assigned to adjuvant therapy, depending on risk factors. Patients with intermediate risk factors will receive postoperative radiotherapy alone (5000 cGy). Patients with poor prognostic features will receive concurrent chemoradiotherapy (5600 cGy) with weekly cisplatin. Patients taken off study (based on Section 9.2 “Criteria from Removal of Study”) will be followed for survival until the study ends. Any adverse events occurring thereafter in these patients will not be considered related to the study and will not be tracked or reported.

Acceptance Criteria
Age: 18 Yrs.
Gender: Both
Healthy Volunteers: No

Inclusion Criteria are as follows:

- Patients may be screened and consented if they are p16+ and not yet tested for HPV by PCR and if they meet the other eligibility criteria. They will enter the experimental post-surgical portion of the study if they have surgery performed at MSSM and surgical specimens or biopsies proven to be HPV+ on PCR testing.
- Participants must have histologically or cytologically confirmed and identified resectable primary squamous cell carcinoma of the oropharynx that is HPV 16 positive as determined by PCR at the central laboratory. Patients must have p16+ status as determined by IHC performed or reviewed at the central laboratory prior to consent. Tissue from the primary site must be available for biomarker studies after surgery.
- Stage 1, 2, 3 or early and intermediate stage IVa (T1N1-2b, T2N0-2B) (Level 2, non-matted) disease without evidence distant metastases or extracapsular extension. Primary site must be lateralized for a functional dissection.
- Age > 18 years.
- No previous surgery, radiation therapy or chemotherapy for SCCHN (other than biopsy or tonsillectomy) is allowed at time of study entry.
- ECOG performance status of 0 or 1.
- No active alcohol addiction (as assessed by medical caregiver).
- No active tobacco use (>10 years tobacco free interval, <20pk/yr. history)
- Ability to understand and the willingness to sign a written informed consent document.
- Participants must have adequate bone marrow, hepatic and renal functions as defined below:
1. Hematology:
   - Neutrophil count > 1.5 x 10^9/l.
   - Platelet count > 100 x 10^9/l.
   - Hemoglobin > 10 g/dl (may achieve by transfusion).
2. Renal function: > 60 ml/min (actual or calculated by the Cockcroft-Gault method) as follows:
   - CrCl (mL/min) = (140-age) (weight kg)
   - 72 x serum creatinine (mg/dL)
   - N.B. For females, use 85% of calculated CrCl value.
   - Or a Creatinine < the upper limits of normal

**Exclusion Criteria are as follows:**
- Pregnant or breast feeding women.
- Previous or current malignancies at other sites, with the exception of adequately treated in situ carcinoma of the cervix, basal or squamous cell carcinoma of the skin, thyroid cancer, or other cancer curatively treated by surgery and with no current evidence of disease for at least 5 years.
- Other serious illnesses or medical conditions including but not limited to:
  1. Unstable cardiac disease despite treatment, myocardial infarction with months prior to study entry.
  2. History of significant neurologic or psychiatric disorders including dementia or seizures
  3. Active clinically significant uncontrolled infection
  4. Active peptic ulcer disease defined as unhealed or clinically active
  5. Active drug addiction including alcohol, cocaine or intravenous drug use defined as occurring within the 6 months preceding diagnosis
  6. Chronic Obstructive Pulmonary Disease, defined as being associated with a hospitalization for pneumonia or respiratory decompensation within 12 months of diagnosis. This does not include obstruction from tumor
  7. Autoimmune disease requiring therapy, prior organ transplant, or known HIV infection
  8. Interstitial lung disease
  9. Hepatitis C by history
  10. Concurrent treatment with any other anticancer therapy.
  11. Participation in an investigational therapeutic drug trial within 30 days of study entry.
- Advanced Stage III,IV (N2C, N3) or surgically unresectable disease or disease that cannot be fully resected, obvious radiologic ECS, supraclavicular or matted metastatic disease, >3 cervical nodes. (These patients will be placed on the Quarterback trial due to advanced state of disease and poor prognostic features)
- HPV negative OPSCC as determined by determined by PCR.
Study Name:
Transoral Robotic Surgery (TORS) vs. Non-Surgical Treatment for Oropharyngeal Cancer: A Retrospective and Prospective Multi-institutional Comparative Study

Study Coordinator:
Pang Herrera

Introduction:
The goal of this study is to evaluate the outcomes of Transoral Robotic Surgery (TORS) for oropharyngeal squamous cell carcinoma. In many institutions the standard of care for oropharyngeal, or oral, cancer is (chemo) radiotherapy. We will compare outcomes between these two treatment methods (TORS vs. non-surgical treatment) by means of a retrospective and prospective stage matched comparative study of outcomes. We hypothesize that there will be no difference in oncologic outcomes between the two methods of treatment.

In order to conduct this study, we will conduct retrospective and prospective chart reviews of patients who had TORS at Mount Sinai. Once we can identify an external site to participate in the study, we will ask this site to conduct retrospective and prospective chart reviews of patients who are receiving non-surgical treatment. We will collect the majority of the study data from the medical records of these patients, but in rare instances, we may need to contact patients (in the prospective arm) for follow-up information pertaining to the status of their disease (i.e. recurrences or death). We will also look up each patient’s HPV status in the pathology report. If this information is missing, we reserve the right to request tissue samples from MSSM Department of Pathology and perform HPV testing since Pathology banks all specimens in the tumor bank.

Retrospective Study Portion:
Our study population includes primary resectable non-metastatic oropharyngeal squamous cell carcinoma (T1-T4a, N0-N3, M0) treated with either transoral robotic surgery (TORS) or conventional (chemo)radiotherapy.

Inclusion Criteria are as follows:
- Resectable Primary Oropharyngeal Squamous Cell Carcinoma (T1-T4a)
- Patients treated with TORS or conventional (chemo)radiotherapy from January 1, 2006 to December 31, 2011.

Exclusion Criteria are as follows:
- Previous head and neck squamous cell carcinoma
- Patients with synchronous second primary head and neck cancers
- Previous radiation to the head and neck
- Disease factors
  - Carotid invasion
  - Prevertebral invasion
Prospective Study Portion:
Study population includes primary oropharyngeal squamous cell carcinoma (T1-T4a, N0-N3, M0) that are considered within the indications for robotic surgical treatment or (chemo)radiotherapy.
The study population will include men and women 18 years and older, from any ethnic origin. There will be no exclusion of patients based on gender, racial or ethnic origin. Vulnerable subjects will not be enrolled in the protocol with the exception of economically or educationally disadvantaged persons. The rights and welfare of vulnerable subjects will be protected by offering the patients treatment with either transoral robotic surgery or traditional non-robotic surgery. There will be no overt coercion, and patients will be free to choose either method. No financial incentive or preferential treatment or scheduling will be given to patients who enroll in the protocol. Economically or educationally disadvantaged persons will receive necessary medical treatment regardless of participation or enrollment in the protocol. The study will not involve children.

Inclusion Criteria are as follows:
- Human subjects with primary oropharyngeal squamous cell carcinoma (T1-T4a) that are considered within the indications for robotic surgical treatment or conventional (chemo)radiotherapy.
- Patients who will be treated or have already been treated with TORS or conventional (chemo)radiotherapy from January 1, 2012 to the closure of the study.

Exclusion Criteria are as follows:
- Individuals with diminished mental capacity, children, and pregnant women.
- Patients who are not deemed medically stable for general anesthesia.
- Lesions that are not treatable using TORS or (chemo)radiotherapy.
- Previous head and neck squamous cell carcinoma.
- Patients with synchronous second primary head and neck cancers.
- Previous radiation to the head and neck.
- Disease factors
  - Carotid invasion
  - Prevertebral invasion
  - T4b disease
  - Unresectable nodal disease
  - Bony invasion
- Metastatic disease