

**BIOGRAPHICAL SKETCH**

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2. Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Lisa Landry Martinez		POSITION TITLE Clinical Research Nurse Mary Bird Perkins – Our Lady of the Lake Cancer Center	
eRA COMMONS USER NAME (credential, e.g., agency login)			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	MM/YY	FIELD OF STUDY
Our Lady of the Lake School of Nursing	Diploma	11/81	Nursing
Loyola University	B.S.	8/97	Nursing

**A. Personal Statement**

I believe that my 32 years of diverse experience as a nurse have made me well-suited for my current role as a research nurse. I have experience in oncology, critical care, cardiac catheterization lab, utilization review, home health care, case management, management and have recently transitioned into research. I have dealt with critically ill inpatients and outpatients at all levels. I have worked with many minority groups in every area of health care but in particular as a home health nurse, case manager and manager. My own personal experience as a lymphoma survivor and research study participant also gives me added insight into the needs and fears of a cancer research patient.

I have participated in consenting and enrolling patients to research studies, coordinating research events with physicians and other health care providers, submitting research data and educating and following patients through the research process. I participate in our cancer center’s Tumor Conferences. I have participated in caring for many underserved populations as a home health nurse and I am very aware of how important it is to capture data regarding all populations through the screening process.

I am the Lead Research Nurse for the education and consenting process for the Cancer Genome Atlas Program (TCGA). Participating in activities associated with the NCCCP and having the experience of working with sponsored grants, such as the LSUHSC MB-CCOP, continues to help expand my growth and knowledge of the importance of assisting patients to understand that participation in a clinical trial should be considered during treatment discussions with their oncologist.

**Positions and Employment**

1981-2003 Staff Nurse, Our Lady of the Lake Regional Medical Center, Baton Rouge, LA  
 2003-2005 Staff Nurse Home Health, Woman’s Hospital, Baton Rouge, LA  
 2005-2007 Case Manager Home Health, Woman’s Hospital, Baton Rouge, LA  
 2007- 2013 Manager, Woman’s Home Health, Baton Rouge, La  
 July 2013- Clinical Research Nurse, Mary Bird Perkins Cancer Center, Baton Rouge, LA

**Other Experience and Professional Memberships**

1983-1985 Member, American Association of Critical-Care Nurses  
 1983-1985 Critical Care Registered Nurses  
 1995-1997 Certified Professional in Utilization Review

2007-2013 Member, National Association for Home Care and Hospice  
2013- Member of Baton Rouge Oncology Nurses Society  
2013- Member of Oncology Nurses Society

**Honors**

Not Applicable.

**C. Selected Peer-reviewed Publications** (Selected from 42 peer-reviewed publications)

Not Applicable.

**D. Research Support**

**Ongoing Research Support**

MBPCC-PS-1204 (Celldex) Olson (PI) 5/16/2012 -  
Vaccine therapy among newly diagnosed glioblastoma patients.  
The primary objective of the study is to confirm that the addition of rindopepimut/GM-CSF to adjuvant temozolomide improves overall survival in patients with newly diagnosed EGFRvIII positive glioblastoma who have undergone gross-total resection

NSABP B-43 Veith (PI) 12/19/2009-  
HER2-Positive Ductal Carcinoma In Situ  
The primary aim of this trial is to determine whether trastuzumab given concurrently with radiation therapy is more beneficial in preventing subsequent ipsilateral breast cancer recurrence, ipsilateral skin cancer recurrence, or ipsilateral DCIS, when compared with radiation therapy alone in women with HER2-positive ductal carcinoma in situ (DCIS) resected

TCGA (Total Cancer Genome Atlas Project) Vincent (PI) 2013-  
Biospecimen procurement program.  
The TCGA project is designed to try to identify all of the genetic changes that can cause cancer in people by studying the genetic and biochemical material from various types of cancer tissue collected.

RTOG 0924 Veith (PI) 9/30/2011-  
The primary objective is to demonstrate that prophylactic neoadjuvant androgen deprivation therapy (NADT) and whole-pelvic radiation therapy (WPRT) will result in improvement in overall survival (OS) in patients with “unfavorable” intermediate risk or “favorable” high risk or prostate cancer compared to NADT and high dose prostate and seminal vesicle (SV) radiation therapy (P + SV RT) using intensity modulated radiotherapy (IMRT) or EBRT with a high dose rate (HDR) or a permanent prostate (radioactive seed) implant (PPI) boost.

RTOG 0538/CALGB 30610 Veith (PI) 6/27/2011-  
The primary objective is to determine whether administering high dose thoracic radiotherapy. 70 Gy (2 Gy once-daily over 7 weeks) or 61.2 Gy (1.8 Gy once-daily for 16 days followed by 1.8 Gy twice-daily for 9 days), will improve median and 2-year survival compared with 45 GY (1.5 Gy twice-daily over 3 weeks) in patients with limited stage small cell lung cancer.

CALGB 70807 Veith (PI) 10/24/2011-  
The primary objective is to determine if a telephone-based dietary intervention compared to no intervention will decrease clinical progress in in active surveillance patients.

RTOG 0534

Veith (PI)

11/21/2007-

The primary objectives are to determine whether the addition of neoadjuvant concurrent short term androgen deprivation (NC-STAD) to prostate bed radiotherapy (PBRT) improves freedom from progression (FFP) [maintenance of a PSA less than the nadir+2 ng/ml , absence of clinical failure and absence of death from any cause] for 5 years, over that of PBRT alone in men treated with salvage RT after radical prostatectomy and to determine whether NC-STAD + Pelvic Lymph Node Radiotherapy (PLNRT)+ PBRT improves FFP over that NC-DTAD=PBRT and PBRT alone in men treated with salvage RT after radical prostatectomy.

**Completed Research Support**

Not applicable.