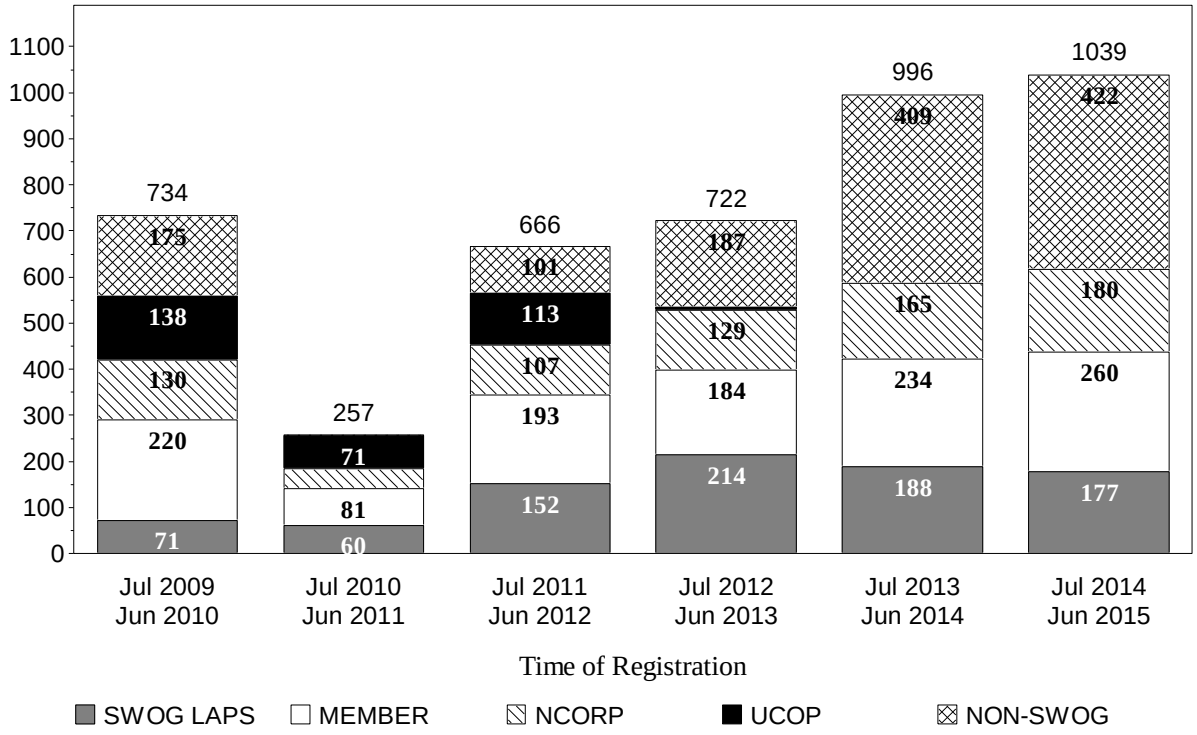
GENITOURINARY COMMITTEE

CONTENTS

Patient Registrations to Studies

By 12 Month Intervals
GENITOURINARY COMMITTEE



Screening registrations and registrations to Biologic only studies are excluded

Patient Registrations by Study and Arm

GENITOURINARY COMMITTEE

	Jan 2015 Jun 2015	Jul 2014 Dec 2014	Jan 2014 Jun 2014	All Patients
S0931 Renal, EVEREST				
Randomization				
Blinded drug	177	205	173	1,191
S1011 Blad, Standard vs Extended LND				
Initial registration				
Pre-surgical registration	68	74	61	489
Randomization				
Standard LND	36	37	26	236
Extended LND	28	36	27	224
	64	73	53	460
S1216 Pros Adv, ADT +/- TAK-700 or Bic				
Randomization				
LHRHa + TAK-700	87	86	114	378
LHRHa + Bicalutamide	83	87	109	375
	170	173	223	753
S1314 Blad, COXEN Neoadj. Chemo + Cyst				
Registration/Randomization				
GC+CYST	8	1	0	9
DDMVAC+CYST	11	2	0	13
	19	3	0	22
A031201 CRMPC, Enza +/- (Abira + Predni)*				
Total Registrations	37	31	13	81
C70807 Pros, MEAL Study*				
Total Registrations	23	26	23	157
C90203 Pros, Surgery +/- Neoadj Chemo*				
Total Registrations	7	7	3	152
C90601 Trans cell, blind bev vs placebo*				
Total Registrations	0	7	10	101

	Jan 2015 Jun 2015	Jul 2014 Dec 2014	Jan 2014 Jun 2014	All Patients
E2810 Renal, Pazopanib vs Placebo*				
Total Registrations	5	1	9	28
R0534 Pros, PBRT +/- NC-STAD +/- PLNRT*				
Total Registrations	0	3	0	3
R0815 Pros, dose-esca. RT +/- ADT*				
Total Registrations	3	2	3	9
R0924 Pros, NADT+WPRT vs. NADT+P&SV RT*				
Total Registrations	1	2	0	4
R1115 Pros, (ADT + RT) +/- TAK-700*				
Total Registrations	0	0	1	2

* For non-SWOG coordinated studies only SWOG registrations are shown.

S0931 Phase III

Coordinating Group: SWOG

EVEREST: EVErolimus for Renal Cancer Ensuing Surgical Therapy, a Phase III Study

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Participants:
SWOG, CTSU (supported by Alliance, ECOG-ACRIN)

Study Chairs:
C Ryan, E Heath, P Lara, G Palapattu, P Mack

Statisticians:
C Tangen, M Plets

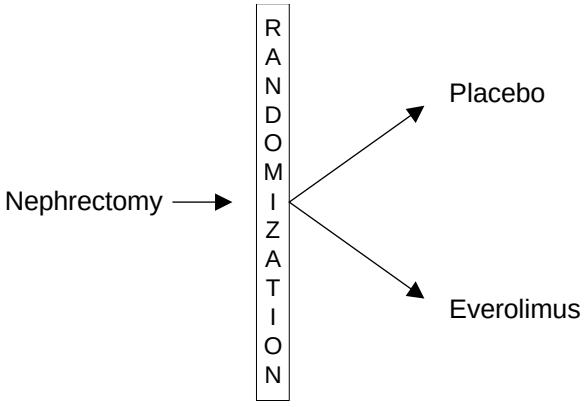
Data Coordinators:
J Barce, D Heaney

Date Activated:
04/01/2011

Date Closed*:
08/15/0015

*Temporary closure

SCHEMA



Objectives

To compare recurrence-free survival in renal carcinoma patients randomly assigned to one year of everolimus versus one year of placebo after nephrectomy or partial nephrectomy.

To compare overall survival in those patients randomized to everolimus versus those randomized to placebo.

To compare qualitative and quantitative toxicity between the two study arms.

To collect tissue and biologic specimens for molecular biomarkers relevant to the AKT/mTOR and other pathways implicated in the pathogenesis of renal carcinoma and to investigate their potential predictive and prognostic value.

To investigate the relationship between steady state trough levels of everolimus and relevant side effects (lymphopenia, infection, hyperglycemia, hypercholesterolemia, hypertriglyceridemia) in patients treated on this study with everolimus.

Patient Population

Patients must have histologically or cytologically confirmed renal cell carcinoma (collecting duct or medullary carcinomas excluded). Patients must be considered pathologically either Intermediate High Risk or Very High Risk as defined in the protocol. Patients must not have a history of distant metastases. Patients with microvascular invasion of the renal vein of any grade or stage (provided they are M0) are also eligible. Patients must not have any evidence of residual or metastatic renal cell cancer on CT scan of the chest, abdomen, and pelvis after nephrectomy and within a maximum of 28 days prior to registration.

Patients must have undergone a full surgical resection (radical nephrectomy or partial nephrectomy), including removal of all clinically positive nodes. Surgical margins must be negative. Patients with positive renal vein margins are eligible unless there is invasion of the renal vein wall at the margin (provided no other margins are positive). Patients must plan to start study drug within 84 days after the date of full surgical resection. Patients must have recovered from any surgical-related complications.

Patients must not have received any prior anti-cancer therapy (except for radical or partial nephrectomy noted above) for renal cell carcinoma, including systemic therapy in the adjuvant or neoadjuvant setting, immunotherapy, investigational therapy, surgical metastasectomy, or radiation therapy. Patients must not be planning to receive other anti-cancer agents including investigational agents during the period on study.

Patients must have a Zubrod performance status of 0 or 1. Patients must have adequate cardiac, pulmonary, renal, hepatic, and hematologic function. Patients must not be taking strong CYP3A4 inhibitors or inducers within 14 days prior to randomization nor planning to take during the course of protocol therapy. Patients must not have any known hypersensitivity to everolimus, other rapamycins (sirolimus, temsirolimus), or its excipients. Patients must be able to take oral medications. Patients must be offered the opportunity to participate in the translational medicine studies.

Stratification/Descriptive Factors

Treatment randomization will be stratified according to the following factors: (1) risk group based on pathologic stage: intermediate high risk vs very high risk; (2) histology: clear cell vs non-clear cell; and (3) performance status: 0 vs 1.

Accrual Goals

The accrual goal for this study is 1,170 eligible patients. Four interim analyses will be performed when there is 30%, 50%, 70%, and 90% information.

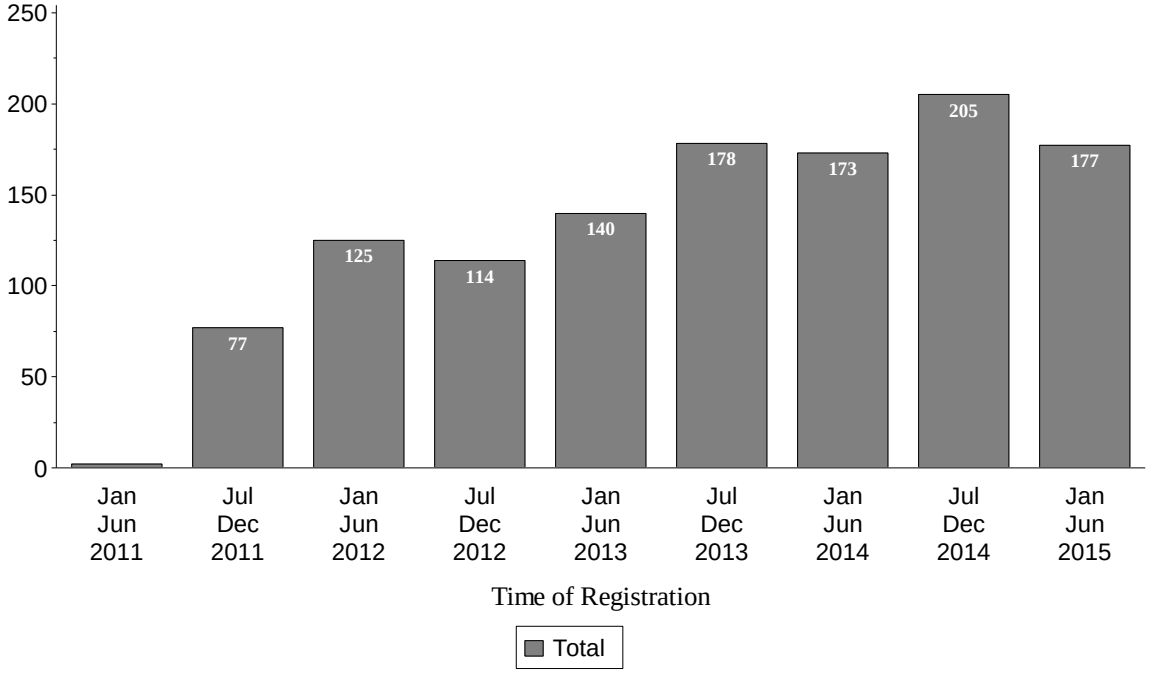
Summary Statement

This study was temporarily closed on August 15, 2015, but an amendment reopening the trial and increasing the accrual goal to 1,464 eligible patients is currently pending approval.

As of June 30, 2015, 1191 patients had been registered to this study. It was anticipated that 28 patients per month (336 per year) would be randomized to this study and that target has been reached over the past six months. One hundred thirty-three patients are currently ineligible, including 107 patients with insufficient baseline documentation, of which 59 are potentially reversible. Insufficient baseline documentation is primarily due to CT scan or lab tests not done or completed outside of the allowable window. Major deviations are coded for 15 patients who received no protocol treatment; these 15 patients are not assessable for adverse events.

One thousand nine patients have been assessed for adverse events. Twenty-three patients experienced Grade 4 toxicities, 12 with hypertriglyceridemia; one with multi-organ failure and acute renal injury coded as "Renal/urinary disorders-Other"; another with multi-organ failure, increased creatinine and acidosis; one with thromboembolic event; one with anemia; one with increased ALT and AST; two with mucositis oral; one with hyperuricemia; one with dyspnea; one with lymphopenia; and one with an allergic reaction possibly related to treatment. Two hundred fifty-one patients in the pooled treatment arms experienced Grade 3 toxicities as maximum degree, primarily oral mucositis (71), hyper-triglyceridemia (51), hypertension (28), hyper-glycemia (27), fatigue (25), diarrhea (12), rash acneform (11) and rash maculo-papular (11). No Grade 5 toxicities have been reported.

Initial Registrations By 6 Month Intervals



Registration by Institution

Registrations ending June 30, 2015

Institutions	Total Reg	Institutions	Total Reg
ECOG-ACRIN	309	Ozarks NCORP	11
Alliance	233	Rochester, Univ of	11
NRG	53	CRC West MI NCORP	10
City of Hope Med Ctr	27	Davis, U of CA	10
Michigan, U of	27	Gulf South MU-NCORP	10
Southeast COR NCORP	24	Wayne State Univ	10
Kansas, U of	21	Carolinas Med Ctr/San Antonio, U of TX	9
Heartland NCORP	19	Cedars-Sinai Med Ctr	9
Loyola University	19	Nevada CRF NCORP	9
Baylor College	17	PCRC NCORP	9
Michigan CRC NCORP	17	Oregon Hlth Sci Univ	8
Utah, U of	17	Atlanta Reg CCOP	7
Sutter General Hosp/Sutter Cancer RC	16	Montana NCORP	7
Wichita NCORP	15	Columbia MU-NCORP	6
Colorado, U of	14	KaiserPermanenteSCAL/Kaiser Vallejo NCORP	6
Columbus NCORP	14	So Calif, U of	6
Dayton NCORP	14	Sutter Cancer RC	6
San Antonio, U of TX	13	Virginia Mason MC/Northwest NCORP	6
Arizona MC, U of	11	All Other Institutions	150
Hawaii MU-NCORP	11	**Total (103 Institutions)**	**1191**

Registration, Eligibility, and Evaluability

Registrations ending June 30, 2015; Data as of July 24, 2015

	Total
NUMBER REGISTERED	1191
INELIGIBLE	133
Insufficient Documentation	107
Irreversible	48
Reversible	59
ELIGIBLE	1058
Analyzable, Pend. Elig.	34
ADVERSE EVENT ASSESSMENT	
Evaluable	1009
Not Evaluable	15
Too Early	34

Patient Characteristics

Registrations ending June 30, 2015; Data as of July 24, 2015

	Total (n=1058)	
AGE		
Median	57.9	
Minimum	18.1	
Maximum	90.0	
SEX		
Males	732	69%
Females	326	31%
HISPANIC		
Yes	70	7%
No	962	91%
Unknown	26	2%
RACE		
White	953	90%
Black	46	4%
Asian	23	2%
Pacific Islander	1	0%
Native American	9	1%
Multi-Racial	2	0%
Unknown	24	2%

	Total (n=1058)	
RISK GROUP		
Intermediate High	484	46%
Very High	574	54%
HISTOLOGY		
Clear Cell (any component)	882	83%
Non-Clear Cell	176	17%
PERFORMANCE STATUS		
0	845	80%
1	213	20%

Treatment Summary

Registrations ending June 30, 2015; Data as of July 24, 2015

	Total
NUMBER ON PROTOCOL TREATMENT	282
NUMBER OFF PROTOCOL TREATMENT	776
REASON OFF TREATMENT	
Treatment completed as planned	367
Adverse Event or side effects	222
Refusal unrelated to adverse event	47
Progression/relapse	110
Death	0
Other - not protocol specified	27
Reason under review	3
MAJOR PROTOCOL DEVIATIONS	15

Number of Patients with a Given Type and Grade of Adverse Event

Combined Blinded Treatment Arms

Adverse Events Unlikely or Not Related to Treatment Excluded

Adverse Events with No Entries for Grades 3 to 5 Have Been Suppressed

Registrations ending June 30, 2015; Data as of July 24, 2015

	Total (n=1009)	Grade				
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**
ALT increased	895	103	8	2	1	0
AST increased	889	110	6	3	1	0
Abdominal infection	1008	0	0	1	0	0
Abdominal pain	941	48	15	5	0	0
Acidosis	1008	0	0	0	1	0
Acute kidney injury	1005	2	1	1	0	0
Agitation	1006	2	0	1	0	0
Allergic reaction	1004	3	0	1	1	0
Anemia	744	228	30	6	1	0
Anorexia	908	72	27	2	0	0
Arthralgia	936	59	13	1	0	0
Back pain	989	14	5	1	0	0
Bone infection	1008	0	0	1	0	0
Bullous dermatitis	1007	1	0	1	0	0
Cardiac disorder-Other, spec	1006	1	1	1	0	0
Cholesterol high	677	274	56	2	0	0
Chronic kidney disease	999	2	6	2	0	0
Colitis	1007	0	1	1	0	0
Creatinine increased	771	195	40	2	1	0
Dehydration	990	3	8	8	0	0
Diarrhea	772	182	43	12	0	0

	Total (n=1009)	Grade				
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**
Dizziness	945	56	7	1	0	0
Dry skin	875	105	24	5	0	0
Dyspnea	896	74	33	5	1	0
Edema limbs	913	77	17	2	0	0
Endocarditis infective	1008	0	0	1	0	0
Eye disorders - Other, specify	1004	4	0	1	0	0
Fatigue	519	341	124	25	0	0
GI disorders-Other, specify	980	22	5	2	0	0
Gastritis	1008	0	0	1	0	0
Glucose intolerance	1001	6	1	1	0	0
Headache	869	118	20	2	0	0
Heart failure	1007	0	0	2	0	0
Hemorrhoids	1001	5	2	1	0	0
Hyperglycemia	716	204	62	27	0	0
Hyperkalemia	984	18	6	1	0	0
Hypertension	887	31	63	28	0	0
Hypertriglyceridemia	586	236	124	51	12	0
Hyperuricemia	1001	7	0	0	1	0
Hyponatremia	995	12	0	2	0	0
Hypophosphatemia	1000	4	3	2	0	0
Infections/infestations-Other	994	5	8	2	0	0

	Total (n=1009) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**
Irritability	1005	3	0	1	0	0
Laryngeal mucositis	1008	0	0	1	0	0
Leukocytosis	1008	0	0	1	0	0
Lung infection	993	0	10	6	0	0
Lymphocyte count decreased	952	43	12	1	1	0
Mucositis oral	588	232	116	71	2	0
Multi-organ failure	1007	0	0	0	2	0
Myocardial infarction	1008	0	0	1	0	0
Nausea	805	168	34	2	0	0
Nervous sys disorders-Other	1008	0	0	1	0	0
Neutrophil count decreased	962	29	14	4	0	0
Non-cardiac chest pain	997	7	2	3	0	0
Obesity	1008	0	0	1	0	0
Pain	981	21	6	1	0	0
Pain in extremity	981	20	7	1	0	0
Photosensitivity	1003	5	0	1	0	0
Pneumonitis	950	24	29	6	0	0
Proteinuria	1003	5	0	1	0	0

	Total (n=1009) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**
Pruritus	889	91	22	7	0	0
Rash acneiform	838	130	30	11	0	0
Rash maculo-papular	811	148	39	11	0	0
Renal/urinary disorders-Other	1000	7	0	1	1	0
Resp/thoracic/mediastinal ds	1001	5	1	2	0	0
Seroma	1008	0	0	1	0	0
Skin infection	996	2	10	1	0	0
Soft tissue infection	1008	0	0	1	0	0
Syncope	1006	0	0	3	0	0
Thromboembolic event	1005	0	0	3	1	0
Tooth infection	1004	0	4	1	0	0
Upper respiratory infection	999	0	9	1	0	0
Urinary tract infection	996	0	11	2	0	0
Vomiting	946	40	20	3	0	0
Weight gain	991	14	3	1	0	0
Wound infection	1008	0	0	1	0	0
MAX. GRADE ANY ADVERSE EVENT	121	241	373	251	23	0

S1011 Phase III

Coordinating Group: SWOG

A Phase III Surgical Trial to Evaluate the Benefit of a Standard versus an Extended Pelvic Lymphadenectomy Performed at Time of Radical Cystectomy for Muscle Invasive Urothelial Cancer

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Participants:
SWOG, CTSU (supported by Alliance, ECOG-ACRIN, NCIC CTG)

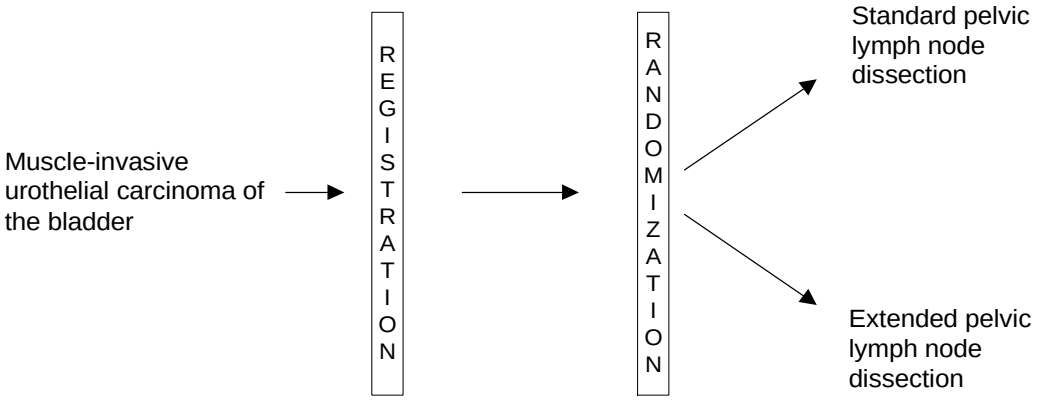
Date Activated:
08/01/2011

Study Chairs:
S Lerner, T Koppie, R Svatek, A Alva

Statisticians:
C Tangen, M Plets

Data Coordinator:
J Barce

SCHEMA



Objectives

To compare disease-free survival (DFS) in patients undergoing radical cystectomy for muscle-invasive urothelial carcinoma of the bladder treated with radical cystectomy and extended pelvic lymph node dissection compared to radical cystectomy and standard pelvic lymphadenectomy.

To compare overall survival (OS) in the two study arms.

To evaluate operative time; whether or not nerve sparing was performed; intra-operative; peri-operative; and 90-day morbidity and mortality; length of hospital stay; histology (pure urothelial versus mixed); lymph node counts and lymph node density; adjuvant chemotherapy received; and local and retroperitoneal soft tissue recurrence in the two study arms.

To collect paraffin embedded blocks for translational medicine studies including markers of epithelial and messenchymal transition and correlate these findings with pathologic T stage and node metastasis as well as DFS and OS.

Patient Population

Patients must have histologically proven T2, T3, or T4a urothelial carcinoma of the bladder that requires primary radical cystectomy for definitive treatment. There must be plans for the cystectomy and lymph node dissection to be performed within 28 calendar days following registration. Laparoscopic surgery is not allowed. Patients must have no evidence of visceral or nodal metastatic disease proximal to the common iliac bifurcation.

Patients must not have undergone a prior partial cystectomy for invasive bladder cancer. Patients must not have received any prior pelvic surgery that would obviate a complete extended lymphadenectomy. Prior neoadjuvant chemotherapy for this cancer is permitted however patients must have completed treatment within 70 days prior to cystectomy and recovered from all associated toxicities at the time of registration. Patients must not have received any prior pelvic irradiation.

Patients must have a Zubrod performance status of 0, 1 or 2 and have adequate hepatic function. All patients must be offered the opportunity to participate in specimen banking for future use.

Stratification/Descriptive Factors

Treatment randomization will be stratified according to the following factors: (1) neoadjuvant chemo-therapy: cisplatin based vs carboplatin based vs other vs none; (2) clinical stage: T2 vs T3 or T4a; and (3) Zubrod performance status: 0-1 vs 2.

Accrual Goals

The accrual goal for this study is 564 eligible randomized patients (282 per arm). At the onset, accrual will be limited to vanguard sites and a feasibility assessment will be conducted after the first 15 patients have been randomized. A second feasibility assessment will be conducted one year after all vanguard sites have IRB approval. If the study continues past the two feasibility assessments, the study will open for registration across all participating sites, with interim analyses planned at 25%, 50%, and 75% information time.

Summary Statement

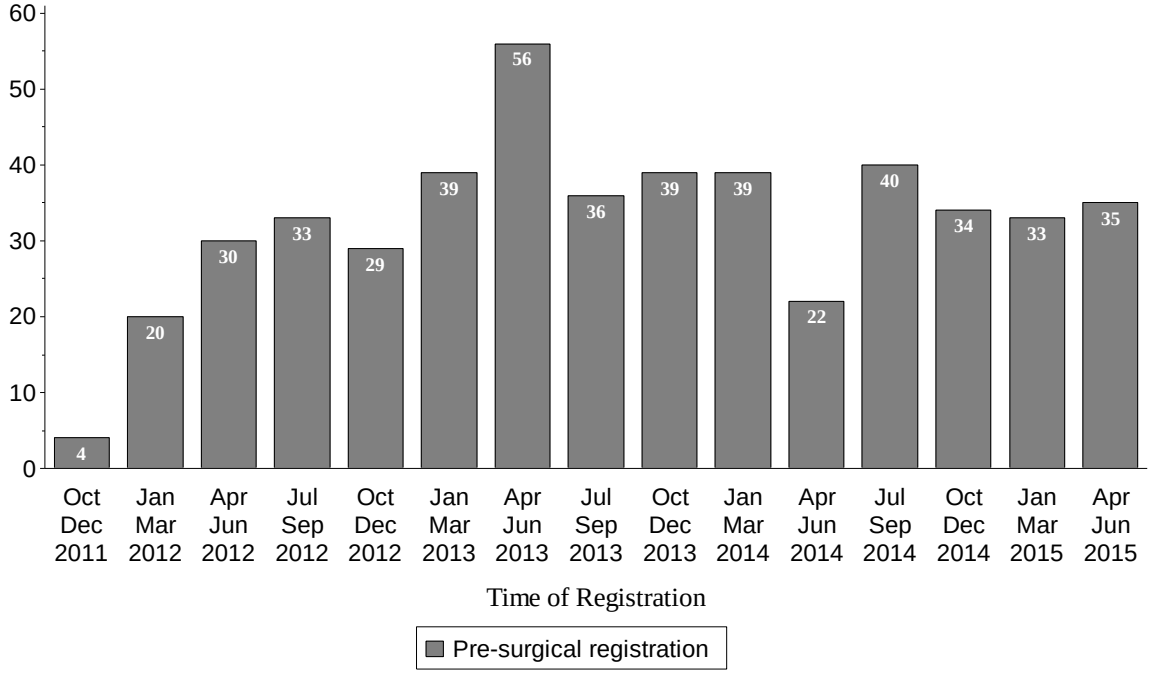
As of June 30, 2015, 489 patients had been registered to this study, of whom 460 were randomized. The most common reason among the 29 patients not randomized was extent of disease at the time of surgery.

Two hundred thirty-six patients have been randomized to standard lymph node dissection (LND) and 224 patients randomized to extended LND. Sixty-five randomized patients are currently ineligible, including five patients randomized in error and 48 patients with insufficient baseline documentation, 30 of whom are potentially reversible. Major protocol deviations are recorded for two patients who were randomized to the standard LND arm, but received extended LND due to extent of disease at the time of surgery. These two patients are not assessable for adverse events.

Three hundred eighty-four patients have been assessed for adverse events. Five patient deaths on the extended LND arm have been reported: one due to a possibly treatment-related thromboembolic event, one due to myocardial infarction along with multi-organ failure, one due to stroke, one due to multiple cardiac comorbidities listed as "Death NOS", and one due to coronary artery disease also listed as "Death NOS". This last patient also experienced Grade 4 sepsis and respiratory failure. Eight patients on the extended LND arm experienced Grade 4 adverse events as maximum degree: one with sepsis and right groin exploration, laparotomy, and cecectomy listed as "Surg/medical procedures-Oth"; one with sepsis and leukocytosis; and one each with hyperkalemia, hyponatremia, ileus, depression, small intestinal obstruction, and thromboembolic event.

Two patient deaths have been reported on the standard LND arm, one due to a thromboembolic event and one due to sepsis. This last patient also experienced Grade 4 DIC and enterovesical fistula. Two patients on the standard LND arm experienced Grade 4 adverse events as maximum degree: one with sepsis; and one with acute kidney injury, sepsis, and thromboembolic event. Twenty-nine patients on the extended LND arm and 21 patients on the standard LND arm experienced Grade 3 adverse events as maximum degree. Three patients who did not return for their 90 day assessments are coded as "Other - not protocol specified" for the reason they are off treatment.

Initial Registrations By 3 Month Intervals



Registration by Institution

Registrations ending June 30, 2015

Institutions	Total Reg	Institutions	Total Reg
Alliance	103	BC Cancer Agency	16
So Calif, U of	102	Davis, U of CA	12
ECOG-ACRIN	67	Loyola University	11
MD Anderson CC	45	Cleveland Clinic OH	7
Baylor College	43	San Antonio, TX-UCOP/San Antonio, U of TX	5
San Antonio, U of TX	31	LSU-Shreveport/Gulf South MU-NCORP	4
NCIC-CTG	21	Rochester, Univ of	1
Oregon Hlth Sci Univ	21	**Total (15 Institutions)**	**489**

Registration, Eligibility, and Evaluability

Initial Registration

Registrations ending June 30, 2015; Data as of August 5, 2015

	Total
NUMBER REGISTERED	489
INELIGIBLE	57
Insufficient Documentation	49
Irreversible	19
Reversible	30
ELIGIBLE	432
Analyzable, Pend. Elig.	9

Registration, Eligibility, and Evaluability

Randomization

Registrations ending June 30, 2015; Data as of August 5, 2015

	TOTAL	Standard LND	Extended LND
NUMBER REGISTERED	460	236	224
INELIGIBLE	65	32	33
Insufficient Documentation	48	21	27
Irreversible	18	8	10
Reversible	30	13	17
ELIGIBLE	395	204	191
Analyzable, Pend. Elig.	8	5	3
ADVERSE EVENT ASSESSMENT			
Evaluable	384	196	188
Not Evaluable	2	2	0
Too Early	9	6	3

Patient Characteristics

Randomization

Registrations ending June 30, 2015; Data as of August 5, 2015

	Standard LND (n=204)		Extended LND (n=191)	
AGE				
Median	68.0		69.5	
Minimum	38.6		46.0	
Maximum	90.0		90.6	
SEX				
Males	155	76%	155	81%
Females	49	24%	36	19%

	Standard LND (n=204)		Extended LND (n=191)	
HISPANIC				
Yes	4	2%	11	6%
No	193	95%	171	90%
Unknown	7	3%	9	5%
RACE				
White	182	89%	170	89%
Black	8	4%	10	5%
Asian	6	3%	2	1%
Pacific Islander	0	0%	1	1%
Multi-Racial	2	1%	1	1%
Unknown	6	3%	7	4%
NEOADJUVANT CHEMOTHERAPY				
Cisplatin based	96	47%	90	47%
Carboplatin based	7	3%	8	4%
Other	8	4%	4	2%
None	93	46%	89	47%
CLINICAL STAGE				
T2	147	72%	138	72%
T3 or T4a	57	28%	53	28%
ZUBROD PERFORMANCE STATUS				
0-1	201	99%	188	98%
2	3	1%	3	2%

Treatment Summary

Randomization

Registrations ending June 30, 2015; Data as of August 5, 2015

	TOTAL	Standard LND	Extended LND
NUMBER ON PROTOCOL TREATMENT	34	24	10
NUMBER OFF PROTOCOL TREATMENT	361	180	181
REASON OFF TREATMENT			
Treatment completed as planned	338	169	169
Adverse Event or side effects	0	0	0
Refusal unrelated to adverse event	0	0	0
Other - not protocol specified	3	2	1
Reason under review	3	1	2
MAJOR PROTOCOL DEVIATIONS	2	2	0

Number of Patients with a Given Type and Grade of Adverse Event

Randomization

Adverse Events Unlikely or Not Related to Treatment Excluded

Adverse Events Pending Attribution Review Are Excluded

Registrations ending June 30, 2015; Data as of August 5, 2015

	Standard LND (n=196) Grade						Extended LND (n=188) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**	**0**	**1**	**2**	**3**	**4**	**5**
AST increased	196	0	0	0	0	0	187	1	0	0	0	0
Abdominal distension	194	0	2	0	0	0	188	0	0	0	0	0
Abdominal pain	193	2	1	0	0	0	184	2	2	0	0	0
Acidosis	192	2	0	2	0	0	187	0	0	1	0	0
Acute kidney injury	195	0	0	0	1	0	184	1	3	0	0	0
Agitation	196	0	0	0	0	0	186	0	1	1	0	0
Anemia	181	5	4	6	0	0	168	3	10	7	0	0
Anorexia	196	0	0	0	0	0	185	1	1	1	0	0
Atelectasis	196	0	0	0	0	0	186	0	2	0	0	0
Atrial fibrillation	192	1	2	1	0	0	186	0	2	0	0	0
Atrial flutter	196	0	0	0	0	0	187	1	0	0	0	0
Back pain	196	0	0	0	0	0	187	0	1	0	0	0
Bloating	196	0	0	0	0	0	187	1	0	0	0	0
Blood/lymph disorder-Other	195	1	0	0	0	0	188	0	0	0	0	0
Cardiac disorder-Other, spec	196	0	0	0	0	0	187	1	0	0	0	0
Cardiac troponin I increased	196	0	0	0	0	0	187	0	0	1	0	0
Catheter related infection	195	0	1	0	0	0	187	0	1	0	0	0
Chills	196	0	0	0	0	0	187	1	0	0	0	0
Colitis	195	0	0	1	0	0	187	0	1	0	0	0
Colonic obstruction	195	1	0	0	0	0	187	0	0	1	0	0
Confusion	196	0	0	0	0	0	187	0	0	1	0	0
Constipation	195	1	0	0	0	0	182	5	0	1	0	0
Cough	196	0	0	0	0	0	187	1	0	0	0	0
Creatinine increased	194	1	1	0	0	0	186	1	1	0	0	0
DIC	195	0	0	0	1	0	188	0	0	0	0	0
Death NOS	196	0	0	0	0	0	186	0	0	0	0	2
Dehydration	196	0	0	0	0	0	186	0	1	1	0	0
Delirium	196	0	0	0	0	0	186	0	0	2	0	0
Depression	196	0	0	0	0	0	186	0	1	0	1	0
Diarrhea	195	1	0	0	0	0	186	1	0	1	0	0
Dysgeusia	196	0	0	0	0	0	187	0	1	0	0	0
Dyspepsia	196	0	0	0	0	0	187	1	0	0	0	0
Dyspnea	196	0	0	0	0	0	186	2	0	0	0	0
Edema limbs	192	2	2	0	0	0	186	1	0	1	0	0
Enterovesical fistula	195	0	0	0	1	0	188	0	0	0	0	0
Erectile dysfunction	195	0	1	0	0	0	188	0	0	0	0	0
Erythema multiforme	196	0	0	0	0	0	187	1	0	0	0	0
Fatigue	194	1	1	0	0	0	185	2	1	0	0	0
Fever	195	1	0	0	0	0	184	2	1	1	0	0
Flank pain	196	0	0	0	0	0	187	1	0	0	0	0
GERD	195	1	0	0	0	0	187	0	1	0	0	0
GI disorders-Other, specify	196	0	0	0	0	0	187	0	0	1	0	0
Gastritis	195	0	1	0	0	0	188	0	0	0	0	0

	Standard LND (n=196) Grade						Extended LND (n=188) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**	**0**	**1**	**2**	**3**	**4**	**5**
Gastrointestinal fistula	195	0	0	1	0	0	188	0	0	0	0	0
Gen disorders/admin site cond	196	0	0	0	0	0	187	1	0	0	0	0
Generalized muscle weakness	196	0	0	0	0	0	187	0	1	0	0	0
Genital edema	196	0	0	0	0	0	186	2	0	0	0	0
Hematuria	194	1	1	0	0	0	187	1	0	0	0	0
Hypercalcemia	195	0	0	1	0	0	188	0	0	0	0	0
Hyperglycemia	194	1	1	0	0	0	187	0	0	1	0	0
Hyperkalemia	196	0	0	0	0	0	185	0	1	1	1	0
Hypernatremia	196	0	0	0	0	0	187	1	0	0	0	0
Hypertension	195	0	0	1	0	0	187	0	0	1	0	0
Hypoalbuminemia	192	0	3	1	0	0	187	0	1	0	0	0
Hypocalcemia	195	0	1	0	0	0	186	0	2	0	0	0
Hypokalemia	193	1	1	1	0	0	186	1	1	0	0	0
Hyponatremia	195	0	0	1	0	0	183	4	0	0	1	0
Hypophosphatemia	195	0	1	0	0	0	188	0	0	0	0	0
Hypotension	195	0	0	1	0	0	185	1	2	0	0	0
Hypoxia	196	0	0	0	0	0	186	0	1	1	0	0
INR increased	195	1	0	0	0	0	188	0	0	0	0	0
Ileal obstruction	195	0	1	0	0	0	188	0	0	0	0	0
Ileus	182	0	12	2	0	0	167	0	15	5	1	0
Infections/infestations-Other	196	0	0	0	0	0	185	0	1	2	0	0
Inj/poisoning/proced comp-Oth	196	0	0	0	0	0	187	0	0	1	0	0
Intra-abdominal hemorrhage	195	0	0	1	0	0	188	0	0	0	0	0
Intraoperative arterial injury	195	1	0	0	0	0	188	0	0	0	0	0
Intraoperative venous injury	192	2	1	1	0	0	188	0	0	0	0	0
Kidney infection	196	0	0	0	0	0	186	0	0	2	0	0
Leukocytosis	196	0	0	0	0	0	187	0	0	0	1	0
Localized edema	195	0	1	0	0	0	187	1	0	0	0	0
Lung infection	195	0	0	1	0	0	187	0	0	1	0	0
Lymphedema	195	1	0	0	0	0	187	1	0	0	0	0
Lymphocele	191	2	2	1	0	0	181	2	2	3	0	0
Lymphocyte count decreased	194	0	2	0	0	0	187	0	0	1	0	0
Lymphocyte count increased	195	0	1	0	0	0	188	0	0	0	0	0
Multi-organ failure	196	0	0	0	0	0	187	0	0	0	0	1
Myocardial infarction	194	0	0	2	0	0	187	0	0	0	0	1
Nausea	195	0	0	1	0	0	185	2	1	0	0	0
Neoplasms, all	195	0	1	0	0	0	188	0	0	0	0	0
Pain	195	0	1	0	0	0	181	3	4	0	0	0
Pain in extremity	195	0	1	0	0	0	188	0	0	0	0	0
Paresthesia	195	1	0	0	0	0	188	0	0	0	0	0
Pelvic infection	196	0	0	0	0	0	187	0	0	1	0	0
Peripheral motor neuropathy	194	1	1	0	0	0	187	0	1	0	0	0
Peripheral sensory neuropathy	196	0	0	0	0	0	187	0	1	0	0	0
Platelet count decreased	195	1	0	0	0	0	188	0	0	0	0	0
Pleural effusion	195	0	1	0	0	0	188	0	0	0	0	0
Pulmonary edema	196	0	0	0	0	0	187	0	1	0	0	0
Renal/urinary disorders-Other	195	1	0	0	0	0	188	0	0	0	0	0
Resp/thoracic/mediastinal ds	196	0	0	0	0	0	187	0	1	0	0	0
Respiratory failure	196	0	0	0	0	0	187	0	0	0	1	0
Sepsis	193	0	0	0	2	1	185	0	0	0	3	0
Sinus tachycardia	196	0	0	0	0	0	185	1	1	1	0	0

	Standard LND (n=196) Grade						Extended LND (n=188) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**	**0**	**1**	**2**	**3**	**4**	**5**
Sm intestinal anastomotic leak	196	0	0	0	0	0	187	0	0	1	0	0
Small intestinal obstruction	196	0	0	0	0	0	186	0	0	1	1	0
Soft tissue infection	196	0	0	0	0	0	187	0	0	1	0	0
Stroke	196	0	0	0	0	0	187	0	0	0	0	1
Supraventricular tachycardia	196	0	0	0	0	0	187	0	0	1	0	0
Surg/medical procedures-Oth	192	2	0	2	0	0	185	1	1	0	1	0
Thromboembolic event	190	1	3	0	1	1	173	1	6	6	1	1
Ureteric anastomotic leak	196	0	0	0	0	0	187	0	0	1	0	0
Urinary incontinence	191	1	4	0	0	0	187	1	0	0	0	0
Urinary retention	195	0	1	0	0	0	188	0	0	0	0	0
Urinary tract infection	192	0	2	2	0	0	181	0	5	2	0	0
Urinary tract obstruction	196	0	0	0	0	0	186	0	1	1	0	0
Vasc disorders-Other, spec	194	1	1	0	0	0	188	0	0	0	0	0
Venous injury	195	0	0	1	0	0	187	0	1	0	0	0
Vomiting	194	0	1	1	0	0	184	3	1	0	0	0
Weight loss	195	1	0	0	0	0	186	1	1	0	0	0
Wound complication	193	2	1	0	0	0	187	1	0	0	0	0
Wound dehiscence	195	0	1	0	0	0	187	1	0	0	0	0
Wound infection	193	0	2	1	0	0	185	0	2	1	0	0
MAX. GRADE ANY ADVERSE EVENT	129	15	27	21	2	2	109	7	30	29	8	5

S1204 Surveillance

A Sero-Epidemiologic Survey and Cost-Effectiveness Study of Screening for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) Among Newly Diagnosed Cancer Patients

Study Chairs:
S Ramsey, R Loomba, R Chugh, D Hershman, J Hwang

Date Activated:
08/29/2013

Statisticians:
J Unger, K Arnold

Data Coordinator:
M Yee

Objectives

Among newly diagnosed cancer patients presenting to SWOG-affiliated community and academic oncology clinics, estimate the prevalence of human immunodeficiency virus (HIV), hepatitis B (HBV), and hepatitis C (HCV) infection.

Evaluate known sociodemographic, clinical, and behavioral factors that are significantly associated with previously undiagnosed HIV, HBV, and/or HCV infection in a population of people with newly diagnosed cancer.

Among patients who are identified as having HIV, HBV, and/or HCV, evaluate the timing and type of treatments received, both for the viral infections and the cancers.

Evaluate type and rate of cancer treatment-related adverse events in patients with HIV, HBV, and/or HCV infection.

Determine the cost-effectiveness of (1) routine, universal screening and (2) risk factor-directed screening of newly diagnosed cancer patients for HIV, HBV and/or HCV versus current care.

Create a biorepository of stored serum for future translational medicine studies that may include identifying genomic and viral factors that increase the risk of serious adverse effects among participants infected with HIV, HBV, and/or HCV being treated for invasive cancers.

Patient Population

Patients must be presenting for evaluation or treatment for the first diagnosis of a new solid or hematologic cancer malignancy. Confirmed diagnosis date must be within 120 days prior to first clinic visit as a newly diagnosed cancer patient at the registering clinic. Patients presenting for "second opinions" of confirmed malignancies are eligible, including those who have started cancer treatment at other facilities. Patients must be registered within 90 days after their first clinic visit. Patients must not have been diagnosed with a malignancy other than the current malignancy within the past five years, with the exception of basal cell or squamous cell skin cancer, in situ cervical cancer, or in situ breast cancer. Patients must have no evidence of disease for a prior malignancy for at least five years prior to randomization except as noted above.

Patients must be 18 years of age or older. Patients must have had their blood drawn for viral status testing for HIV, HBV and HCV or provide acceptable viral status documentation prior to registration, as defined in the protocol. Note that patients must have blood drawn for testing prior to registration for any of the three viruses not covered by the documentation. Patients are allowed to participate in other clinical trials.

Accrual Goals

A total of 3,000 eligible patients will be accrued.

Summary Statement

For the current status of this study, please refer to the Cancer Care Delivery chapter.

S1216 Phase III

Coordinating Group: SWOG

A Phase III Randomized Trial Comparing Androgen Deprivation Therapy + TAK-700 with Androgen Deprivation Therapy + Bicalutamide in Patients with Newly Diagnosed Metastatic Hormone Sensitive Prostate Cancer

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Participants:
SWOG, CTSU (supported by Alliance, ECOG-ACRIN)

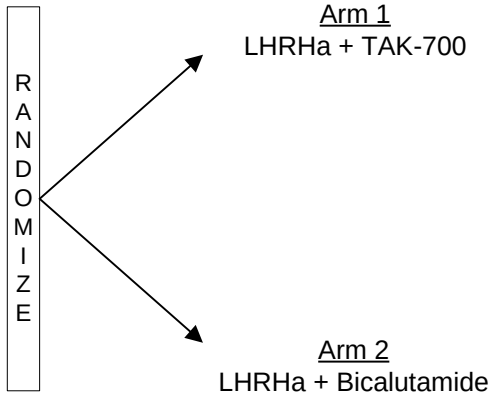
Date Activated:
03/01/2013

Study Chairs:
N Agarwal, D Vaena, G MacVicar

Statisticians:
C Tangen, M Plets

Data Coordinators:
J Barce, A Johnson

SCHEMA



Objectives

To compare overall survival in newly diagnosed metastatic prostate cancer patients randomly assigned to androgen deprivation therapy (ADT) + TAK-700 versus ADT + bicalutamide.

To compare progression free survival between ADT + TAK-700 versus ADT + bicalutamide.

To compare distributions of PSA response (< 0.2 vs 0.2-4.0 vs > 4.0 ng/ml) between the treatment arms at 7 months post-randomization.

To compare the qualitative and quantitative adverse events from each treatment arm.

To characterize the long-term survival in both treatment arms after 10 years of follow-up.

To validate the prognostic and predictive value of markers of bone turnover in newly diagnosed metastatic hormone sensitive prostate cancer patients treated with TAK-700.

To evaluate genomic variants and gene expression of androgen pathway genes and their correlation with response to therapy.

To bank serum/whole blood and tissue specimens for future use.

To evaluate genomic variants and gene expression of androgen pathway genes and their correlation with response to therapy (ADT + TAK-700 vs ADT + bicalutamide).

Patient Population

Patients must have a histologically or cytologically proven diagnosis of adenocarcinoma of the prostate. All patients must have metastatic disease as evidenced by soft tissue and/or bony metastases prior to initiation of androgen deprivation therapy. Patients must have a PSA $\geq$ 2 ng/mL obtained within 90 days prior to registration. Patients with known brain metastases are not eligible. Patients who are deemed to have high-risk or extensive metastatic, hormone sensitive prostate cancer (mHSPC) per "clinical judgment" of the treating physician are eligible for enrollment if they are unsuitable candidates for docetaxel or if they have declined docetaxel therapy.

Patients who have not started any therapy with LHRH agonist or antagonist (or orchiectomy) (Early Induction Group) and patients who have already started therapy with LHRH agonist or antagonist (or orchiectomy) within the 30 days prior to registration (Late Induction Group) are eligible. Patients must be registered within 30 days of first injection of the LHRH agonist or antagonist (or orchiectomy). In the late induction group, if the method of castration was LHRH agonists, the patient must be willing to continue the use of LHRH agonist and add bicalutamide or TAK-700 (according to randomization) during protocol treatment; if the patient was on an antiandrogen, the patient must be willing to switch over to bicalutamide or TAK-700 (according to randomization), no washout is required; if the method of castration was LHRH antagonists, the patient must be willing to switch to an LHRH agonist during protocol treatment. Patients must not have received prior and/or have any plans for receiving concomitant therapy with ketoconazole, aminoglutethimide, abiraterone acetate, or enzalutamide (MDV3100). Patients must not have received any prior cytotoxic chemotherapy for metastatic prostate cancer. At least six months must have elapsed since completion of prior neoadjuvant and/or adjuvant androgen deprivation therapy. Concomitant radiotherapy is allowed only for baseline symptoms per investigator's clinical judgment during the first four months of protocol treatment.

Patients must have adequate hematologic, hepatic, renal, and cardiac function, and have a Zubrod performance statusof 0-2 (or 3 if from bone pain only). Patients must have a DEXA scan obtained within two years prior to registration. Patients must not have Class III or IV heart failure at the time of screening, uncontrolled hypertension, known HIV infection, or active chronic hepatitis B or C. Patients with a known history of primary and secondary adrenal insufficiency are not eligible. Patients must not be known to have hypersensitivity to TAK-700, TAK-700 metabolites, bicalutamide, or LHRH agonist. All patients must be offered the opportunity to participate in specimen banking for future use.

Stratification/Descriptive Factors

Patient randomization will be stratified by the following factors: (1) severity of disease: extensive vs minimal; (2) Zubrod performance status: 0-1 vs 2-3 (if performance status is 3, it is due to bone pain only); and (3) pre-registration treatment status: early induction vs late induction.

Accrual Goals

The accrual goal for this study is 1,486 eligible patients (743 eligible patients per arm). Five interim analyses will be performed when there is 24%, 45%, 62%, 77%, and 89% information.

Summary Statement

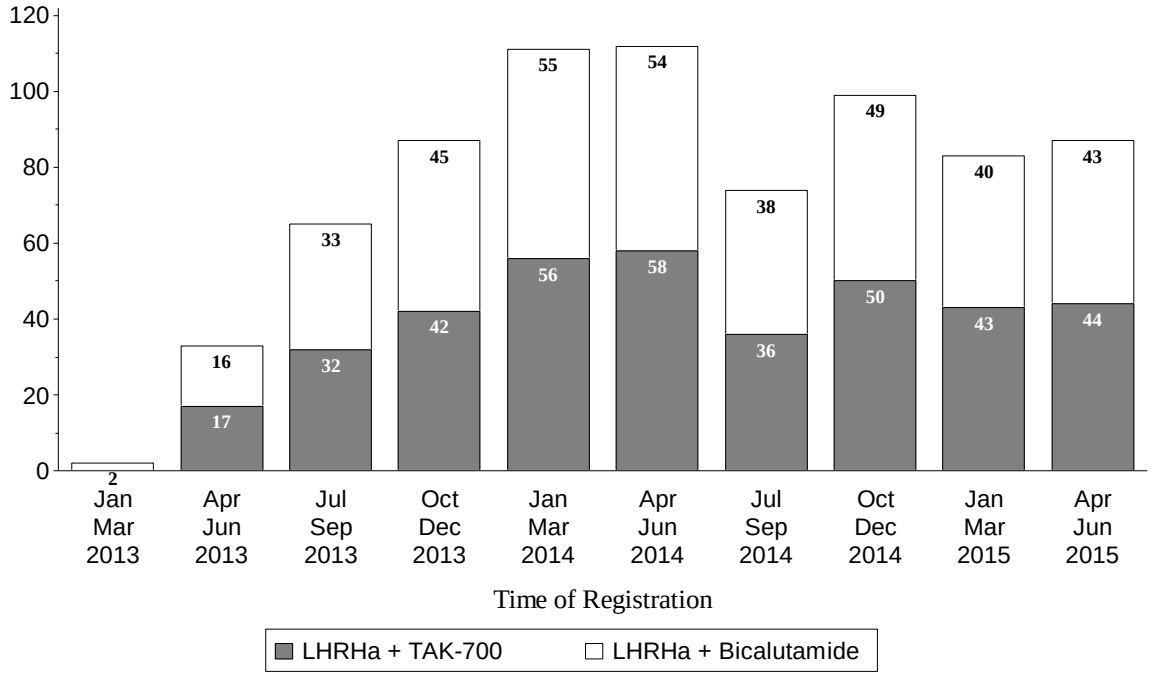
An amendment decreasing the accrual goal to 1,186 eligible patients is currently pending approval.

As of June 30, 2015, 753 patients had been registered to this study. Three hundred seventy-eight patients were randomized to the LHRHa + TAK-700 arm and 375 patients were randomized to the LHRHa + bicalutamide arm. Sixty-seven patients are currently ineligible. Forty-eight are due to insufficient baseline documentation, 34 of whom are potentially reversible. Major deviations are coded for three patients on the LHRHa + bicalutamide arm and one patient on the LHRHa +TAK-700 arm who received no protocol treatment; these four patients are not assessable for adverse events. One additional patient on the LHRHa + bicalutamide arm is not assessable

for adverse events due to patient refusal after seven days of treatment with no further follow-up.

Six hundred thirty-one patients have been assessed for adverse events. No Grade 4 or 5 toxicities were reported on the standard arm. One patient death due to myocardial infarction and one due to an unknown respiratory disorder were reported on the LHRHa + TAK-700 arm. Six patients on this arm experienced Grade 4 adverse events as maximum degree: one with pancreatitis, increased serum amylase, increased lipase and sepsis; one with increased ALT and increased alkaline phosphatase; one with increased blood bilirubin and hypokalemia; and one each with encephalopathy, increased lipase and ventricular fibrillation,. An additional 95 patients on the LHRHa + TAK-700 arm and 25 patients on the LHRHa + bicalutamide arm experienced Grade 3 toxicities as maximum degree.

Initial Registrations By 3 Month Intervals



Registration by Institution

Registrations ending June 30, 2015

Institutions	Total Reg	Institutions	Total Reg
Alliance	160	Yale University	7
ECOG-ACRIN	146	Dayton NCORP	6
Utah, U of	64	Northwest NCORP	6
City of Hope Med Ctr	32	Rochester, Univ of	6
Kaiser Vallejo NCORP	31	Baylor College	5
Nevada CRF NCORP	28	MUSC MU-NCORP	5
H Lee Moffitt CC	26	Arkansas, U of	4
Heartland NCORP	22	Columbus NCORP	4
Kansas, U of	18	CRC West MI NCORP	4
So Calif, U of	18	Irvine, U of CA	4
Davis, U of CA	17	Ozarks NCORP	4
Michigan, U of	16	Wichita NCORP	4
NRG	12	Boston MC MBCCOP	3
New Mexico MU-NCORP	10	Carolinas Med Ctr/San Antonio, U of TX	3
Fred Hutchinson CRC	8	Colorado, U of	3
Kentucky, U of	8	Good Samaritan Hosp/Oregon Hlth Sci Univ	3
Loma Linda Univ	8	Montana NCORP	3
Michigan CRC NCORP	8	San Diego, U of CA	3
Arizona MC, U of	7	All Other Institutions	30
Oregon Hlth Sci Univ	7	**Total (59 Institutions)**	**753**

Registration, Eligibility, and Evaluability

Registrations ending June 30, 2015; Data as of July 9, 2015

	TOTAL	LHRHa + TAK-700	LHRHa + Bicalutamide
NUMBER REGISTERED	753	378	375
INELIGIBLE	67	34	33
Insufficient Documentation	48	21	27
Irreversible	14	4	10
Reversible	34	17	17
ELIGIBLE	686	344	342
Analyzable, Pend. Elig.	53	23	30
ADVERSE EVENT ASSESSMENT			
Evaluable	631	317	314
Not Evaluable	5	1	4
Too Early	50	26	24

Patient Characteristics

Registrations ending June 30, 2015; Data as of July 9, 2015

	LHRHa + TAK-700 (n=344)		LHRHa + Bicalutamide (n=342)	
AGE				
Median	67.0		66.6	
Minimum	47.3		19.4	
Maximum	90.0		92.4	
HISPANIC				
Yes	19	6%	20	6%
No	311	90%	307	90%
Unknown	14	4%	15	4%
RACE				
White	295	86%	288	84%
Black	30	9%	36	11%
Asian	7	2%	8	2%
Native American	1	0%	0	0%
Multi-Racial	3	1%	0	0%
Unknown	8	2%	10	3%

	LHRHa + TAK-700 (n=344)		LHRHa + Bicalutamide (n=342)	
SEVERITY OF DISEASE				
Minimal	158	46%	155	45%
Extensive	186	54%	187	55%
ZUBROD PERFORMANCE STATUS				
0 - 1	330	96%	328	96%
2 - 3	14	4%	14	4%
PRE-REG TREATMENT STATUS				
Early induction	168	49%	168	49%
Late induction	176	51%	174	51%

Treatment Summary

Registrations ending June 30, 2015; Data as of July 9, 2015

	TOTAL	LHRHa + TAK-700	LHRHa + Bicalutamide
NUMBER ON PROTOCOL TREATMENT	458	248	210
NUMBER OFF PROTOCOL TREATMENT	228	96	132
REASON OFF TREATMENT			
Adverse Event or side effects	21	18	3
Refusal unrelated to adverse event	37	15	22
Other - not protocol specified	33	16	17
Reason under review	2	0	2
MAJOR PROTOCOL DEVIATIONS	4	1	3

Number of Patients with a Given Type and Grade of Adverse Event

Adverse Events Unlikely or Not Related to Treatment Excluded

Registrations ending June 30, 2015; Data as of July 9, 2015

	LHRHa + TAK-700 (n=317) Grade						LHRHa + Bicalutamide (n=314) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**	**0**	**1**	**2**	**3**	**4**	**5**
Cardiovascular	207	14	44	50	1	1	291	11	8	4	0	0
Clotting	315	0	1	1	0	0	314	0	0	0	0	0
Dermatologic	266	41	8	2	0	0	296	15	3	0	0	0
ES	316	0	1	0	0	0	314	0	0	0	0	0
EX	316	1	0	0	0	0	313	1	0	0	0	0
Ear	314	2	1	0	0	0	314	0	0	0	0	0
Endocrine	130	158	28	1	0	0	120	162	30	2	0	0
Eye	315	2	0	0	0	0	314	0	0	0	0	0
Flu-like Symptoms	132	110	56	19	0	0	173	107	30	4	0	0
Gastrointestinal	176	90	37	14	0	0	254	46	13	1	0	0
Hematologic	246	62	9	0	0	0	266	42	5	1	0	0
IV	310	7	0	0	0	0	311	3	0	0	0	0
Immunological	314	2	0	1	0	0	314	0	0	0	0	0
Infection	305	1	6	4	1	0	309	2	3	0	0	0
Liver	311	1	0	4	1	0	314	0	0	0	0	0
Lung	292	17	4	3	0	1	305	7	2	0	0	0
Lymphatics	290	22	5	0	0	0	303	10	1	0	0	0
Metabolic	184	88	23	18	4	0	232	60	14	8	0	0
Musculoskeletal	232	63	20	2	0	0	252	48	13	1	0	0
Neurologic	235	62	15	4	1	0	272	35	5	2	0	0
PS	289	20	4	4	0	0	292	16	5	1	0	0
Pain	295	16	4	2	0	0	300	12	1	1	0	0
Renal/Bladder	296	14	6	1	0	0	298	13	2	1	0	0
Sexual/Reproductive Function	285	18	11	3	0	0	260	36	16	2	0	0
Syndromes	315	2	0	0	0	0	310	4	0	0	0	0
VA	314	1	2	0	0	0	311	2	0	1	0	0
MAX. GRADE ANY ADVERSE EVENT	28	88	98	95	6	2	50	152	87	25	0	0

S1314 Phase II

Coordinating Group: SWOG

A Randomized Phase II Study of Co-Expression Extrapolation (COXEN) with Neoadjuvant Chemotherapy for Localized, Muscle-Invasive Bladder Cancer

---

Participants:
SWOG, CTSU (supported by Alliance)

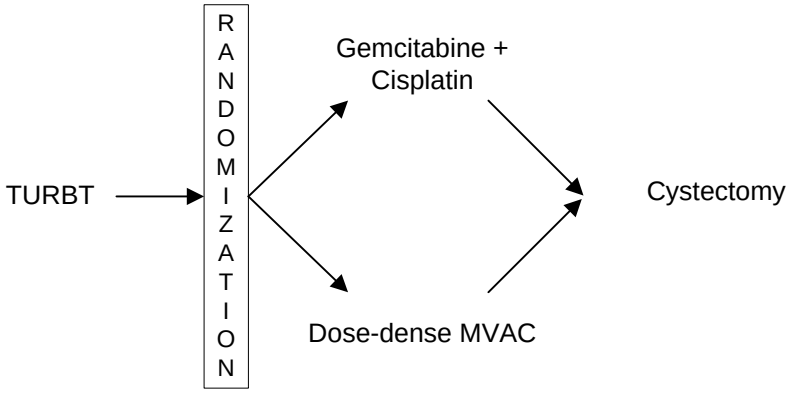
Date Activated:
07/11/2014

Study Chairs:
T Flaig, S Lerner, S Daneshmand

Statisticians:
C Tangen, M Plets

Data Coordinator:
J Barce

SCHEMA



Objectives

To characterize the relationship of DDMVAC- and GC-specific COXEN scores in terms of pT0 rate at cystectomy in patients treated with neoadjuvant chemotherapy.

To assess, in a hypothesis generating fashion, the ability of COXEN to select for an individual chemotherapy regimen (GC vs DDMVAC).

To assess the value of gene expression profiling in predicting overall survival (OS) in bladder cancer patients treated with neoadjuvant chemotherapy.

To assess the difference in pT0 rate between the 21-day GC and 14-day DDMVAC arms, regardless of gene expression.

To assess the safety and tolerability of 21-day GC and 14-day DDMVAC chemotherapy when given in the neoadjuvant setting for bladder cancer.

To assess other translational endpoints via gene expression, tissue microarray, microRNA, SNP and genetic profiling data collected in the neoadjuvant bladder cancer setting.

Patient Population

Patients must have histologically proven stage cT2-T4a N0 M0 urothelial carcinoma of the bladder and documented muscle invasion. Confirmation of diagnosis and staging must be within 56 days prior to registration via imaging, cystoscopy and TURBT. Patients with pure small cell carcinoma, pure adenocarcinoma and pure squamous cell carcinoma are excluded. Patients must have tumor tissue from TURBT that is sufficient for COXEN testing obtained within 56 days prior to registration and must agree to submission of tissue slides.

Patients who have received previous systemic cytotoxic chemotherapy or systemic anthracycline are not eligible.

Patients must have a Zubrod performance status of 0-1 and adequate cardiac, neurologic, hearing, renal, hepatic and hematologic function.

Patients must agree to participate in submission of appropriate specimens and translational medicine studies.

Stratification/Descriptive Factors

Randomization will be stratified according to the following factors: (1) prior systemic therapy: one vs none; (2) performance status: 0 vs 1.

Accrual Goals

The accrual goal for this study is 212 patients to achieve 184 eligible patients.

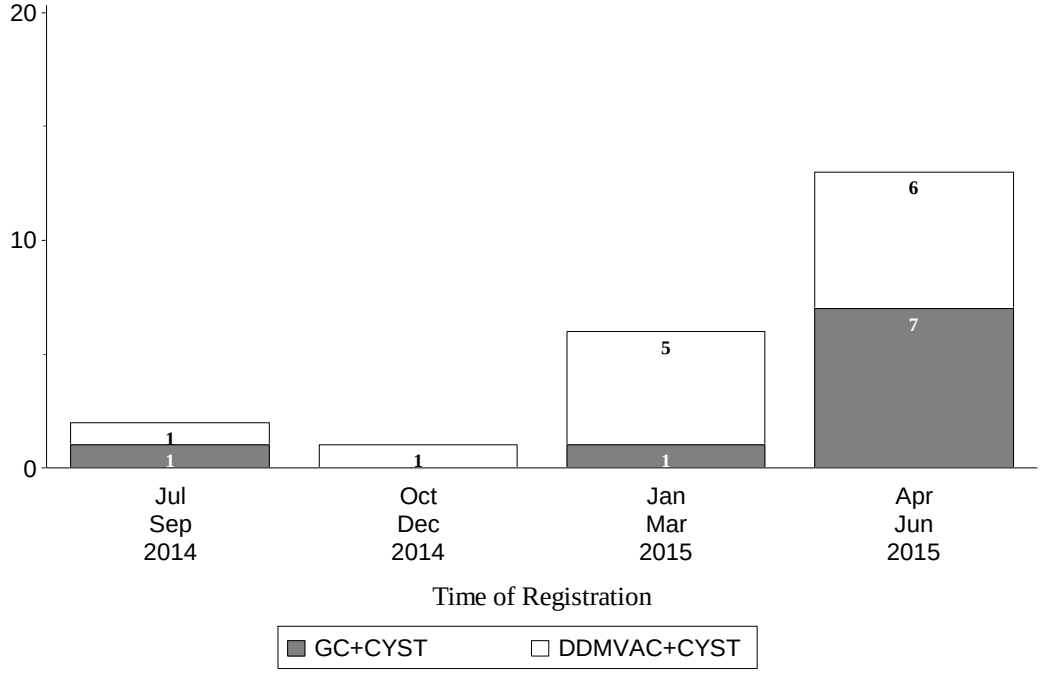
Summary Statement

As of June 30, 2015, 22 patients had been registered to this study. Nine patients were randomized to the GC+CYST arm and 13 patients were randomized to the DDMVAC+CYST arm. One patient on the GC+CYST arm is not assessable for pathologic response due to death prior to cystectomy.

Seventeen patients have been assessed for adverse events. Two patients on the DDMVAC+CYST arm experienced Grade 3 toxicities as maximum degree, one with fatigue and one with vomiting. One patient on the GC+CYST arm experienced Grade 3 decreased white blood cells. No Grade 4 or Grade 5 toxicities have been reported on either arm.

An amended protocol was distributed on June 15, 2015 featuring changes to make enrollment of patients more feasible. Prominent changes included allowing slides instead of blocks for pathology submission and removing the requirement for minimum number of cystectomies performed by the treating urologist.

Initial Registrations By 3 Month Intervals



Registration by Institution

Registrations ending June 30, 2015

Institutions	Total Reg	Institutions	Total Reg
Alliance	7	Arizona MC, U of	1
ECOG-ACRIN	2	Birmingham, U of AL	1
Montana NCORP	2	Heartland NCORP	1
Nevada CRF NCORP	2	Loyola University	1
NRG	2	San Antonio, U of TX	1
So Calif, U of	2	**Total (11 Institutions)**	**22**

Registration, Eligibility, and Evaluability

Registrations ending June 30, 2015; Data as of July 9, 2015

	TOTAL	GC+CYST	DDMVAC+CYST
NUMBER REGISTERED	22	9	13
ELIGIBLE	22	9	13
Analyzable, Pend. Elig.	4	2	2
ADVERSE EVENT ASSESSMENT			
Evaluable	17	6	11
Too Early	5	3	2

Patient Characteristics

Registrations ending June 30, 2015; Data as of July 9, 2015

	GC+CYST (n=9)		DDMVAC+CYST (n=13)	
AGE				
Median	66.5		60.8	
Minimum	53.2		48.6	
Maximum	75.8		72.9	
SEX				
Males	7	78%	10	77%
Females	2	22%	3	23%
HISPANIC				
No	8	89%	11	85%
Unknown	1	11%	2	15%

	GC+CYST (n=9)		DDMVAC+CYST (n=13)	
RACE				
White	8	89%	10	77%
Black	0	0%	1	8%
Native American	0	0%	1	8%
Unknown	1	11%	1	8%
CLINICAL STAGE				
T2	9	100%	9	69%
T3 or T4a	0	0%	4	31%
PERFORMANCE STATUS				
0	6	67%	10	77%
1	3	33%	3	23%

Number of Patients with a Given Type and Grade of Adverse Event

Adverse Events Unlikely or Not Related to Treatment Excluded

Registrations ending June 30, 2015; Data as of July 9, 2015

	GC+CYST (n=6) Grade						DDMVAC+CYST (n=11) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**	**0**	**1**	**2**	**3**	**4**	**5**
ALT increased	5	1	0	0	0	0	11	0	0	0	0	0
AST increased	5	1	0	0	0	0	11	0	0	0	0	0
Acute kidney injury	5	1	0	0	0	0	11	0	0	0	0	0
Alkaline phosphatase increased	5	1	0	0	0	0	11	0	0	0	0	0
Alopecia	6	0	0	0	0	0	8	2	1	0	0	0
Anemia	4	2	0	0	0	0	9	2	0	0	0	0
Anorexia	5	1	0	0	0	0	7	3	1	0	0	0
Back pain	6	0	0	0	0	0	10	1	0	0	0	0
Blurred vision	6	0	0	0	0	0	10	1	0	0	0	0
Constipation	5	1	0	0	0	0	10	1	0	0	0	0
Creatinine increased	4	1	1	0	0	0	7	3	1	0	0	0
Dehydration	6	0	0	0	0	0	10	0	1	0	0	0
Diarrhea	6	0	0	0	0	0	8	2	1	0	0	0
Dizziness	6	0	0	0	0	0	10	1	0	0	0	0
Dysgeusia	6	0	0	0	0	0	10	0	1	0	0	0
Dyspepsia	6	0	0	0	0	0	10	0	1	0	0	0
Edema limbs	5	1	0	0	0	0	11	0	0	0	0	0
Fatigue	5	1	0	0	0	0	4	5	1	1	0	0
Fever	5	0	1	0	0	0	11	0	0	0	0	0
GERD	6	0	0	0	0	0	9	2	0	0	0	0
GI disorders-Other, specify	5	1	0	0	0	0	10	1	0	0	0	0
Gen disorders/admin site cond	5	1	0	0	0	0	11	0	0	0	0	0
Glucose intolerance	5	0	1	0	0	0	11	0	0	0	0	0
Headache	6	0	0	0	0	0	10	1	0	0	0	0
Hearing impaired	5	0	1	0	0	0	10	1	0	0	0	0
Hemoglobin increased	5	0	1	0	0	0	10	1	0	0	0	0
Hiccups	6	0	0	0	0	0	10	1	0	0	0	0
Hyperglycemia	5	1	0	0	0	0	10	1	0	0	0	0
Hyperkalemia	6	0	0	0	0	0	9	0	2	0	0	0
Hypoalbuminemia	5	0	1	0	0	0	11	0	0	0	0	0
Hypocalcemia	6	0	0	0	0	0	10	1	0	0	0	0
Hypokalemia	6	0	0	0	0	0	10	1	0	0	0	0
Hypomagnesemia	6	0	0	0	0	0	9	2	0	0	0	0
Hyponatremia	5	1	0	0	0	0	11	0	0	0	0	0
Injection site reaction	5	1	0	0	0	0	11	0	0	0	0	0
Insomnia	6	0	0	0	0	0	10	1	0	0	0	0
Memory impairment	6	0	0	0	0	0	10	1	0	0	0	0
Mucositis oral	5	1	0	0	0	0	7	3	1	0	0	0
Nail discoloration	6	0	0	0	0	0	10	1	0	0	0	0
Nasal congestion	6	0	0	0	0	0	10	1	0	0	0	0
Nausea	4	2	0	0	0	0	2	6	3	0	0	0
Neutrophil count decreased	5	0	1	0	0	0	10	1	0	0	0	0
Peripheral motor neuropathy	6	0	0	0	0	0	10	1	0	0	0	0
Peripheral sensory neuropathy	5	1	0	0	0	0	11	0	0	0	0	0
Photophobia	6	0	0	0	0	0	10	1	0	0	0	0

	GC+CYST (n=6) Grade						DDMVAC+CYST (n=11) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**	**0**	**1**	**2**	**3**	**4**	**5**
Platelet count decreased	6	0	0	0	0	0	8	1	2	0	0	0
Sore throat	5	1	0	0	0	0	11	0	0	0	0	0
Tinnitus	5	0	1	0	0	0	9	2	0	0	0	0
Urinary tract infection	5	0	1	0	0	0	11	0	0	0	0	0
Vomiting	5	1	0	0	0	0	10	0	0	1	0	0
Weight loss	6	0	0	0	0	0	10	1	0	0	0	0
White blood cell decreased	5	0	0	1	0	0	10	1	0	0	0	0
MAX. GRADE ANY ADVERSE EVENT	1	2	2	1	0	0	1	3	5	2	0	0

S1316 Pilot

Coordinating Group: SWOG

Prospective Comparative Effectiveness Trial For Malignant Bowel Obstruction

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Participants:
SWOG, Alliance

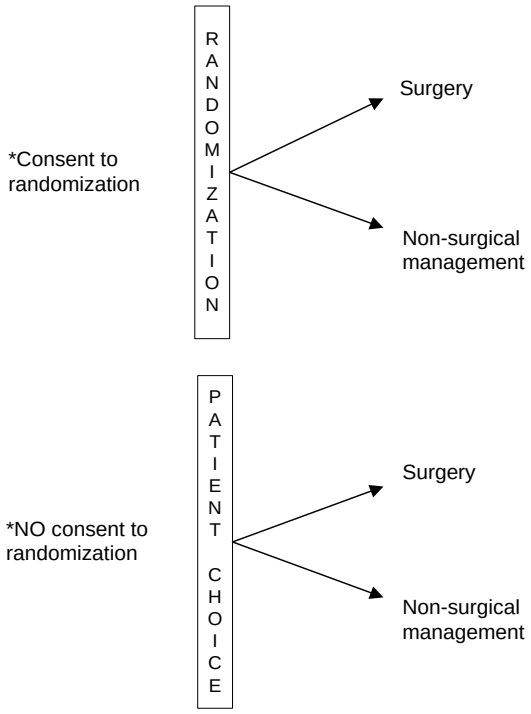
Date Activated:
03/09/2015

Study Chairs:
R Krouse, B Bagwell, A Abernethy (Alliance)

Statisticians:
G Anderson, K Arnold

Data Coordinator:
R Topacio

SCHEMA



*Patients will be enrolled into either the randomized or patient choice portion, not both

Objectives

To compare quality of life, as assessed by the number of days alive and residing outside of the hospital within the first 91 days (13 weeks) after registration, among patients with malignant bowel obstruction (MBO) who receive surgical intervention and similar patients treated non-surgically.

To explore whether there are differences in other health related quality of life (HRQOL) factors of particular interest in this population, including ability to eat, days with nasogastric tube, development of nausea, days of intravenous hydration, days eating solid foods and days drinking that are different for patients with MBO who receive surgical intervention as compared to non-surgical intervention.

To explore whether overall survival is different for patients with MBO who receive surgical intervention as compared to non-surgical intervention. To estimate the effects of surgical versus non-surgical management on quality of life after adjustment for non-adherence to initially assigned/chosen treatment.

To explore whether there are clinical factors (e.g., ascites, albumin, carcinomatosis) that predict better quality of life outcomes for patients with MBO who receive surgical intervention as compared to non-surgical intervention.

Patient Population

Patients must have clinical evidence of a small bowel obstruction (via history, physical, and radiographic examination) distal to ligament of Treitz, with radiographic confirmation prior to registration. Patients must have intra-abdominal primary cancer with incurable disease. Patients may still have primary tumor as long as it is not a primary large bowel obstruction from colorectal cancer. Patients must not have signs of bowel perforation necessitating surgery or "acute" abdomen as evidenced by peritonitis on physical exam within two days prior to registration.

Patients must be registered to the study within three days after surgical consult for MBO and prior to any treatment (surgical or non-surgical) for MBO. Somatostatin analogues may be used prior to registration if that use is limited to not more than the two days just prior to registration.

Patients must be able to tolerate a major surgical procedure based on clinical evaluation, status of their cancer, and any other underlying medical problems. A member of the patient's surgical team must indicate equipoise for the benefit of the surgical treatment for MBO. Patients must be 18 years or older and have Zubrod performance status of 0-2 within seven days prior to hospitalization. Serum albumin must be planned to be collected after hospital admission, but prior to treatment. History and physical must be obtained within three days prior to registration. Patients must be able to complete the study questionnaires in English or Spanish.

Stratification/Descriptive Factors

Participant randomization will be stratified by primary tumor type: colorectal cancer vs ovarian cancer vs other cancer.

Accrual Goals

A total of 200 patients will be accrued with a target of at least 50 patients in the randomized component.

Summary Statement

For the current status of this study, please refer to the Cancer Survivorship chapter.

A031201 Phase III SWOG Supported CTSU Study

Coordinating Group: Alliance

Phase III Trial of Enzalutamide (NSC # 766085) Versus Enzalutamide, Abiraterone, and Prednisone for Castration-Resistant Metastatic Prostate Cancer

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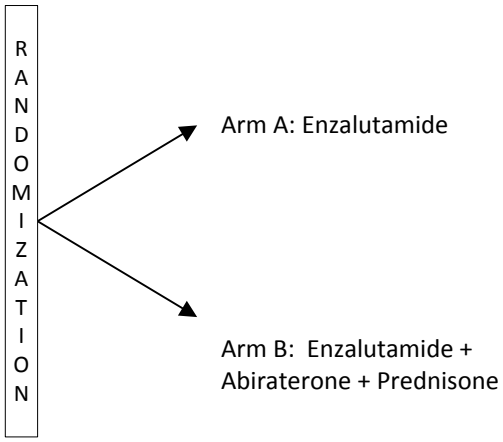
Participants:
Alliance, CTSU

Date Activated:
11/22/2013

Study Chairs:
M Morris (Alliance), A Goldkorn (SWOG)

SCHEMA



Objectives

To compare the overall survival of patients with progressive metastatic CRPC treated with either a) enzalutamide only or b) enzalutamide with abiraterone and prednisone.

To assess the grade 3 or higher toxicity profile and compare safety by treatment arm.

To assess and compare post-treatment PSA declines by treatment arm.

To compare radiographic progression free survival defined by Prostate Cancer Working Group 2 (PCWG2), and objective response rate, by treatment arm.

To test for rPFS treatment interaction in predicting overall survival.

To assess pre- and post-treatment measures of tumor burden and bone activity using NaF PET/CT and Tc MDP bone scintigraphy and correlate these measures with overall survival.

To develop and validate prognostic and predictive models of overall survival that include baseline clinical and molecular markers.

To determine whether pre-treatment serum adrenal androgen (SA) levels are prognostic factors of overall survival and to test whether SA levels are predictive factors of overall survival.

To evaluate specific pre-treatment RNA levels as prognostic factors for OS, including the 6- and 9-gene signatures, the CTC RNA profile, and the circulating tumor stem cell RNA profile.

To evaluate the predictive ability of specific pre-treatment and post-treatment RNA levels on the OS and PFS.

To evaluate specific pre-treatment microRNA levels as prognostic factors for OS.

To test whether the microRNA are predictive factors for overall survival.

To determine whether pre-treatment angiokine levels are prognostic factors for OS and PFS.

To test whether pre-treatment angiokine levels are predictive factors for OS and PFS and to assess whether post-treatment angiokine levels are predictive factors for OS and PFS.

To investigate a drug by CYP17A1 interaction with respect to overall survival.

To assay candidate variants and loci hypothesized to be associated with other clinical phenotypes (e.g., progression-freesurvival or toxicity) or other eQTLs.

To identify specific SNPs and/or copy number variations that are associated with the response to and toxicity associated with therapy.

To define the effect of abiraterone on reducing enzalutamide metabolic clearance (i.e. increasing enzalutamide AUC) when the drugs are used in combination.

To define the exposure (AUC) toxicity and exposure (AUC) anti-tumor effect relationship, including biomarkers for enzalutamide alone and enzalutamide combined with abiraterone in prostate cancer patients.

To develop a population pharmacokinetic model for enzalutamide alone and enzalutamide combined with abiraterone taking account of relevant intrinsic and extrinsic factors.

To determine the intra-patient and inter-patient variability of abiraterone exposure (AUC) in prostate cancer patients receiving abiraterone when combined with enzalutamide.

To determine the intra-patient and inter-patient variability of enzalutamide exposure (AUC) in prostate cancer patients receiving enzalutamide alone and abiraterone plus enzalutamide.

Patient Population

Patients must have progressive CRPC with histologically or cytologically confirmed adeno-carcinoma of the prostate. Patients must have measurable or non measurable disease. Patients must have progressive disease at study entry. Patients must not have known or suspected brain metastases (patients with treated epidural disease are eligible).

Patients must not have had prior treatment with taxane-based chemotherapy for metastatic disease. Within four weeks prior to enrollment, patients must not have had treatment with hormonal therapy (including AR antagonists, 5-alpha reductase inhibitors, estrogens) other than GnRH analogues or antagonists, chemotherapy, biologic therapy, investigational therapy, or immunotherapy for prostate cancer. Patients must not have used systemic steroids equivalent to greater than 10mg of prednisone/prednisolone per day. Patients must have had no prior radiation therapy or beta-emitting radionuclide therapy, and have had no major surgery. Patients must not have had prior treatment with enzalutamide, abiraterone, or other novel anti-androgen or androgen synthesis inhibitor. Patients must not have used ketoconazole for greater than seven days. Patients must maintain ongoing androgen deprivation therapy with a GnRH analogue, antagonist, or bilateral orchiectomy. Patients receiving bisphosphonate therapy or denosumab must be on a stable dose for at least four weeks prior to enrollment.

Patients must have adequate hematologic, renal, hepatic, and cardiac function and an ECOG performance status of 0-1. Patients must not have planned palliative procedures for alleviation of bone pain, any structurally unstable bone lesions suggesting impending fracture, history of seizure or any condition that may increase the risk of seizure, history of TIA within 12 months of enrollment, or GI disorder that negatively affects absorption.

Accrual Goals

A total of 1,224 patients will be accrued to this study (612 per arm). Interim analyses will be performed

after 37% information is attained and then every six months until full information.

Summary Statement

Alliance reported a total accrual of 521 patients as of June 30, 2015, including 81 SWOG registrations. The complete November 2014 summary of this study from Alliance is available on the SWOG web site.

Registration by Institution

Registrations ending June 30, 2015

Institutions	Total Reg	Institutions	Total Reg
Cleveland Clinic OH	20	Harrison Bremerton/Harrison Medical Ctr	2
Davis, U of CA	8	KaiserPermanenteCOL/Kaiser Vallejo NCORP	2
Kaiser Vallejo NCORP	8	Cincinnati MC, U of	1
Arizona MC, U of	6	Hawaii MU-NCORP	1
Henry Ford Hosp	6	Irvine, U of CA	1
Wayne State Univ	6	Kansas, U of	1
City of Hope Med Ctr	4	Shaw Reg Cancer Ctr/Colorado, U of	1
VAMC-West Haven/MAVERIC	4	St Joseph's/Candler/H Lee Moffitt CC	1
Heartland NCORP	3	Tennessee, U of	1
KaiserPermanenteSCAL/Kaiser Vallejo NCORP	3	**Total (20 Institutions)**	**81**
Birmingham, U of AL	2		

C70807 Phase III SWOG Supported CTSU Study

Coordinating Group: Alliance

The Men's Eating and Living (MEAL) Study: A Randomized Trial of Diet to Alter Disease Progression in Prostate Cancer Patients on Active Surveillance

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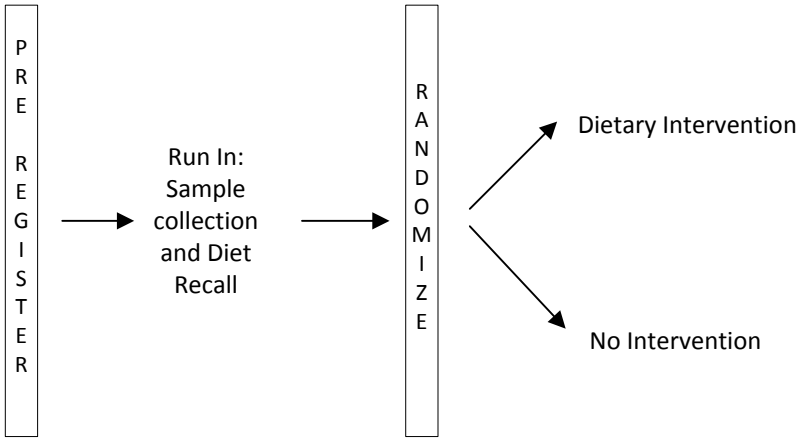
Participants:
Alliance, CTSU

Study Chairs:
J Parsons (Alliance), P Van Veldhuizen (SWOG)

Date Activated:
01/21/2011

Date Closed (pre-registration):
08/14/2015

SCHEMA



Objectives

To determine if a telephone-based dietary intervention compared to no intervention will decrease clinical progression in active surveillance (AS) patients.

To compare the incidence of active treatment (surgery, irradiation, local ablation, or androgen deprivation) in AS patients receiving dietary intervention compared to no intervention.

To compare prostate cancer-related anxiety in AS patients receiving dietary intervention compared to no intervention.

To compare health-related quality of life in AS patients receiving dietary intervention compared to no intervention.

Patient Population

Patients must have biopsy-proven (consisting of 10 or more tissue cores) adenocarcinoma of the prostate diagnosed within 24 months prior to pre-registration, with less than 25% of the cores positive for cancer, and no more than 50% of any one biopsy tissue core positive for cancer. Patients must have clinical stage less than or equal to T2a and must not have distant metastases. For men less than or equal to 70 years old, biopsy Gleason score must be less than or equal to 6. For men greater than 70 years old, biopsy Gleason score must by less than or equal to 7 (3 + 4). Baseline serum PSA must be less than 10 ng/ml.

Patients must not have received prior treatment for prostate cancer by surgery, irradiation, local ablative, or androgen deprivation therapy. Patients must not have received treatment with 5-alpha reductase inhibitors within 90 days prior to pre-registration.

Patients must be men aged 50 to 80 years and be able to read and comprehend English language text and be able to understand spoken English over the phone. Patients must not be currently taking coumadin or vitamin supplements including lycopene and beta-carotene.

Patients are eligible for randomization after successful completion of three 24-hour dietary recalls during the run-in period, provided they are not consuming six or more servings per day of fruits and vegetables (not including juices).

Stratification/Descriptive Factors

Patient randomization will be stratified according to the following factors: (1) age: men ≤ 70 years vs men >70 years; (2) race: Black or African American vs other; and (3) baseline prostate biopsy: 0-12 months prior to pre-registration vs >12-24 months prior to pre-registration.

Accrual Goals

The accrual goal is 464 patients (232 per arm). Interim analysis will be performed after 80 patients progress or complete the two years of follow-up and then every six months until full information.

Summary Statement

This study was permanently closed to new patient pre-registrations on August 14, 2015 after enrolling sufficient patients to the pre-registration step to meet the registration/randomization accrual goal. Alliance reported a total accrual of 456 patients as of June 30, 2015, including 157 SWOG registrations. The complete November 2014 summary of this study from Alliance is available on the SWOG web site.

Registration by Institution

Registrations ending June 30, 2015

Institutions	Total Reg	Institutions	Total Reg
Madigan Army Med Ctr	31	Heartland NCORP	3
Colorado, U of	22	San Antonio, U of TX	3
Virginia Mason MC/Northwest NCORP	16	VAMC-West Haven/MAVERIC	3
Utah, U of	14	Cleveland Clinic OH	2
Rochester, Univ of	11	Gulf South MU-NCORP	2
Baylor College	10	Loma Linda Univ	2
Kansas, U of	8	Atlanta Reg CCOP	1
Cedars-Sinai Med Ctr	6	KaiserPermanenteSCAL/Kaiser Vallejo NCORP	1
Beaumont NCORP	5	Loyola University	1
Kentucky, U of	4	Poudre Valley Hosp/Colorado, U of	1
Stormont-Vail Health/Kansas, U of	4	St Mary Med Ctr/PCRC NCORP	1
Akron Gen Med Ctr/Cleveland Clinic OH	3	**Total (24 Institutions)**	**157**
Bay Area Hospital/PCRC NCORP	3		

C90203 Phase III SWOG Supported CTSU Study

Coordinating Group: Alliance

A Randomized Phase III Study of Neo-Adjuvant Docetaxel and Androgen Deprivation Prior to Radical Prostatectomy Versus Immediate Radical Prostatectomy in Patients with High-Risk, Clinically Localized Prostate Cancer

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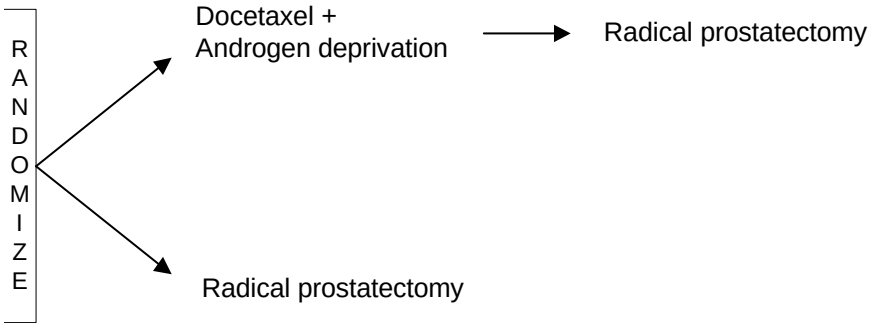
Participants:
Alliance, CTSU

Date Activated:
07/01/2007

Study Chairs:
J Eastham (Alliance), D Lin (SWOG)

SCHEMA



Objectives

To determine whether treatment with neoadjuvant docetaxel and androgen deprivation therapy prior to radical prostatectomy will increase the rate of three-year biochemical progression-free survival (bPFS) compared to treatment with immediate radical prostatectomy alone for high-risk prostate cancer patients.

To compare the five-year bPFS rate, bPFS, disease progression, disease-free survival, and overall survival of patients randomized to the two arms of this trial.

To determine the safety and tolerability of neoadjuvant docetaxel and androgen deprivation therapy prior to surgery for high-risk patients undergoing radical prostatectomy.

To compare the impact of neoadjuvant docetaxel and androgen deprivation therapy on time to clinically apparent local disease recurrence and metastatic disease in high-risk patients undergoing radical prostatectomy for clinically localized prostate cancer.

To compare the impact of neoadjuvant docetaxel and androgen deprivation therapy relative to radical prostatectomy on pathologic tumor stage, frequency of lymph node metastases, and positive margin rates for high-risk patients undergoing radical prostatectomy for clinically localized prostate cancer.

To determine if changes in serum testosterone levels will predict bPFS.

To determine prospectively whether PSA doubling time (PSADT) is a surrogate endpoint for time to clinical metastases and overall survival.

To evaluate associations between post-diagnosis diet and lifestyle, change in food group intake, and risk of prostate cancer recurrence, independent of treatment.

To identify novel protein expression patterns in serum that predict three-year and five-year bPFS rates in high-risk, clinically localized prostate cancer patients.

To identify novel protein expression patterns in serum that predict biochemical response to neoadjuvant chemotherapy and androgen deprivation therapy.

To determine if immunohistochemical staining profiles of primary tumors can predict three-year and five-year bPFS rates in high-risk, clinically localized prostate cancer.

To determine whether immunohistochemical staining profiles of primary tumors can predict biochemical response to neoadjuvant chemotherapy and androgen deprivation therapy.

To determine if genes identified during RNA expression analysis as being correlated with recurrence have protein expression that correlates with outcome.

Patient Population

Patients must have histologic documentation of stage T1-T3a prostatic adenocarcinoma. Patients must not have small cell, neuroendocrine, or transitional cell carcinoma. Patients must not have metastatic disease as demonstrated by negative biopsy in pelvic lymph nodes > 1.5 cm and negative bone scan. The Kattan nomogram predicted probability of being free from biochemical progression at five years after surgery must be ≥ 8.

Patients must not have any prior treatment for prostate cancer including surgery (excluding TURP), pelvic lymph node dissection, radiation therapy, or chemotherapy. Patients may have received up to four months of androgen deprivation therapy (LHRH agonists, antiandrogens, or both) prior to being enrolled on this study.

Patients must have an ECOG performance status of 0-2 and have adequate renal, hepatic, and hematologic function. Prestudy PSA must be ≤ 100 ng/mL.

Stratification/Descriptive Factors

Patient randomization will be stratified by the following factors: (1) nomogram-predicted biochemical progression-free survival at five years: 0%-20.9% vs 21%-39.9% vs 40%-59.9% vs ≥ 60%; and (2) androgen deprivation therapy prior to randomization (≤ 4 months): yes vs no.

Accrual Goals

The accrual goal for this study is 750 patients (375 per arm). Interim analyses will be performed when the percentage of men with at least three years of follow-up reaches the following points: 30%, 40%, 50%, 60%, 70%, 80%, 90%, and 100%.

Summary Statement

Alliance reported a total accrual of 751 patients as of June 30, 2015, including 152 SWOG registrations. The complete November 2014 summary of this study from Alliance is available on the SWOG web site.

Registration by Institution

Registrations ending June 30, 2015

Institutions	Total Reg	Institutions	Total Reg
Davis, U of CA	45	H Lee Moffitt CC	2
Colorado, U of	15	Heartland NCORP	2
Kansas, U of	13	Michigan CRC NCORP	2
City of Hope Med Ctr	10	Quad Cities/Genesis/Loyola University	2
Loyola University	10	Rochester, Univ of	2
Virginia Mason MC/Northwest NCORP	10	Sutter Cancer RC	2
VAMC-West Haven/MAVERIC	6	Henry Ford Hosp	1
Irvine, U of CA	5	LSU-Shreveport/Gulf South MU-NCORP	1
Madigan Army Med Ctr	4	Mississippi, Univ of	1
So Calif, U of	4	New Mexico MU-NCORP	1
Wayne State Univ	4	Oregon Hlth Sci Univ	1
MD Anderson CC	3	Rockwood Clinic, PS/PCRC NCORP	1
Upstate Carolina	3	**Total (26 Institutions)**	**152**
Gulf South MU-NCORP	2		

E2810 Phase III SWOG Supported CTSU Study

Coordinating Group: ECOG-ACRIN

Randomized, Double-Blind Phase III Study of Pazopanib vs. Placebo in Patients with Metastatic Renal Cell Carcinoma Who Have No Evidence of Disease Following Metastatectomy

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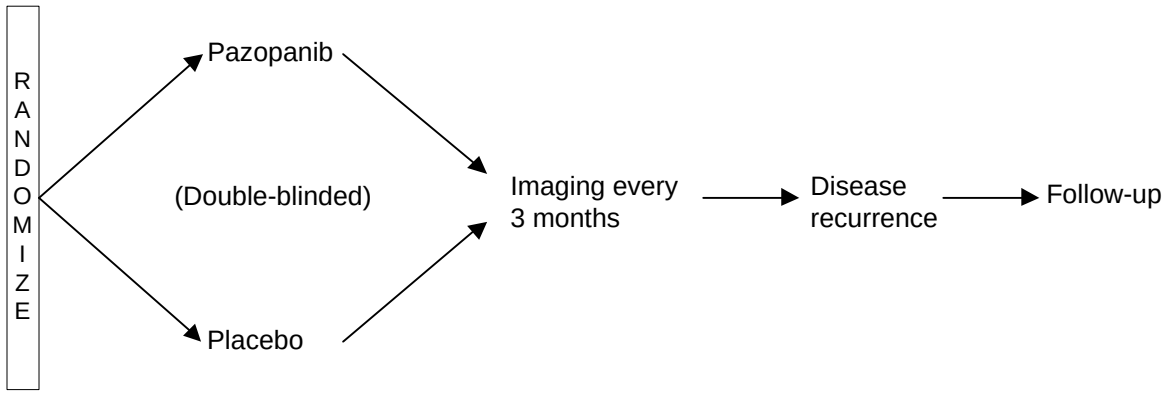
Participants:
ECOG-ACRIN, CTSU

Date Activated:
04/17/2012

Study Chairs:
L Appleman (ECOG-ACRIN), S Pal (SWOG)

SCHEMA



Objectives

To evaluate disease-free survival of patient with renal cell carcinoma (RCC) treated with pazopanib as compared to placebo.

To describe the overall survival of patients with advanced RCC randomly assigned to receive placebo or pazopanib for one year following metastatectomy to NED.

To describe treatment- and (at recurrence) disease-related adverse events in the two treatment arms.

To analyze quality-adjusted time without symptoms of disease or treatment (Q-TWiST) for subjects in the two treatment arms.

To characterize changes in patient-reported fatigue and (at recurrence) kidney cancer-related symptoms during and following treatment with pazopanib compared to placebo.

To explore the association between plasma trough levels of pazopanib and disease-free and overall survival.

To prospectively bank preserved tissue from primary tumors and associated metastatic sites in patients with RCC.

Patient Population

Patients must have pathologically confirmed renal cell carcinoma with a clear cell component. Pure papillary and chromophobe histologies are excluded.

Patients must have undergone nephrectomy or partial nephrectomy to remove primary renal cell carcinoma. Patients must have undergone surgical resection to remove one or more sites of metastatic disease, with successful removal of all known sites two to twelve weeks prior to randomization. Eligible patients must have no evidence of disease on post-operative imaging. Patients must not have received any prior or concurrent systemic therapy for RCC; prior adjuvant placebo administration is permitted. Patients cannot be taking strong CYP3A4 inhibitors. Patients must not be taking drugs known to prolong the QTc interval; such drugs should be discontinued at least one week prior to randomization.

Patients must have ECOG performance status of 0 or 1 and adequate hematologic, renal, hepatic, and cardiac function. Patients must have no uncontrolled intercurrent illness. Patients must have no history of abdominal fistula, gastrointestinal perforation, or intra-abdominal abscess, myocardial infarction, cerebrovascular accident (CVA), hospital admission for unstable angina, cardiac angioplasty, or stenting, venous thrombosis, or hemoptysis in excess of 2.5 mL.

Stratification/Descriptive Factors

Patient randomization will be stratified according to the following factors: (1) disease-free interval: ≤ 1 year vs > 1 year; and (2) number of sites of metastatic disease resected at metastatectomy: 1 vs >1.

Accrual Goals

The accrual goal for this study is 128 patients (64 per arm). Interim analyses will be performed after 31% information is attained and then every six months until full information.

Summary Statement

ECOG-ACRIN reported a total accrual of 72 patients as of June 30, 2015, including 28 SWOG registrations. The complete Spring 2015 summary of this study from ECOG-ACRIN is available on the SWOG web site.

Registration by Institution

Registrations ending June 30, 2015

Institutions	Total Reg	Institutions	Total Reg
City of Hope Med Ctr	10	Michigan, U of	1
Utah, U of	5	So Calif, U of	1
Oregon Hlth Sci Univ	4	Southeast COR NCORP	1
Kansas, U of	3	Stormont-Vail Health/Kansas, U of	1
Columbia MU-NCORP	1	**Total (10 Institutions)**	**28**
Loyola University	1		

EAY131 Master Protocol / Phase II

Coordinating Group: ECOG-ACRIN

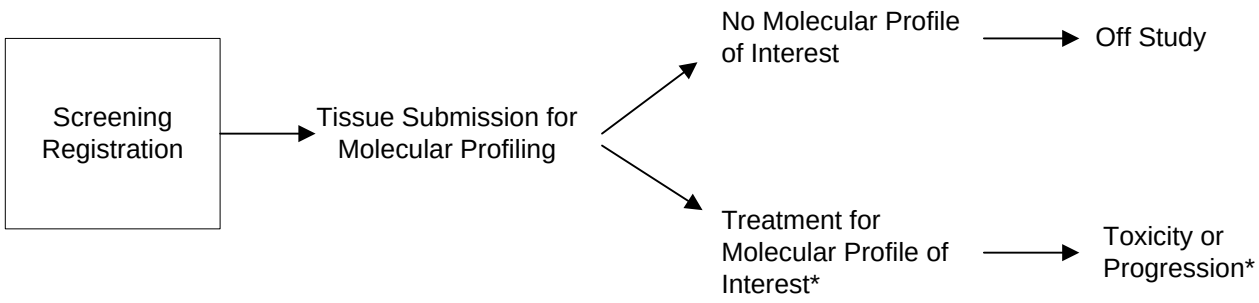
NCI-MATCH: Molecular Analysis for Therapy Choice

Participants:
ECOG-ACRIN, CTSU

Date Activated:
08/12/2015

Study Chairs:
K Flaherty (ECOG-ACRIN), P O'Dwyer (ECOG-ACRIN), A Chen (NCI), B Conley (NCI)

SCHEMA



*Upon progression or inability to tolerate protocol treatment, patients may be re-screened for additional molecular profiles of interest and corresponding protocol treatment.

Objectives

To evaluate the proportion of patients with objective response (OR) to targeted study agent (s) in patients with advanced refractory cancers/lymphomas.

To evaluate the proportion of patients alive and progression free at six months of treatment with targeted study agent in patients with advanced refractory cancers/lymphomas.

To evaluate the time until death or disease progression.

To identify potential predictive biomarkers beyond the genomic alteration by which treatment is assigned or resistance mechanisms using additional genomic, RNA and protein-based assessment platforms.

Patient Population

Patients must have histologically documented solid tumors or histologically confirmed diagnosis of lymphoma that has progressed following at least one line of standard systemic therapy and/or for whose disease no standard treatment exists that has been shown to prolong survival. Patients must have measurable disease, have tumor amenable to image guided or direct vision biopsy, and be willing and able to undergo biopsy for molecular profiling.

Patients must not currently be receiving any other investigational agents. Any prior therapy, radiotherapy (except palliative radiation therapy of 30 Gy or less), or major surgery must have been completed at least four weeks prior to treatment on

NCI-MATCH and patient must be recovered from adverse events due to prior therapy (except alopecia and lymphopenia). Palliative radiation therapy must have been completed at least two weeks prior to enrollment on a NCI-MATCH treatment subprotocol, and patient must have recovered from any adverse events of this therapy. Patients with brain metastases or primary brain tumors must have completed treatment, surgery, or radiation therapy at least four weeks prior to initial registration. Patients must not require the use of full dose coumarin-derivative anticoagulants such as warfarin. Low molecular weight heparin is permitted for prophylactic or therapeutic use.

Patients must be at least 18 years of age, have an ECOG performance status of 0 or 1 and must be able to swallow tablets. Patients must have adequate hematologic, hepatic, renal, cardiac and marrow function. HIV-positive patients are eligible provided they meet protocol criteria. Each subprotocol will have additional eligibility criteria that will be outlined in Section 2.0 of the agent-specific subprotocol.

Accrual Goals

The target screening accrual for this study is approximately 3,000 patients, with the goal of accruing 35 patients in each treatment subprotocol. If after screening 500 patients, the total number of patients with actionable tumor alteration (therefore qualifying for treatment) is below 50, results will be presented to the steering committee for consideration of terminating the trial. Within any given subprotocol, if rate of enrollment is such that it is unlikely accrual can be completed in 7.5 years, then the steering committee may consider terminating accrual in that subgroup due to lack of feasibility. An interim analysis of the assay results will be performed after biopsies from approximately the first 200 patients are processed.

Summary Statement

This study activated on August 12, 2015, with ten subprotocols included in the activation. Only sites utilizing the CIRB as their IRB of record will be able to participate in the trial.