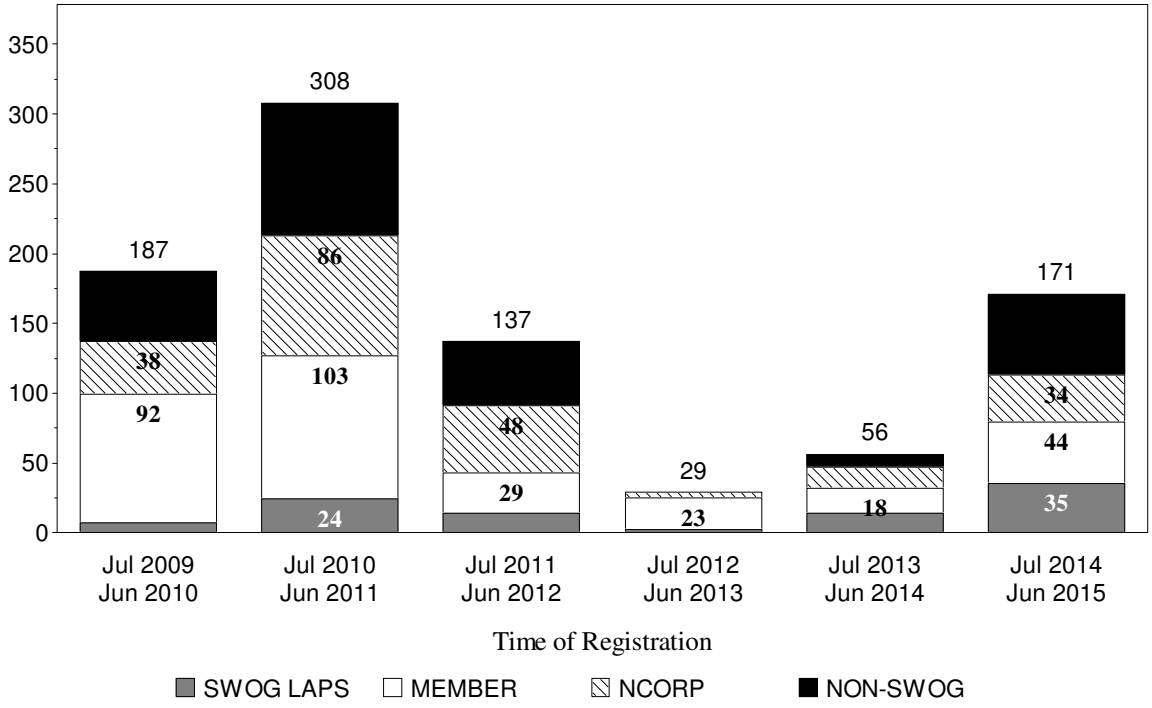
MYELOMA COMMITTEE

CONTENTS

Patient Registrations to Studies

By 12 Month Intervals
MYELOMA COMMITTEE



Screening registrations and registrations to Biologic only studies are excluded

Patient Registrations by Study and Arm

MYELOMA COMMITTEE

	Jan 2015 - Jun 2015	Jul 2014 - Dec 2014	Jan 2014 - Jun 2014	All Patients
S1211 MM, High Risk, RVD +/- ELO				
RVD/Elo Dose Level 1	0	0	0	8
RVD	19	11	5	38
RVD/Elo	15	10	6	32
	34	21	11	78
S1304 MM, relapsed/refractory, Carfilzomib+Dex				
Initial Registration				
Dex+Low Dose Carfilzomib	25	19	11	55
Dex+High Dose Carfilzomib	27	17	14	58
	52	36	25	113
Cross Over				
Dex+High Dose Carfilzomib	8	5	0	13
E1A11 MM, frontline, BLD vs CLD*				
Total Registrations	6	13	6	25
E3A06 AMM, Lenalidomide vs Observation*				
Total Registrations	5	4	5	22

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

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.

S1211 Phase I-II

Coordinating Group: SWOG

A Randomized Phase I/II Study of Optimal Induction Therapy of Bortezomib, Dexamethasone and Lenalidomide with or without Elotuzumab (NSC-764479) for Newly Diagnosed High Risk Multiple Myeloma

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

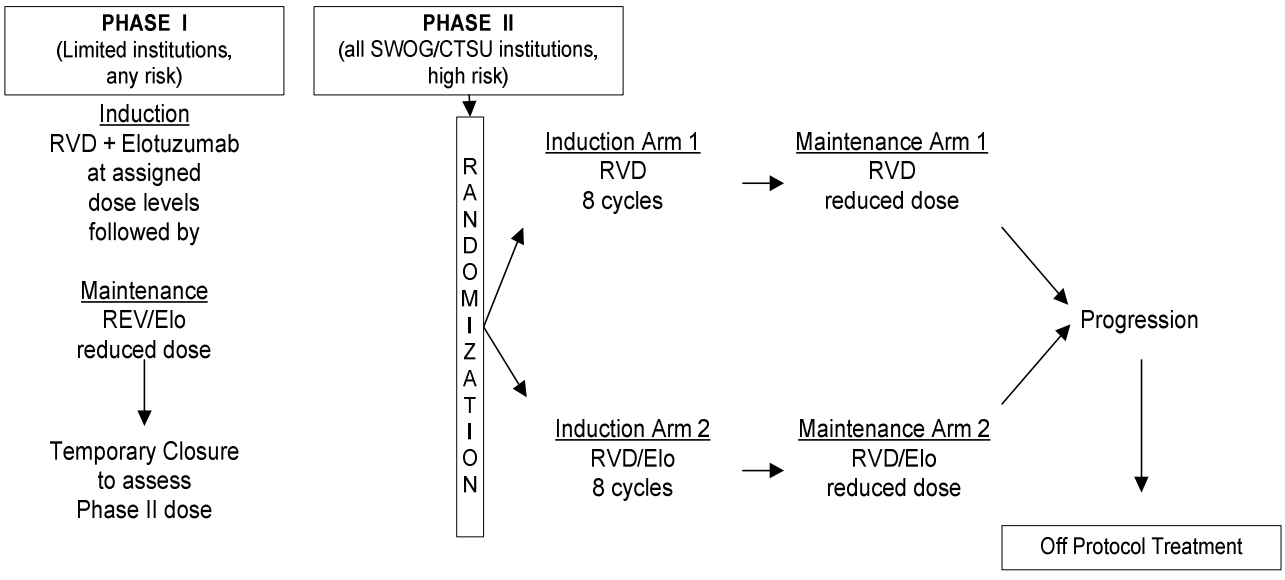
Date Activated:
10/27/2012

Study Chairs:
S Usmani, S Ailawadhi, J Shah, T Zimmerman (Alliance), N Callander (ECOG-ACRIN)

Statisticians:
R Sexton, A Hoering

Data Coordinator:
J Jardine

SCHEMA



*Patients will be enrolled into either the Phase I portion OR the Phase II portion, not both.

Objectives

Phase I Run-in

To determine the appropriate Phase II dose of elotuzumab to use in combination with lenalidomide, bortezomib and dexamethasone for patients with multiple myeloma.

Phase II Trial

To assess whether incorporation of elotuzumab into the treatment algorithm of high risk multiple myeloma will improve progression-free survival.

To estimate the frequency and severity of toxicities of this treatment strategy in this patient population.

Patient Population

Patients must have measurable, newly diagnosed active multiple myeloma. Non-secretory disease is not allowed.

For the Phase II portion, patients must be high risk by high GEP-70 genomic signature, specified FISH features, presence of plasma cell leukemia, or elevated LDH.

Patients on the Phase I portion may not have received any prior chemotherapy. Patients on the Phase II portion may have received one prior cycle of any noninvestigational chemotherapy. Patients may have received prior radiotherapy for symptomatic localized bone lesions or impending spinal cord compression only.

Patients must have adequate marrow, hepatic and renal function and must not have involvement of the central nervous system. Patients must have Zubrod performance status 0-2, must be at least 18 years of age, and must not have POEMS or clinically significant illness.

Stratification/Descriptive Factors

Patients in the Phase II portion of the study will be stratified as follows: primary plasma cell leukemia (PCL) and/or high LDH vs everyone else.

Accrual Goals

Phase I Run-In

Six patients (high or low risk) will be treated with bortezomib, lenalidomide, dexamethasone per protocol and elotuzumab at 10 mg/kg. If one or fewer patients experience a DLT this dose level of elotuzumab will be considered safe and the Phase II portion of the trial will be done using this dose level. If two or more patients experience a DLT, this dose level will be deemed too toxic and an additional six patients will be accrued and treated at a lower dose level of elotuzumab.

Phase II Trial

One hundred eligible patients will be accrued to this trial. An interim analysis for futility is planned after approximately half (32) of the total expected progressions have occurred, at approximately three years and seven months.

Summary Statement

This study opened for accrual on October 27, 2012. As of June 30, 2015, 78 patients had been enrolled to the trial. The Phase I portion of the trial is now complete and Dose Level 1 (10 mg/kg) has been established as the appropriate dose level for the Phase II portion of the trial. Phase I data will be omitted from subsequent reports.

Among the 70 patients enrolled to the Phase II portion of the trial, 38 were randomized to the RVD arm and 32 were randomized to the RVD/Elo arm. Seven patients on the RVD arm and six patients on the RVE/Elo arm are ineligible due to the following reasons: missing, insufficient, or early or late baseline labs (8), prior therapy not completed at least 56 days prior to registration (2), criteria for measurable disease not met (2), and criteria for high risk not met (1). There has been one major protocol deviation: a patient on the RVD/Elo arm withdrew from the study prior to receiving any treatment. This patient is not evaluable for adverse events.

Four of the 27 patients on the RVD arm and three of the 23 patients on the RVD/Elo arm who have been assessed for toxicities have experienced Grade 4 adverse events as maximum degree. The non-hematologic Grade 4 adverse events reported were

thromboembolic event (2) on the RVD arm and infusion-related reaction (1) on the RVD/Elo arm. No treatment-related deaths have been reported.

Registration by Institution

Registrations ending June 30, 2015

Institutions	Total Reg	Institutions	Total Reg
ECOG-ACRIN	11	Wayne State Univ	3
Carolinas Med Ctr/San Antonio, U of TX	8	Heartland NCORP	2
Cleveland Clinic OH	8	NRG	2
Kansas, U of	8	So Calif, U of	2
MD Anderson CC	8	Southeast COR NCORP	2
City of Hope Med Ctr	5	Columbus NCORP	1
Alliance	4	CRC West MI NCORP	1
Michigan CRC NCORP	4	Loyola University	1
Providence Hosp	4	**Total (18 Institutions)**	**78**
Rochester, Univ of	4		

Registration, Eligibility, and Evaluability

Registrations ending June 30, 2015; Data as of July 21, 2015

	TOTAL	Phase I	RVD	RVD/Elo
NUMBER REGISTERED	78	8	38	32
INELIGIBLE	15	2	7	6
Insufficient Documentation	10	2	3	5
Irreversible	10	2	3	5
ELIGIBLE	63	6	31	26
Analyzable, Pend. Elig.	7	0	5	2
Not Analyzable	1	1	0	0
RESPONSE ASSESSMENT				
Determinable	36	5	16	15
Not Determinable	1	0	0	1
Too Early	25	0	15	10
ADVERSE EVENT ASSESSMENT				
Evaluable	55	5	27	23
Not Evaluable	1	0	0	1
Too Early	6	0	4	2

Patient Characteristics

Registrations ending June 30, 2015; Data as of July 21, 2015

	Phase I (n=5)		RVD (n=31)		RVD/Elo (n=26)	
AGE						
Median	66.9		63.2		61.6	
Minimum	56.1		36.2		40.0	
Maximum	79.3		83.6		76.4	
SEX						
Males	2	40%	17	55%	16	62%
Females	3	60%	14	45%	10	38%
HISPANIC						
Yes	0	0%	1	3%	2	8%
No	5	100%	28	90%	23	88%
Unknown	0	0%	2	6%	1	4%
RACE						
White	2	40%	25	81%	19	73%
Black	1	20%	6	19%	5	19%
Unknown	2	40%	0	0%	2	8%
PCL AND/OR HIGH LDH						
Yes	0	0%	6	19%	4	15%
No	5	100%	25	81%	22	85%

Treatment Summary

Classified by phase

Registrations ending June 30, 2015; Data as of July 21, 2015

	TOTAL	Phase I	Phase II
NUMBER ON PROTOCOL TREATMENT	43	3	40
NUMBER OFF PROTOCOL TREATMENT	19	2	17
REASON OFF TREATMENT			
Treatment completed as planned	1	0	1
Adverse Event or side effects	7	0	7
Refusal unrelated to adverse event	1	0	1
Progression/relapse	5	0	5
Death	0	0	0
Other - not protocol specified	4	2	2
Reason under review	1	0	1
MAJOR PROTOCOL DEVIATIONS	1	0	1

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

Classified by arm

Phase II patients only

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 21, 2015

	RVD (n=27) Grade						RVD/Elo (n=23) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**	**0**	**1**	**2**	**3**	**4**	**5**
ALT increased	24	3	0	0	0	0	19	3	0	1	0	0
AST increased	25	2	0	0	0	0	21	1	0	1	0	0
Anemia	15	2	8	2	0	0	16	3	3	1	0	0
Bone pain	27	0	0	0	0	0	21	0	1	1	0	0
Diarrhea	20	4	0	3	0	0	18	4	0	1	0	0
Dyspnea	22	3	2	0	0	0	20	1	1	1	0	0
Edema limbs	18	6	2	1	0	0	12	8	3	0	0	0
Encephalopathy	26	0	0	1	0	0	23	0	0	0	0	0
Fall	25	1	0	1	0	0	23	0	0	0	0	0
Fatigue	15	4	6	2	0	0	9	9	3	2	0	0
Fracture	27	0	0	0	0	0	22	0	0	1	0	0
Generalized muscle weakness	24	1	2	0	0	0	15	5	2	1	0	0
Hyperglycemia	26	0	0	1	0	0	17	3	2	1	0	0
Hyperkalemia	25	1	0	1	0	0	21	1	1	0	0	0
Hypokalemia	24	2	1	0	0	0	20	0	1	2	0	0
Hyponatremia	25	0	0	2	0	0	19	4	0	0	0	0
Infections/infestations-Other	25	0	1	1	0	0	23	0	0	0	0	0
Infusion related reaction	27	0	0	0	0	0	21	0	0	1	1	0
Insomnia	23	4	0	0	0	0	15	4	3	1	0	0
Lymphocyte count decreased	18	3	3	2	1	0	14	2	3	4	0	0
Muscle weakness lower limb	25	0	1	1	0	0	21	1	1	0	0	0
Neutrophil count decreased	17	2	3	4	1	0	18	3	1	1	0	0
Peripheral motor neuropathy	27	0	0	0	0	0	17	2	2	2	0	0
Peripheral sensory neuropathy	15	10	1	1	0	0	8	8	6	1	0	0
Platelet count decreased	16	6	1	3	1	0	11	6	1	3	2	0
Rash maculo-papular	23	3	1	0	0	0	19	2	1	1	0	0
Resp/thoracic/mediastinal ds	27	0	0	0	0	0	22	0	0	1	0	0
Skin infection	26	1	0	0	0	0	22	0	0	1	0	0
Thromboembolic event	25	0	0	0	2	0	22	0	1	0	0	0
Urinary tract infection	26	0	0	1	0	0	23	0	0	0	0	0
White blood cell decreased	19	1	5	1	1	0	17	3	2	1	0	0
MAX. GRADE ANY ADVERSE EVENT	1	1	13	8	4	0	1	1	7	11	3	0

S1304 Phase II

Coordinating Group: SWOG

A Phase II Randomized Study Comparing Two Doses of Carfilzomib (NSC-756640) with Dexamethasone for Multiple Myeloma Patients with Relapsed or Refractory Disease

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

Date Activated:
10/18/2013

Study Chairs:
S Ailawadhi, M Abidi, S Lentzsch, P Voorhees (Alliance), A Cohen (ECOG-ACRIN)

Statisticians:
R Sexton, A Hoering

Data Coordinator:
J Jardine

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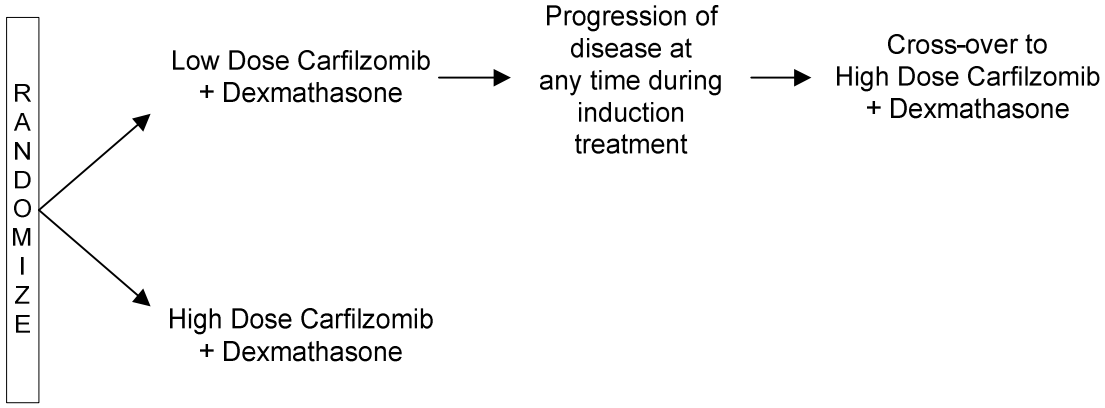


Objectives

To evaluate and compare progression free survival of two different doses of carfilzomib with dexamethasone in multiple myeloma (MM) patients with relapsed or refractory disease.

To evaluate and compare response rates for each arm.

To evaluate response rates for patients that relapse on low dose carfilzomib and subsequently cross-over to high dose carfilzomib.

To evaluate the safety of this combination for this patient population.

To evaluate overall survival.

To explore the molecular variability in MM cells obtained from extramedullary bone marrow relapse sites.

To explore the role of PET scanning in assessing disease burden and as a tool to assess treatment response.

To explore changes in left ventricular ejection fraction in patients with relapsed or refractory multiple myeloma treated with low dose carfilzomib or high dose carfilzomib plus dexamethasone.

Patient Population

Patients must have a confirmed diagnosis of symptomatic myeloma and must be relapsed or refractory. Patients must have measurable disease, must have had a least one, but no more than six prior regimens of therapy for the disease, may not have received any prior carfilzomib and must not be receiving any other concurrent investigational therapy. Patients with non-secretory MM or known amyloidosis are ineligible.

Patients must discontinue specified therapies within 28 days prior to registration.

Patients must be 18 years of age. Patients must have a complete physical, PET scan, ECHO, EKG, and a skeletal survey. Patients must have a Zubrod performance status between 0 and 2, must not have any clinically significant illness or any significant neuropathies, and must have adequate liver and marrow function and creatinine clearance.

Stratification/Descriptive Factors

Patients will be stratified by the following factors: (1) one to three prior therapies vs four to six prior therapies; and (2) refractory to bortezomib vs not refractory to bortezomib.

Accrual Goals

A total of 126 eligible patients will be enrolled. One interim analysis is planned for when one half of the total expected events have occurred, at approximately one year and eight months.

Summary Statement

This study was activated on October 18, 2013. As of June 30, 2015, 113 patients, 55 randomized to low dose carfilzomib (LDC) and 58 randomized to high dose carfilzomib (HDC), had been enrolled to the trial. Seven patients randomized to LDC and 12 patients randomized to HDC were ineligible for the following reasons: missing, insufficient, early or late baseline labs (14), multiple myeloma diagnosis not confirmed (3), criteria for measurable disease not met (1), prior therapy completed less than 28 days prior to registration (1). There has been one major protocol deviation: a patient randomized to HDC withdrew from the study prior to receiving protocol treatment. This patient is not evaluable for adverse events.

Three treatment-related deaths have been reported: two patients, one on each arm, died due to sepsis, and one patient on the LDC arm died due to causes not otherwise specified (Death NOS). Four of the 42 patients assessed for toxicity on the LDC arm and three of the 42 patients assessed for toxicity on the HDC arm experienced Grade 4 adverse events as maximum grade. The non-hematologic Grade 4 adverse events observed were cardiac arrest (1), increased creatinine (1), respiratory failure (1), and restrictive cardiomyopathy (1) on the LDC arm and acute respiratory distress syndrome (1), acute kidney injury (1), hypocalcemia (1) and stroke (1) on the HDC arm.

Fourteen patients had registered to the Crossover HDC arm (C-HDC), three of whom were ineligible for the following reasons: missing, insufficient, early or late baseline labs (1), patient did not progress on initial study treatment (1), crossover occurred less than 14 days after last dose of initial study treatment (1).

Among the 6 patients assessed for toxicity on C-HDC arm, 3 patients experienced Grade 4 adverse events, including the following non-hematologic adverse events: atrial flutter (1), lung infection (1), and sepsis (1).

Registration by Institution

Registrations ending June 30, 2015

Institutions	Total Reg	Institutions	Total Reg
Alliance	26	Heartland NCORP	2
ECOG-ACRIN	17	KaiserPermanenteSCAL/Kaiser Vallejo NCORP	2
So Calif, U of	15	Yale University	2
MD Anderson CC	7	Boston MC MBCCOP	1
NRG	7	Boston Medical Ctr	1
Michigan CRC NCORP	6	Lahey Hosp & Med Ctr	1
Kaiser Vallejo NCORP	5	Montana NCORP	1
Florida, Univ of/Yale University	4	Nevada CRF NCORP	1
Loyola University	4	Northwest NCORP	1
Providence Hosp	3	Oklahoma, Univ of	1
Southeast COR NCORP	3	Ozarks NCORP	1
Davis, U of CA	2	**Total (23 Institutions)**	**113**

Registration, Eligibility, and Evaluability

Classified by arm

Registrations ending June 30, 2015; Data as of July 21, 2015

	TOTAL	Dex+Low Dose Carfilzomib	Dex+High Dose Carfilzomib
NUMBER REGISTERED	113	55	58
INELIGIBLE	19	7	12
Insufficient Documentation	14	6	8
Irreversible	14	6	8
ELIGIBLE	94	48	46
Analyzable, Pend. Elig.	14	7	7
RESPONSE ASSESSMENT			
Determinable	48	25	23
Not Determinable	6	2	4
Too Early	40	21	19
ADVERSE EVENT ASSESSMENT			
Evaluable	84	42	42
Not Evaluable	1	0	1
Too Early	9	6	3

Patient Characteristics

Classified by arm

Registrations ending June 30, 2015; Data as of July 21, 2015

	Dex+Low Dose Carfilzomib (n=48)		Dex+High Dose Carfilzomib (n=46)	
AGE				
Median	64.7		66.4	
Minimum	43.4		46.9	
Maximum	90.0		81.9	
SEX				
Males	24	50%	28	61%
Females	24	50%	18	39%
HISPANIC				
Yes	8	17%	7	15%
No	36	75%	33	72%
Unknown	4	8%	6	13%
RACE				
White	37	77%	33	72%
Black	10	21%	10	22%
Asian	1	2%	1	2%
Unknown	0	0%	2	4%
PRIOR THERAPIES				
1-3	38	79%	36	78%
4-6	10	21%	10	22%
REFRACTORY TO BORTEZOMIB				
Yes	22	46%	23	50%
No	26	54%	23	50%

Treatment Summary

Registrations ending June 30, 2015; Data as of July 21, 2015

	Total
NUMBER ON PROTOCOL TREATMENT	40
NUMBER OFF PROTOCOL TREATMENT	54
REASON OFF TREATMENT	
Treatment completed as planned	5
Adverse Event or side effects	14
Refusal unrelated to adverse event	2
Progression/relapse	23
Death	2
Other - not protocol specified	5
Reason under review	3
MAJOR PROTOCOL DEVIATIONS	1

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

Classified by arm

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 21, 2015

	Dex+Low Dose Carfilzomib (n=42) Grade						Dex+High Dose Carfilzomib (n=42) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**	**0**	**1**	**2**	**3**	**4**	**5**
ARDS	42	0	0	0	0	0	39	0	0	2	1	0
Abdominal pain	40	1	1	0	0	0	39	2	0	1	0	0
Acute kidney injury	41	0	0	1	0	0	40	0	1	0	1	0
Anemia	28	4	4	5	1	0	23	6	7	6	0	0
Anorexia	37	2	3	0	0	0	35	4	2	1	0	0
Blurred vision	39	2	0	1	0	0	36	6	0	0	0	0
Cardiac arrest	41	0	0	0	1	0	42	0	0	0	0	0
Chest pain - cardiac	41	0	0	1	0	0	42	0	0	0	0	0
Confusion	42	0	0	0	0	0	41	0	0	1	0	0
Creatinine increased	37	0	3	1	1	0	39	1	1	1	0	0
Death NOS	42	0	0	0	0	0	40	0	0	0	0	2
Dehydration	40	0	1	1	0	0	40	0	2	0	0	0
Delusions	42	0	0	0	0	0	41	0	0	1	0	0
Diarrhea	35	6	1	0	0	0	33	3	5	1	0	0
Dyspnea	34	3	4	1	0	0	30	7	2	3	0	0
Edema limbs	35	3	3	1	0	0	38	3	1	0	0	0
Ejection fraction decreased	40	0	0	2	0	0	42	0	0	0	0	0
Fatigue	24	6	12	0	0	0	22	13	4	3	0	0
Febrile neutropenia	42	0	0	0	0	0	41	0	0	1	0	0

	Dex+Low Dose Carfilzomib (n=42) Grade						Dex+High Dose Carfilzomib (n=42) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**	**0**	**1**	**2**	**3**	**4**	**5**
Glaucoma	41	0	0	1	0	0	42	0	0	0	0	0
Heart failure	41	0	1	0	0	0	40	0	0	2	0	0
Hyperglycemia	38	3	1	0	0	0	34	6	0	2	0	0
Hypertension	36	3	1	2	0	0	37	1	3	1	0	0
Hypocalcemia	41	0	1	0	0	0	39	0	2	0	1	0
Hypokalemia	37	4	0	1	0	0	40	2	0	0	0	0
Hyponatremia	41	1	0	0	0	0	39	1	0	2	0	0
Hypotension	41	0	0	1	0	0	41	1	0	0	0	0
Hypoxia	42	0	0	0	0	0	41	0	0	1	0	0
Infections/infestations-Other	40	0	1	1	0	0	39	0	2	1	0	0
Investigations-Other, specify	41	0	0	1	0	0	42	0	0	0	0	0
LV systolic dysfunction	41	0	0	1	0	0	42	0	0	0	0	0
Lung infection	41	0	0	1	0	0	38	0	0	4	0	0
Lymphocyte count decreased	34	4	2	2	0	0	34	3	2	3	0	0
Lymphocyte count increased	41	0	0	1	0	0	42	0	0	0	0	0
Nausea	31	7	3	1	0	0	33	8	1	0	0	0
Neutrophil count decreased	37	5	0	0	0	0	36	4	1	0	1	0
Platelet count decreased	27	10	2	1	2	0	23	7	3	7	2	0
Respiratory failure	41	0	0	0	1	0	42	0	0	0	0	0
Restrictive cardiomyopathy	40	0	0	1	1	0	42	0	0	0	0	0
Sepsis	41	0	0	0	0	1	41	0	0	0	0	1
Stroke	42	0	0	0	0	0	41	0	0	0	1	0
Vomiting	34	4	3	1	0	0	40	1	1	0	0	0
White blood cell decreased	33	6	3	0	0	0	28	7	5	2	0	0
MAX. GRADE ANY ADVERSE EVENT	3	10	12	12	4	1	4	8	10	15	3	2

Registration, Eligibility, and Evaluability

Cross Over

Registrations ending June 30, 2015; Data as of July 21, 2015

	Crossover
NUMBER REGISTERED	14
INELIGIBLE	3
Insufficient Documentation	1
Irreversible	1
ELIGIBLE	11
Analyzable, Pend. Elig.	4
RESPONSE ASSESSMENT	
Determinable	2
Not Determinable	2
Too Early	7
ADVERSE EVENT ASSESSMENT	
Evaluable	6
Too Early	5

Patient Characteristics

Cross Over

Registrations ending June 30, 2015; Data as of July 21, 2015

	Crossover (n=11)	
AGE		
Median	65.2	
Minimum	53.0	
Maximum	73.7	
SEX		
Males	7	64%
Females	4	36%
HISPANIC		
Yes	1	9%
No	9	82%
Unknown	1	9%
RACE		
White	8	73%
Black	3	27%

Treatment Summary

Cross Over

Registrations ending June 30, 2015; Data as of July 21, 2015

	Crossover
NUMBER ON PROTOCOL TREATMENT	6
NUMBER OFF PROTOCOL TREATMENT	5
REASON OFF TREATMENT	
Treatment completed as planned	0
Adverse Event or side effects	4
Refusal unrelated to adverse event	0
Progression/relapse	1
Death	0
Other - not protocol specified	0
Reason under review	0
MAJOR PROTOCOL DEVIATIONS	0

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

Cross Over

Adverse Events Unlikely or Not Related to Treatment Excluded

Registrations ending June 30, 2015; Data as of July 21, 2015

	Crossover (n=6) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**
Alkaline phosphatase increased	5	1	0	0	0	0
Anemia	1	2	0	3	0	0
Atrial flutter	5	0	0	0	1	0
Creatinine increased	5	1	0	0	0	0
Dyspnea	4	2	0	0	0	0
Fatigue	3	3	0	0	0	0
Generalized muscle weakness	5	0	1	0	0	0
Lung infection	5	0	0	0	1	0
Lymphocyte count decreased	4	1	0	1	0	0
Nausea	4	2	0	0	0	0
Platelet count decreased	3	0	1	1	1	0
Sepsis	5	0	0	0	1	0
Supraventricular tachycardia	5	0	0	1	0	0
White blood cell decreased	4	2	0	0	0	0
MAX. GRADE ANY ADVERSE EVENT	0	1	0	2	3	0

E1A11 Phase III SWOG Supported CTSU Study

Coordinating Group: ECOG-ACRIN

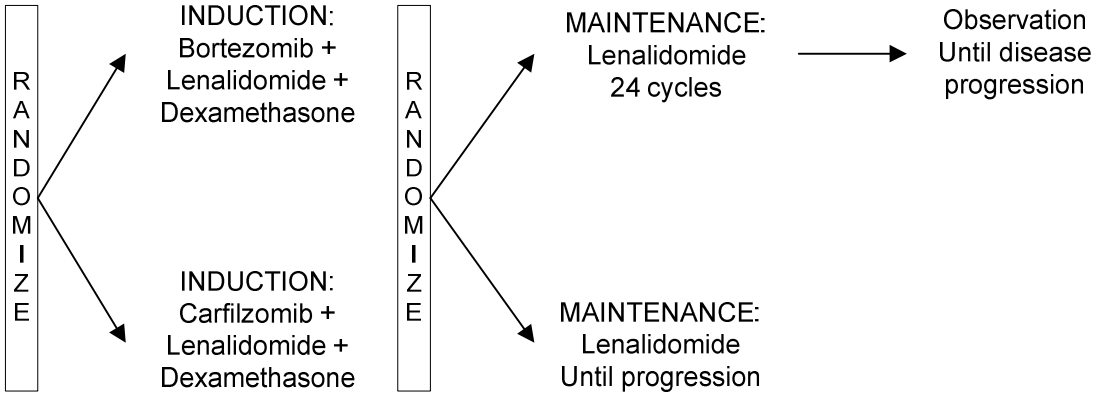
Randomized Phase III Trial of Bortezomib, LENalidomide and Dexamethasone (VRd) Versus Carfilzomib, Lenalidomide and Dexamethasone (CRd) Followed by Limited or Indefinite DURation Lenalidomide MaintenANCE in Patients with Newly Diagnosed Symptomatic Multiple Myeloma (ENDURANCE)

Participants:
ECOG-ACRIN, CTSU

Date Activated:
11/22/2013

Study Chairs:
S Kumar (ECOG-ACRIN), A Cohen (ECOG-ACRIN), J Zonder (SWOG)

SCHEMA



Objectives

To compare overall survival with the two different lenalidomide maintenance strategies

To compare the progression-free survival and safety of each lenalidomide maintenance approach

To compare the progression-free survival between induction treatments

To compare rates of response, duration of response, time to progression, overall survival, and safety of the induction therapies

Patient Population

Patients must have been diagnosed with symptomatic standard-risk multiple myeloma within the last 90 days and have measurable or evaluable disease.

Patients must not have received lenalidomide, bortezomib, or carfilzomib for the treatment of symptomatic myeloma.

Patients must be at least 18 years of age with an ECOG performance status of 0-2, although 3 is allowed if it is secondary to pain. Patients must have adequate hepatic, renal and hematologic function. Prior malignancies are allowed if treated with curative intent that does not require active therapy. Gluticorticoid use is restricted following registration. Patients must use effective contraception.

Stratification/Descriptive Factors

At registration to induction therapy, patient randomization will be stratified by intent to stem cell transplant at progression: yes vs no. At registration to maintenance therapy, patient randomization will be stratified by induction treatment: Arm A vs Arm B.

Accrual Goals

Seven hundred fifty-six patients will be accrued to this study.

Summary Statement

ECOG-ACRIN reported that 222 patients had registered to this study as of June 30, 2015, including 25 from SWOG institutions. 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
Beaumont NCORP	3	Hawaii MU-NCORP	1
KaiserPermanenteCOL/Kaiser Vallejo NCORP	3	Kaiser Vallejo NCORP	1
Montana NCORP	3	Ozarks NCORP	1
Providence Hosp	3	Sacred Heart Hosp/Arkansas, U of	1
Wayne State Univ	3	Southeast COR NCORP	1
Sutter Cancer RC	2	St Jude Medical Ctr/Irvine, U of CA	1
Baylor College	1	**Total (14 Institutions)**	**25**
Dayton NCORP	1		

E3A06 Phase III SWOG Supported CTSU Study

Coordinating Group: ECOG-ACRIN

Randomized Phase III Trial of Lenalidomide versus Observation Alone in Patients with Asymptomatic Smoldering Multiple Myeloma

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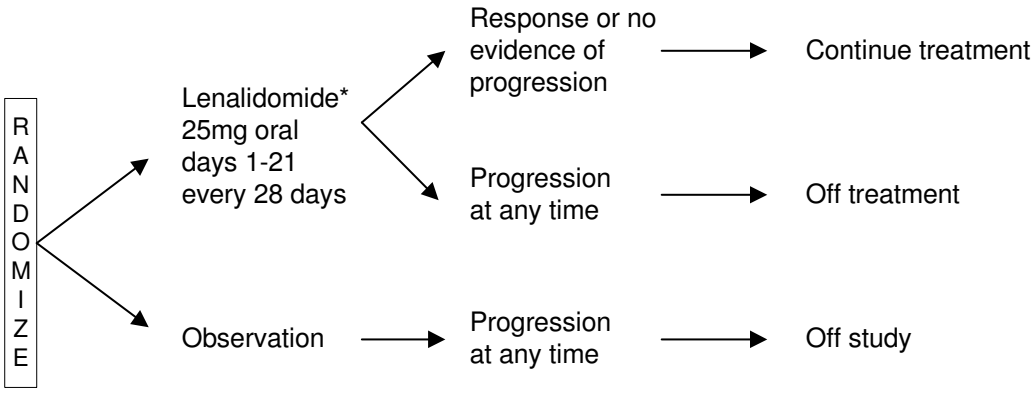
Participants:
ECOG-ACRIN, CTSU

Date Activated:
02/01/2011

Study Chairs:
S Lonial (ECOG-ACRIN), M Dhodapkar (SWOG)

SCHEMA



*Mobilize stem cells following 4 cycles of therapy

Objectives

To compare progression-free survival (where failure is defined as death or the development of symptomatic multiple myeloma requiring therapy) between patients treated with lenalidomide versus observation alone in asymptomatic, smoldering/indolent multiple myeloma.

To compare the response rate, time to progression, one-year progression-free survival rate, duration of response, and overall survival between patients randomized to receive lenalidomide therapy versus observation alone for early-stage multiple myeloma.

To study the effects of lenalidomide on laboratory markers of immune function, evaluate the effect of IgH translocations, and gene expression profiling as predictors of response and risk of progression, and to study the prognostic value of MRI-detected asymptomatic bone disease on outcome.

To evaluate immune function as measured by SOX-2 and correlate to progression-free survival.

Patient Population

Patients must have previously untreated asymptomatic MM diagnosed within one year prior to registration. Patients with smoldering multiple

myeloma (SMM) are eligible. Patients with MGUS are not eligible.

Patients must have received no prior therapy for myeloma or SMM. Prior radiation therapy for the treatment of solitary plasmacytoma is permitted, but more than three months must have elapsed from the last day of radiation.

Patients must be 18 years of age or older. Patients must have an ECOG performance status between 0 and 2 and must not have Grade 2 or higher peripheral neuropathy or active, uncontrolled infection. Patients must not have baseline bone lesions or plasmacytomas.

Accrual Goals

Three hundred thirty-six patients will be randomized with equal allocation to lenalidomide versus observation.

Summary Statement

ECOG-ACRIN reported that 137 patients had registered to this study as of June 30, 2015, including 22 from SWOG institutions. 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
Kansas, U of	9	Prov Portland MC/PCRC NCORP	1
Greenville NCORP	6	Providence Hosp	1
Irvine, U of CA	1	Tennessee, U of	1
Montana NCORP	1	Tulane Univ MBCCOP	1
Ozarks NCORP	1	**Total (9 Institutions)**	**22**