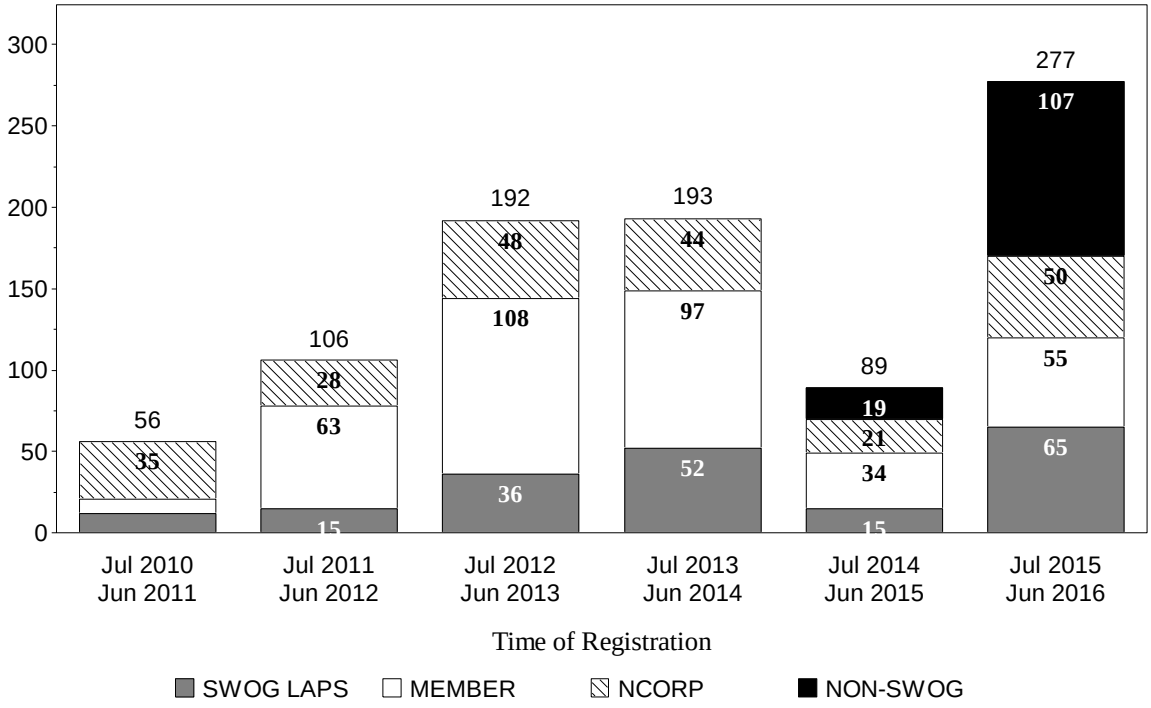
MELANOMA COMMITTEE

CONTENTS

Patient Registrations to Studies

By 12 Month Intervals
MELANOMA COMMITTEE



Screening registrations and registrations to Biologic only studies are excluded

Patient Registrations by Study and Arm

MELANOMA COMMITTEE

	Jan 2016 Jun 2016	Jul 2015 Dec 2015	Jan 2015 Jun 2015	All Patients
S1221 Adv, Dabrafenib + Trametinib + GSK2141795				
Initial Registration				
Dabrafenib/GSK2141795 50mg	0	0	0	3
Dabrafenib/GSK2141795 75mg	0	2	0	9
Dabrafenib + Trametinib 1.5mg + G SK2141795 25mg	0	0	4	4
Dabrafenib + Trametinib 1.5mg + G SK2141795 50mg	0	3	0	3
Dabrafenib + Trametinib 1.5mg + G SK2141795 75mg	0	3	0	3
Dabrafenib + Trametinib 2mg + G SK2141795 75mg	3	0	0	3
	3	8	4	25
S1320 Adv, BRAF mut, Intermittent vs Continuous Dabrafenib + Trametinib				
Lead-in Continuous Dosing	15	42	39	102
Randomization				
Continuous Dosing	5	23	13	41
Intermittent Dosing	7	20	13	41
	12	43	26	82
S1404 Adj, HD-IFN/Ipilimumab vs MK-3475				
Tissue Submission				
Tissue for PD-L1 testing	237	8	0	245
Randomization				
FDA approved regimen	97	2	0	99
MK-3475 (Pembrolizumab)	95	2	0	97
	192	4	0	196
E2607 Adv, Dasatinib in KIT+ Patients*				
Total Registrations	0	1	0	5
E3612 Adv, Ipilimumab ± Bevacizumab*				
Total Registrations	0	1	3	4
EA6134 Adv, BRAF mut, Dabrafenib/Trametinib => Ipilimumab/Nivolumab vs Ipilimumab/Nivolumab => Dabrafenib/Trametinib				
Total Registrations	5	2	0	7

	Jan 2016 Jun 2016	Jul 2015 Dec 2015	Jan 2015 Jun 2015	All Patients
EA6141 Adv, Nivolumab + Ipilimumab ± GM-CSF*				
Total Registrations	4	0	0	4

* 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

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Study Chairs:
S Ramsey, D Hershman

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.

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 3,061 patients will be accrued to achieve 3,000 eligible patients.

Summary Statement

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

S1221 Phase I-II

Phase I/II Study of the Safety and Efficacy of the AKT Inhibitor GSK2141795 in Combination with Dabrafenib and Trametinib in Patients with BRAF Mutant Cancer

Study Chairs:
A Ribas, A Algazi, B Chmielowski, R Lo

Statisticians:
J Moon, M Othus

Data Coordinator:
J Barrett

Date Activated:
07/12/2013

Objectives

Phase I Portion:

The Phase I portion will be performed in two parts. Part 1 will investigate the doublet combination of dabrafenib and GSK2141795. Part 2 will investigate the triplet combination of dabrafenib, trametinib and GSK2141795.

Part 1:

To assess the safety of dabrafenib in combination with GSK2141795 and select the optimal dose of GSK2141795 for the Phase II portion in patients with BRAF mutant cancer.

To explore potential drug interactions between dabrafenib and GSK2141795 via pharmacokinetic sampling of patients enrolled on the Phase I portion.

Part 2:

To assess the safety of dabrafenib and trametinib in combination with GSK2141795 and select the optimal dose of the combination for the Phase II portion in patients with BRAF mutant cancer.

To explore potential drug interactions between dabrafenib, trametinib and GSK2141795 via pharmacokinetic sampling of patients enrolled on the Phase I portion.

Phase II Portion:

The Phase II portion will only investigate the triplet combination of dabrafenib, trametinib and GSK2141795.

To evaluate the objective response rate (confirmed and unconfirmed complete and partial responses) in patients with Stage IV or unresectable Stage III $BRAF^{v600}$ mutant metastatic melanoma who have who have acquired resistance to BRAF inhibitor-based therapy treated with the triplet combination of dabrafenib, trametinib and GSK2141795

To estimate overall survival and progression-free survival.

To assess the toxicity profile of the recommended Phase II dose.

To explore the molecular mechanisms of acquired resistance to BRAF inhibitor therapy in patients with $BRAF^{v600}$ mutant metastatic melanoma.

Patient Population
Phase I portion:

Patients may have any type of locally advanced unresectable Stage IIIC or Stage IV cancer, irrespective of the histology or prior therapy. Patients may have measurable or non-measurable disease. Patients with melanoma must have a serum LDH performed at baseline.

Patients must have a Zubrod performance status ≤ 1.

Phase II portion:

Patients must have histologically confirmed melanoma that is Stage IIIC or Stage IV. Patients must have a serum LDH performed at baseline and must have measurable disease.

Patients must have a Zubrod performance status ≤ 2.

All Patients:

Patients must have $BRAF^{V600}$ mutant metastatic cancer documented by a CLIA-certified laboratory. All patients must have a CT or MRI of the brain. Patients with brain metastases are eligible only if they are asymptomatic or they have been previously treated and are stable (i.e. not requiring corticosteroids).

Patients may have received prior systemic therapy (chemotherapy, immunotherapy, biologic therapy, or combination regimens), surgery, or radiation therapy. Patients must have either progressed on a single agent BRAF inhibitor or BRAF inhibitor plus MEK inhibitor therapy.

Patients must have adequate hematologic, hepatic, renal, cardiac and ocular function. Patients must be able to retain oral medication. Patients who have feeding tubes must be able to take whole capsules without modifying them. Patients must not have an active Hepatitis B or Hepatitis C infection. Patients requiring therapeutic anticoagulation must have approval from physician to use therapeutic dosing of warfarin and they must have close monitoring of PT/INR during the trial. Patients must not be receiving any medications or substances that are strong inhibitors or inducers of CYP3A or CYP2C8 or P-glycoprotein (Pgp) or breast cancer resistance protein 1 (Bcrp1), or using herbal remedies. Patients must be able to swallow capsules and not have any history of allergic reactions to compounds of similar chemical or biologic composition to dabrafenib or GSK2141795. Patients with HIV are eligible if they are not on antiviral agents and have adequate CD4 counts. Women of childbearing potential must have a negative pregnancy test within 14 days prior to registration.

Patients must have available and must be willing to submit blood and tissue samples as outlined in the protocol.

Stratification/Descriptive Factors
Patients enrolled on the Phase I portion can be enrolled on the doublet regimen (dabrafenib and GSK2141795) or the triplet regimen (dabrafenib, trametinib and GSK2141795). Patients with melanoma are encouraged to be enrolled on the triplet regimen.

Accrual Goals
The study will be conducted in two sequential parts. Patients enrolled to the Phase I portion will not be included in the analysis of the Phase II portion.

Both the doublet regimen and the triplet regimen will be investigated during the Phase I portion. Within each stratum, patient enrollment will follow the traditional "3+3" algorithm until the MTD for GSK2141795 is reached or the highest dose tested is judged tolerable. At least six patients will be evaluated at the recommended dose within each stratum.

Only the triplet regimen will be investigated in the Phase II portion. A two-stage design will be used. Initially, ten eligible patients will be registered. If at least two responses are observed, an additional 23 eligible patients will be registered.

Summary Statement
Doublet Regimen:

The Phase I portion of this trial investigating the two drug combination of GSK2141795 + dabrafenib was activated on July 1, 2013. The first cohort of three patients treated at the dose level of 50 mg GSK2141795 has been completed. No dose limiting toxicities (DLT) were observed. Therefore, per protocol, the second cohort of patients to be treated at the dose level of 75 mg GSK2141795 was opened to accrual on February 3, 2014.

As of June 30, 2016, nine patients have been enrolled to the cohort investigating the two drug combination

of dabrafenib and GSK2141795 at the dose level of 75 mg. One patient is currently ineligible, due uncontrolled hypertension. In addition, three eligible patients did not receive any protocol treatment and are not evaluable for any of the study endpoints. Of the remaining five patients, one did not meet the protocol-specified criteria to be considered evaluable for DLTs and will need to be replaced, per protocol. As of July 1, 2016, there have been no DLTs reported for the first four evaluable patients on the 75 mg cohort. This cohort will continue until six patients evaluable for DLTs have been enrolled.

Triplet Regimen:

The Phase I portion of this trial investigating the three drug combination of GSK2141795 + dabrafenib + trametinib was activated on February 13, 2015. The first cohort of patients treated at the dose level of 1.5 mg of trametinib and 25 mg of GSK2141795 has been completed. One of these patients did not meet the protocol-specified criteria to be considered evaluable for DLTs and was replaced. No DLT were observed among the three evaluable patients. Therefore, per protocol, the second cohort of patients to be treated at the dose level of 1.5 mg trametinib and 50 mg GSK2141795 was opened to accrual on August 28, 2015.

The second cohort of three patients treated at the dose level of 1.5 mg trametinib and 50 mg GSK2141795 has been completed. No dose limiting toxicities (DLT) were observed. Therefore, per protocol, the third cohort of patients to be treated at the dose level of 1.5 mg trametinib and 75 mg GSK2141795 was opened to accrual on December 15, 2015.

The third cohort of three patients treated at the dose level of 1.5 mg trametinib and 75 mg GSK2141795 has been completed. No dose limiting toxicities (DLT) were observed. Therefore, per protocol, the fourth cohort of patients to be treated at the dose level of 2.0 mg trametinib and 75 mg GSK2141795 was opened to accrual on April 15, 2016.

As of June 30, 2016, three patients have been enrolled to the fourth cohort. This cohort is temporarily closed to accrual while toxicity data is being assessed.

Registration by Institution

Registrations ending June 30, 2016

Institutions	Total Reg
Colorado, U of	5
Los Angeles, U of CA	5
Michigan, U of	5
Ohio State Univ	5
Prov Portland MC/PCRC NCORP	2
Sutter Cancer RC	2
San Francisco, U-CA	1
Total (7 Institutions)	**25**

Registration, Eligibility, and Evaluability

Patients Enrolled on the Doublet Regimen

Registrations ending June 30, 2016; Data as of July 1, 2016

	TOTAL	Dabrafenib + GSK2141795 50mg	Dabrafenib + GSK2141795 75mg
NUMBER REGISTERED	12	3	9
INELIGIBLE	1	0	1
ELIGIBLE	11	3	8
Not Analyzable	3	0	3
BASELINE DISEASE STATUS			
Measurable	8	3	5
RESPONSE ASSESSMENT			
Determinable	8	3	5
ADVERSE EVENT ASSESSMENT			
Evaluable	8	3	5
DOSE-LIMITING TOXICITIES			
Evaluable	7	3	4
Not Evaluable	1	0	1

Registration, Eligibility, and Evaluability

Patients Enrolled on the Triplet Regimen

Registrations ending June 30, 2016; Data as of July 1, 2016

	TOTAL	Dabrafenib + Trametinib 1.5 mg + GSK2141795 25 mg	Dabrafenib + Trametinib 1.5 mg + GSK2141795 50 mg	Dabrafenib + Trametinib 1.5 mg + GSK2141795 75 mg	Dabrafenib + Trametinib 2 mg + GSK2141795 75 mg
NUMBER REGISTERED	13	4	3	3	3
ELIGIBLE	13	4	3	3	3
Analyzable, Pend. Elig.	3	0	0	0	3
Not Analyzable	1	1	0	0	0
BASELINE DISEASE STATUS					
Measurable	8	3	3	2	0
Non Measurable	2	0	0	1	1
Too Early	2	0	0	0	2
RESPONSE ASSESSMENT					
Determinable	6	3	3	0	0
Too Early	5	0	0	2	3
Not Applicable	1	0	0	1	0
ADVERSE EVENT ASSESSMENT					
Evaluable	11	3	3	3	2
Too Early	1	0	0	0	1
DOSE-LIMITING TOXICITIES					
Evaluable	11	3	3	3	2
Too Early	1	0	0	0	1

Patient Characteristics

Registrations ending June 30, 2016; Data as of July 1, 2016

	Total (n=20)	
AGE		
Median	58.1	
Minimum	18.5	
Maximum	72.9	
SEX		
Males	12	60%
Females	8	40%
HISPANIC		
No	19	95%
Unknown	1	5%
RACE		
White	19	95%
Unknown	1	5%
PRIOR BRAF INHIBITOR		
Yes	13	65%
No	7	35%
TYPE OF CANCER		
Melanoma	17	85%
Lung	2	10%
Thyroid	1	5%

Treatment Summary

Patients Enrolled on the Doublet Regimen

Registrations ending June 30, 2016; Data as of July 1, 2016

	Total
NUMBER ON PROTOCOL TREATMENT	0
NUMBER OFF PROTOCOL TREATMENT	8
REASON OFF TREATMENT	
Treatment completed as planned	0
Adverse Event or side effects	1
Refusal unrelated to adverse event	0
Progression/relapse	7
Death	0
Other - not protocol specified	0
Reason under review	0
MAJOR PROTOCOL DEVIATIONS	0

Treatment Summary

Patients Enrolled on the Triplet Regimen

Registrations ending June 30, 2016; Data as of July 1, 2016

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

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

Patients Enrolled on the Doublet Regimen
Adverse Events Unlikely or Not Related to Treatment Excluded
Registrations ending June 30, 2016; Data as of July 1, 2016

	Total (n=8) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**
Alopecia	7	1	0	0	0	0
Anemia	7	0	1	0	0	0
Anorexia	5	2	1	0	0	0
Arthralgia	7	1	0	0	0	0
Chills	6	2	0	0	0	0
Constipation	7	1	0	0	0	0
Cough	7	1	0	0	0	0
Diarrhea	7	0	1	0	0	0
Dizziness	6	2	0	0	0	0
Dry skin	7	1	0	0	0	0
Edema limbs	6	2	0	0	0	0
Fatigue	3	5	0	0	0	0
Fever	5	2	1	0	0	0
Flu like symptoms	7	1	0	0	0	0
Flushing	7	1	0	0	0	0
Gen disorders/admin site cond	7	1	0	0	0	0
Hand-Foot syndrome	6	2	0	0	0	0
Headache	6	2	0	0	0	0
Hyperglycemia	7	0	0	1	0	0
Hyperhidrosis	7	1	0	0	0	0
Hypernatremia	7	1	0	0	0	0
Hypokalemia	7	1	0	0	0	0
Hyponatremia	7	0	0	1	0	0
Hypophosphatemia	7	0	1	0	0	0
Hypotension	7	1	0	0	0	0
Inj/poisoning/proced comp-Other	7	1	0	0	0	0
Insomnia	7	1	0	0	0	0
Lymphocyte count decreased	5	2	1	0	0	0
Myalgia	7	1	0	0	0	0
Nail ridging	7	1	0	0	0	0
Nausea	4	4	0	0	0	0
Non-cardiac chest pain	7	1	0	0	0	0
Pain	7	1	0	0	0	0
Pain in extremity	7	1	0	0	0	0
Pain of skin	7	1	0	0	0	0
Platelet count decreased	7	1	0	0	0	0
Rash maculo-papular	7	1	0	0	0	0
Renal/urinary disorders-Other	7	1	0	0	0	0
Skin/subq tissue ds-Other	5	2	0	1	0	0
Tremor	7	1	0	0	0	0
Vasc disorders-Other, spec	7	0	0	1	0	0
Vomiting	6	2	0	0	0	0

	Total (n=8) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**
Weight loss	6	1	1	0	0	0
MAX. GRADE ANY ADVERSE EVENT	1	3	2	2	0	0

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

Patients Enrolled on the Triplet Regimen

Adverse Events Unlikely or Not Related to Treatment Excluded

Registrations ending June 30, 2016; Data as of July 1, 2016

	Total (n=11) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**
ALT increased	9	2	0	0	0	0
AST increased	9	2	0	0	0	0
Abdominal pain	10	1	0	0	0	0
Alkaline phosphatase increased	10	1	0	0	0	0
Capillary leak syndrome	10	0	0	1	0	0
Dehydration	10	1	0	0	0	0
Diarrhea	9	2	0	0	0	0
Dry skin	10	1	0	0	0	0
Dyspepsia	10	1	0	0	0	0
Fatigue	7	3	1	0	0	0
Fever	7	0	3	1	0	0
Headache	10	0	1	0	0	0
Hypertension	10	0	1	0	0	0
Hyponatremia	9	0	0	2	0	0
Joint effusion	10	1	0	0	0	0
Lymphocyte count decreased	10	0	0	1	0	0
Myalgia	10	1	0	0	0	0
Nausea	6	2	3	0	0	0
Neutrophil count decreased	10	1	0	0	0	0
Peripheral sensory neuropathy	10	1	0	0	0	0
Rash acneiform	10	0	1	0	0	0
Rash maculo-papular	9	1	0	1	0	0
Tumor pain	10	1	0	0	0	0
Upper respiratory infection	10	0	1	0	0	0
Vomiting	9	0	1	1	0	0
Weight loss	10	1	0	0	0	0
MAX. GRADE ANY ADVERSE EVENT	0	2	4	5	0	0

S1320 Phase II

Coordinating Group: SWOG

A Randomized Phase II Trial of Intermittent versus Continuous Dosing of Dabrafenib (NSC-763760) and Trametinib (NSC-763093) in BRAF$^{V600E/K}$ Mutant Melanoma

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

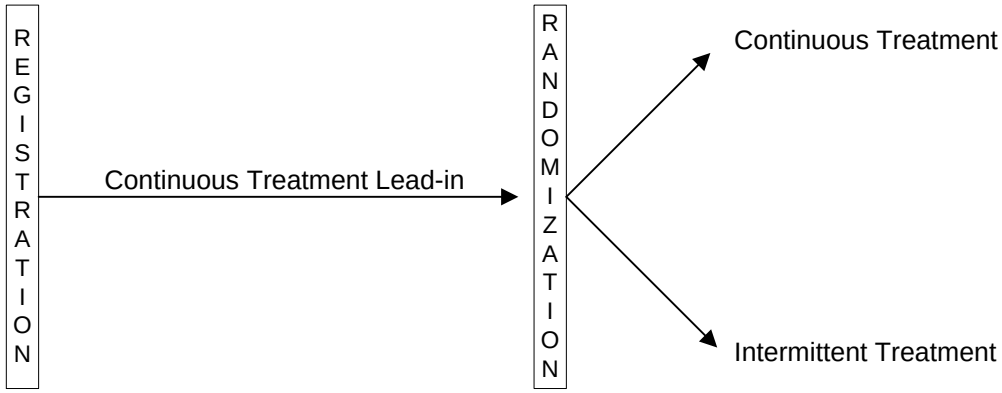
Date Activated:
07/22/2014

Study Chairs:
A Algazi, A Daud, R Lo

Statisticians:
M Othus, J Moon, M Wu

Data Coordinator:
J Barrett

SCHEMA



Objectives

To compare progression-free survival with intermittent dosing versus continuous dosing of dabrafenib and trametinib among patients with metastatic BRAFV600E/K mutant melanoma.

To compare the response rate (complete and partial response, confirmed and unconfirmed), overall survival, and survival after progression between the two dosing schedules.

To compare the frequency and severity of fever greater than Grade 1 per CTCAE 4.0 of the two dosing schedules.

To estimate the frequency and severity of toxicities of the two dosing schedules.

To bank tissue and whole blood in anticipation of future studies to evaluate molecular events associated with clinical benefit and disease progression in patients treated with continuous versus intermittent dabrafenib and trametinib.

Patient Population

Patients must have histologically or cytologically confirmed Stage IV or unresectable Stage III melanoma. Patients must have BRAF mutation-positive melanoma (i.e., V600E or V600K). BRAFV600 mutant status must be documented by a CLIA-certified laboratory. Patients must have measurable disease as defined by RECIST 1.1. Contrast-enhanced CT scans of the neck, chest, abdomen and pelvis are required. A whole body PET/CT scan with diagnostic quality images and intravenous iodinated contrast may be used in lieu of a contrast enhanced CT of the neck, chest, abdomen and pelvis. Contrast may be omitted if the treating investigator believes that exposure to contrast poses an excessive risk to the patient. Patients must not have brain metastases unless brain metastases have been treated and patient is asymptomatic with no residual neurological dysfunction and has not received enzyme-reducing anti-epileptic drugs or corticosteroids for at least 7 days prior to registration. Patients must have serum LDH obtained prior to registration for treatment randomization stratification and accurate staging.

Patients must not have received a prior BRAF or MEK inhibitor. Prior surgery, radiotherapy, immunotherapy, or chemotherapy are allowed.

Patients must have adequate hematologic, hepatic, cardiac, and renal function and a Zubrod performance status of 0-1. Patients must not have a known history or current evidence of retinal vein occlusion (RVO) or central serous retinopathy (CSR). Patients must not have any predisposing factors for RVO or CSR such as uncontrolled glaucoma, ocular hypertension, uncontrolled systemic hypertension, diabetes mellitus, or a history of hyperviscosity or hypercoagulability syndromes. An ophthalmic exam is required for all patients. Patients must not have evidence of optic disc cupping, visual field defects, or an intraocular pressure greater than 21 mmHg. Patients must be able to take oral medications and must not have any impairment of gastrointestinal disease that may significantly alter the absorption of protocol treatment. Patients must discontinue treatment with therapeutic warfarin prior to registration. Patients must not have a history of pneumonitis or interstitial lung disease. Patients with known hepatitis B, or hepatitis C are not eligible. Patients known to be HIV positive must have CD4 cells $\geq$ 500 uL, a serum HIV viral load < 25,000 IU/ml and must be able to discontinue antiretroviral therapy. Patients must have a dermatology exam within 28 days prior to registration.

Patients must be offered the opportunity to participate in specimen banking.

Stratification/Descriptive Factors

Treatment randomization will be stratified by the following: (1) prestudy serum LDH: elevated (> IULN) vs normal; (2) known prior exposure to immune checkpoint inhibitors targeting CTLA-4, PD-1, or PD-L1: yes vs no.

Accrual Goals

The accrual goal is 226 eligible patients. An interim analysis testing for harm will be performed when 78 progression events have occurred.

Summary Statement

Accrual to this study has been slower then anticipated. In an effort to increase accrual, the protocol has been amended to allow BRAF mutation to be documented by any assay as long as it is performed in a CLIA-certified laboratory.

The study was temporarily closed to accrual by CTEP on February 2, 2016 due to drug supply issues for both dabrafenib and trametinib. However, drug supplies were sufficient enough so that enrolled patients could continue to receive protocol treatment. The issue was resolved and the study re-opened to accrual on April 11, 2016.

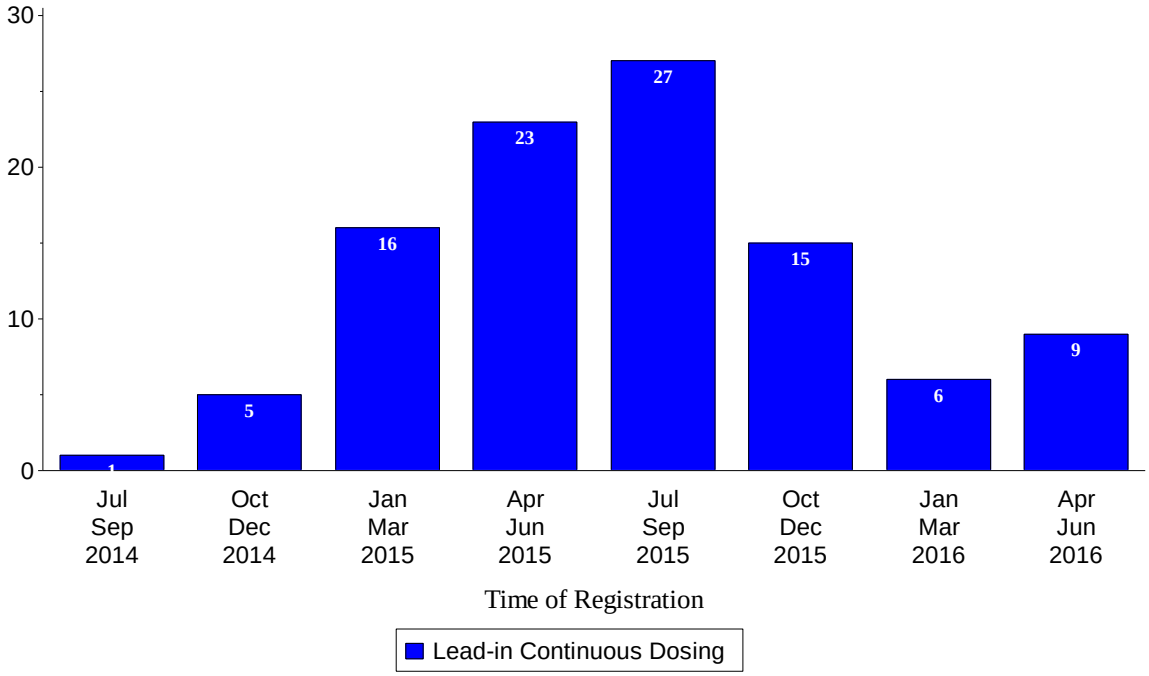
As of June 30, 2016, 102 patients have been registered. Three patients are currently ineligible: one due to having a Zubrod performance status of 2 at the time of enrollment, one due to inadequate cardiac function, and one due to evidence of untreated brain metastases In addition, one eligible patient who refused protocol treatment and was never randomized, is not evaluable for any of the study endpoints.

Eighty-nine patients have been assessed for adverse events related to lead-in continuous dosing. There has been one treatment-related death due to sepsis. This patient also experienced Grade 4 acute kidney injury and Grade 4 ejection fraction decrease.

Eighty-two patients have been randomized between intermittent and continuous dosing. Three patients are currently ineligible: two that were ineligible for the trial at the initial registration, and one patient who had disease progression during the lead-in continuous dosing phase.

On the continuous dosing arm, 37 patients have been assessed for adverse events. One patient has experienced Grade 4 treatment-related adverse events due to anemia and increases in ALT and AST. On the intermittent dosing arm, 38 patients have been assessed for adverse events. One patient has experienced a Grade 4 treatment-related adverse event due to fever .

Initial Registrations By 3 Month Intervals



Registration by Institution

Registrations ending June 30, 2016

Institutions	Total Reg	Institutions	Total Reg
ECOG-ACRIN	28	Arizona MC, U of	2
Kaiser Perm NCORP	11	Los Angeles, U of CA	2
Alliance	7	Michigan, U of	2
San Francisco, U-CA	7	Ozarks NCORP	2
Ohio State Univ	5	Wichita NCORP	2
Utah, U of	5	Boston Medical Ctr	1
Kansas, U of	4	Colorado, U of	1
NRG	4	CRC West MI NCORP	1
Arkansas, U of	3	Lahey Hosp & Med Ctr	1
Heartland NCORP	3	Nevada CRF NCORP	1
KaiserPermanenteSCAL/Kaiser Perm NCORP	3	PCRC NCORP	1
Loyola University	3	**Total (24 Institutions)**	**102**
Southeast COR NCORP	3		

Registration, Eligibility, and Evaluability

Lead-In Continuous Dosing

Registrations ending June 30, 2016; Data as of July 1, 2016

	Lead-in Continuous Dosing
NUMBER REGISTERED	102
INELIGIBLE	3
ELIGIBLE	99
Analyzable, Pend. Elig.	9
Not Analyzable	1
ADVERSE EVENT ASSESSMENT	
Evaluable	89
Too Early	9

Treatment Summary

Lead-In Continuous Dosing

Registrations ending June 30, 2016; Data as of July 1, 2016

	Lead-in Continuous Dosing
NUMBER ON PROTOCOL TREATMENT	9
NUMBER OFF PROTOCOL TREATMENT	89
REASON OFF TREATMENT	
Treatment completed as planned	77
Adverse Event or side effects	4
Refusal unrelated to adverse event	1
Progression/relapse	4
Death	2
Other - not protocol specified	0
Reason under review	1
MAJOR PROTOCOL DEVIATIONS	0

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

Lead-In Continuous Dosing

Adverse Events Unlikely or Not Related to Treatment Excluded

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

Registrations ending June 30, 2016; Data as of July 1, 2016

	Lead-in Continuous Dosing (n=89) Grade			
ADVERSE EVENTS	**<=2**	**3**	**4**	**5**
AST increased	86	3	0	0
Acute kidney injury	87	1	1	0
Anorexia	87	2	0	0
Blood bilirubin increased	88	1	0	0
Blood/lymph disorder-Other	88	1	0	0
Cardiac troponin T increased	88	1	0	0
Dehydration	84	5	0	0
Diarrhea	88	1	0	0
ECG QT corrected int prolong	88	1	0	0
Ejection fraction decreased	88	0	1	0
Epistaxis	88	1	0	0
Erythema multiforme	88	1	0	0
Febrile neutropenia	88	1	0	0
Fever	88	1	0	0
Generalized muscle weakness	88	1	0	0
Hyponatremia	86	3	0	0
Hypoxia	88	1	0	0
Lipase increased	88	1	0	0
Lymphocyte count decreased	88	1	0	0
Metab/nutrition disorders-Other	88	1	0	0
Mucositis oral	88	1	0	0
Nausea	87	2	0	0
Neutrophil count decreased	87	2	0	0
Proteinuria	88	1	0	0
Rash acneiform	88	1	0	0
Rash maculo-papular	88	1	0	0
Sepsis	88	0	0	1
Urinary tract infection	88	1	0	0
Vasc disorders-Other	88	1	0	0
Vomiting	88	1	0	0
MAX. GRADE ANY ADVERSE EVENT	66	22	0	1

Registration, Eligibility, and Evaluability

Randomization

Registrations ending June 30, 2016; Data as of July 1, 2016

	TOTAL	Continuous Dosing	Intermittent Dosing
NUMBER REGISTERED	82	41	41
INELIGIBLE	3	2	1
ELIGIBLE	79	39	40
Analyzable, Pend. Elig.	2	1	1
RESPONSE ASSESSMENT			
Determinable	71	34	37
Too Early	8	5	3
ADVERSE EVENT ASSESSMENT			
Evaluable	75	37	38
Too Early	4	2	2

Patient Characteristics

Randomization

Registrations ending June 30, 2016; Data as of July 1, 2016

	Continuous Dosing (n=39)		Intermittent Dosing (n=40)	
AGE				
Median	61.7		65.3	
Minimum	22.8		26.3	
Maximum	81.3		82.0	
SEX				
Males	26	67%	30	75%
Females	13	33%	10	25%
HISPANIC				
No	39	100%	40	100%
RACE				
White	39	100%	39	97%
Multi-Racial	0	0%	1	2%
PERFORMANCE STATUS				
0	25	64%	25	63%
1	13	33%	15	38%
Data pending	1	3%	0	0%
PRIMARY TYPE				
Cutaneous	33	85%	28	70%
Unknown primary	4	10%	11	27%
Data pending	2	5%	1	2%

	Continuous Dosing (n=39)		Intermittent Dosing (n=40)	
STAGE				
III	4	10%	6	15%
IV	35	90%	34	85%
SITE(S) OF DISTANT METASTASES				
Bone	4	10%	8	20%
Brain/CNS	2	5%	1	2%
Liver	10	26%	10	25%
Lymph node, skin, soft tissue	22	56%	18	45%
Lung	18	46%	20	50%
Other, visceral	8	21%	11	27%
Other non-visceral	7	18%	6	15%
Data pending	4	10%	6	15%
LDH				
Elevated (>IULN)	17	44%	18	45%
Normal	22	56%	22	55%
PRIOR IMMUNE CHECKPOINT INHIBITOR				
Yes	11	28%	9	22%
No	28	72%	31	77%
PRIOR BIOLOGIC THERAPY				
No	12	31%	18	45%
Yes	2	5%	1	2%
Data pending	25	64%	21	52%
PRIOR CHEMOTHERAPY				
No	13	33%	16	40%
Yes	2	5%	3	7%
Data pending	24	62%	21	52%
PRIOR IMMUNOTHERAPY				
No	11	28%	14	35%
Yes	7	18%	6	15%
Data pending	21	54%	20	50%
PRIOR RADIATION THERAPY				
No	37	95%	27	67%
Yes	2	5%	13	32%
PRIOR SURGERY				
No	9	23%	9	22%
Yes	30	77%	31	77%

Treatment Summary

Randomization

Registrations ending June 30, 2016; Data as of July 1, 2016

	Total
NUMBER ON PROTOCOL TREATMENT	32
NUMBER OFF PROTOCOL TREATMENT	47
REASON OFF TREATMENT	
Treatment completed as planned	0
Adverse Event or side effects	4
Refusal unrelated to adverse event	2
Progression/relapse	32
Death	1
Other - not protocol specified	3
Reason under review	5
MAJOR PROTOCOL DEVIATIONS	0

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

Randomization

Adverse Events Unlikely or Not Related to Treatment Excluded

Registrations ending June 30, 2016; Data as of July 1, 2016

	Continuous Dosing (n=37) Grade						Intermittent Dosing (n=38) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**	**0**	**1**	**2**	**3**	**4**	**5**
ALT increased	34	2	0	0	1	0	32	5	1	0	0	0
AST increased	30	4	0	2	1	0	29	8	0	1	0	0
AV block first degree	37	0	0	0	0	0	37	1	0	0	0	0
Abdominal pain	36	0	1	0	0	0	36	2	0	0	0	0
Alkaline phosphatase increased	30	6	1	0	0	0	34	3	1	0	0	0
Alopecia	36	1	0	0	0	0	36	1	1	0	0	0
Anemia	25	9	2	0	1	0	32	4	1	1	0	0
Anorexia	33	2	2	0	0	0	33	3	2	0	0	0
Arthralgia	33	3	1	0	0	0	34	2	2	0	0	0
Blood bilirubin increased	37	0	0	0	0	0	37	1	0	0	0	0
Blood/lymph disorder-Other	37	0	0	0	0	0	37	1	0	0	0	0
Blurred vision	36	1	0	0	0	0	37	1	0	0	0	0
CPK increased	35	1	1	0	0	0	38	0	0	0	0	0
Chills	27	5	4	1	0	0	29	5	3	1	0	0
Concentration impairment	37	0	0	0	0	0	37	1	0	0	0	0
Confusion	37	0	0	0	0	0	37	0	0	1	0	0
Constipation	35	2	0	0	0	0	34	4	0	0	0	0
Cough	37	0	0	0	0	0	37	0	1	0	0	0
Creatinine increased	36	1	0	0	0	0	37	0	1	0	0	0
Dehydration	32	3	1	1	0	0	38	0	0	0	0	0
Depression	36	0	1	0	0	0	38	0	0	0	0	0
Diarrhea	29	4	3	1	0	0	31	7	0	0	0	0
Dizziness	36	1	0	0	0	0	35	3	0	0	0	0

	Continuous Dosing (n=37) Grade						Intermittent Dosing (n=38) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**	**0**	**1**	**2**	**3**	**4**	**5**
Dry eye	37	0	0	0	0	0	37	1	0	0	0	0
Dry mouth	35	1	1	0	0	0	37	1	0	0	0	0
Dry skin	36	1	0	0	0	0	37	1	0	0	0	0
Dysgeusia	34	3	0	0	0	0	35	2	1	0	0	0
Dyspepsia	34	1	2	0	0	0	38	0	0	0	0	0
Dyspnea	36	1	0	0	0	0	37	1	0	0	0	0
ECG QT corrected int prolong	36	1	0	0	0	0	36	1	1	0	0	0
Edema face	37	0	0	0	0	0	37	1	0	0	0	0
Edema limbs	35	2	0	0	0	0	38	0	0	0	0	0
Ejection fraction decreased	33	0	3	1	0	0	34	0	2	2	0	0
Eye disorders - Other	36	1	0	0	0	0	38	0	0	0	0	0
Eye pain	37	0	0	0	0	0	37	0	1	0	0	0
Fatigue	15	14	5	3	0	0	20	11	6	1	0	0
Fever	20	7	7	3	0	0	30	4	3	0	1	0
Fibr deep connect tissue	36	0	1	0	0	0	38	0	0	0	0	0
Flu like symptoms	30	4	2	1	0	0	37	0	1	0	0	0
Flushing	37	0	0	0	0	0	36	2	0	0	0	0
GERD	36	1	0	0	0	0	38	0	0	0	0	0
Gait disturbance	37	0	0	0	0	0	37	1	0	0	0	0
Gastrointestinal pain	37	0	0	0	0	0	37	1	0	0	0	0
Gen disorders/admin site condition	37	0	0	0	0	0	35	2	1	0	0	0
Generalized muscle weakness	34	0	1	2	0	0	36	2	0	0	0	0
Glucose intolerance	35	1	0	1	0	0	38	0	0	0	0	0
Hand-Foot syndrome	37	0	0	0	0	0	37	0	1	0	0	0
Headache	31	5	1	0	0	0	32	6	0	0	0	0
Heart failure	36	1	0	0	0	0	38	0	0	0	0	0
Hematuria	36	1	0	0	0	0	38	0	0	0	0	0
Hemoglobin increased	36	1	0	0	0	0	38	0	0	0	0	0
Hoarseness	37	0	0	0	0	0	37	1	0	0	0	0
Hyperglycemia	31	2	1	3	0	0	32	1	4	1	0	0
Hyperhidrosis	36	1	0	0	0	0	37	1	0	0	0	0
Hyperkalemia	36	1	0	0	0	0	38	0	0	0	0	0
Hypersomnia	36	1	0	0	0	0	38	0	0	0	0	0
Hypertension	32	0	4	1	0	0	36	0	1	1	0	0
Hypertrichosis	36	1	0	0	0	0	38	0	0	0	0	0
Hypoalbuminemia	33	3	1	0	0	0	34	4	0	0	0	0
Hypocalcemia	34	3	0	0	0	0	37	1	0	0	0	0
Hypoglycemia	36	1	0	0	0	0	37	0	1	0	0	0
Hypokalemia	36	1	0	0	0	0	38	0	0	0	0	0
Hypomagnesemia	37	0	0	0	0	0	37	1	0	0	0	0
Hyponatremia	33	3	0	1	0	0	32	6	0	0	0	0
Hypophosphatemia	37	0	0	0	0	0	36	0	2	0	0	0
Hypotension	36	0	1	0	0	0	35	1	1	1	0	0
Hypothyroidism	37	0	0	0	0	0	37	0	1	0	0	0
Infections/infestations-Other	37	0	0	0	0	0	37	0	0	1	0	0
Insomnia	37	0	0	0	0	0	37	1	0	0	0	0
Investigations-Other	37	0	0	0	0	0	36	2	0	0	0	0
LV systolic dysfunction	36	0	0	1	0	0	38	0	0	0	0	0
Lactation disorder	37	0	0	0	0	0	37	0	1	0	0	0
Lipase increased	33	2	1	1	0	0	32	2	2	2	0	0
Localized edema	36	0	1	0	0	0	38	0	0	0	0	0

	Continuous Dosing (n=37) Grade						Intermittent Dosing (n=38) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**	**0**	**1**	**2**	**3**	**4**	**5**
Lymphocyte count decreased	35	1	0	1	0	0	38	0	0	0	0	0
Lymphocyte count increased	36	0	1	0	0	0	38	0	0	0	0	0
MS/connective tissue disorder	36	0	1	0	0	0	38	0	0	0	0	0
Malaise	36	0	1	0	0	0	38	0	0	0	0	0
Metab/nutrition disorders-Other	36	1	0	0	0	0	37	1	0	0	0	0
Mucositis oral	34	2	0	1	0	0	37	1	0	0	0	0
Myalgia	35	2	0	0	0	0	36	1	1	0	0	0
Nausea	24	8	5	0	0	0	27	8	3	0	0	0
Neutrophil count decreased	31	3	1	2	0	0	34	2	2	0	0	0
Non-cardiac chest pain	36	0	1	0	0	0	37	1	0	0	0	0
Pain	35	2	0	0	0	0	38	0	0	0	0	0
Pain in extremity	36	1	0	0	0	0	37	1	0	0	0	0
Paresthesia	36	1	0	0	0	0	38	0	0	0	0	0
Peripheral sensory neuropathy	36	1	0	0	0	0	37	1	0	0	0	0
Personality change	36	0	1	0	0	0	38	0	0	0	0	0
Platelet count decreased	31	5	0	1	0	0	37	1	0	0	0	0
Productive cough	36	1	0	0	0	0	38	0	0	0	0	0
Proteinuria	34	2	1	0	0	0	38	0	0	0	0	0
Pruritus	37	0	0	0	0	0	35	2	1	0	0	0
Purpura	36	1	0	0	0	0	38	0	0	0	0	0
Rash acneiform	30	5	1	1	0	0	33	4	1	0	0	0
Rash maculo-papular	31	3	3	0	0	0	35	2	1	0	0	0
Resp/thoracic/mediastinal ds	36	0	0	1	0	0	37	0	1	0	0	0
Retinal detachment	37	0	0	0	0	0	37	0	0	1	0	0
Serum amylase increased	36	1	0	0	0	0	34	0	3	1	0	0
Sinus tachycardia	37	0	0	0	0	0	37	0	1	0	0	0
Sinusitis	36	0	1	0	0	0	38	0	0	0	0	0
Skin infection	36	1	0	0	0	0	38	0	0	0	0	0
Skin/subq tissue ds-Other	33	3	0	1	0	0	34	4	0	0	0	0
Sore throat	37	0	0	0	0	0	37	1	0	0	0	0
Syncope	36	0	0	1	0	0	38	0	0	0	0	0
Thromboembolic event	36	0	0	1	0	0	38	0	0	0	0	0
Upper respiratory infection	36	0	1	0	0	0	38	0	0	0	0	0
Urinary frequency	36	1	0	0	0	0	38	0	0	0	0	0
Urinary urgency	36	1	0	0	0	0	38	0	0	0	0	0
Urticaria	36	0	1	0	0	0	38	0	0	0	0	0
Vomiting	31	2	4	0	0	0	34	4	0	0	0	0
Weight gain	37	0	0	0	0	0	37	1	0	0	0	0
Weight loss	35	1	1	0	0	0	34	2	2	0	0	0
White blood cell decreased	28	3	4	2	0	0	34	4	0	0	0	0
MAX. GRADE ANY ADVERSE EVENT	4	5	14	13	1	0	3	6	16	12	1	0

S1404 Phase III

Coordinating Group: SWOG

A Phase III Randomized Trial Comparing Physician/Patient Choice of Either High Dose Interferon or Ipilimumab to MK-3475 (Pembrolizumab) in Patients with High Risk Resected Melanoma

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

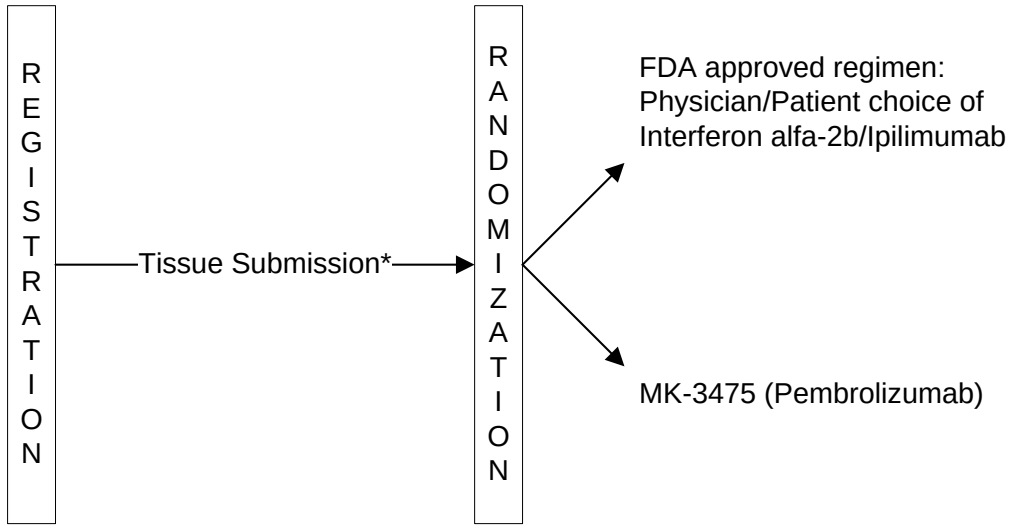
Date Activated:
10/15/2015

Study Chairs:
K Grossmann, S Patel, A Tarhini (ECOG-ACRIN),
T Petrella (CCTG)

Statisticians:
M Othus, H Li, J Moon

Data Coordinators:
D Heaney, J Barrett

SCHEMA



*PD-L1 status determined by central laboratory and blinded to the investigator and patient

Objectives

To compare overall survival (OS) of patients with resected Stage III and IV melanoma treated with physician/patient choice of either high dose interferon alfa-2b or ipilimumab versus MK-3475 (pembrolizumab).

To compare OS of patients with resected Stage III and IV melanoma treated with physician/patient choice of either high dose interferon alfa-2b or ipilimumab versus MK-3475 (pembrolizumab) among patients who are PD-L1 positive.

To compare relapse-free survival (RFS) of patients with resected Stage III and IV melanoma treated with physician/patient choice of either high dose interferon alfa-2b or ipilimumab versus MK-3475 (pembrolizumab).

To compare RFS of patients with resected Stage III and IV melanoma treated with physician/patient choice of either high dose interferon alfa-2b or ipilimumab versus MK-3475 (pembrolizumab) among patients who are PD-L1 positive.

To estimate OS and RFS for patients who are PD-L1 negative or PD-L1 indeterminate in this population.

To compare OS and RFS between the two arms within the PD-L1 positive and PD-L1 negative subgroups and to investigate the interaction between PD-L1 status (positive versus negative) and treatment arm.

To assess the safety and tolerability of the regimens.

Patient Population

Patients must have histologically confirmed selected Stage III (IIIA/N2a, IIIB, IIIC) or Stage IV melanoma of cutaneous or mucosal origin or unknown primary. Patients must not have melanoma of ocular origin. Patients are eligible for this trial either at initial presentation of their melanoma, at time of first detected nodal, satellite/in-transit, distant metastases, or recurrent disease in prior lymphadenectomy basin or distant site. Patients must not have a history of brain metastases. Patients who have multiple regional nodal basin involvement are eligible. Gross or microscopic extracapsular nodal extension is permitted. All disease must have been completely resected with negative pathologic margins and no clinical, radiologic, or pathologic evidence of any incompletely resected melanoma. Patients must have available and be willing to submit adequate tissue for PD-L1 testing.

Patients may have received prior radiotherapy, including after the surgical resection that rendered the patient disease-free. Patients must not have received neoadjuvant treatment for their melanoma. Patients must not have received prior immunotherapy, including but not limited to ipilimumab, interferon alfa-2b, pegylated interferon, high dose IL-2, anti-PD-1, anti-PD-L1 intra-tumoral or vaccine therapies. Patients must be registered within 98 days of the last surgery performed to render the patient free of disease.

Patients must have a Zubrod performance status of 0-1, and have adequate renal, hepatic, hematologic, and cardiac function. Patients must not have active autoimmune disease that has required systemic treatment in the past two years. Patients must not have an active infection requiring systemic therapy. Patients must not have pneumonitis or a history of non-infectious pneumonitis that required steroids. Patients known to be HIV positive must have adequate CD4 counts and low viral load. Patients must not have known active hepatitis B or C infections. Patients must not have received live vaccines within 42 days prior to enrollment. Women of childbearing potential must have a negative pregnancy test within 28 days prior to randomization.

Stratification/Descriptive Factors

Treatment randomization will be stratified by the following: (1) surgically resected AJCC stage: IIIA(N2a) vs IIIB vs IIIC vs IV; (2) PD-L1 status: positive vs negative vs indeterminate; (3) planned control arm regimen: high dose interferon vs ipilimumab.

Accrual Goals

The accrual goal of this study is to randomize 1,240 eligible patients. Up to two formal interim analyses of overall survival will be performed when 55% and 85% of the expected deaths across both arms combined have been observed. The final analysis of relapse-free survival will be performed when all patients are off protocol therapy (expected to be one year after the last eligible patients is randomized) and 100% of expected events for relapse-free survival have been observed.

Summary Statement

On October 28, 2015, the FDA expanded the approval of ipilimumab in melanoma to include adjuvant treatment of patients with stage III

melanoma with pathologic involvement of regional lymph nodes >1 mm who have undergone complete resection including total lymphadenectomy. In response to this development, effective April 15, 2016, the protocol was amended, changing the control arm of this study to investigator/patient choice between high-dose interferon alfa-2b or ipilimumab. The intended control arm regimen must be declared prior to randomization and is a stratification factor.

As of June 30, 2016, a total of 245 patients have been registered to the PD-L1 status screening step. Three patients are currently ineligible. Two due to incorrect stage of disease and one due to lack of adequate tissue for PD-L1 testing.

One-hundred ninety-six patients have been randomized, including two patients who were ineligible at the initial registration. Eleven patients did not receive any protocol treatment and are not evaluable for adverse events.

On the control arm, 49 patients have been assessed for adverse events. Six patients have experienced treatment-related Grade 4 adverse events. These include five patients who received high dose interferon, increased CPK (1), increased AST (1), and hematologic adverse events (3), and one patient who received ipilimumab, pancreatitis and an autoimmune disorder (autoimmune coltis).

On the pembrolizumab arm, 51 patients have been assessed for adverse events. One patient has experienced Grade 4 adverse events due to bronchial infection, dyspnea, wheezing and bronchospasm.

Registration by Institution

Initial Registration

Registrations ending June 30, 2016

Institutions	Total Reg	Institutions	Total Reg
ECOG-ACRIN	45	Lahey Hosp & Med Ctr	3
Alliance	37	Cincinnati MC, U of	2
NRG	19	CORA NCORP	2
Utah, U of	17	Dayton NCORP	2
H Lee Moffitt CC	15	Georgia NCORP	2
Ohio State Univ	12	Rochester, Univ of	2
MD Anderson CC	11	Wayne State Univ	2
CCTG	10	Arizona MC, U of	1
Los Angeles, U of CA	8	Kansas, U of	1
Cleveland Clinic OH	6	Michigan CRC NCORP	1
Michigan, U of	6	Montana NCORP	1
CRC West MI NCORP	5	Northwest NCORP	1
Heartland NCORP	5	Oklahoma, Univ of	1
Kaiser Perm NCORP	5	Ozarks NCORP	1
Colorado, U of	4	PCRC NCORP	1
Columbus NCORP	4	UF Cancer Center/Arkansas, U of	1
New Mexico MU-NCORP	4	Yale University	1
Wichita NCORP	4	**Total (36 Institutions)**	**245**
Baylor Univ Med Ctr	3		

Registration, Eligibility, and Evaluability

Initial Registration

Registrations ending June 30, 2016; Data as of July 15, 2016

	Tissue for PD-L1 testing
NUMBER REGISTERED	245
INELIGIBLE	3
ELIGIBLE	242
Analyzable, Pend. Elig.	109

Registration, Eligibility, and Evaluability

Randomization

Registrations ending June 30, 2016; Data as of July 15, 2016

	TOTAL	FDA approved regimen	MK-3475 (Pembrolizumab)
NUMBER REGISTERED	196	99	97
INELIGIBLE	2	1	1
ELIGIBLE	194	98	96
Analyzable, Pend. Elig.	71	36	35
ADVERSE EVENT ASSESSMENT			
Evaluable	100	49	51
Not Evaluable	11	8	3
Too Early	85	41	42

Patient Characteristics

Randomization

Registrations ending June 30, 2016; Data as of July 15, 2016

	FDA approved regimen (n=98)		MK-3475 (Pembrolizumab) (n=96)	
AGE				
Median	57.1		52.9	
Minimum	22.6		21.4	
Maximum	79.9		81.4	
SEX				
Males	52	53%	51	53%
Females	46	47%	45	47%
HISPANIC				
Yes	3	3%	3	3%
No	95	97%	89	93%
Unknown	0	0%	4	4%
RACE				
White	95	97%	91	95%
Black	2	2%	2	2%
Unknown	1	1%	3	3%
STAGE				
IIIA	10	10%	9	9%
IIIB	47	48%	47	49%
IIIC	36	37%	33	34%
IV	5	5%	7	7%

Treatment Summary

Randomization

Registrations ending June 30, 2016; Data as of July 15, 2016

	Total
NUMBER ON PROTOCOL TREATMENT	156
NUMBER OFF PROTOCOL TREATMENT	38
REASON OFF TREATMENT	
Treatment completed as planned	0
Adverse Event or side effects	10
Refusal unrelated to adverse event	11
Progression/relapse	5
Death	0
Other - not protocol specified	1
Reason under review	11
MAJOR PROTOCOL DEVIATIONS	11

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

Randomization

Adverse Events Unlikely or Not Related to Treatment Excluded

Registrations ending June 30, 2016; Data as of July 15, 2016

	FDA approved regimen (n=49) Grade						MK-3475 (Pembrolizumab) (n=51) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**	**0**	**1**	**2**	**3**	**4**	**5**
ALT increased	27	14	5	3	0	0	49	2	0	0	0	0
AST increased	25	14	7	2	1	0	49	2	0	0	0	0
AV block first degree	48	1	0	0	0	0	51	0	0	0	0	0
Abdominal pain	44	2	2	1	0	0	51	0	0	0	0	0
Acute kidney injury	49	0	0	0	0	0	50	0	1	0	0	0
Alkaline phosphatase increased	43	5	1	0	0	0	51	0	0	0	0	0
Alopecia	48	1	0	0	0	0	49	2	0	0	0	0
Anemia	42	5	2	0	0	0	50	1	0	0	0	0
Anorexia	32	9	8	0	0	0	50	1	0	0	0	0
Anxiety	46	0	2	1	0	0	50	1	0	0	0	0
Arthralgia	42	4	3	0	0	0	50	1	0	0	0	0
Autoimmune disorder	48	0	0	0	1	0	51	0	0	0	0	0
Back pain	47	1	1	0	0	0	51	0	0	0	0	0
Bloating	48	1	0	0	0	0	51	0	0	0	0	0
Blood bilirubin increased	46	3	0	0	0	0	51	0	0	0	0	0
Blurred vision	48	1	0	0	0	0	50	1	0	0	0	0
Bone pain	48	0	0	1	0	0	51	0	0	0	0	0
Bronchial infection	49	0	0	0	0	0	50	0	0	0	1	0
Bronchospasm	49	0	0	0	0	0	50	0	0	0	1	0
CPK increased	47	0	1	0	1	0	51	0	0	0	0	0
Cardiac disorder-Other, spec	48	0	0	1	0	0	51	0	0	0	0	0
Chills	35	13	1	0	0	0	50	1	0	0	0	0

	FDA approved regimen (n=49) Grade						MK-3475 (Pembrolizumab) (n=51) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**	**0**	**1**	**2**	**3**	**4**	**5**
Cognitive disturbance	48	0	1	0	0	0	50	1	0	0	0	0
Concentration impairment	48	0	1	0	0	0	51	0	0	0	0	0
Confusion	48	1	0	0	0	0	51	0	0	0	0	0
Constipation	40	5	4	0	0	0	50	1	0	0	0	0
Cough	47	1	1	0	0	0	49	1	0	1	0	0
Creatinine increased	47	2	0	0	0	0	51	0	0	0	0	0
Dehydration	46	1	2	0	0	0	51	0	0	0	0	0
Depression	45	3	0	1	0	0	51	0	0	0	0	0
Diarrhea	37	6	5	1	0	0	50	1	0	0	0	0
Dizziness	39	9	1	0	0	0	51	0	0	0	0	0
Dry eye	49	0	0	0	0	0	50	1	0	0	0	0
Dry mouth	45	3	1	0	0	0	51	0	0	0	0	0
Dysgeusia	42	6	1	0	0	0	51	0	0	0	0	0
Dyspnea	42	5	1	1	0	0	49	1	0	0	1	0
Edema limbs	48	1	0	0	0	0	51	0	0	0	0	0
Erythema multiforme	49	0	0	0	0	0	50	1	0	0	0	0
FEV1 decreased	49	0	0	0	0	0	50	0	0	1	0	0
Fatigue	19	10	15	5	0	0	34	16	1	0	0	0
Fever	44	4	1	0	0	0	50	1	0	0	0	0
Flu like symptoms	41	6	2	0	0	0	51	0	0	0	0	0
GERD	47	2	0	0	0	0	50	0	1	0	0	0
GI disorders-Other, specify	48	0	1	0	0	0	49	1	1	0	0	0
Generalized muscle weakness	45	2	1	1	0	0	51	0	0	0	0	0
Headache	36	10	3	0	0	0	46	4	1	0	0	0
Hematuria	48	1	0	0	0	0	51	0	0	0	0	0
Hemoglobin increased	48	1	0	0	0	0	51	0	0	0	0	0
Hyperglycemia	48	0	0	1	0	0	48	1	2	0	0	0
Hyperkalemia	48	1	0	0	0	0	50	0	1	0	0	0
Hypertension	46	0	1	2	0	0	50	1	0	0	0	0
Hyperthyroidism	49	0	0	0	0	0	50	1	0	0	0	0
Hypertriglyceridemia	47	0	0	2	0	0	51	0	0	0	0	0
Hypoalbuminemia	46	3	0	0	0	0	51	0	0	0	0	0
Hypocalcemia	45	2	2	0	0	0	51	0	0	0	0	0
Hypokalemia	47	2	0	0	0	0	51	0	0	0	0	0
Hyponatremia	47	2	0	0	0	0	50	1	0	0	0	0
Hypophosphatemia	46	1	1	1	0	0	50	0	1	0	0	0
Hypotension	48	0	1	0	0	0	51	0	0	0	0	0
Hypothyroidism	47	0	2	0	0	0	45	4	2	0	0	0
Hypoxia	48	0	0	1	0	0	51	0	0	0	0	0
Infections/infestations-Other	48	0	1	0	0	0	51	0	0	0	0	0
Infusion related reaction	47	0	1	1	0	0	51	0	0	0	0	0
Insomnia	42	5	1	1	0	0	51	0	0	0	0	0
Investigations-Other, specify	48	1	0	0	0	0	50	1	0	0	0	0
Irregular menstruation	49	0	0	0	0	0	50	1	0	0	0	0
Irritability	48	1	0	0	0	0	51	0	0	0	0	0
Lethargy	48	1	0	0	0	0	51	0	0	0	0	0
Lymphocyte count decreased	42	2	4	1	0	0	51	0	0	0	0	0
Malaise	48	1	0	0	0	0	51	0	0	0	0	0
Mucosal infection	47	2	0	0	0	0	51	0	0	0	0	0
Mucositis oral	48	0	1	0	0	0	51	0	0	0	0	0
Myalgia	40	7	2	0	0	0	48	3	0	0	0	0

	FDA approved regimen (n=49) Grade						MK-3475 (Pembrolizumab) (n=51) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**	**0**	**1**	**2**	**3**	**4**	**5**
Nausea	25	15	7	2	0	0	49	2	0	0	0	0
Neutrophil count decreased	29	7	4	6	3	0	51	0	0	0	0	0
Oral dysesthesia	49	0	0	0	0	0	50	1	0	0	0	0
Pain	47	2	0	0	0	0	51	0	0	0	0	0
Pancreatitis	48	0	0	0	1	0	51	0	0	0	0	0
Platelet count decreased	37	11	1	0	0	0	51	0	0	0	0	0
Postnasal drip	48	0	1	0	0	0	51	0	0	0	0	0
Pruritus	48	1	0	0	0	0	46	5	0	0	0	0
Rash maculo-papular	45	4	0	0	0	0	44	6	1	0	0	0
Rash pustular	48	0	1	0	0	0	50	0	1	0	0	0
Resp/thoracic/mediastinal ds	49	0	0	0	0	0	49	1	1	0	0	0
Restlessness	48	0	1	0	0	0	51	0	0	0	0	0
Sinus bradycardia	48	1	0	0	0	0	51	0	0	0	0	0
Sinus tachycardia	49	0	0	0	0	0	50	1	0	0	0	0
Skin infection	48	0	0	1	0	0	51	0	0	0	0	0
Skin/subq tissue ds-Other	48	1	0	0	0	0	51	0	0	0	0	0
Suicidal ideation	48	0	1	0	0	0	51	0	0	0	0	0
Supraventricular tachycardia	48	0	1	0	0	0	51	0	0	0	0	0
Syncope	48	0	0	1	0	0	51	0	0	0	0	0
Tremor	48	1	0	0	0	0	51	0	0	0	0	0
Upper respiratory infection	48	0	1	0	0	0	51	0	0	0	0	0
Urinary frequency	48	0	1	0	0	0	50	1	0	0	0	0
Urinary incontinence	48	0	1	0	0	0	51	0	0	0	0	0
Vomiting	41	6	1	1	0	0	51	0	0	0	0	0
Weight loss	39	7	3	0	0	0	51	0	0	0	0	0
Wheezing	49	0	0	0	0	0	50	0	0	0	1	0
White blood cell decreased	27	8	9	3	2	0	51	0	0	0	0	0
MAX. GRADE ANY ADVERSE EVENT	10	1	11	21	6	0	19	21	10	0	1	0

S1512 Phase II

A Phase II and Pilot Trial of PD-1 Blockade with MK-3475 (Pembrolizumab) in Patients with Resectable or Unresectable Desmoplastic Melanoma (DM)

Study Chairs:
K Kendra, S Hu-Lieskovan, A Cochran

Statisticians:
M Wu, J Moon

Data Coordinator:
D Heaney

Objectives

This study will enroll two separate cohorts to assess the efficacy of MK-3475 (pembrolizumab) in desmoplastic melanoma (DM). Cohort A will evaluate MK-3475 (pembrolizumab) as neoadjuvant therapy for patients with DM that is deemed resectable by the treating investigator; including primary DM, locally advanced DM, and locally recurrent DM. Cohort B will be a pilot study to evaluate the use of MK-3475 (pembrolizumab) for patients with DM that is deemed unresectable by the treating investigator, including metastatic DM.

Cohort A

To evaluate the pathologic complete response rate in patients with resectable desmoplastic melanoma treated with neoadjuvant MK-3475 (pembrolizumab).

To estimate the nine week response rate (unconfirmed complete and partial responses).

To estimate the median overall survival.

To evaluate safety and tolerability of MK-3475 (pembrolizumab) in the neoadjuvant setting.

Cohort B

To evaluate the complete response rate (confirmed and unconfirmed) in patients with unresectable desmoplastic melanoma treated with MK-3475 (pembrolizumab).

To estimate the median progression-free survival.

To estimate the median overall survival.

To evaluate safety and tolerability of MK-3475 (pembrolizumab) in this setting.

Patient Population

Patients must have histologically or cytologically confirmed primary desmoplastic melanoma. Patients with disease that, in the judgment of the surgeon is deemed completely resectable resulting in free surgical margins, are eligible for Cohort A. Patients with unresectable disease are eligible for Cohort B. All patients must have measurable disease. Patients must not have known brain metastases unless brain metastases have been treated and patient is asymptomatic with no residual neurological dysfunction without receiving enzyme-reducing anti-epileptic drugs or corticosteroids.

Patients must not have received prior systemic therapy for desmoplastic melanoma. Patients must not have received radiation therapy, non-cytotoxic agents or investigational agents or systemic corticosteroids within 14 days prior to registration. Patients may have received prior surgery.

Patients must have adequate hematologic and hepatic function with a Zubrod performance status of 0-2. Patients must not have known, active non-infectious pneumonitis, an active infection requiring systemic therapy, or an active autoimmune disease that has required systemic treatment in the past two years. Patients must not have received live vaccines within 42 days prior to registration. Patients known to be HIV positive must have stable and adequate CD4 counts, a serum viral load below 52,000 IU/ml and must be on stable anti-viral therapy. Women of childbearing potential must have a negative urine or serum pregnancy test within 28 days prior to registration.

Stratification/Descriptive Factors

Patients will be stratified by Cohort: A (resectable) vs B (unresectable).

Accrual Goals

Accrual to this study will proceed in two independent cohorts: A and B.

Cohort A will accrue approximately 51 patients to achieve 41 eligible patients. Initially, 21 eligible patients will be enrolled. If two or more pathologic complete responses are observed, an additional 20 eligible patients will be enrolled.

Cohort B will accrue approximately 26 patients to achieve 21 eligible patients.

EA6134 Phase III SWOG Supported CTSU Study

Coordinating Group: ECOG-ACRIN

A Randomized Phase III Trial of Dabrafenib plus Trametinib followed by Ipilimumab plus Nivolumab at Progression versus Ipilimumab plus Nivolumab followed by Dabrafenib plus Trametinib at Progression in Patients with Advanced BRAF^{v600} Mutant Melanoma

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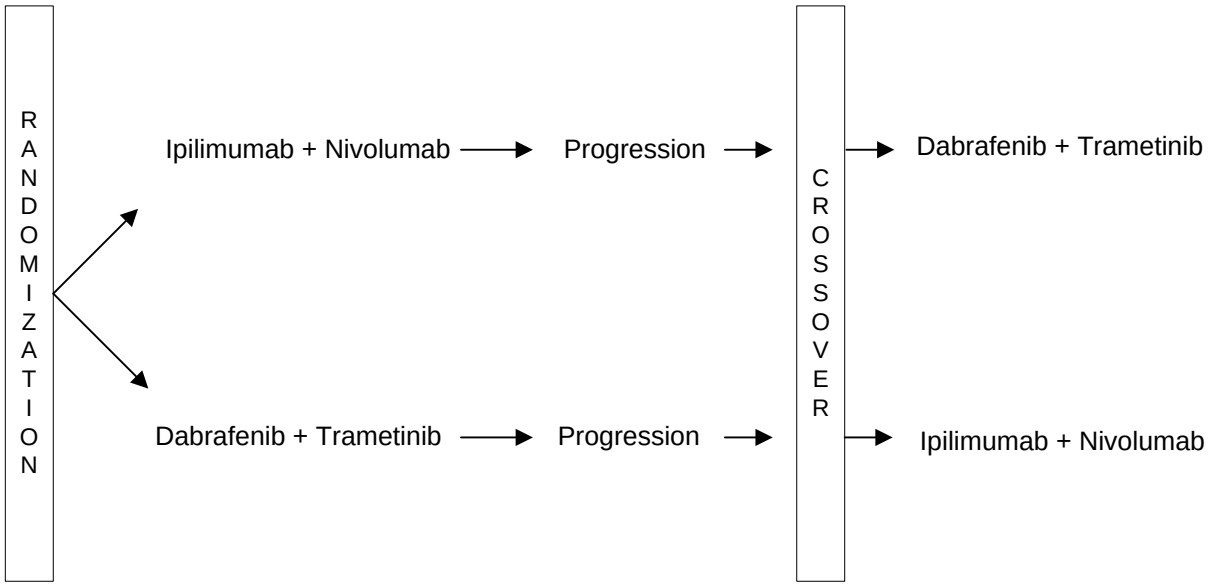
Participants:
ECOG-ACRIN, CTSU

Date Activated:
07/13/2015

Study Chairs:
M Atkins (ECOG-ACRIN), B Chmielowski (SWOG)

SCHEMA



Objectives

To determine whether initial treatment with either combination ipilimumab + nivolumab (with subsequent dabrafenib in combination with trametinib) or dabrafenib in combination with trametinib (with subsequent ipilimumab + nivolumab) significantly improves 2-year overall survival (OS) in patients with unresectable stage III or stage IV BRAF^{V600} mutant melanoma.

To evaluate the impact of initial treatment on overall survival.

To evaluate the anti-tumor activities (RECIST-defined response rate, median PFS) and safety profiles of ipilimumab + nivolumab and dabrafenib + trametinib.

To evaluate the activity (RECIST-defined response rate, median PFS) and safety of dabrafenib +

trametinib in patients who have had disease progression on ipilimumab + nivolumab and in comparison to its activity and safety in ipilimumab + nivolumab naïve patients.

To evaluate the activity of ipilimumab + nivolumab (RECIST-defined response rate, median PFS) and safety in patients who have had disease progression on dabrafenib + trametinib and in comparison to its activity and safety in dabrafenib + trametinib naïve patients.

To assess the feasibility of crossover to the alternative treatment strategy, defined as the percentage of patients who are able to crossover from one arm to the other and complete at least an initial course (12 weeks) of treatment after crossover without intervening symptomatic disease progression or treatment limiting toxicity.

Patient Population

Patients must have histological or cytological confirmation of melanoma which is stage IV or unresectable stage III and clearly progressive. Patients must have $BRAF^{V600E}$ or $BRAF^{V600K}$ mutations, identified by an FDA-approved test at a CLIA-certified lab. Patients must have measurable disease as defined by RECIST 1.1. Patients must not have currently active CNS metastases. Patients may have treated brain metastases (with either surgical resection or stereotactic radiosurgery (SRS)) that have been stable on head MRI or contrast CT scan for at least four weeks following treatment and within four weeks prior to randomization, provided they have not have taken any steroids for the purpose of managing their brain metastases for at least 14 days prior to randomization. Patients with only whole brain irradiation for treatment of CNS metastases are ineligible. Patients with a history of RAS mutation-positive tumors are not eligible. Patients must have aggressive melanoma that results in a serum LDH of more than 10 times the institutional upper limit of normal.

Patients may have had prior systemic therapy in the adjuvant setting; however this adjuvant treatment must not have included a CTLA4 or PD1 pathway blocking antibody or a BRAF/MEK inhibitor. Patients must not have received any prior systemic therapy for stage IV disease. Patients may have received prior radiation therapy or surgery.

Patients must have adequate hematologic, hepatic, and renal function and an ECOG performance status of 0-1. Patients must not have any ongoing or active infections requiring parenteral antibiotics. Patients must not have a history of bleeding diathesis or need for concurrent anticoagulation.

Stratification/Descriptive Factors

Treatment randomization will be stratified by the following: (1) ECOG performance status: 0 vs 1; (2) serum LDH: normal vs elevated (defined as above IULN).

Accrual Goals

Approximately 300 patients will be registered to achieve 270 eligible patients.

Summary Statement

As of June 30, 2016, there have been 35 registrations to this study, including six CTSU registrations by SWOG institutions. The complete summary of this study is available on the SWOG web site.

Registration by Institution

Registrations ending June 30, 2016

Institutions	Total Reg
Sutter Cancer RC	2
KaiserPermanenteSCAL/Kaiser Perm NCORP	1
Kansas, U of	1
Los Angeles, U of CA	1
Poudre Valley Hosp/Colorado, U of	1
Total (5 Institutions)	**6**

EA6141 Phase II-III SWOG Supported CTSU Study

Coordinating Group: ECOG-ACRIN

Randomized Phase II/III Study of Nivolumab plus Ipilimumab plus Sargramostin versus Nivolumab plus Ipilimumab in Patients with Unresectable Stage III or Stage IV Melanoma

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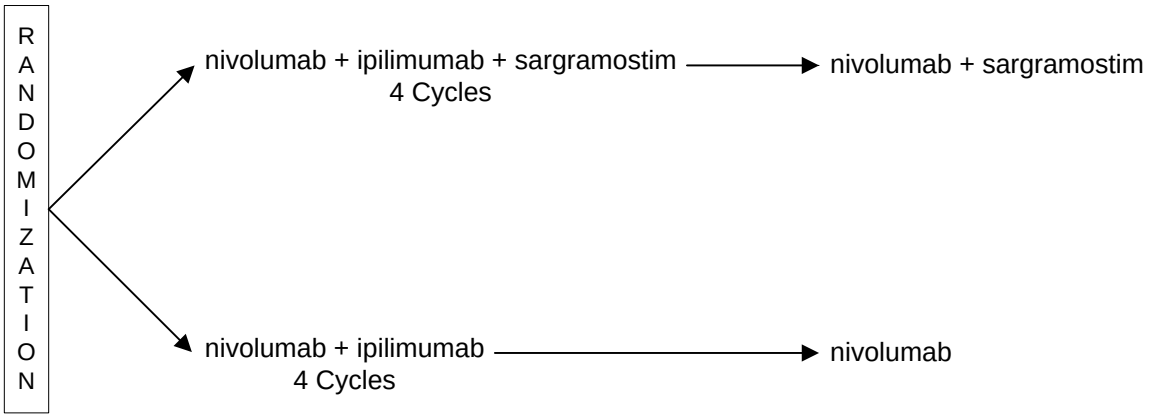
Participants:
ECOG-ACRIN, CTSU

Date Activated:
03/01/2016

Study Chairs:
F Hodi (ECOG-ACRIN), K Kim (SWOG)

SCHEMA



Objectives

To compare the overall survival of nivolumab/ipilimumab/GM-CSF versus nivolumab/ipilimumab.

To evaluate progression-free survival of patients treated with nivolumab/ipilimumab/GM-CSF versus nivolumab/ipilimumab.

To assess for differences in tolerability, specifically the rate of grade III or higher adverse events between nivolumab/ipilimumab/GM-CSF versus nivolumab/ipilimumab.

To evaluate immune-related response rate (based on immune-related response criteria) and response rate (based on RECIST) and to compare them.

Patient Population

Patients must have histologically or cytologically confirmed melanoma which is Stage IV or unresectable and clearly progressive Stage III. Patients must have measurable disease per RECIST 1.1. Patients must have known BRAF mutational status (wild type or mutated). Patients must not have currently active CNS metastases. Brain metastases must have been adequately treated and stable for at least four weeks following treatment. Patients must have serum LDH $\leq$ 10 x IULN.

Patients may have had prior surgery or radiation therapy. Patients may have received prior systemic therapy (interferon, BRAF or MEK agents), chemotherapy, immunotherapy, anti-CTLA-4 therapy, or other investigational agents given in the adjuvant setting. Patients must not have had any prior PD-1/PD-L1 agent in either the metastatic or adjuvant setting. Patients must not have received prior ipilimumab in the metastatic setting. Patients must not receive any other investigational agents while on study or within four weeks prior to randomization.

Patients must have adequate hematologic, renal, and hepatic function and an ECOG performance status of 0-1. Patients must have received any non-oncology vaccine therapy used for prevention of infectious diseases within four weeks prior to or after any dose of ipilimumab. Patients must not have HIV infection or evidence of active Hepatitis B or Hepatitis C. Patients must not have autoimmune disorders or conditions of immunosuppression that require ongoing treatment with systemic corticosteroids or other systemic immunosuppressants. Patients must not have a history of symptomatic autoimmune disease, motor neuropathy considered of autoimmune origin, or other CNS autoimmune disease. Patients must not have diverticulitis or a history of inflammatory bowel disease. All females of childbearing potential must have a negative pregnancy test within two weeks prior to randomization.

Stratification/Descriptive Factors

Patients will be stratified by the following factors: (1) BRAF mutational status of tumor: wild type vs mutated; (2) melanoma M-stage: M0//M1a vs M1b vs M1c.

Accrual Goals

This study is mainly designed as a phase III study requiring approximately 400 total patients to observe 265 deaths. Accrual will be suspended after 240 patients have been randomized and the phase II interim analysis will be performed when 113 deaths are observed.

Summary Statement

As of June 30, 2016, there have been 73 patients registered to this study, including two CTSU registrations by SWOG institutions: one by KaiserPermanenteSCAL/Kaiser Perm NCORP, and one by Thompson Ca Surv Ctr/San Antonio, U of TX.

EAY131 Master Protocol / Phase II

Coordinating Group: ECOG-ACRIN

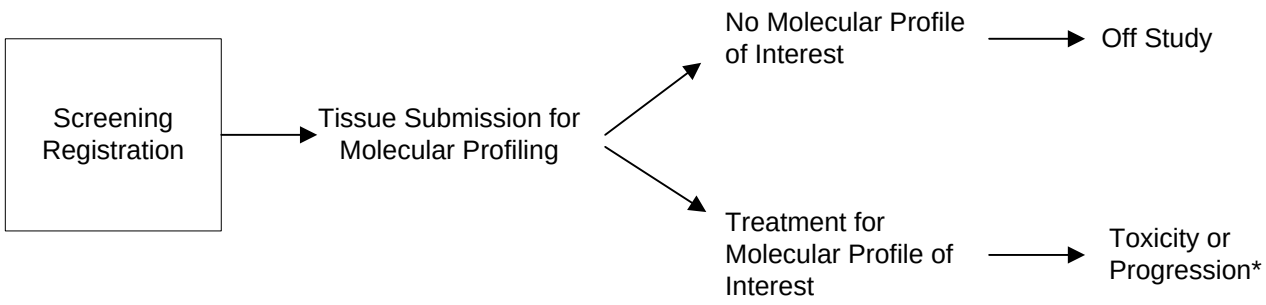
NCI-MATCH: Molecular Analysis for Therapy Choice

Participants:
ECOG-ACRIN, CTSU

Date Activated:
08/12/2015

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

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/multiple myeloma.

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/multiple myeloma.

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 protein and imaging-based assessment platforms.

To assess whether radiomic phenotypes obtained from pre-treatment imaging and changes from pre- through post-therapy imaging can predict response and progression-free survival and to evaluate the association between pre-treatment radiomic phenotypes and targeted gene mutation patterns of tumor biopsy specimens.

Patient Population

Patients must have histologically documented solid tumors or histologically confirmed diagnosis of lymphoma or multiple myeloma 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 and meet one of the criteria in the protocol regarding tissue procurement.

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 start of treatment. Patients must not require the use of full dose coumarin-derivative anticoagulants. Factor X inhibitors are permitted. Patients may receive non-protocol treatment after biopsy (if clinically indicated) until they receive notification of results, but patients may not enroll in another investigational study during this time and the therapy cannot be an arm in this trial.

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. Patients must not have any uncontrolled intercurrent illness. 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 reach 25 patients by the time the overall study screening accrual goal is met, and if 13 patients have been treated and no responses have been observed, then the steering committee may consider terminating accrual in that subgroup due to lack of feasibility. After 500 patients are screened, the study design will be reassessed to assure its appropriateness. 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 January 26, 2015, with 10 subprotocols included in the activation. Only sites utilizing the CIRB as their IRB of record are able to participate in the trial. The study was temporarily closed to accrual on November 11, 2015, after rapid accrual of 795 patients to the screening step in only three months, including 119 SWOG registrations. This pause in patient enrollment for assessment of study design appropriateness was lifted on May 31, 2016, when this study reopened to enrollment with an additional 14 new subprotocols.

Patients with multiple myeloma will be allowed to enroll in the MATCH protocol at a future amendment. The screening sample collection, processing and assay are currently being validated for the marrow specimens for patients with myeloma. Once this is completed, an amendment allowing these patients to enroll will be submitted. Patients with myeloma cannot be entered on the trial until that is completed.

ECOG-ACRIN reported a total of 1,013 screened patients and 29 molecularly matched patients as of June 30, 2016. This includes 139 screened and two molecularly matched SWOG registrations. The complete Spring 2016 summary of this study from ECOG-ACRIN is available on the SWOG web site.