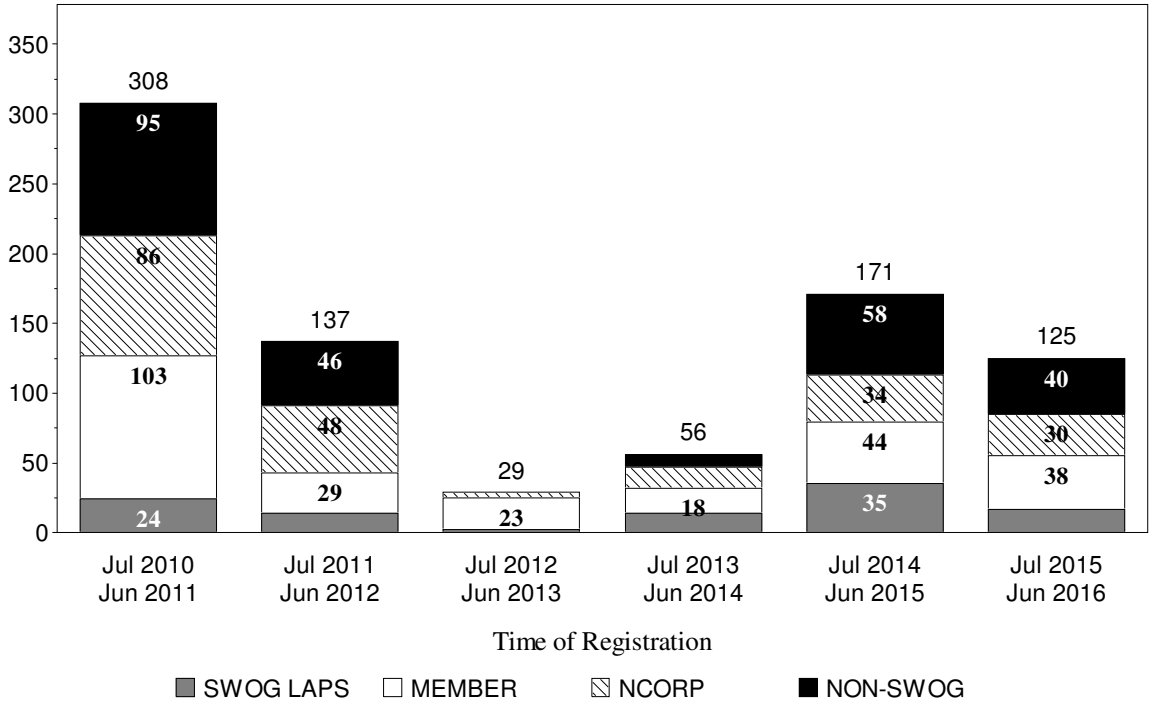
MYELOMA COMMITTEE

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 2016-Jun 2016	Jul 2015-Dec 2015	Jan 2015-Jun 2015	All Patients
S1211 MM, High Risk, RVD +/- ELO				
Initial registration				
RVD/Elo Dose Level 1	0	0	0	8
RVD	11	19	19	68
RVD/Elo	15	19	15	66
	26	38	34	142
S1304 MM, relapsed/refractory, Car+Dex				
Initial Registration				
Dex + Low Dose Carfilzomib	0	17	25	72
Dex + High Dose Carfilzomib	0	13	27	71
	0	30	52	143
Cross Over				
Dex + High Dose Carfilzomib	2	6	9	22
E1A11 MM, frontline, BLD vs CLD*				
Registration				
Total Registrations	21	3	6	49
E3A06 AMM, Lenalidomide vs Observation*				
Registration				
Total Registrations	1	6	5	29

* 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.

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)

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

Statisticians:
R Sexton, A Hoering

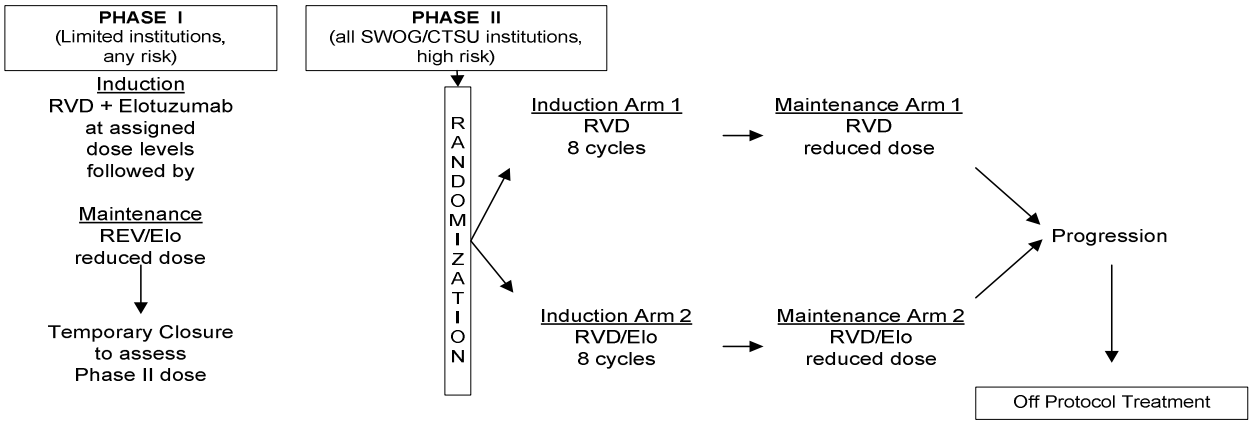
Data Coordinator:
J Jardine

Date Activated:
10/27/2012

Date Closed*:
06/02/2016

***Temporary Closure**

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. The study reached full accrual and closed temporarily on June 2, 2016, pending the activation of two new study arms. At this time, 142 patients had been enrolled to the trial. The Phase I portion of the trial was completed on September 24, 2012 and Dose Level 1 (10 mg/kg) was established as the appropriate dose level for the Phase II portion of the trial. The following summary contains only Phase II patients with the exception of the Registration by Institution table.

Among the 134 patients enrolled to the Phase II portion of the trial, 68 were randomized to the RVD arm and 66 were randomized to the RVD/Elo arm. Twelve patients on the RVD arm and thirteen patients on the RVD/Elo arm are ineligible due to the following reasons: missing, insufficient, or early or late baseline labs (17), prior therapy not completed at least 56 days prior to registration (3), criteria for measurable disease not met (3), uncontrolled diabetes (1), and criteria for high risk not met (1). There has been one major protocol deviation: a patient on the RVD/Elo arm withdrew consent prior to receiving any treatment. This patient is not evaluable for response or adverse events.

Seven patients went of study due to "other" reasons; the reasons cited include physician discretion (1) and intent to transplant (6). Seven of the 53 patients on the RVD arm and nine of the 48 patients on the RVD/Elo arm who have been assessed for toxicities have experienced Grade 4 adverse events as maximum degree. The most common non-

hematologic Grade 4 adverse events reported were thromboembolic event (2) and respiratory failure (2) on the RVD arm, and alanine transaminase (ALT) increased (2) and aspartate transaminase (AST) increased (2) on the RVD/Elo arm. There has been one treatment-related death: a patient on the RVD/Elo arm died due to multi-organ failure.

Registration by Institution

Registrations ending June 30, 2016

Institutions	Total Reg	Institutions	Total Reg
ECOG-ACRIN	31	NRG	3
Carolinas Med Ctr/San Antonio, U of TX	12	Sinai Hospital/San Antonio, U of TX	3
Kansas, U of	12	Wayne State Univ	3
Alliance	10	Ozarks NCORP	2
Cleveland Clinic OH	10	So Calif, U of	2
MD Anderson CC	10	CRC West MI NCORP	1
City of Hope Med Ctr	7	Dayton NCORP	1
Rochester, Univ of	7	Essentia Hlth NCORP	1
Michigan CRC NCORP	5	Kansas City NCORP	1
Columbus NCORP	4	Oklahoma, Univ of	1
Providence Hosp	4	Stormont-Vail Health/Kansas, U of	1
Southeast COR NCORP	4	Tulane University	1
Heartland NCORP	3	**Total (26 Institutions)**	**142**
Loyola University	3		

Registration, Eligibility, and Evaluability

Classified by arm

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

	TOTAL	RVD	RVD/Elo
NUMBER REGISTERED	134	68	66
INELIGIBLE	25	12	13
Insufficient Documentation	17	7	10
Irreversible	17	7	10
ELIGIBLE	109	56	53
Analyzable, Pend. Elig.	4	2	2
RESPONSE ASSESSMENT			
Determinable	70	38	32
Not Determinable	5	2	3
Too Early	34	16	18
ADVERSE EVENT ASSESSMENT			
Evaluable	101	53	48
Not Evaluable	1	0	1
Too Early	7	3	4

Patient Characteristics

Classified by arm

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

	RVD (n=56)		RVD/Elo (n=53)	
AGE				
Median	65.0		62.8	
Minimum	36.2		40.0	
Maximum	84.6		78.7	
SEX				
Males	35	63%	30	57%
Females	21	38%	23	43%
HISPANIC				
Yes	1	2%	3	6%
No	51	91%	49	92%
Unknown	4	7%	1	2%
RACE				
White	48	86%	45	85%
Black	8	14%	6	11%
Unknown	0	0%	2	4%
PCL AND/OR HIGH LDH				
Yes	9	16%	7	13%
No	47	84%	46	87%

Treatment Summary

Classified by arm

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

	TOTAL	RVD	RVD/Elo
NUMBER ON PROTOCOL TREATMENT	54	24	30
NUMBER OFF PROTOCOL TREATMENT	55	32	23
REASON OFF TREATMENT			
Treatment completed as planned	1	0	1
Adverse Event or side effects	26	16	10
Refusal unrelated to adverse event	2	1	1
Progression/relapse	16	10	6
Death	2	0	2
Other - not protocol specified	7	5	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, 2016; Data as of July 1, 2016

	RVD (n=53) Grade						RVD/Elo (n=48) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**	**0**	**1**	**2**	**3**	**4**	**5**
ALT increased	44	8	1	0	0	0	39	5	1	1	2	0
AST increased	48	5	0	0	0	0	41	4	0	1	2	0
Abdominal pain	50	2	0	1	0	0	45	3	0	0	0	0
Agitation	53	0	0	0	0	0	45	1	1	1	0	0
Alkaline phosphatase increased	46	7	0	0	0	0	40	7	0	1	0	0
Allergic reaction	53	0	0	0	0	0	47	0	0	1	0	0
Anemia	26	5	16	6	0	0	31	4	8	5	0	0
Atrial fibrillation	51	0	0	2	0	0	47	1	0	0	0	0
Back pain	50	1	2	0	0	0	39	6	2	1	0	0
Blood bilirubin increased	48	2	3	0	0	0	46	1	0	1	0	0
Bone pain	52	1	0	0	0	0	44	0	3	1	0	0
Diarrhea	35	8	5	5	0	0	35	9	3	1	0	0
Dizziness	41	10	1	1	0	0	35	11	2	0	0	0
Dyspnea	43	7	3	0	0	0	34	7	5	2	0	0
Edema limbs	31	13	7	2	0	0	26	16	6	0	0	0
Encephalopathy	52	0	0	1	0	0	48	0	0	0	0	0
Fall	50	2	0	1	0	0	47	1	0	0	0	0
Fatigue	25	15	6	7	0	0	22	14	9	3	0	0
Febrile neutropenia	52	0	0	0	1	0	47	0	0	1	0	0
Fracture	53	0	0	0	0	0	47	0	0	1	0	0
Generalized muscle weakness	47	2	3	1	0	0	37	6	4	1	0	0
Hyperglycemia	46	3	2	2	0	0	34	6	4	3	1	0
Hyperkalemia	51	1	0	1	0	0	45	1	1	0	1	0
Hypertension	46	1	5	1	0	0	42	2	3	1	0	0
Hypoalbuminemia	46	5	2	0	0	0	38	4	5	1	0	0
Hypokalemia	46	5	2	0	0	0	38	4	2	4	0	0
Hyponatremia	47	2	0	4	0	0	40	7	0	1	0	0
Hypotension	50	0	2	0	1	0	43	0	4	1	0	0
Hypoxia	53	0	0	0	0	0	47	0	0	1	0	0
INR increased	53	0	0	0	0	0	47	0	0	1	0	0
Ileus	52	0	1	0	0	0	47	0	0	1	0	0
Infections/infestations-Other	51	0	1	1	0	0	46	0	0	2	0	0
Infusion related reaction	53	0	0	0	0	0	46	0	0	1	1	0
Insomnia	45	6	2	0	0	0	37	6	4	1	0	0
Lung infection	51	0	1	1	0	0	46	0	0	2	0	0
Lymphocyte count decreased	34	4	4	10	1	0	35	2	3	6	2	0
MS/connective tissue disorder	52	0	0	1	0	0	47	1	0	0	0	0
Multi-organ failure	53	0	0	0	0	0	47	0	0	0	0	1
Muscle weakness lower limb	48	1	2	2	0	0	44	1	3	0	0	0
Muscle weakness trunk	53	0	0	0	0	0	47	0	0	1	0	0
Nausea	37	11	4	1	0	0	34	9	5	0	0	0
Neuralgia	53	0	0	0	0	0	46	1	0	1	0	0

	RVD (n=53) Grade						RVD/Elo (n=48) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**	**0**	**1**	**2**	**3**	**4**	**5**
Neutrophil count decreased	40	1	5	6	1	0	34	7	3	4	0	0
Osteonecrosis of jaw	52	0	0	0	1	0	48	0	0	0	0	0
Pain	53	0	0	0	0	0	41	1	5	1	0	0
Pain in extremity	43	5	4	1	0	0	38	4	6	0	0	0
Peripheral motor neuropathy	47	4	1	1	0	0	40	2	2	4	0	0
Peripheral sensory neuropathy	21	16	12	4	0	0	23	9	13	3	0	0
Platelet count decreased	29	9	6	8	1	0	23	10	6	6	3	0
Pneumonitis	52	0	1	0	0	0	47	0	0	1	0	0
Pulmonary edema	52	0	0	1	0	0	48	0	0	0	0	0
Rash acneiform	51	1	0	1	0	0	47	1	0	0	0	0
Rash maculo-papular	41	10	1	1	0	0	38	6	1	3	0	0
Resp/thoracic/mediastinal ds	53	0	0	0	0	0	47	0	0	1	0	0
Respiratory failure	51	0	0	0	2	0	47	0	0	0	1	0
Sepsis	52	0	0	0	1	0	47	0	0	0	1	0
Skin infection	52	0	1	0	0	0	47	0	0	1	0	0
Stroke	53	0	0	0	0	0	47	0	0	0	1	0
Syncope	52	0	0	1	0	0	47	0	0	1	0	0
Thromboembolic event	48	0	1	2	2	0	44	0	3	1	0	0
Tremor	50	1	1	1	0	0	45	3	0	0	0	0
Urinary tract infection	51	0	1	1	0	0	46	0	2	0	0	0
Urine output decreased	53	0	0	0	0	0	47	0	0	1	0	0
Vomiting	48	2	2	1	0	0	42	5	1	0	0	0
White blood cell decreased	34	7	8	3	1	0	33	5	8	2	0	0
MAX. GRADE ANY ADVERSE EVENT	1	3	16	26	7	0	1	3	12	22	9	1

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)

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

Statisticians:
R Sexton, A Hoering

Data Coordinator:
J Jardine

Date Activated:
10/18/2013

Date Closed:
11/06/2015

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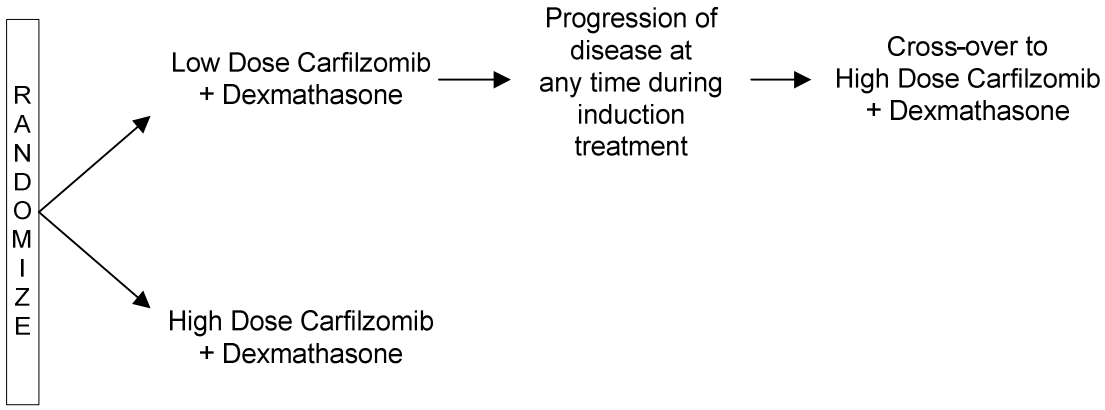


Objectives

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. The study was closed to accrual on November 6, 2015 after 143 patients, 72 randomized to low dose carfilzomib (LDC) and 71 randomized to high dose carfilzomib (HDC), had been enrolled to the trial. Nine patients randomized to LDC and 14 patients randomized to HDC were ineligible for the following reasons: missing, insufficient, early or late baseline labs (19), multiple myeloma diagnosis not confirmed (2), 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 or response.

Four patients went off study due to "other" reasons; the reasons cited include second primary malignancy (1), lack of compliance (1), physician decision (1), and intent to transplant (1). Three treatment-related deaths have been reported: two patients, one on each arm, died due to sepsis (the patient on the HDC arms is also indicated as having died due to causes not otherwise specified, Death NOS), and one patient on the LDC arm died due to causes not otherwise specified (Death NOS). Five of the 59 patients assessed for toxicity on the LDC arm and eight of the 55 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), dyspnea (1), pulmonary edema (1), respiratory failure (2), and restrictive cardiomyopathy (1) on the LDC arm and acute respiratory distress syndrome (2), acute kidney injury (1), dyspnea (1), hyperglycemia (1), hypocalcemia (1), lung infection (1), and stroke (1) on the HDC arm.

Twenty-two patients had registered to the Crossover HDC arm (C-HDC), six of whom were ineligible for the following reasons: missing, insufficient, early or late baseline labs at time of initial registration (3), multiple myeloma diagnosis not confirmed at time of initial registration (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 16 patients assessed for toxicity on C-HDC arm, 5 patients experienced Grade 4 adverse events, including the following non-hematologic adverse events: atrial flutter (1), bronchopulmonary hemorrhage (1), hypoxia (1), lung infection (1), secondary leukemia (1), and sepsis (2). No treatment-related deaths have been reported.

Registration by Institution

Registrations ending June 30, 2016

Institutions	Total Reg	Institutions	Total Reg
Alliance	33	KaiserPermanenteSCAL/Kaiser Perm NCORP	2
ECOG-ACRIN	21	Montana NCORP	2
So Calif, U of	17	Nevada CRF NCORP	2
NRG	9	Arizona MC, U of	1
Kaiser Perm NCORP	8	Boston MC MBCCOP	1
Michigan CRC NCORP	8	Boston Medical Ctr	1
MD Anderson CC	7	Lahey Hosp & Med Ctr	1
Loyola University	5	Mississippi, Univ of	1
Florida, Univ of/Yale University	4	Northwest NCORP	1
Heartland NCORP	4	Oklahoma, Univ of	1
Providence Hosp	4	Ozarks NCORP	1
Southeast COR NCORP	3	Wichita NCORP	1
Yale University	3	**Total (26 Institutions)**	**143**
Davis, U of CA	2		

Registration, Eligibility, and Evaluability

Classified by arm

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

	TOTAL	Dex + Low Dose Carfilzomib	Dex + High Dose Carfilzomib
NUMBER REGISTERED	143	72	71
INELIGIBLE	23	9	14
Insufficient Documentation	19	8	11
Irreversible	19	8	11
ELIGIBLE	120	63	57
RESPONSE ASSESSMENT			
Determinable	89	45	44
Not Determinable	14	8	6
Too Early	17	10	7
ADVERSE EVENT ASSESSMENT			
Evaluable	114	59	55
Not Evaluable	1	0	1
Too Early	5	4	1

Patient Characteristics

Classified by arm

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

	Dex + Low Dose Carfilzomib (n=63)		Dex + High Dose Carfilzomib (n=57)	
AGE				
Median	65.3		66.6	
Minimum	43.4		44.8	
Maximum	90.0		81.9	
SEX				
Males	32	51%	35	61%
Females	31	49%	22	39%
HISPANIC				
Yes	10	16%	8	14%
No	49	78%	43	75%
Unknown	4	6%	6	11%
RACE				
White	49	78%	42	74%
Black	12	19%	9	16%
Asian	1	2%	3	5%
Native American	1	2%	0	0%
Unknown	0	0%	3	5%
PRIOR THERAPIES				
1-3	50	79%	43	75%
4-6	13	21%	14	25%
REFRACTORY TO BORTEZOMIB				
Yes	30	48%	29	51%
No	33	52%	28	49%

Treatment Summary

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

	Total
NUMBER ON PROTOCOL TREATMENT	16
NUMBER OFF PROTOCOL TREATMENT	104
REASON OFF TREATMENT	
Treatment completed as planned	15
Adverse Event or side effects	34
Refusal unrelated to adverse event	5
Progression/relapse	40
Death	4
Other - not protocol specified	4
Reason under review	2
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, 2016; Data as of July 1, 2016

	Dex + Low Dose Carfilzomib (n=59) Grade						Dex + High Dose Carfilzomib (n=55) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**	**0**	**1**	**2**	**3**	**4**	**5**
ARDS	59	0	0	0	0	0	53	0	0	0	2	0
Abdominal pain	56	2	1	0	0	0	51	2	1	1	0	0
Acute coronary syndrome	59	0	0	0	0	0	54	0	0	1	0	0
Acute kidney injury	58	0	0	1	0	0	53	0	1	0	1	0
Anemia	35	8	8	7	1	0	27	9	11	8	0	0
Anorexia	53	2	4	0	0	0	49	3	2	1	0	0
Atrial fibrillation	58	0	0	1	0	0	55	0	0	0	0	0
Back pain	57	1	1	0	0	0	45	4	5	1	0	0
Blurred vision	55	3	0	1	0	0	46	9	0	0	0	0
Cardiac arrest	58	0	0	0	1	0	55	0	0	0	0	0
Cardiac disorder-Other, spec	56	2	0	1	0	0	53	0	1	1	0	0
Chest pain - cardiac	58	0	0	1	0	0	53	1	1	0	0	0
Confusion	59	0	0	0	0	0	52	2	0	1	0	0
Creatinine increased	50	2	5	1	1	0	48	5	1	1	0	0
Death NOS	59	0	0	0	0	0	53	0	0	0	0	2
Dehydration	57	0	1	1	0	0	52	2	1	0	0	0
Delusions	59	0	0	0	0	0	54	0	0	1	0	0
Diarrhea	46	11	2	0	0	0	42	6	6	1	0	0
Dizziness	52	7	0	0	0	0	48	6	0	1	0	0
Dyspnea	45	6	6	1	1	0	36	9	5	4	1	0

	Dex + Low Dose Carfilzomib (n=59) Grade						Dex + High Dose Carfilzomib (n=55) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**	**0**	**1**	**2**	**3**	**4**	**5**
Edema limbs	50	5	3	1	0	0	50	4	1	0	0	0
Ejection fraction decreased	56	0	1	2	0	0	55	0	0	0	0	0
Fatigue	32	12	14	1	0	0	25	15	7	8	0	0
Febrile neutropenia	59	0	0	0	0	0	53	0	0	2	0	0
Gait disturbance	59	0	0	0	0	0	54	0	0	1	0	0
Generalized muscle weakness	54	2	3	0	0	0	48	3	3	1	0	0
Glaucoma	58	0	0	1	0	0	55	0	0	0	0	0
Glucose intolerance	57	1	0	1	0	0	54	1	0	0	0	0
Heart failure	57	0	1	1	0	0	52	1	0	2	0	0
Hiccups	59	0	0	0	0	0	53	1	0	1	0	0
Hyperglycemia	55	3	1	0	0	0	42	10	0	2	1	0
Hypertension	48	5	4	2	0	0	45	3	3	4	0	0
Hypocalcemia	55	3	1	0	0	0	50	2	2	0	1	0
Hypokalemia	53	4	1	1	0	0	53	2	0	0	0	0
Hyponatremia	57	2	0	0	0	0	51	1	0	3	0	0
Hypophosphatemia	58	0	1	0	0	0	52	0	2	1	0	0
Hypotension	58	0	0	1	0	0	54	1	0	0	0	0
Hypoxia	58	0	0	1	0	0	53	0	0	2	0	0
Infections/infestations-Other	56	0	2	1	0	0	51	0	2	2	0	0
Insomnia	51	6	2	0	0	0	44	6	4	1	0	0
Investigations-Other, specify	57	0	1	1	0	0	55	0	0	0	0	0
LV systolic dysfunction	57	0	0	2	0	0	55	0	0	0	0	0
Lung infection	57	0	0	2	0	0	49	0	0	5	1	0
Lymphocyte count decreased	46	5	5	3	0	0	41	4	5	5	0	0
Lymphocyte count increased	58	0	0	1	0	0	55	0	0	0	0	0
Memory impairment	57	2	0	0	0	0	54	0	0	1	0	0
Nausea	41	12	5	1	0	0	40	10	5	0	0	0
Neutrophil count decreased	51	7	1	0	0	0	44	5	3	2	1	0
Non-cardiac chest pain	59	0	0	0	0	0	54	0	0	1	0	0
Pain in extremity	57	2	0	0	0	0	49	3	2	1	0	0
Platelet count decreased	38	16	2	1	2	0	29	9	4	8	5	0
Pulmonary edema	58	0	0	0	1	0	55	0	0	0	0	0
Resp/thoracic/mediastinal ds	58	1	0	0	0	0	54	0	0	1	0	0
Respiratory failure	57	0	0	0	2	0	55	0	0	0	0	0
Restrictive cardiomyopathy	57	0	0	1	1	0	55	0	0	0	0	0
Sepsis	58	0	0	0	0	1	54	0	0	0	0	1
Stroke	59	0	0	0	0	0	54	0	0	0	1	0
Syncope	59	0	0	0	0	0	54	0	0	1	0	0
Tumor lysis syndrome	58	0	0	1	0	0	55	0	0	0	0	0
Vomiting	49	5	4	1	0	0	50	2	3	0	0	0
Weight loss	58	0	1	0	0	0	52	1	1	1	0	0
White blood cell decreased	45	9	5	0	0	0	34	10	9	2	0	0
MAX. GRADE ANY ADVERSE EVENT	3	12	20	18	5	1	3	6	12	24	8	2

Registration, Eligibility, and Evaluability

Cross Over

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

	Total
NUMBER REGISTERED	22
INELIGIBLE	6
Insufficient Documentation	3
Irreversible	3
ELIGIBLE	16
RESPONSE ASSESSMENT	
Determinable	6
Not Determinable	3
Too Early	7
ADVERSE EVENT ASSESSMENT	
Evaluable	16

Treatment Summary

Cross Over

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

	Total
NUMBER ON PROTOCOL TREATMENT	3
NUMBER OFF PROTOCOL TREATMENT	13
REASON OFF TREATMENT	
Treatment completed as planned	0
Adverse Event or side effects	7
Refusal unrelated to adverse event	0
Progression/relapse	6
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, 2016; Data as of July 1, 2016

	Crossover (n=16) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**
Acute kidney injury	15	0	0	1	0	0
Alkaline phosphatase increased	15	1	0	0	0	0
Anemia	9	2	2	3	0	0
Anxiety	15	0	1	0	0	0
Atrial flutter	15	0	0	0	1	0
Bronchopulmonary hemorrhage	15	0	0	0	1	0
Cough	15	1	0	0	0	0
Creatinine increased	14	1	1	0	0	0
Dehydration	15	0	1	0	0	0
Diarrhea	15	1	0	0	0	0
Dizziness	15	1	0	0	0	0
Dysgeusia	15	1	0	0	0	0
Dyspnea	13	3	0	0	0	0
Fatigue	11	4	1	0	0	0
Generalized muscle weakness	15	0	1	0	0	0
Hypercalcemia	15	0	0	1	0	0
Hypertension	15	0	0	1	0	0
Hypoalbuminemia	15	0	1	0	0	0
Hypoxia	15	0	0	0	1	0
Insomnia	15	0	1	0	0	0
Lung infection	15	0	0	0	1	0
Lymphocyte count decreased	13	0	1	2	0	0
Metab/nutrition disorders-Oth	15	1	0	0	0	0
Myalgia	15	1	0	0	0	0
Nausea	12	4	0	0	0	0
Neutrophil count decreased	15	1	0	0	0	0
Peripheral sensory neuropathy	15	1	0	0	0	0
Platelet count decreased	11	1	2	1	1	0
Secondary Leukemia	15	0	0	0	1	0
Sepsis	14	0	0	0	2	0
Sinus disorder	15	0	1	0	0	0
Supraventricular tachycardia	15	0	0	1	0	0
Upper respiratory infection	15	0	1	0	0	0
White blood cell decreased	13	1	2	0	0	0
MAX. GRADE ANY ADVERSE EVENT	3	2	2	4	5	0

E1A11 Phase III SWOG Supported CTSU Study

Coordinating Group: ECOG-ACRIN

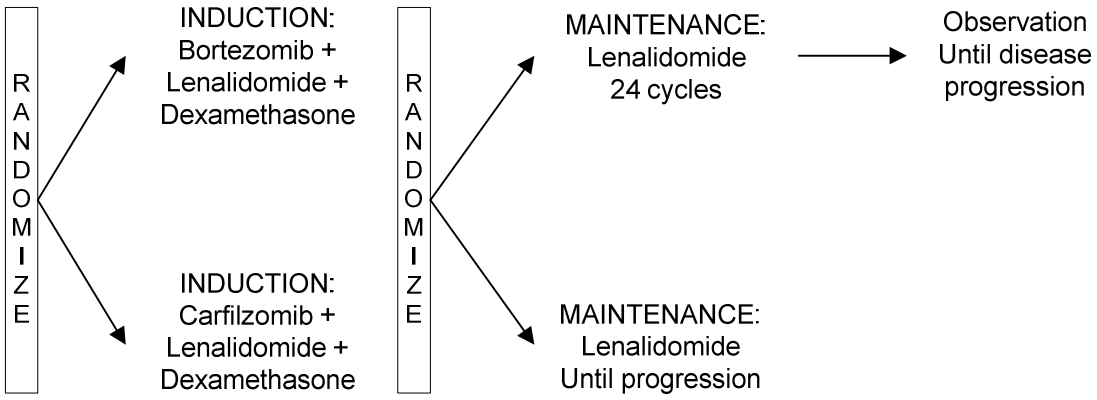
Randomized Phase III Trial of Bortezomib, LENalidomide and Dexamethasone (VRd) Versus Carfilzomib, Lenalidomide and Dexamethasone (CRd) Followed by Limited or Indefinite DURation Lenalidomide MaintenANCE in Patients with Newly Diagnosed Symptomatic Multiple Myeloma (ENDURANCE)

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 353 patients had registered to this study as of June 30, 2016, including 49 from SWOG institutions. The complete Spring 2016 summary of this study from ECOG-ACRIN is available on the SWOG web site.

Registration by Institution

Registrations ending June 30, 2016

Institutions	Total Reg	Institutions	Total Reg
Wayne State Univ	7	San Antonio, U of TX	2
KaiserPermanenteCOL/Kaiser Perm NCORP	5	Southeast COR NCORP	2
Kaiser Perm NCORP	4	Sutter Cancer RC	2
Baylor College	3	CORA NCORP	1
Beaumont NCORP	3	Dayton NCORP	1
Montana NCORP	3	Hawaii MU-NCORP	1
Providence Hosp	3	Oregon Hlth Sci Univ	1
Yale University	3	Sacred Heart Hosp/Arkansas, U of	1
Cookeville Reg MC	2	St Jude Medical Ctr/Irvine, U of CA	1
Henry Ford Hosp	2	**Total (20 Institutions)**	**49**
Ozarks NCORP	2		

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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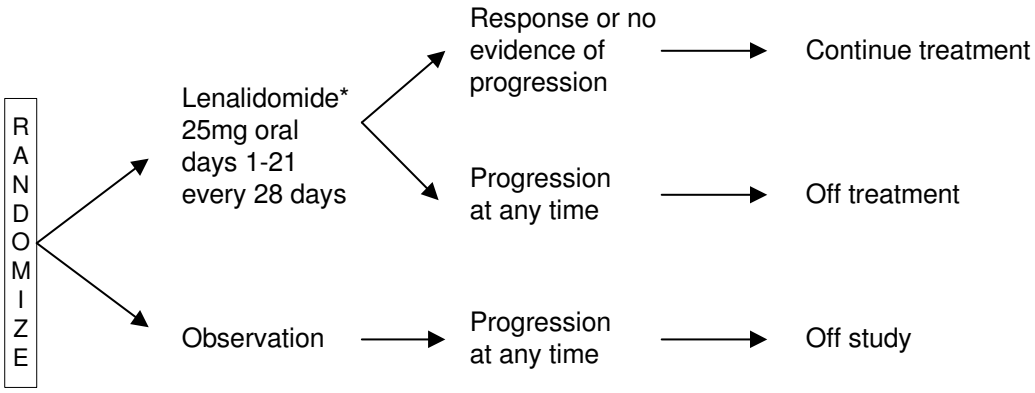
Participants:
ECOG-ACRIN, CTSU

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 myeloma indicating treatment between patients receiving lenalidomide versus observation alone in high-risk asymptomatic, smoldering multiple myeloma.

To determine and compare the response rate, time to progression, one-year progression-free survival probability, and overall survival between patients randomized to receive lenalidomide or observation in the setting of asymptomatic myeloma.

To estimate the incidence of adverse events in patients receiving lenalidomide therapy for early-stage multiple myeloma.

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

One hundred eighty patients will be randomized with equal allocation to lenalidomide versus observation.

Summary Statement

ECOG-ACRIN reported that 179 patients had registered to this study as of June 30, 2016, including 29 from SWOG institutions. The complete Spring 2016 summary of this study from ECOG-ACRIN is available on the SWOG web site.

Registration by Institution

Registrations ending June 30, 2016

Institutions	Total Reg	Institutions	Total Reg
Kansas, U of	13	Ozarks NCORP	1
Greenville NCORP	6	Prov Portland MC/PCRC NCORP	1
Tulane University	2	Providence Hosp	1
Yale University	2	Tennessee, U of	1
Irvine, U of CA	1	**Total (10 Institutions)**	**29**
Montana NCORP	1		

EAY131 Master Protocol / Phase II

Coordinating Group: ECOG-ACRIN

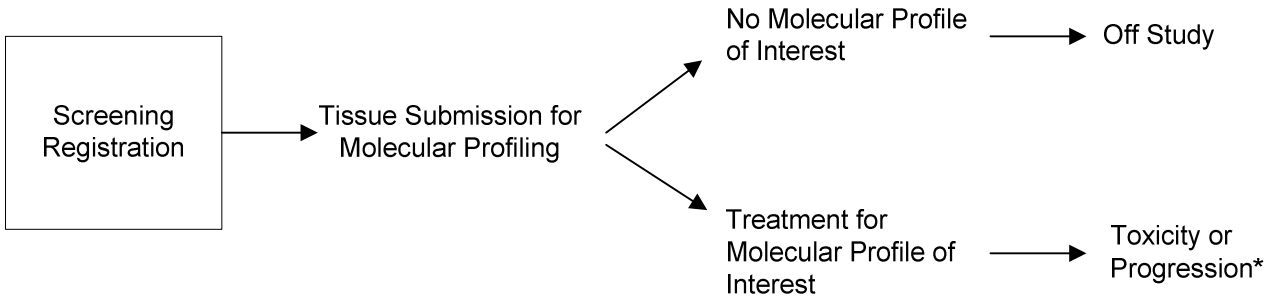
NCI-MATCH: Molecular Analysis for Therapy Choice

Participants:
ECOG-ACRIN, CTSU

Date Activated:
8/12/15

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