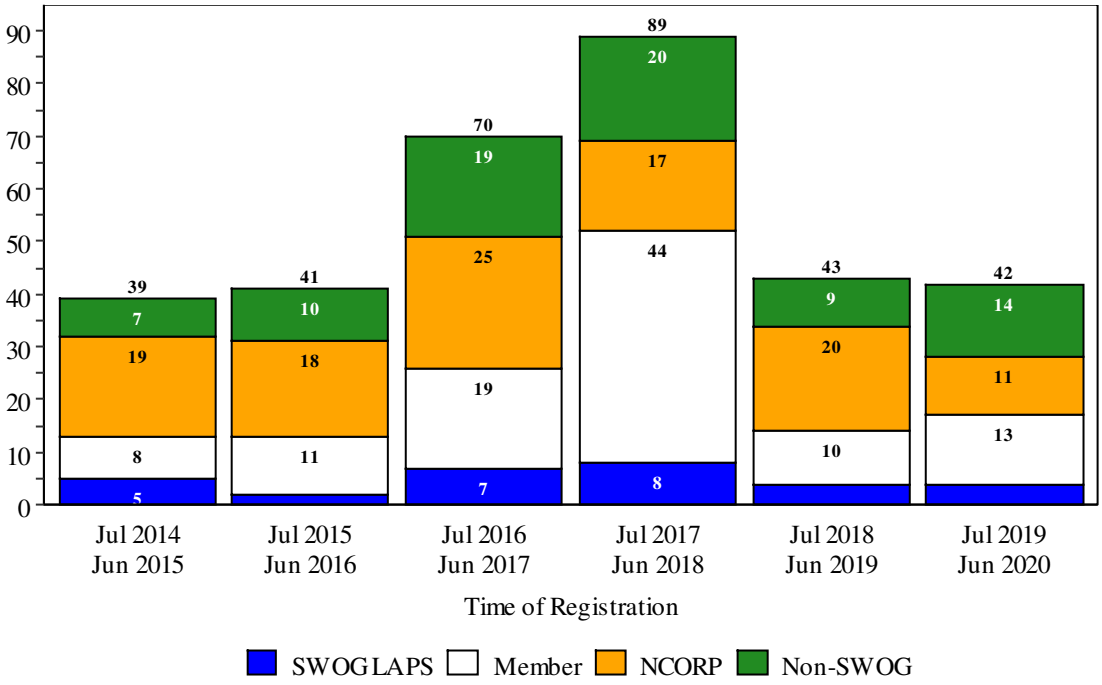
PREVENTION AND EPIDEMIOLOGY COMMITTEE

CONTENTS

Patient Registrations to Studies

by 12 Month Intervals
PREVENTION AND EPIDEMIOLOGY COMMITTEE
As Primary Committee



Screening registrations and registrations to Biologic only studies are excluded.

Patient Registrations by Study and Arm

PREVENTION AND EPIDEMIOLOGY COMMITTEE

As Primary Committee

	Jan 2020 Jun 2020	Jul 2019 Dec 2019	Jan 2019 Jun 2019	All Patients
S0820 PACES: ColrecStg0-3 Blind DFMO/Sulindac				
Pre-Registration				
Pre-Registration	9	23	62	606
Randomization				
Blinded drug	12	21	18	277

Non-SWOG Studies with SWOG-Credited Registrations

PREVENTION AND EPIDEMIOLOGY COMMITTEE

As Primary Committee

Studies with Accrual from January 2019 - June 2020

	SWOG Champion	SWOG Accrual Jan 2020 Jun 2020	SWOG Accrual Jul 2019 Dec 2019	SWOG Accrual Jan 2019 Jun 2019	SWOG Total	Total Accrued
A211102 Breast, Atypia via RPFNA, Metformin v Placebo		0	0	0	3	73
Date Activated: 02/01/15						
Most Recent Progress Report						
A211401 Lung, Varenic v Placebo, Surg Complications		0	8	2	10	23
Date Activated: 09/29/17 Date Closed: 11/15/19						
Most Recent Progress Report						
A211601 Breast, Stg II-III, Aspirin		0	1	1	2	9
Date Activated: 08/01/18						
No Recent Progress Report						

S0820 Phase III

Coordinating Group: SWOG

A Double Blind Placebo-Controlled Trial of Eflornithine and Sulindac to Prevent Recurrence of High Risk Adenomas and Second Primary Colorectal Cancers in Patients with Stage 0-III Colon or Rectal Cancer, Phase III - Preventing Adenomas of the Colon with Eflornithine and Sulindac (PACES)

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

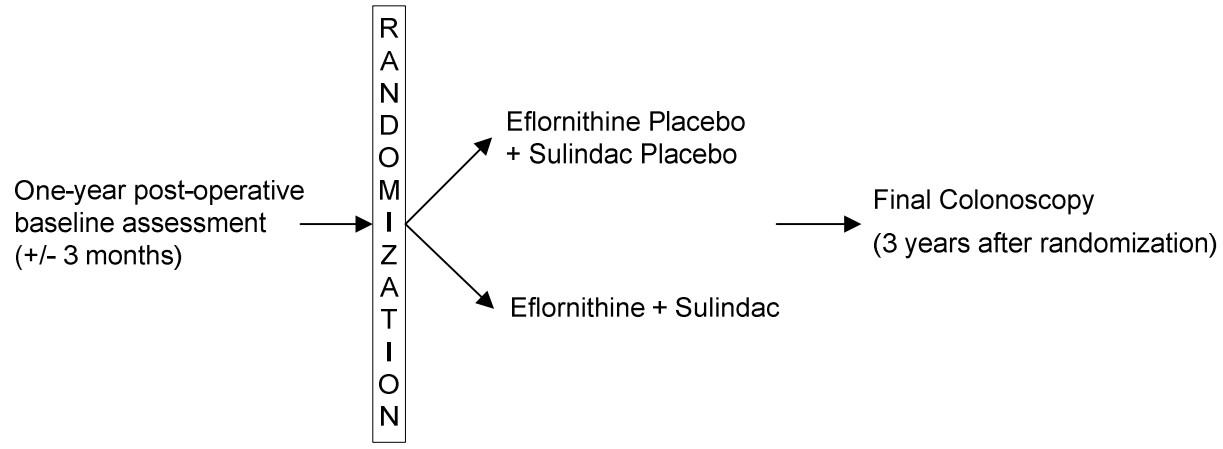
Date Activated:
03/01/2013

Study Chairs:
J Zell, P Brown, R Bergan (ECOG-ACRIN), J Dorth (NRG), Y You (Alliance)

Statisticians:
J Unger, G Anderson, K Arnold

Data Coordinator:
M Yee

SCHEMA



Objectives

To assess whether the combination of eflornithine and sulindac is effective in reducing the three-year event rate (high-risk adenomas and second primary colorectal cancers) in patients with previously treated Stage 0-III colon or rectal cancer.

To assess whether the combination of eflornithine and sulindac (compared to corresponding placebos) has efficacy against colorectal lesions with respect to high-grade dysplasia, adenomas with villous features, adenomas 1 cm or greater, multiple adenomas, any adenomas = 0.3 cm, total advanced colorectal events, or total colorectal events.

To assess quantitative and qualitative toxicities of patients when treated with the combination of eflornithine and sulindac compared to corresponding placebos.

To evaluate a minimal set of tagging single nucleotide polymorphisms across multiple genes

relevant to eflornithine and sulindac, in order to characterize associations with decreased adenoma/second primary colorectal (CRC) risk and adverse events.

To evaluate biomarker responses of treatment effect using novel microfluidics-based digital droplet detection system.

To explore the interaction of intervention arm and baseline statin use with respect to the 3-year event rate.

To explore the interaction of the intervention arm and patient-reported meat consumption with respect to the 3-year event rate.

To perform population pharmacokinetic (PK) analysis of eflornithine and sulindac in patients with previously treated Stage 0-III colon or rectal cancer. (Sites participating in PK sampling are listed on page 1a of the protocol.)

Patient Population

Patients must have a history of Stage 0, I, II or III colon or rectal adenocarcinoma that has been treated per standard care with resection alone or in combination with radiation or chemotherapy. Adjuvant chemotherapy and/or radiation treatment must have been completed at least 30 days prior to registration.

Patients must be registered between 120 days and 456 days (inclusive) of primary resection. Patients must show no evidence of disease based on post-operative colonoscopy (performed at least 120 days after the colon or rectal resection date and prior to registration). Patients with adenomas detected at the one-year postoperative colonoscopy are eligible if all adenomas have been completely removed.

Patients must be at least 18 years of age and must not have cardiovascular risk factors as outlined in the protocol. Patients must have Zubrod performance status of 0-1 and adequate hematologic, hepatic and renal function. Patients must not have a known history of familial adenomatous polyposis, hereditary nonpolyposis colorectal cancer, inflammatory bowel disease, biallelic mismatch repair deficiency syndrome, or constitutional mismatch repair deficiency syndrome. Patients must have a pure tone audiometry evaluation within 30 days prior to registration: patients with at least 40 dB hearing loss of any of the tested frequencies are not eligible. Patients must not be hypersensitive to selective inhibitors of cyclooxygenase-2, non-steroidal anti-inflammatory drugs, salicylates, or sulfonamides. Patients must not have documented history of gastric/duodenal ulcer within the last 12 months.

Stratification/Descriptive Factors

At randomization, patients will be stratified by risk of recurrence: Stage 0/I vs Stage II with no prior chemotherapy or radiation therapy vs Stage II with prior chemotherapy or radiation therapy vs Stage III.

Accrual Goals

A total of 420 patients will be enrolled, 210 to each arm.

Summary Statement

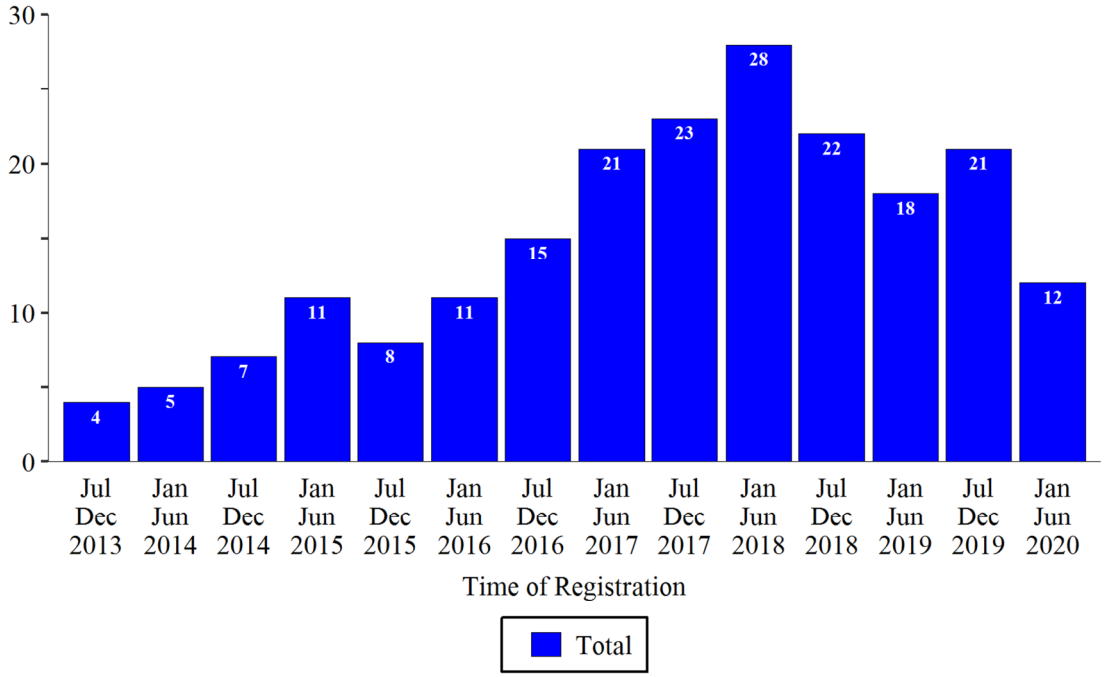
This study activated on March 1, 2013. As of June 30, 2020, 206 patients have been randomized.

Fourteen patients are ineligible due to: baseline hearing loss (7 patients), primary resection done too early (3), baseline lab values out of range (1), high cardiovascular risk (1), pregnancy (1), and taking daily oral corticosteroids (1). One hundred and fourteen patients are off treatment, including 18 patients coded as "Other – not protocol specified" for the following reasons: medication use not allowed on the study (4), intercurrent illness (3), site was unable to contact patient (2), patient moved (2), patient thought they had relapsed or progressed (2), treatment delay greater than 90 days (2), emergency unblinding (1), hearing loss (1), and loss of insurance coverage (1).

Seven patients are coded as major deviations, five of whom never started treatment and two who had two or fewer days of treatment. These patients are also not evaluable for adverse events. Among 179 patients who have had adverse events evaluated, one had a Grade 4 event of colonic perforation, possibly related to study drug.

A tool for tracking patients from the time of their initial resection to their registration window was made available in Revision #4. As of June 30, 2020, 606 patients have been logged into the tracking tool, of whom 38 were subsequently randomized. Five hundred and fourteen logged patients have passed the eligibility window and will never be randomized. Sites are encouraged to use the tracking tool to facilitate timing of patient randomizations with respect to the prior treatment windows.

Randomization by 6 Month Intervals



Registration by Institution

Registrations ending June 30, 2020

Institutions	Total Reg
Irvine, U of CA	21
Kaiser Perm NCORP	18
Yale University	13
Hawaii MU-NCORP	9
Northwest NCORP	9
Wichita NCORP	9
Banner MD Anderson/MD Anderson CC	7
Michigan CRC NCORP	5
San Antonio, U of TX	5
Baptist MU-NCORP	4
Colorado, U of	4
Columbus NCORP	4
Essentia Hlth NCORP	3
KaiserPermanenteSCAL/Kaiser Perm NCORP	3
MD Anderson CC	3
So Calif, U of	3
CORA NCORP	2
Loma Linda Univ	2
MAVERIC	2
Bay Area NCORP	1
City of Hope Med Ctr	1
Columbia MU-NCORP	1

Institutions	Total Reg
CRC West MI NCORP	1
Eisenhower Army MC/Brooke Army Med Ctr	1
Heartland NCORP	1
Kansas MU-NCORP	1
McLaren Cancer Inst/Wayne State Univ	1
NE Georgia Med Ctr/Georgia NCORP	1
Nevada CRF NCORP	1
New Mexico MU-NCORP	1
Oklahoma, Univ of	1
PCRC NCORP	1
Prov Portland MC/PCRC NCORP	1
Providence Hosp	1
Southeast COR NCORP	1
Weiss Memorial Hosp/Loyola University	1
West Suburban MC/Loyola University	1
Wisconsin NCORP	1
NRG	25
ALLIANCE	21
ECOG-ACRIN	15
Total (41 Institutions)	**206**

Registration, Eligibility, and Evaluability

Registrations ending June 30, 2020; Data as of July 15, 2020

	Total
NUMBER REGISTERED	206
INELIGIBLE	14
ELIGIBLE	192
Analyzable, Pend. Elig.	3
ADVERSE EVENT ASSESSMENT	
Evaluable	179
Not Evaluable	7
Too Early	6

Patient Characteristics

All Eligible and Selected Ineligible Patients Included
Registrations ending June 30, 2020; Data as of July 15, 2020

	Total (n=192)	
AGE		
Median	53.0	
Minimum	28.4	
Maximum	78.1	
SEX		
Males	77	40%
Females	115	60%
HISPANIC		
Yes	24	13%
No	164	85%
Unknown	4	2%
RACE		
White	146	76%
Black	13	7%
Asian	20	10%
Pacific Islander	1	1%
Native American	1	1%
Multi-Racial	2	1%
Unknown	9	5%
RISK OF RECURRENCE		
Stage 0 or I	33	17%
Stage II with no prior chemotherapy or radiation therapy	28	15%
Stage II with prior chemotherapy or radiation therapy	27	14%
Stage III	104	54%

Treatment Summary

All Eligible and Selected Ineligible Patients Included
Registrations ending June 30, 2020; Data as of July 15, 2020

	Total
NUMBER ON PROTOCOL TREATMENT	78
NUMBER OFF PROTOCOL TREATMENT	114
REASON OFF TREATMENT	
Treatment completed as planned	36
Adverse Event or side effects	21
Refusal unrelated to adverse event	22
Progression/relapse	14
Death	0
Other - not protocol specified	18
Reason under review	3
MAJOR PROTOCOL DEVIATIONS	7

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

Adverse Events Unlikely or Not Related to Treatment Excluded
All Eligible and Selected Ineligible Patients Included
Registrations ending June 30, 2020; Data as of July 15, 2020

		Total (n=179) Grade				
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**
Abdominal pain	169	9	1	0	0	0
Alkaline phosphatase increased	176	3	0	0	0	0
Allergic reaction	178	0	1	0	0	0
Alopecia	176	3	0	0	0	0
ALT increased	171	8	0	0	0	0
Anemia	174	2	2	1	0	0
Ankle fracture	178	0	0	1	0	0
Anxiety	178	1	0	0	0	0
Arthralgia	176	3	0	0	0	0
AST increased	167	12	0	0	0	0
Back pain	176	2	1	0	0	0
Bloating	176	3	0	0	0	0
Blood bilirubin increased	175	3	1	0	0	0
Blurred vision	177	1	1	0	0	0
Body odor	178	1	0	0	0	0
Bronchial infection	178	0	1	0	0	0
Bruising	174	5	0	0	0	0
Chest pain - cardiac	178	1	0	0	0	0
Cholesterol high	178	1	0	0	0	0
Colonic perforation	178	0	0	0	1	0
Constipation	161	16	2	0	0	0
Cough	177	2	0	0	0	0
Creatinine increased	178	1	0	0	0	0
Diarrhea	163	12	3	1	0	0
Dizziness	171	7	1	0	0	0
Dry mouth	177	2	0	0	0	0
Duodenal ulcer	178	0	0	1	0	0
Dysgeusia	178	1	0	0	0	0
Dyspepsia	174	3	2	0	0	0
Dysphagia	178	1	0	0	0	0
Dyspnea	177	2	0	0	0	0
Ear/labyrinth disorders-Other	177	2	0	0	0	0
Edema limbs	174	5	0	0	0	0
Epistaxis	178	1	0	0	0	0
Fatigue	161	16	2	0	0	0
Fever	178	0	1	0	0	0
Flu like symptoms	177	2	0	0	0	0
Flushing	178	0	1	0	0	0
Gastritis	178	1	0	0	0	0
Gastrointestinal pain	175	4	0	0	0	0
Gen disorders/admin site cond	178	1	0	0	0	0
Generalized muscle weakness	178	1	0	0	0	0
GERD	177	0	2	0	0	0
GI disorders-Other, specify	176	3	0	0	0	0
Gynecomastia	178	0	1	0	0	0
Headache	169	8	2	0	0	0

	Total (n=179) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**
Hearing impaired	174	5	0	0	0	0
Hematuria	177	2	0	0	0	0
Hepatobil disorders-Other	178	0	0	1	0	0
Hot flashes	178	1	0	0	0	0
Hyperglycemia	178	0	1	0	0	0
Hyperhidrosis	178	1	0	0	0	0
Hyperkalemia	178	1	0	0	0	0
Hypertension	165	5	9	0	0	0
Hypocalcemia	178	1	0	0	0	0
Insomnia	175	3	1	0	0	0
Investigations-Other, specify	176	3	0	0	0	0
Irregular menstruation	178	1	0	0	0	0
Lymphocyte count decreased	177	2	0	0	0	0
MS/connective tissue disorder	176	3	0	0	0	0
Mucositis oral	177	1	0	1	0	0
Muscle weakness upper limb	178	1	0	0	0	0
Myalgia	177	2	0	0	0	0
Nausea	170	8	1	0	0	0
Neoplasms, all	178	1	0	0	0	0
Nervous sys disorders-Other	178	1	0	0	0	0
Neutrophil count decreased	178	0	1	0	0	0
Pain	178	1	0	0	0	0
Pain in extremity	177	2	0	0	0	0
Paresthesia	178	1	0	0	0	0
Peripheral sensory neuropathy	176	2	1	0	0	0
Platelet count decreased	175	4	0	0	0	0
Pleuritic pain	178	1	0	0	0	0
Postnasal drip	178	1	0	0	0	0
Pruritus	176	2	1	0	0	0
Rash acneiform	178	1	0	0	0	0
Rash maculo-papular	176	2	0	1	0	0
Renal/urinary disorders-Other	178	1	0	0	0	0
Skin hyperpigmentation	177	2	0	0	0	0
Skin/subq tissue ds-Other	177	2	0	0	0	0
Somnolence	178	1	0	0	0	0
Stomach pain	176	1	2	0	0	0
Stroke	177	0	2	0	0	0
Syncope	178	0	0	1	0	0
Tinnitus	162	12	4	1	0	0
Tooth infection	178	0	0	1	0	0
Transient ischemic attacks	178	0	1	0	0	0
Upper GI hemorrhage	178	0	0	1	0	0
Vaginal dryness	178	1	0	0	0	0
Vomiting	176	2	1	0	0	0
Weight gain	176	1	2	0	0	0
Weight loss	178	1	0	0	0	0
White blood cell decreased	175	3	1	0	0	0
MAX. GRADE ANY ADVERSE EVENT	68	65	38	7	1	0

S1823 Observational Cohort

Coordinating Group: SWOG

A Prospective Observational Cohort Study to Assess miRNA 371 for Outcome Prediction in Patients with Newly Diagnosed Germ Cell Tumors

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Participants:
SWOG, CTSU (Supported by CCTG)

Date Activated:
06/01/2020

Study Chairs:
C Nichols, J Rae, L Nappi (CCTG)

Statisticians:
M LeBlanc, H Li, M Duong

Data Coordinators:
K Carvalho, M Yee

Objectives

To estimate the positive predictive value within each of the early stage testicular seminoma and non-seminoma groups using plasma miRNA 371 expression at relapse to detect germ cell malignancy.

To bank prospectively obtained serial liquid biospecimens for low and moderate risk of relapse patients annotated by patient level clinical data.

To bank prospectively collected, clinically annotated specimens for high risk patients and non-testicular primary patients in collaboration with Children's Oncology Group study AGCT 1531.

Patient Population

Patients must have a new diagnosis of a germ cell tumor confirmed pathologically or serologically. All primary sites, stages, histological subtypes of germ cell tumor are eligible. Metachronous second primary germ cell tumors are eligible. Patients must be registered within 42 days after diagnosis and prior to initiation of a management plan or treatment for the disease.

If an orchiectomy is planned for patients with Clinical Stage I testicular cancer, it must have been completed within 42 days prior to registration.

Patients must be at least 18 years of age; younger patients should be considered for direct enrollment in COG AGCT 1531. Patients must have beta-human chorionic gonadotropin (beta-HCG), alpha-fetoprotein (AFP), and lactate dehydrogenase (LDH) assessments within 42 days prior to registration. Patients must have risk of relapse assessment determined by the local investigator prior to registration.

Patients must agree to submit required specimens for defined translational medicine studies and must be offered participation in specimen banking for future research.

Stratification/Descriptive Factors

Patients will be classified according to the following factors: (1) histology: testicular seminoma vs testicular non-seminoma (including mixed germ cell tumors) vs other germ cell tumors (ovarian germ cell tumors, extra gonadal germ cell tumors and testicular non-germ cell histology); and (2) risk of relapse: low risk vs moderate risk vs high risk.

Accrual Goals

The overall accrual goal is 956 patients to achieve 50 seminoma and 100 non-seminoma relapse cases within low and moderate risk groups.

Summary Statement

The study was activated on June 1, 2020.

S1904 Pilot

Coordinating Group: SWOG

Cluster Randomized Controlled Trial of Patient and Provider Decision Support to Increase Chemoprevention Informed Choice among Women with Atypical Hyperplasia or Lobular Carcinoma *In Situ* - Making Informed Choices On Incorporating Chemoprevention into Care (MiCHOICE)

Participants:
SWOG, CTSU

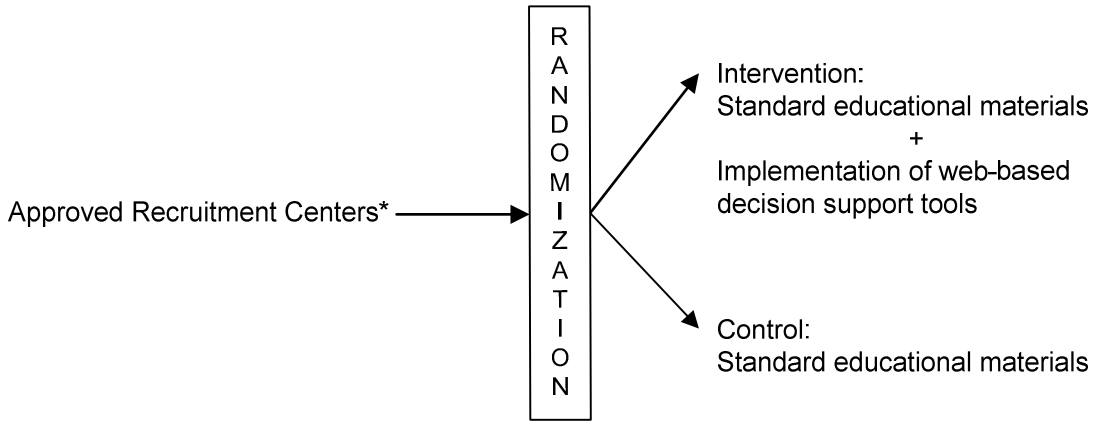
Date Activated:
09/01/2020

Study Chairs:
K Crew, R Kukafka

Statisticians:
G Anderson, K Arnold

Data Coordinator:
M Yee

SCHEMA



*An **S1904** Recruitment Center Application must be completed and approved for participation.

Objectives

To compare the frequency of chemoprevention informed choice at 6 months after registration among women with atypical hyperplasia (AH) or lobular carcinoma *in situ* (LCIS) between the intervention (*RealRisks* decision aid/*BNAV* + standard educational materials) and control (standard educational materials alone) arms.

To assess patient chemoprevention knowledge, chemoprevention intention/decision, perceived breast cancer risk and worry, accuracy of breast cancer risk perception, decision conflict and decision regret at baseline, 6 months, and 12 months in the intervention and control arms.

To compare patient chemoprevention usage, adherence, and reasons for discontinuation of a selective estrogen receptor modulator (SERM) or aromatase inhibitor (AI) annually for up to 5 years between the intervention and control arms.

To assess shared decision-making about chemoprevention among patients and healthcare providers after their 6-month clinic visit in the intervention and control arms.

To assess the implementation of the decision support tools, *RealRisks* and *BNAV*, into clinic workflow, and to better understand barriers and facilitators to chemoprevention usage by conducting telephone/video-conference interviews of healthcare providers and high-risk women with AH or LCIS assigned to the active intervention.

Patient Population

Patients must have histologically confirmed AH or LCIS documented by breast pathology report at any time in the past. Patients with borderline breast lesions and pleomorphic LCIS are also eligible. Patients must not have a history of invasive breast cancer or ductal carcinoma *in situ*.

Patients must not have prior or current use of SERMs or AIs. Patients must not be currently taking hormone replacement therapy.

Patients must be women 35 to 74 years of age without a history of bilateral mastectomy or breast implants. Both pre/perimenopausal and postmenopausal women are eligible. Patients must not be pregnant or lactating. Premenopausal patients must not have a history of thromboembolism.

Patients must be able to read and write in English or Spanish. Patients must be able to access the internet, receive email or text messages, and be able to access the patient portal for their Recruitment Center.

Stratification/Descriptive Factors

Recruitment Centers will be randomly assigned to control or intervention with stratification by the following factors: (1) eligible patient volume: ≤ 100 vs > 100 patients with a diagnosis of AH or LCIS per year; and (2) type of component: Minority/ Underserved-NCORP vs. non-Minority/Underserved-NCORP or NCTN.

Accrual Goals

A total of 415 patients will be accrued to achieve 374 eligible patients.