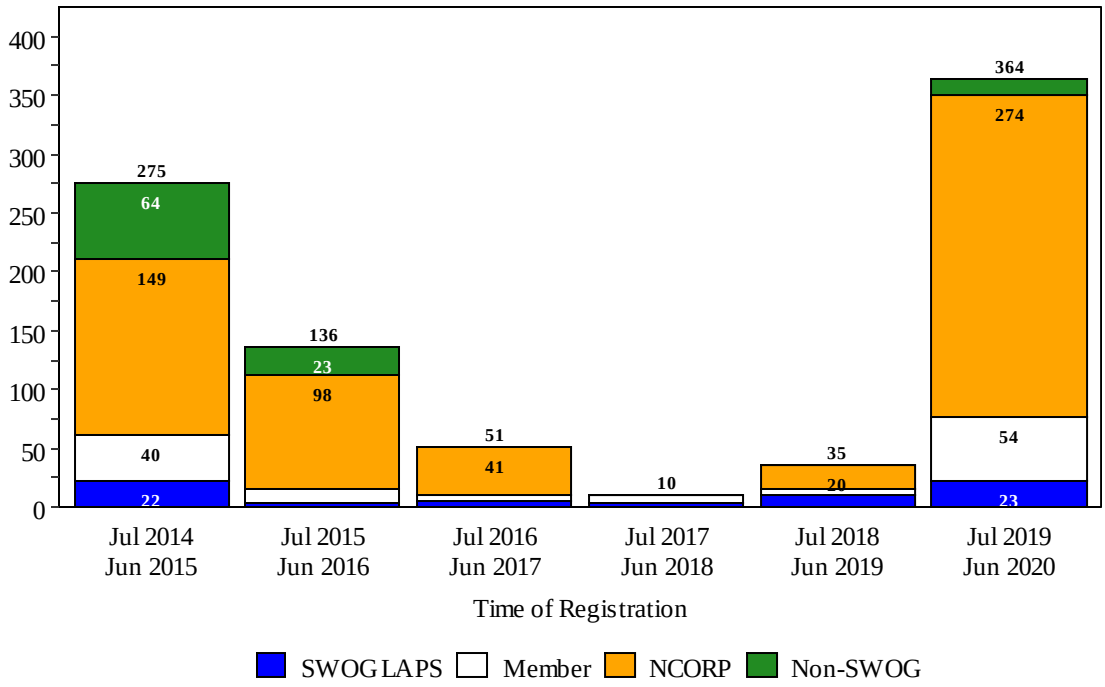
SYMPTOM CONTROL AND QOL COMMITTEE

CONTENTS

Patient Registrations to Studies

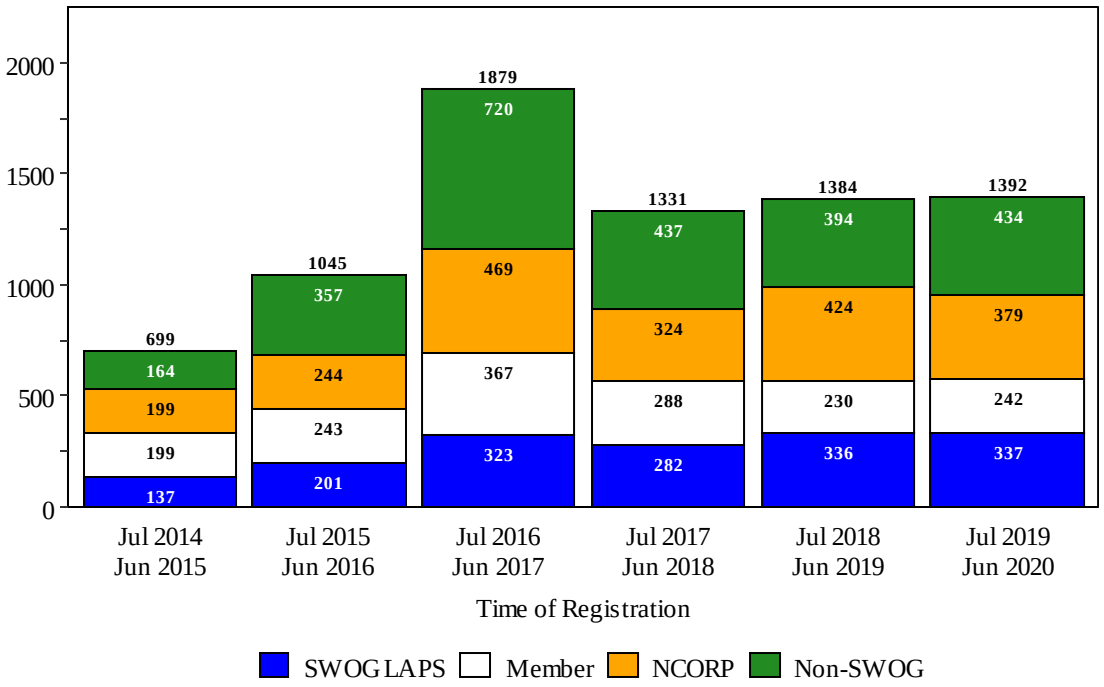
by 12 Month Intervals
SYMPTOM CONTROL AND QOL COMMITTEE
As Primary Committee



Screening registrations and registrations to Biologic only studies are excluded.

Patient Registrations to Studies

by 12 Month Intervals
SYMPTOM CONTROL AND QOL COMMITTEE
As Secondary Committee



Screening registrations and registrations to Biologic only studies are excluded.

Patient Registrations by Study and Arm

SYMPTOM CONTROL AND QOL COMMITTEE

As Primary Committee

	Jan 2020 Jun 2020	Jul 2019 Dec 2019	Jan 2019 Jun 2019	All Patients
S1600 Bladder,Radical Cystectomy Outcomes Nutrition				
Randomization				
Blinded Nutrition Drink	0	7	8	15
S1614 HBV in Ca Pts, TAF vs SOC				
Registration				
SOC HBV Treatment	2	0	0	2
S1714 CIPN Risk Prediction Cohort Study, Taxanes				
Initial Registration				
Observation	208	107	11	326

Patient Registrations by Study and Arm

SYMPTOM CONTROL AND QOL COMMITTEE

As Secondary Committee

	Jan 2020 Jun 2020	Jul 2019 Dec 2019	Jan 2019 Jun 2019	All Patients
S1207 Brst,Adj,Endocrine+/-Everolimus				
Randomization				
Blinded drug + Endocrine	0	0	134	1939
S1418 Breast, Adj, TNBC, MK-3475 (Pembrolizumab)				
Randomization				
Observation	79	82	84	411
MK-3475 (Pembrolizumab)	78	74	84	401
	157	156	168	812
S1602 Blad, HG NMIBC, TICE/Tokyo/Prime+Tokyo BCG				
Registration				
TICE BCG	76	35	72	251
Tokyo-172 BCG	73	36	70	249
Prime + Tokyo-172 BCG	77	33	71	250
	226	104	213	750
S1703 Met Breast, STM-monitoring v Usual Care				
Randomization				
Control (Usual Care)	13	15	9	38
Intervention (STMDDM)	15	11	12	39
	28	26	21	77
S1802 Pros, Stg IV, SST +/- Surg/RT to Primary Tum				
Induction				
Induction SST	64	78	45	211

	Jan 2020 Jun 2020	Jul 2019 Dec 2019	Jan 2019 Jun 2019	All Patients
S1806 Blad, MIBC, ChemoRT +/- Atezolizumab				
Randomization				
Chemo + RT	23	14	1	38
Chemo + RT + Atezolizumab	20	13	0	33
	43	27	1	71
S1820 Rectal, Diet modification to manage GI sx				
Randomization				
Diet Modification Coaching	1	0	0	1
Healthy Living Education	4	0	0	4
	5	0	0	5
S1826 HD, Adv, Age 12+, N+AVD vs BV+AVD				
Randomization				
Nivolumab + AVD	55	17	0	72
Brentuximab Vedotin + AVD	53	17	0	70
	108	34	0	142
S1827 SCLC, MRI Surveillance +/- PCI				
Randomization				
PCI + MRI brain surveillance	1	0	0	1
MRI brain surveillance	3	0	0	3
	4	0	0	4

Non-SWOG Studies with SWOG-Credited Registrations

SYMPTOM CONTROL AND QOL 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
A171601 Breast, ER+ HER2- Met, Palboc + Letroz/Fulves		2	0	0	2	93
Date Activated: 08/15/18 Date Closed: 03/03/20						
Most Recent Progress Report						
A221504 NSCL, Advanced, placebo vs naloxegol		2	0	3	6	50
Date Activated: 10/13/17 Date Closed: 06/30/20						
Most Recent Progress Report						
A221505 Brst, Hypofractionated Post Mast Rad		4	4	4	18	549
Date Activated: 02/01/18						
Most Recent Progress Report						
A221602 CINV in HEC patients, Olanza +/- Fosapre		12	1	0	13	387
Date Activated: 10/15/18						
Most Recent Progress Report						
A221702 BREAST, SLN/ALND +/- ARM		15	0	0	15	63
Date Activated: 05/31/19						
Most Recent Progress Report						

Non-SWOG Studies with SWOG-Credited Registrations

SYMPTOM CONTROL AND QOL COMMITTEE

As Secondary 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
A011104 Preoperative Breast MRI		0	1	3	23	319
Date Activated: 02/21/14 Date Closed: 12/27/19						
Most Recent Progress Report						
A011401 Breast, adj, Stage II/III HER2-, weight loss	Hershman, D	22	40	44	305	2783
Date Activated: 08/29/16						
Most Recent Progress Report						
A021502 Colon, Stg III, Chemo +/- Atezol, ATOMIC	Lieu, C	6	6	7	28	312
Date Activated: 09/12/17						
Most Recent Progress Report						
A021602 PANC, Adv PNET Blinded Cabozantinib v Placebo	Strosberg, R	2	5	1	8	62
Date Activated: 07/18/18						
Most Recent Progress Report						

Non-SWOG Studies with SWOG-Credited Registrations (cont'd)

SYMPTOM CONTROL AND QOL COMMITTEE

As Secondary 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
A031102 GCT, Recur, Std Chemo(TIP) vs HD Chemo(TI-CE) Date Activated: 07/01/15 *Most Recent Progress Report*	Cohen, A	0	1	1	6	282
A031501 Bladder, MIBC/Loc Adv, Adjv Pembro vs Obs Date Activated: 09/21/17 *Most Recent Progress Report*	Sonpavde, G	9	18	22	64	471
A031704 RCC, Met, Ipi+Nivo followed by Nivo+/-Cabo Date Activated: 05/09/19 *Most Recent Progress Report*		13	5	0	18	157
A211401 Lung, Varenic v Placebo, Surg Complications Date Activated: 09/29/17 Date Closed: 11/15/19 *Most Recent Progress Report*		0	8	2	10	23
AGCT1532 Inter/Poor Met GCTs, Accel v Std BEP Chemo Date Activated: 07/30/18 *Most Recent Progress Report*	Quinn, I	0	1	0	1	32
B51 Breast, Regional Nodal XRT Date Activated: 08/22/13 *Most Recent Progress Report*		3	4	2	42	1523
B55 Brst, Adj Olaparib for BRCA,TNBC Date Activated: 07/03/14 Date Closed: 04/29/19 *Most Recent Progress Report*		0	0	2	34	220
C30610 SCLC, Thoracic RT Date Activated: 03/21/08 Date Closed: 12/01/19 *Most Recent Progress Report*		0	0	1	57	732
E1A11 MM, frontline, BLD vs CLD Date Activated: 11/22/13 Date Closed: 01/29/19 *Most Recent Progress Report*	Zonder, A	0	0	7	259	1087
E1Q11 EROS: Reproductive Health in Cancer Survivors Date Activated: 09/30/15 Date Closed: 01/04/19 *Most Recent Progress Report*		0	1	3	23	378
EA6134 Adv, BRAF mut, D+T/Ipi+Niv vs Ipi+Niv/D+T Date Activated: 12/15/15 *Most Recent Progress Report*	Chmielowski, B	3	6	9	48	242

Non-SWOG Studies with SWOG-Credited Registrations (cont'd)

SYMPTOM CONTROL AND QOL COMMITTEE

As Secondary 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
EA8134 Penile, Local Adv, ILND +/- Chemo or ChemoRT Date Activated: 09/08/17 *Most Recent Progress Report*		2	3	1	6	32
EA8143 RCC, HR, Surg +/- Nivolumab (PROSPER) Date Activated: 02/02/17 *Most Recent Progress Report*	Lara, N; Shuch, B	29	27	25	101	498
EA9161 CLL, untreated, IOV vs IO in younger pts Date Activated: 01/03/19 *Most Recent Progress Report*	Shadman, M	34	41	27	102	443
EAA173 MYEL, SMM, Rd +/- Daratumumab Date Activated: 04/30/19 *Most Recent Progress Report*	Manasanch, E	5	0	0	5	32
EAQ152 Communication & education in tumor profiling Date Activated: 09/26/16 Date Closed: 06/07/19 *Most Recent Progress Report*		0	0	1	15	601
EAQ162CD CCD, Financial Burden, Colon & Rectal Cancer Date Activated: 05/17/18 Date Closed: 07/06/20 *Most Recent Progress Report*		5	10	18	44	564
G0263 Cerv, Stg I/IIA, adjv RT vs chemoRT Date Activated: 04/12/10 *Most Recent Progress Report*		0	0	0	1	325
MA39 BREAST, Node-Pos, Reg RT vs No Reg RT Date Activated: 05/30/18 *Most Recent Progress Report*		1	1	0	2	305
NRGBN003 Mening, Grd II, Observation vs Irradiation Date Activated: 06/14/17 *No Progress Report Available*		2	1	0	3	81
NRGBR004 BREAST, Met HER2+, Pac+Tras+Pert +/- Atezo Date Activated: 03/12/19 *No Progress Report Available*	Cobain, F	1	1	0	2	51
NRGCC003 SCLC, PCI or HA-PCI Date Activated: 12/07/15 *No Progress Report Available*	Gaspar, L	0	0	0	4	305
NRGGI004 Colorectal, Stg IV, dMMR Immuno-Therapy Date Activated: 11/07/17 Date Closed: 06/04/20 *No Progress Report Available*	Hochster, S	3	2	4	14	64

Non-SWOG Studies with SWOG-Credited Registrations (cont'd)

SYMPTOM CONTROL AND QOL COMMITTEE

As Secondary 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
NRGGU005 PROS, intmd risk, IGRT& SBRT vs IGRT& HF-IMRT		1	0	1	2	285
Date Activated: 11/16/17						
No Progress Report Available						
NRGGY005 OVAR, Cedir vs Olaparib vs C+O vs Std of Care		0	0	1	4	509
Date Activated: 02/06/16						
Most Recent Progress Report						
NRGGY009 Ovar, PLD/Atexo vs PLD/Atezo/Bev vs PLD/Bev	Robinson, R	0	0	4	8	273
Date Activated: 05/12/17 Date Closed: 05/09/19						
No Progress Report Available						
NRGHN001 Nasopharyngeal , Indiviual Tx EBV		0	1	0	7	501
Date Activated: 04/21/14						
Most Recent Progress Report						
NRGHN004 HN, Adv, RT+Durvalumab vs RT+Cetuximab		2	1	1	4	102
Date Activated: 12/12/17						
No Progress Report Available						
NRGHN005 HN, early stg P16-pos, randomize de-intensifi		2	1	0	3	67
Date Activated: 07/10/19						
No Progress Report Available						
NRGLU002 LUNG, Limited Met NSCLC, MST vs LCT + MST	Gomez, D	0	1	0	1	130
Date Activated: 04/07/17						
No Progress Report Available						
NRGLU005 LUNG, LS-SCLC, ChemoRT v ChemoRT+Atezo	Hsu, C	0	1	0	1	103
Date Activated: 05/28/19						
No Progress Report Available						
R0724 Cervical, Chem+RT +/- Adj. Chemo		0	0	0	1	217
Date Activated: 01/15/14						
Most Recent Progress Report						
R0924 Pros, NADT+WPRT vs. NADT+P&SV RT	Marshall, T	0	0	2	93	2590
Date Activated: 07/07/11 Date Closed: 06/24/19						
Most Recent Progress Report						

S1600 Phase III

Coordinating Group: SWOG

A Randomized Phase III Double-Blind Clinical Trial Evaluating the Effect of Immune-Enhancing Nutrition on Radical Cystectomy Outcomes

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Participants:
SWOG, CTSU

Study Chairs:
J Hamilton-Reeves, J Holzbeierlein

Statisticians:
J Unger, D Lew

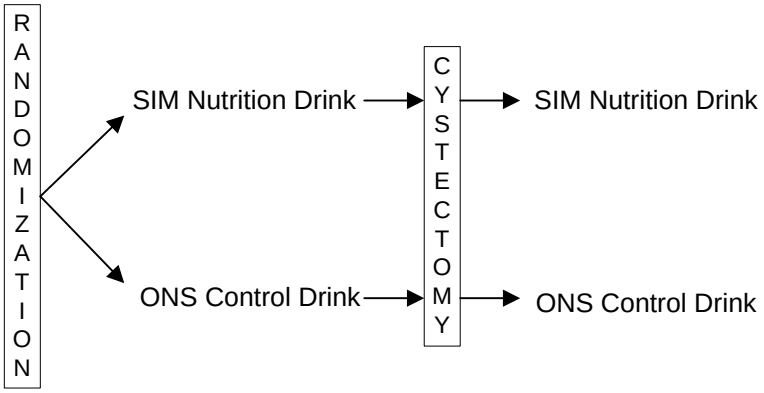
Data Coordinators:
S Dzingle, R Topacio

Date Activated:
02/21/2019

Date Closed*:
10/04/2019

*Temporary Closure

SCHEMA



Objectives

To compare the impact of consuming perioperative specialized immune-modulating drinks (SIM, Impact Advanced Recovery, Nestle) to oral nutrition supplement control drinks (ONS, Oral Nutrition Control, Nestle) on post-operative complications (any vs. none) within 30 days after scheduled radical cystectomy (RC).

To assess whether SIM use compared to ONS reduces late-phase post-operative complications within 90 days after scheduled RC.

To assess whether SIM use compared to ONS reduces infections.

To assess whether SIM use compared to ONS reduces skeletal muscle wasting.

To assess whether SIM use compared to ONS reduces high grade post-operative complications.

To assess whether SIM use compared to ONS reduces readmission rates.

To assess whether SIM use compared to ONS improves quality of life.

To assess whether SIM use compared to ONS improves disease-free survival and overall survival.

Patient Population

Patients must have a tissue diagnosis of primary cell carcinoma of the bladder by TURBT or partial

cystectomy. Patients may not have any evidence of unresectable disease or metastatic disease as assessed by exam under anesthesia or imaging (CT, MRI, PET). Patients must be planning to undergo radical cystectomy within 28 days after registration, and the surgery must be planned to be performed under pre-approved, study-specific surgical guidelines.

Patients must have completed any neoadjuvant chemotherapy or immunotherapy (intravesical or systemic) at least 14 days prior to registration and any toxicities resolved to ≤ Grade 2. Patients must not be planning to receive adjuvant chemotherapy within 90 days after radical cystectomy. Patients may have received prior partial cystectomy and/or prior radiation therapy; these must have been completed at least 180 days prior to registration.

Patients must be at least 18 years old, be able to understand and speak English, and not have known galactosemia or active viral infections such as HIV or hepatitis. Patients must have their baseline nutrition status assessed using the Patient-Generated Subjective Global Assessment (PG-SGA) within 14 days prior to registration and must not have a global category rating of Stage C (severely malnourished). Patients must be able to swallow liquid and have no refractory nausea, vomiting, malabsorption, or significant small bowel resection that would preclude adequate absorption. Patients on tube feeding are not eligible.

Patients must consent and be willing to have specimens collected and submitted as described in the protocol.

Stratification/Descriptive Factors

Patient randomization will be stratified by the following factors: (1) planned diversion type: neobladder vs other; (2) prior neoadjuvant therapy: any vs none; and (3) baseline nutrition status as assessed by the PG-SGA: well nourished (Stage A) vs moderate malnutrition (Stage B).

Accrual Goals

The accrual goal is 200 patients to achieve 190 eligible patients.

Summary Statement

This study was activated on February 21, 2019. The study was temporarily closed to accrual on October 4, 2019, due to expiration of the supply of study nutrition drinks. The study is expected to reopen to accrual in 2020 pending receipt of additional supply of the nutrition drinks for the study.

Fifteen patients had been enrolled prior to temporary closure, two of whom are not analyzable because of withdrawal from the study and refusal of study assessments. Only one of the 13 patients assessed reported adverse events related to the study intervention: Grade 1 nausea and belching.

Registration by Institution

Institutions	Total Reg
Kansas MU-NCORP	11
Colorado, U of	2
ALLIANCE	1
NRG	1
Total (4 Institutions)	**15**

Registration, Eligibility, and Evaluability

Data as of July 31, 2020

	Total
NUMBER REGISTERED	15
ELIGIBLE	15
Not Analyzable	2
ADVERSE EVENT ASSESSMENT	
Evaluable	13

Patient Characteristics

Data as of July 31, 2020

	Total (n=13)	
AGE		
Median	69.7	
Minimum	33.8	
Maximum	86.3	
SEX		
Males	12	92%
Females	1	8%
HISPANIC		
No	13	100%
RACE		
White	11	85%
Black	1	8%
Unknown	1	8%
PLANNED DIVERSION TYPE		
Neobladder	7	54%
Other	6	46%
PRIORTREATMENT		
Any	10	77%
None	3	23%
BASELINE NUTRITION STATUS		
Well nourished (Stage A)	6	46%
Moderate malnutrition (Stage B)	7	54%

Treatment Summary

Data as of July 31, 2020

	Total
NUMBER ON PROTOCOL TREATMENT	0
NUMBER OFF PROTOCOL TREATMENT	13
REASON OFF TREATMENT	
Treatment completed as planned	12
Adverse Event or side effects	0
Refusal unrelated to adverse event	0
Progression/relapse	0
Death	0
Other - not protocol specified	0
Reason under review	1
MAJOR PROTOCOL DEVIATIONS	0

S1602 Phase III

Coordinating Group: SWOG

A Phase III Randomized Trial to Evaluate the Influence of BCG Strain Differences and T Cell Priming with Intradermal BCG before Intravesical Therapy for BCG-Naïve High-Grade Non-Muscle Invasive Bladder Cancer

---

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

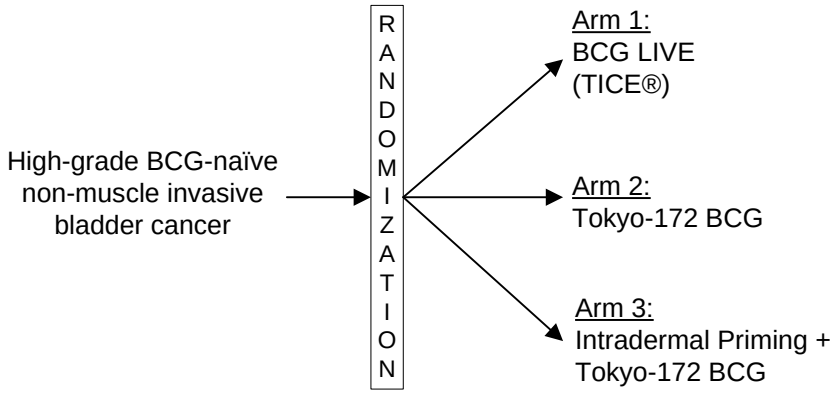
Date Activated:
02/07/2017

Study Chairs:
R Svatek, A Alva, M Woods (Alliance), V Master (NRG), J Mark (ECOG-ACRIN)

Statisticians:
C Tangen, M Plets, E Mayerson

Data Coordinator:
J Sanchez

SCHEMA



Objectives

To compare whether time to high-grade recurrence (TTHGR) for patients with BCG-naïve, non-muscle invasive bladder cancer (NMIBC) receiving Tokyo-172 BCG (Arm 2) is non-inferior to patients receiving BCG LIVE (TICE® BCG) (Arm 1).

To test whether TTHGR for patients with BCG-naïve, NMIBC receiving intradermal Tokyo-172 BCG vaccination followed by intravesical Tokyo-172 BCG instillation (Arm 3) is superior to patients receiving intravesical Tokyo-172 BCG instillation without prior intradermal BCG vaccination (Arm 2).

To compare time to recurrence (TTR) with *any*-grade (AG) bladder cancer between: (1) patients receiving Tokyo-172 versus BCG LIVE (TICE® BCG) strain; and (2) patients receiving intradermal + intravesical versus intravesical only Tokyo-172 BCG.

To compare progression-free survival (PFS) between: (1) patients receiving Tokyo-172 versus BCG LIVE (TICE® BCG) strain; and (2) patients receiving intradermal + intravesical versus intravesical only Tokyo-172 BCG.

To estimate the complete response (CR) rate for CIS patients at 6 months in patients receiving intravesical

Tokyo-172 BCG (Arms 2 & 3 will be evaluated separately).

To evaluate the duration of CR by treatment arm for patients with CIS who have a CR at 6 months.

To test whether TTHGR for patients with BCG-naïve NMIBC receiving intradermal Tokyo-172 BCG vaccination followed by intravesical Tokyo-172 BCG instillation is superior to patients receiving intravesical TICE® BCG strain.

To compare the change (baseline to 6 month) in patient-reported bladder cancer-specific quality of life between TICE® and Tokyo BCG strains.

To compare the change (baseline to 6 month) in patient-reported quality of life between priming and no priming.

To test the hypothesis that changes in urinary symptoms during BCG treatment predict time to high-grade recurrence (TTHGR).

Patient Population

Patients must have high-grade, histologically proven Ta, carcinoma in situ (CIS) or T1 stage urothelial cell carcinoma of the bladder and must have had all visible papillary tumors removed. Patients with pure adenocarcinoma, pure squamous cell carcinoma, micropapillary components, nodal involvement or metastatic disease are excluded.

Patients must not have received prior intravesical or intradermal BCG. Patients must not be taking oral glucocorticoids and must not be planning to receive concomitant biologic therapy, hormonal therapy, chemotherapy, surgery, or other cancer therapy while on study.

Patients must not have a known history of tuberculosis and must have a negative PPD or IGRA test within 90 days prior to registration. Patients must have a Zubrod performance status of 0-2. Patients who can complete Patient Reported Outcomes (PRO) forms in English or Spanish must complete the baseline Bladder Cancer Index (BCI), EORTC QLQ-C30 and AUASS forms.

Stratification/Descriptive Factors

Patient randomization will be stratified according to the following factors: (1) age: ≤ 75 vs > 75; and (2) clinical stage: Ta vs T1 vs CIS only vs CIS with either Ta or T1.

Accrual Goals

The accrual goal for this study is 969 patients to achieve 924 eligible patients. Interim analyses will be conducted when 22%, 45%, and 70% of the expected number of pooled TTHGR events have occurred.

Summary Statement

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

S1614 Phase III

Coordinating Group: SWOG

A Phase III Randomized Trial of Prophylactic Antiviral Therapy in Patients with Current or Past Hepatitis B Virus (HBV) Infection Receiving Anti-Cancer Therapy for Solid Tumors

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

Study Chairs:
J Hwang, A Lok, E Mitchell (ECOG-ACRIN)

Statisticians:
J Unger, E Mayerson

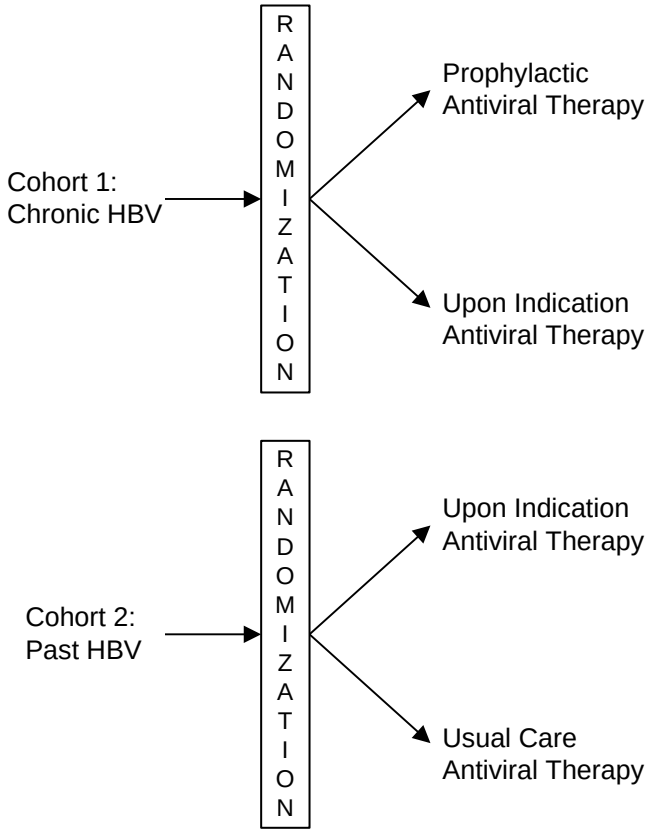
Data Coordinators:
S Dzingle, R Topacio

Date Activated:
02/21/2019

Date Closed*:
05/20/2020

*Temporary Closure

SCHEMA



Objectives

Co-primary objectives:

To compare the effect of prophylactic tenofovir alafenamide (TAF) therapy versus upon indication

TAF therapy on time-to-adverse liver outcomes of liver failure or liver-related death in patients with chronic HBV infection (HBsAg+ and anti-HBc+) receiving anti-cancer therapy for solid tumors.

To compare the effect of upon indication TAF therapy versus usual care on time-to-adverse liver outcomes of liver failure or liver-related death in patients with past HBV infection (HBsAg- and anti-HBc+) receiving anti-cancer therapy for solid tumors.

Secondary objectives:

Using time-to-event analysis, to compare the effect of TAF therapy versus upon indication TAF therapy on HBV reactivation, on the combined endpoint of adverse liver outcomes (liver failure or liver-related death) and HBV reactivation, and on HBV flare by arm in patients with chronic HBV infection receiving anti-cancer therapy for solid tumors.

Using time-to-event analysis, to compare the effect of upon indication TAF therapy versus usual care on HBV reactivation, on the combined endpoint of adverse liver outcomes (liver failure or liver-related death) and HBV reactivation, and on HBV flare by arm in patients with past HBV infection receiving anti-cancer therapy for solid tumors.

Patient Population

Patients must be diagnosed with Stage I-III solid tumor malignancy not involving the liver. Patients must have HBV infection as indicated through positive HBsAG or anti-HBc tests. Patients must not have lymphoma, leukemia, or myeloma. Patients must not have primary liver cancer or evidence of any malignancy that involves the liver.

Patients must be planning to receive a new regimen of systemic anti-cancer therapy for their solid tumor malignancy and must have discontinued all previous therapies. Patients must not have received anti-CD20 cancer therapy regimens nor had a hematopoietic stem cell transplant. Patients must have discontinued any antiviral medications active against HBV at least 90 days prior to registration, and discontinue any contraindicated medications as identified in the protocol at time of registration.

Patients must have a Zubrod performance status of 0-2, and have adequate liver, renal, and coagulation function. Patients must not have known cirrhosis, known hepatitis-C infection, or history of human immunodeficiency infection proven by an HIV test within the past 365 days. Patients must have complete results for HBsAg, anti-HBc, anti-HBs, and HBV DNA lab tests as specified in the protocol. Patients must be able to take oral medications.

Patients must be willing to submit specimens for ongoing testing of HBV reactivation. Patients must be offered the opportunity to participate in the translational medicine studies.

Stratification/Descriptive Factors

Patients with chronic HBV infection will be randomized within Cohort 1, with randomization balanced by planned cancer therapy type: any cytotoxic therapy vs immunotherapy alone vs targeted therapy alone vs immunotherapy and targeted therapy.

Patients with past HBV infection will be randomized within Cohort 2 with randomization balanced by the following factors: (1) planned cancer therapy type: any cytotoxic therapy vs immunotherapy alone vs targeted therapy alone vs immunotherapy and targeted therapy; and (2) anti-HBs status: positive vs negative.

Accrual Goals

The accrual goal for this study is 444 patients, 222 patients per cohort to achieve 200 eligible patients per cohort. A single formal interim analysis for efficacy for each cohort will be conducted when one half of patients have reached one year of follow-up.

Summary Statement

As of June 30, 2020, two patients had been registered to this study. One patient is currently ineligible, due to receiving too much anti-cancer therapy prior to study registration. One patient has been assessed for adverse events, with no adverse events being observed. The study was temporarily closed to accrual as of May 20, 2020 due to drug supply issues.

S1706 Phase II

Coordinating Group: SWOG

A Phase II Randomized Trial of Olaparib (NSC-747856) Administered Concurrently with Radiotherapy versus Radiotherapy Alone for Inflammatory Breast Cancer

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

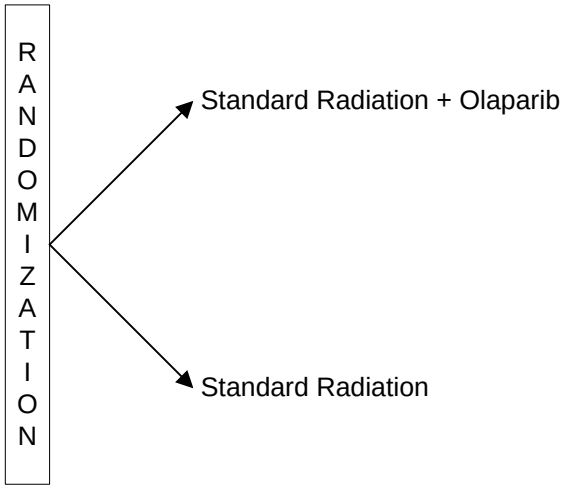
Date Activated:
09/12/2018

Study Chairs:
R Jagsi, P Chalasani, J White (NRG), J Bellon (Alliance), R Zellars (ECOG-ACRIN), E Rakovitch (CCTG)

Statisticians:
W Barlow, D Lew, J Miao

Data Coordinator:
L Kaye

SCHEMA



Objectives

To compare the Invasive Disease-Free Survival (IDFS) of patients with inflammatory breast cancer receiving concurrent administration of olaparib with standard doses of radiotherapy to the chestwall and regional lymph nodes compared to standard doses of radiotherapy alone to the chestwall and regional lymph nodes.

To compare the effect of concurrent administration of olaparib with radiotherapy versus radiotherapy alone on improvement in locoregional control (measured by Locoregional Recurrence-Free Interval), Distant Relapse-Free Survival, and Overall Survival in inflammatory breast cancer patients.

Patient Population

Patients must have inflammatory breast cancer

without distant metastases. All biomarker subtype groups (ER, PR, HER2) are eligible.

Patients must have completed neoadjuvant chemotherapy and must have undergone modified radical mastectomy with negative margins within 3-12 weeks prior to registration. Additional adjuvant chemotherapy is allowed either completed prior to registration or planned for after completion of protocol treatment. Patients must not have a history of radiation therapy to the ipsilateral chest wall and/or regional nodes. Patients must not be planning to receive any other investigational agents or any additional anti-cancer therapy during radiation therapy with or without study medication. Pathologic complete response (pCR) status must be determined post-surgery prior to registration. Patients must not be planning to receive CYP3A inhibitors or inducers, live virus or live bacterial vaccines while receiving Olaparib.

Patients must be ≥ 18 years of age, have a Zubrod performance status of 0-2 and have adequate hematologic, renal, cardiac, and hepatic function. Patients who are breastfeeding must agree to discontinue breastfeeding before receiving olaparib. Female patients must be postmenopausal or have a negative urine or serum pregnancy test within 14 days prior to registration. Patients must not have active uncontrolled infection, symptomatic congestive heart failure, unstable angina pectoris or cardiac arrhythmia. Patients must be able to swallow and retain oral medications. Patients must not have a known hypersensitivity to olaparib. Patients must not have unresolved or unstable Grade 2 or greater toxicity from prior administration of another investigational drug and/or prior anti-cancer treatment. Patients must not have had previous allogeneic bone marrow transplant or double umbilical cord blood transplantation (dUCBT). Patients must not have had whole blood transfusions in the last 120 days prior to registration.

Patients must be offered the opportunity to participate in specimen submission for banking. Patients who can complete the patient-reported outcomes questionnaires in English must be offered the opportunity to participate in the PRO substudy.

Stratification/Descriptive Factors

Randomization will be stratified by the following factors: (1) biologic subtype: HER2 positive vs HER2 negative and ER/PR positive vs triple negative (HER2/ER/PR negative); and (2) residual disease status after neoadjuvant chemotherapy: pCR vs no pCR and no planned or administered adjuvant chemotherapy vs no pCR and planned or administered adjuvant chemotherapy after surgery.

Accrual Goals

The accrual goal is 300 patients to achieve 280 eligible patients. An interim analysis for futility will be conducted at 50% of the expected IDFS events.

Summary Statement

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

S1714 Observational Cohort

Coordinating Group: SWOG

A Prospective Observational Cohort Study to Develop a Predictive Model of Taxane-Induced Peripheral Neuropathy in Cancer Patients

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Participants:
SWOG, CTSU

Date Activated:
03/01/2019

Study Chairs:
M Trivedi, D Hershman

Statisticians:
J Unger, A Darke

Data Coordinators:
M Eng, D Liggett, R Topacio

Objectives

To develop and validate a clinical risk prediction model using clinical factors for the development of peripheral neuropathy in patients receiving taxane-based chemotherapy regimens.

To examine patient-reported outcomes (PROs) and objective measures of chemotherapy induced peripheral neuropathy (CIPN) to better define the phenotype of peripheral neuropathy in this patient population.

To assess the incidence of CIPN within one year in this patient population.

To identify predictors of treatment dose reductions, delays, and discontinuations associated with CIPN symptoms in this patient population.

Patient Population

Patients must have Stage I, II, or III primary non-small cell lung, primary breast, or primary ovarian/fallopian tube cancer.

Patients must plan to start treatment with one of the study-approved taxane-based chemotherapy regimens within 14 days after registration, and must not have received a taxane, platinum, vinca alkaloid, or bortezomib-based chemotherapy regimen prior to registration.

Patients may have pre-existing neuropathy.

Patients must be able and willing to complete questionnaires in English or Spanish, agree to submit all required specimens for translational research, and be offered the opportunity to submit additional optional specimens for banking.

Stratification/Descriptive Factors

Patients will be classified by the following factors: (1) primary cancer: lung vs breast vs ovarian/fallopian tube, and (2) planned taxane regimen: paclitaxel vs docetaxel.

Accrual Goals

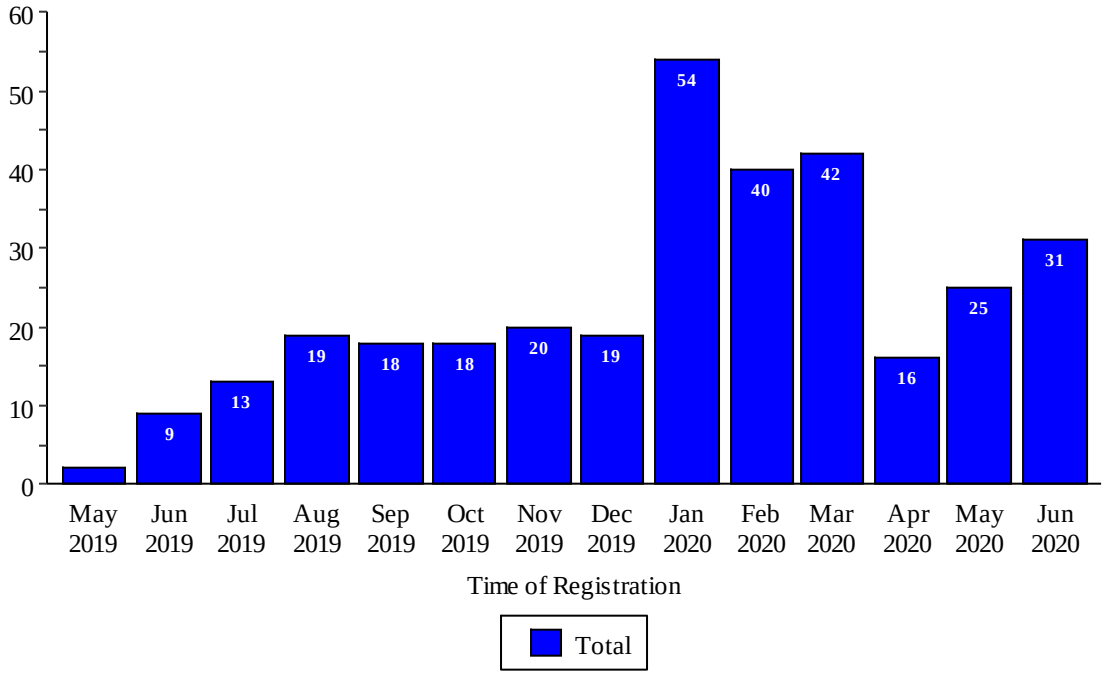
The accrual goal is 1050 patients to achieve 1000 eligible patients. When 525 patients have been accrued to the paclitaxel or docetaxel group, that group will be closed to further accrual. When 250 lung cancer patients have been accrued, the lung cancer category will be closed to further accrual.

Summary Statement

This study was activated March 1, 2019. As of June 30, 2020, 326 patients had been registered. Three patients are ineligible due to not completing the baseline questionnaires prior to registration; two patients are ineligible due to not planning to begin taxane treatment within 14 days after registration; one patient is ineligible due to having received carboplatin prior to registration. Four eligible patients are not analyzable due to not receiving one dose of a taxane-containing regimen within 30 days after registration.

Six patients are off protocol treatment.

Registrations by 1-Month Intervals



Registration by Institution

Registrations ending June 30, 2020

Institutions	Total Reg
CRC West MI NCORP	72
Southeast COR NCORP	55
Upstate NCORP	39
Hawaii MU-NCORP	34
CORA NCORP	29
Sacred Heart Hosp/Arkansas, U of	27
Columbia MU-NCORP	18
Heartland NCORP	9
Lahey Hosp & Med Ctr	8
Greenville NCORP	4
Carle CC NCORP	3
Kansas MU-NCORP	3

Institutions	Total Reg
Cookeville Reg MC/Southeast COR NCORP	2
Georgia NCORP	2
Gulf South MU-NCORP	2
Little Co Mary Hosp/Loyola University	2
Ozarks NCORP	2
PCRC NCORP	2
St Joseph's/Candler/Georgia NCORP	2
Wichita NCORP	1
NRG	9
ECOG-ACRIN	1
Total (22 Institutions)	**326**

Registration, Eligibility, and Evaluability

Registrations ending June 30, 2020; Data as of August 21, 2020

	Total
NUMBER REGISTERED	326
INELIGIBLE	7
Insufficient Documentation	3
Irreversible	3
ELIGIBLE	319
Analyzable, Pend. Elig.	2
Not Analyzable	4

Patient Characteristics

Registrations ending June 30, 2020; Data as of August 21, 2020

	Total (n=315)	
AGE		
Median	57.5	
Minimum	25.3	
Maximum	85.5	
SEX		
Males	7	2%
Females	308	98%
HISPANIC		
Yes	21	7%
No	293	93%
Unknown	1	0%
RACE		
White	238	76%
Black	39	12%
Asian	25	8%
Pacific Islander	5	2%
Multi-Racial	2	1%
Unknown	6	2%
PRIMARY CANCER		
Lung	7	2%
Breast	282	90%
Ovarian/Fallopian tube	26	8%
PLANNED TAXANE REGIMEN		
Paclitaxel	186	59%
Docetaxel	129	41%

Treatment Summary

Registrations ending June 30, 2020; Data as of August 21, 2020

	Total
NUMBER ON PROTOCOL TREATMENT	309
NUMBER OFF PROTOCOL TREATMENT	6
REASON OFF TREATMENT	
Treatment completed as planned	1
Adverse Event or side effects	0
Refusal unrelated to adverse event	3
Progression/relapse	0
Death	2
Other - not protocol specified	0
Reason under review	0
MAJOR PROTOCOL DEVIATIONS	0

S1802 Phase III

Coordinating Group: SWOG

Phase III Randomized Trial of Standard Systemic Therapy (SST) versus Standard Systemic Therapy Plus Definitive Treatment (Surgery or Radiation) of the Primary Tumor in Metastatic Prostate Cancer

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

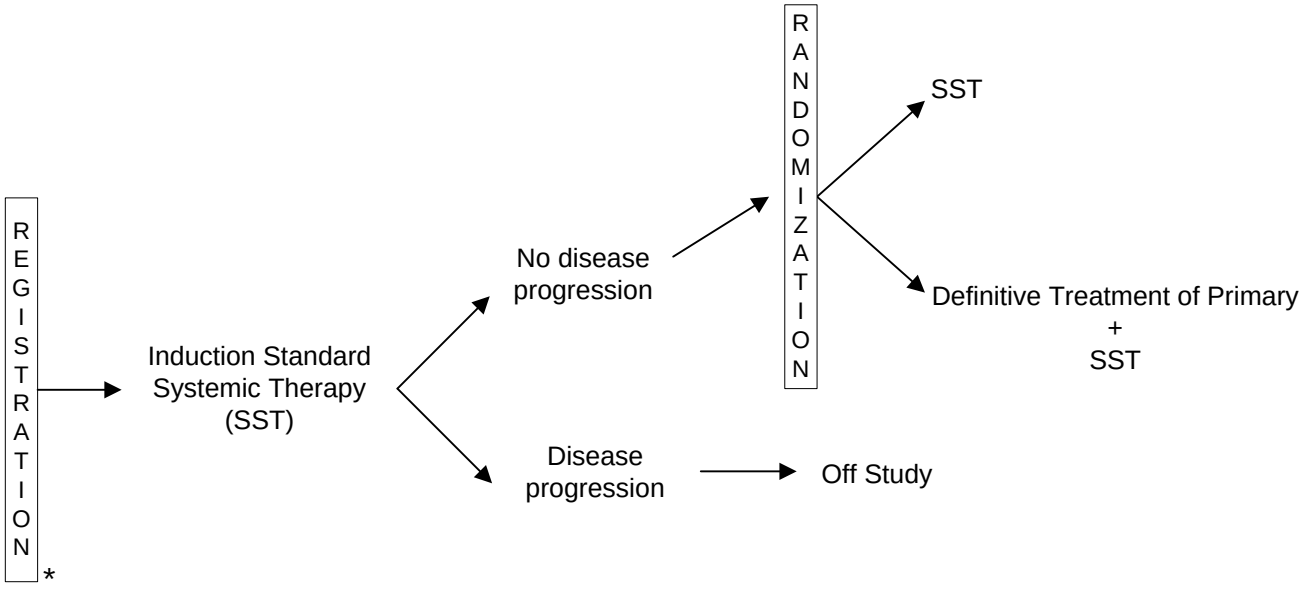
Date Activated:
09/17/2018

Study Chairs:
B Chapin, A Aparicio, R Valicenti, M Alemozaffarr (ECOG-ACRIN), D Scherr (Alliance), M Gleave (CCTG)

Statisticians:
C Tangen, E Mayerson

Data Coordinator:
S O'Bryan

SCHEMA



*Step 1 registration can occur prior to start of SST or up to 28 weeks after SST start

Objectives

To compare overall survival in metastatic prostate cancer patients who are randomized to standard systemic therapy (SST) plus definitive treatment of the primary tumor versus SST alone.

To compare overall survival in metastatic prostate cancer patients who received SST plus surgical excision of the primary tumor versus SST alone in the subset who specify the surgical intent stratification factor.

To compare the rate of symptomatic local progression between the treatment arms.

To compare progression-free survival between the two treatment arms.

To compare rates of progression-free survival between arms for the subsets of patients with and without metastasis directed therapy to oligometastatic sites.

To compare between arms patient-reported urinary function and urinary bother over time (after initiation of SST at 6 months, 1, 2, and 3 years) using the Expanded Prostate Cancer Index Composite (EPIC) and patient-reported pain and physical functioning using the EORTC QLQ-C30 between patients receiving standard systemic therapy and those receiving systemic therapy and definitive management of the primary prostate cancer.

Patient Population

Patients must have a histologically or cytologically proven diagnosis of adenocarcinoma of the prostate. Patients must not have pure small cell carcinoma, pure sarcomatoid or pure squamous cell carcinoma of the prostate. Patients must have an intact prostate, and evidence of metastatic disease. Patients must not have known brain metastases. To be randomized, patients must have no evidence of disease progression during induction SST, must have a consultation with a urologist, and must have surgically resectable disease, regardless of definitive treatment intent.

Patients must have received no more than 28 weeks of SST for metastatic disease prior to registration. Patients must not have received any prior local therapy for prostate adenocarcinoma. Prior local therapy for benign conditions is allowed. Metastases-directed radiotherapy is allowed for up to four sites during the first 28 weeks of SST. To be randomized, patients must have received between 22 and 28 weeks of SST, must not have progressed, and any toxicities from SST must resolve to Grade 1 or better. Patients must not be planning to receive docetaxel after randomization.

Patients must have a CT/MRI and bone scan obtained within 42 days prior to registration. Patients must have a documented PSA and testosterone measurement prior to initiation of SST. To be randomized, patients must have a testosterone measurement below 50 ng/dL, a PSA measurement and Zubrod performance status of 0-1 within 28 days prior to randomization.

Patients who can complete patient-reported outcome instruments in English, Spanish or French must participate in the quality of life studies. All patients must be offered the opportunity to participate in specimen banking for future use.

Stratification/Descriptive Factors

Patient registration to induction therapy will be described by time between initiation of standard systemic therapy and study registration: no SST at registration or < 8 weeks vs ≥ 8 weeks.

Patient randomization will be stratified according to the following factors: (1) intended treatment of the primary tumor: radical prostatectomy vs radiation therapy; (2) receipt of docetaxel during induction SST: yes vs no; (3) PSA level at randomization timepoint: ≤ 4 ng/mL vs > 4 ng/mL; and (4) disease volume by conventional imaging: polymetastatic vs oligometastatic and no prior treatment vs oligometastatic and prior treatment.

Accrual Goals

The accrual goal for this study is 1,273 patients to achieve 1,066 eligible randomized patients. Three interim analyses are planned for when 39%, 60%, and 79% of the expected deaths have occurred.

Summary Statement

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

S1806 Phase III - FDA Registration Trial

Coordinating Group: SWOG

Phase III Randomized Trial of Concurrent Chemoradiotherapy with or without Atezolizumab in Localized Muscle Invasive Bladder Cancer (SWOG/NRG 1806)

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

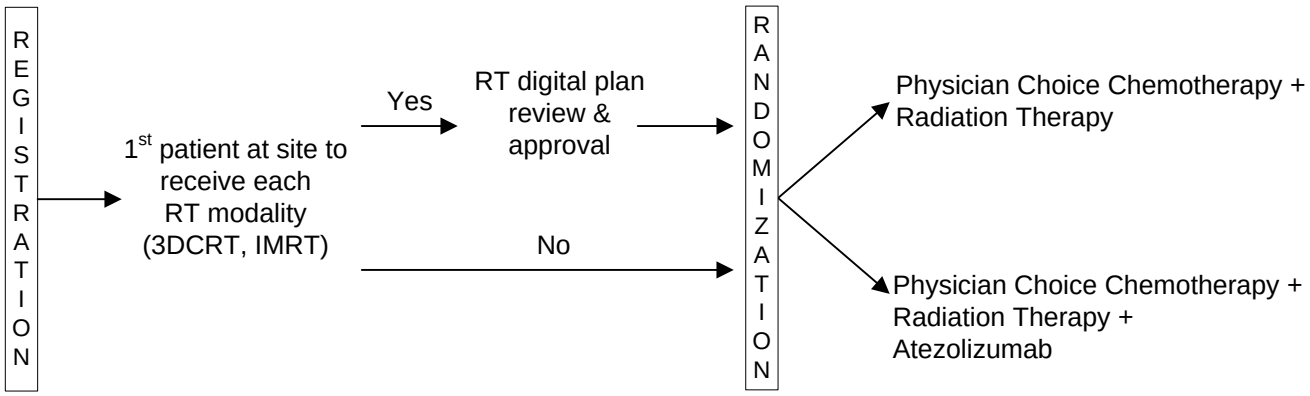
Date Activated:
04/19/2019

Study Chairs:
P Singh, S Lerner, J Efstathiou (NRG), B Costello (Alliance), S Sridhar (CCTG), N Hahn (ECOG-ACRIN)

Statisticians:
C Tangen, M Plets

Data Coordinator:
J Sanchez

SCHEMA



*Chemotherapy choices: gemcitabine, cisplatin, 5-FU+mitomycin-C

Objectives

To compare bladder intact event-free survival (BI-EFS) for concurrent chemoradiation therapy with and without atezolizumab in localized muscle invasive bladder cancer.

To compare overall survival between the two arms.

To compare modified bladder intact event-free survival (mBI-EFS) including cancer related death between arms.

To compare complete and partial pathologic response between arms at 3 months after completing chemoradiation therapy.

To estimate metastases-free survival by arm.

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

To estimate the rate of non-muscle invasive bladder cancer recurrence by arm.

To estimate the rate of salvage cystectomy and reasons for cystectomy by arm.

Patient Population

Patients must have histologically proven T2-T4a, N0, M0 muscle invasive urothelial carcinoma of the bladder within 120 days prior to randomization. Patients must not have small cell carcinoma or diffuse CIS of the bladder. The treating urologist must have attempted maximal resection of all visible tumor. Patients must not have had urothelial carcinoma or histological variant at any site outside of the urinary bladder within the previous 24 months, with exception of Ta/T1/CIS of the upper urinary tract. Patients must have undergone radiological staging using CT or MRI within 70 days prior to randomization.

Patients must not have had any intervening treatment between time of diagnosis and registration. Patients must be planning to receive one of the protocol-specified chemotherapy regimens. Patients must not have had prior treatment for muscle invasive bladder cancer or prior pelvic radiation for any reason. Patients must not have received any prior systemic therapy for non-muscle invasive bladder cancer, but prior intravesical therapies are allowed. Patients must not have received any of the prohibited therapies listed in the protocol, or had a major surgical procedure within 28 days prior to randomization. Patients must not have received treatment with systemic immunosuppressive medications within 14 days prior to randomization. Patients must not have received a live attenuated vaccine within 28 days prior to randomization or anticipate that such a vaccine will be required while on protocol treatment and up to five months after the last dose of protocol treatment. Patients must not ever have undergone prior allogeneic bone marrow transplantation or prior solid organ transplantation.

Patients must have a Zubrod performance status of 0-2 and have adequate hematologic, hepatic, and renal function. Patients must not have clinically significant liver disease that precludes them from treatment regimens prescribed in the protocol. Patients must have an ECG performed within 28 days prior to randomization. Patients must not have an active infection requiring oral or IV antibiotics within 14 days prior to randomization. Patients must not have a history of active tuberculosis or an active autoimmune disease that required systemic treatment within two years prior to randomization. Patients must not have history of idiopathic pulmonary fibrosis, pneumonitis, organizing pneumonia, or evidence of active pneumonitis. Patients positive for HIV or with a known history of HBV or HCV must meet criteria specified in the protocol. Female patients of childbearing potential must have a serum pregnancy test prior to randomization. Patients must not have a known allergy to Chinese hamster egg.

Patients who can complete patient-reported outcome instruments in English or Spanish must agree to complete the baseline quality of life questionnaires.

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

Stratification/Descriptive Factors

Patients registered to Step 1 will be described by the following factors: (1) planned RT modality: 3DCRT vs IMRT; and (2) first patient treated with RT modality at this site: yes vs no.

Patient randomization will be stratified according to the following factors: (1) clinical stage: T2 vs T3/T4a; (2) intended chemotherapy regimen: cisplatin vs 5-FU + mitomycin-C vs gemcitabine; (3) radiation field: small pelvis vs bladder only; and (4) performance status: 0-1 vs 2.

Accrual Goals

The accrual goal for this study is 475 patients to achieve 432 eligible patients. Interim analyses are planned for when 30%, 48%, 68%, and 85% of the expected BI-EFS events have occurred.

Summary Statement

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

S1820 Pilot

Coordinating Group: SWOG

A Randomized Trial of the Altering Intake, Managing Symptoms Intervention for Bowel Dysfunction in Rectal Cancer Survivors Compared to a Healthy Living Education Control: A Feasibility and Preliminary Efficacy Study (AIMS-RC)

Participants:
SWOG, CTSU

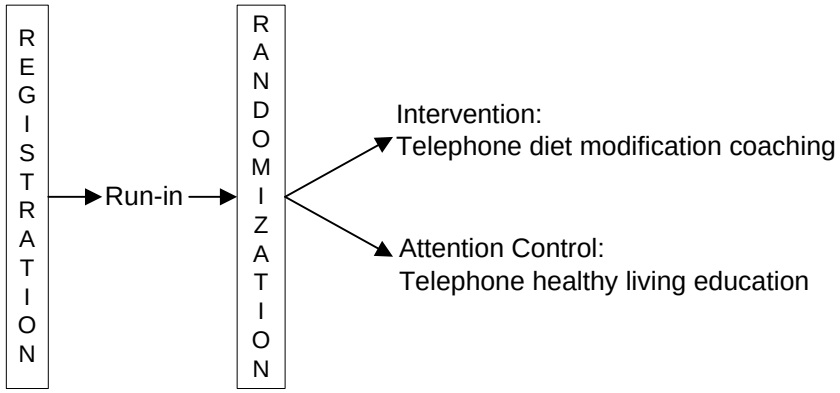
Date Activated:
12/09/2019

Study Chairs:
V Sun, C Thomson

Statisticians:
K Guthrie, K Arnold

Data Coordinator:
R Topacio

SCHEMA



Objectives

To compare total bowel function score, as measured by the Memorial Sloan-Kettering Cancer Center Bowel Function Index (BFI), at 18 weeks post-randomization between the intervention and attention control arms.

To compare total bowel function score at 26 weeks post-randomization between the intervention and attention control arms.

To compare bowel function subscale scores (dietary, urgency, frequency), as measured by the BFI at both 18 and 26 weeks post-randomization between the intervention and attention control arms.

To compare lower anterior resection syndrome (LARS) scores (for anastomosis participants only), quality of life, and dietary quality at both 18 and 26 weeks post-randomization between the intervention and attention control arms.

To compare motivation, self-efficacy, and positive/negative affect at both 18 and 26 weeks post-randomization between the intervention and attention control arms.

To assess study feasibility, adherence, retention, and acceptability at both 18 and 26 weeks post-randomization.

To explore variation in primary and secondary study outcomes according to sex, and to investigate whether intervention effects on the primary outcome differ across subgroups defined by sex.

Patient Population

Patients must have prior history of rectosigmoid colon cancer or rectal cancer. Patients must have a post-surgical permanent ostomy or anastomosis.

Patient's last date of treatment for rectal cancer (any surgery, chemotherapy, radiation therapy) must be at least 6 months prior to registration and not more than 24 months prior to registration.

Anastomosis patients must have LARS score of 21-42 (minor to major symptoms). Patients must be able to read, write and speak English. Patients must be at least 18 years of age. Patients must not be currently undergoing treatment for another cancer. Patients must not have been diagnosed with inflammatory bowel disease.

Stratification/Descriptive Factors

Patient randomization will be stratified according to the following factors: (1) sex: female vs male; and (2) ostomy status: permanent ostomy vs anastomosis.

Accrual Goals

The accrual goal is 94 randomized patients to achieve 88 eligible randomized patients, which is anticipated to require 126 patients registered to the run-in.

Summary Statement

For the current status of this study, please refer to the Palliative and End of Life Care chapter.

S1826 Phase III

Coordinating Group: SWOG

A Phase III, Randomized Study of Nivolumab (Opdivo) plus AVD or Brentuximab Vedotin (Adcetris) plus AVD in Patients (Age >/= 12 Years) with Newly Diagnosed Advanced Stage Classical Hodgkin Lymphoma

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

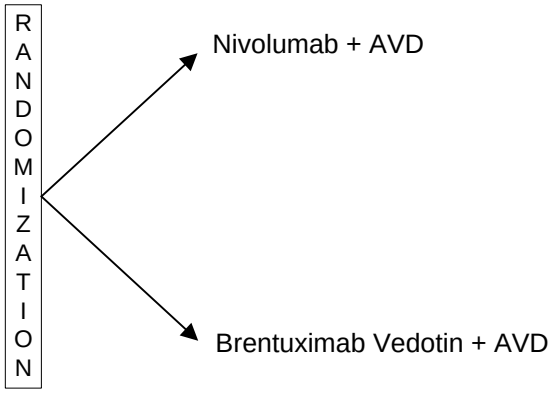
Date Activated:
07/19/2019

Study Chairs:
A Herrera, J Friedberg, S Castellino (COG), S Rutherford (Alliance), N Khan (ECOG-ACRIN), S Parsons

Statisticians:
M LeBlanc, H Li, J Unger, R Vaidya

Data Coordinator:
I Syquia

SCHEMA



Objectives

To compare the progression-free survival in patients with newly diagnosed advanced stage classical Hodgkin lymphoma randomized to N-AVD (nivolumab, doxorubicin, vinblastine, dacarbazine) versus that obtained with BV-AVD (brentuximab vedotin, doxorubicin, vinblastine, dacarbazine).

To compare overall survival in patients randomized to N-AVD versus BV-AVD.

To compare event-free survival in patients randomized to N-AVD versus BV-AVD.

To compare the metabolic complete response (CR) rate at the end of treatment in patients randomized to N-AVD versus BV-AVD.

To compare the physician-reported treatment-related adverse event rates between arms stratified by age groups.

To compare patient-reported symptoms using selected PRO-CTCAE items between arms stratified by age groups.

To compare the safety and tolerability of N-AVD versus that of BV-AVD.

To compare between arms patient-reported fatigue, neuropathy, and health-related quality of life over time (baseline, beginning of Cycle 3, 4-8 weeks after completion of treatment, and 1 and 3 years after randomization) using the PROMIS-Fatigue, the FACT/GOG-Ntx, and the PROMIS Global, respectively.

Patient Population

Patients must have histologically confirmed, newly diagnosed, previously untreated Stage III or IV classical Hodgkin lymphoma (nodular sclerosing, mixed cellularity, lymphocyte-rich, lymphocyte-depleted, or not otherwise specified). Patients must have bidimensionally measurable disease and a whole body or limited whole body PET-CT scan performed within 42 days prior to registration. Patients who have nodular lymphocyte predominant Hodgkin lymphoma or known central nervous system lymphoma are not eligible.

Patients must not have received any prior chemotherapy, radiation, or antibody-based treatment for classical Hodgkin lymphoma. Pre-treatment steroid use is permitted with restrictions as outlined in the protocol and must be discontinued prior to initiation of protocol treatment. Patients must not have had prior solid organ transplant or prior allogeneic stem cell transplantation. Patients must not have received a live vaccine within 30 days prior to planned protocol therapy.

Patients must be at least 12 years of age and have a performance status corresponding to Zubrod score of 0, 1, or 2. Patients 17 years of age or younger will be graded according to the Lansky play-performance scale. Patients must have adequate renal, hepatic, and cardiac function. HIV infected patients on effective anti-retroviral therapy with undetectable or unquantifiable viral load within six months prior to registration are eligible. Patients must not have known active Hepatitis B (HBV) or Hepatitis C (HCV) virus at time of registration. Patients must not have a history of active interstitial pneumonitis or interstitial lung disease, had a diagnosis of inherited or acquired immunodeficiency with exceptions, or have any known uncontrolled intercurrent illness. Patients must not have a condition requiring systemic treatment with either corticosteroids or other immunosuppressive medication within 14 days prior to registration or must not have active autoimmune disease that has required systemic treatment in past two years. Patients must not have Grade 2 or higher peripheral neuropathy. Patients must not have second prior malignancy except for adequately treated basal (or squamous cell) skin cancer, any in situ cancer or other cancer for which the patient have been disease free for two years. Women of childbearing potential must have a negative pregnancy test within 28 days prior to registration.

Patients who can complete Patient-Reported Outcome instruments in English, Spanish, or French must complete the required instruments prior to registration. Patients must have sufficient diagnostic tissue specimen collected prior to registration. Patients must be offered the opportunity to participate in specimen banking for future studies.

Stratification/Descriptive Factors

Patient randomization will be stratified by the following factors: (1) age (years): 12-17 vs 18-60 vs > 60; and (2) International Prognostic Score: 0-3 vs 4-7; and (3) pre-specified plan to use Residual PET Radiation Therapy (Residual PET RT): yes vs no. All participating COG institutions must have declared intent for use of Residual PET RT.

Accrual Goals

The accrual goal for this study is 987 patients to achieve 940 eligible patients. Three interim analyses are planned for when approximately 25%, 50%, and 75% of expected events in the pooled arms have been observed.

Summary Statement

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

S1827 Phase III

Coordinating Group: SWOG

A Randomized Phase III Trial of MRI Surveillance with or without Prophylactic Cranial Irradiation (PCI) in Small-Cell Lung Cancer

---

Participants:
SWOG, CTSU (Supported by Alliance, NRG)

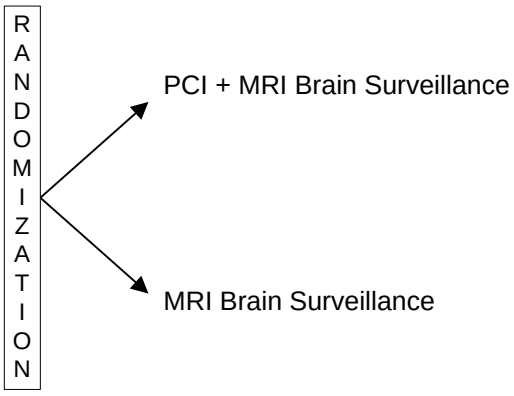
Date Activated:
01/10/2020

Study Chairs:
C Rusthoven, P Brown, J Patel (Alliance), D Gelblum (NRG)

Statisticians:
M Redman, J Miao, L Qian

Data Coordinators:
L Kaye, J Harris

SCHEMA



Objectives

To evaluate whether overall survival (OS) with MRI surveillance alone is not inferior to MRI surveillance combined with prophylactic cranial irradiation (PCI) for the treatment of small-cell lung cancer (SCLC).

To compare cognitive failure-free survival rate at 12 months between the arms.

To compare brain metastasis-free survival between the arms.

To compare OS between the arms within the subgroups of patients with limited-stage and extensive-stage disease.

To compare cognitive failure-free survival between the arms.

To compare the cumulative incidence of cognitive failure, with death as a competing risk, between the arms.

To compare the frequency and severity of toxicities between the two arms.

Patient Population

Patients must have a histologically confirmed diagnosis of SCLC. Patients must have an MRI of the brain performed within 28 days prior to registration documenting no evidence of brain metastases or

leptomeningeal disease. Patients also must not have a history of brain metastases or leptomeningeal disease.

Patients with limited-stage SCLC must have completed platinum-based chemotherapy and either definitive thoracic radiotherapy or definitive surgical resection; thoracic radiation in addition to definitive surgical resection is allowed. Patients with extensive-stage SCLC must have completed platinum-based chemotherapy either with or without thoracic radiotherapy. Immunotherapy concurrent with and/or adjuvant to first-line therapy is allowed. Patients must have had a response to first-line therapy and no evidence of progression in opinion of the treating investigator. No more than 8 weeks may have elapsed between day 1 of the last cycle of chemotherapy and randomization. Patients must not have received prior radiotherapy to the brain or whole brain radiotherapy.

Patients must be at least 18 years of age and have a Zubrod performance status of 0-2 with adequate hepatic, cardiac, respiratory, renal, and hematologic function. Patients must not have a contraindication to MR imaging or gadolinium contrast. Patients must not have any severe active comorbidities. Patients with known HIV positive are eligible provided they meet criteria as described in the protocol.

Patients who speak and understand English or French must agree to participate in cognitive function testing and quality of life study. Patients must be offered the opportunity to have specimens submitted for translational medicine studies.

Stratification/Descriptive Factors

Patients will be randomized between MRI surveillance with or without prophylactic cranial irradiation using a dynamic balancing algorithm. Patients will be stratified on the following factors: (1) stage: limited vs extensive; (2) immune checkpoint inhibitor therapy part of first-line regimen: yes vs no; and (3) Zubrod performance status: 0 or 1 vs 2.

Accrual Goals

The accrual goal is 600 eligible patients. Three interim monitoring are planned at approximately 36, 48 and 60 months.

Summary Statement

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

S1918 Phase II/III

Coordinating Group: SWOG

A Phase II/III Randomized Study of R-miniCHOP with or without CC-486 (Oral Azacitidine) in Patients Age 75 Years or Older with Newly Diagnosed Diffuse Large B Cell Lymphoma, Grade IIIB Follicular Lymphoma, Transformed Lymphoma, and High-Grade B Cell Lymphomas with *MYC* and *BCL2* and/or *BCL6* Rearrangements

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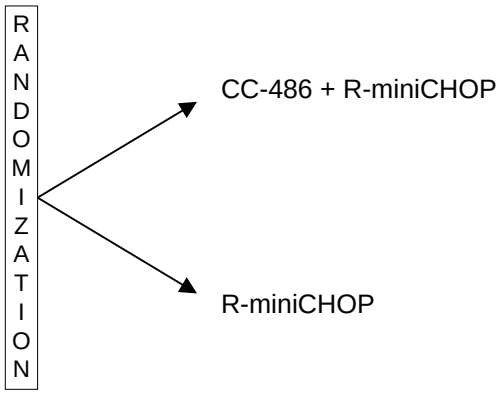
Participants:
SWOG, CTSU (Supported by Alliance, ECOG-ACRIN)

Study Chairs:
E Brem, S Smith, L Henry, R Olin, A Beaven (Alliance),
P Caimi (ECOG-ACRIN)

Statisticians:
M LeBlanc, H Li, J Unger, R Vaidya

Data Coordinators:
I Syquia, G Herbert

SCHEMA



Objectives

Safety run-in: To determine if the addition of CC-486 to R-miniCHOP results in excess toxicity compared to R-miniCHOP alone that would preclude the combination from being studied further.

Phase II component: To determine if the CC-486 + R-miniCHOP regimen should be tested further (Phase III) against the control R-miniCHOP alone based on progression-free survival.

Phase III component: To compare the overall survival (OS) between CC-486 + R-miniCHOP and R-miniCHOP alone.

To assess the feasibility of delivering at least 4 cycles of CC-486 with R-miniCHOP in this population.

To assess toxicity for CC-486 + R-miniCHOP and for R-miniCHOP.

To compare complete response rates, as defined by Lugano 2014 classification, between CC-486 + R-miniCHOP and R-miniCHOP alone.

To compare functioning as assessed by the Hurria Comprehensive Geriatric Assessment (Hurria CGA) between patients treated with CC-486 + R-miniCHOP versus R-miniCHOP alone.

To evaluate if frailty status (fit/unfit vs frail) as assessed by the FIL tool is associated with OS.

To evaluate if frailty as measured by the FIL tool correlates with the summary frailty index as measured using components of the Hurria CGA.

Patient Population

Patients must have histologically or cytologically confirmed Diffuse Large B Cell Lymphoma (DLBCL), Ann Arbor Stage IIX (bulky), III or IV. Patients with Grade IIIB follicular lymphoma (FL) and high-grade B-cell lymphomas with *MYC* and *BCL2* and/or *BCL6* rearrangements are eligible. Patients with DLBCL transformed from FL or marginal zone lymphoma (including MALT lymphomas), lymphoplasmacytic lymphoma, or nodular lymphocyte-predominant Hodgkin Lymphoma are also eligible. Patients with DLBCL that arose from prior CLL (Richter's transformation) are not eligible. Patients must not have known lymphomatous involvement of the CNS.

Patients must not have received any prior cytotoxic chemotherapy or rituximab for treatment of the newly diagnosed DLBCL. Prior cytotoxic chemotherapy and/or antibody therapy for an indolent lymphoma prior to transformation is allowed. Patients who received a short course of glucocorticoids per the pre-phase are eligible. Inhaled, nasal, and topical steroid use is allowed.

Patients must be 75 years old or older and have a Zubrod performance status of 0-2. Patients must have adequate renal, hepatic, hematologic, and cardiac function. Patients with hepatitis B or C or HIV may be eligible provided they meet the criteria in the protocol. Patients must not have active inflammatory bowel disease, celiac disease, prior gastrectomy or upper bowel removal, or any other gastrointestinal disorder. Patients must not have active infection that is not controlled, active cardiac disease, neuropathy, or other known uncontrolled intercurrent illness.

Patients who can complete the Hurria CGA form in English or Spanish must agree to participate in the patient reported outcome study. The health provider must administer the Italian Lymphoma Foundation (FIL) tool, and complete the provider component of the Hurria CGA. Patients must be offered the opportunity to participate in specimen banking.

Stratification/Descriptive Factors

Patient randomization will be stratified according to the following factors: (1) age: 75 to < 80 vs ≥ 80; (2) transformed lymphoma: yes vs no; and (3) International Prognostic Index Score: < 3 vs ≥ 3.

Accrual Goals

The accrual goal for this study is 422 patients to achieve 384 eligible patients. Interim analyses are planned after accrual of 40 evaluable patients for the safety run-in and 130 eligible patients for the Phase II component. Three formal interim analyses are planned for the Phase III component after 25%, 50%, and 75% of the expected events have occurred in the pooled arms.

Summary Statement

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

S1925 Phase III

Coordinating Group: SWOG

Randomized Phase III Study of Early Intervention with Venetoclax and Obinutuzumab Versus Delayed Therapy with Venetoclax and Obinutuzumab in Newly Diagnosed Asymptomatic High-Risk Patients with Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL): EVOLVE CLL/SLL Study

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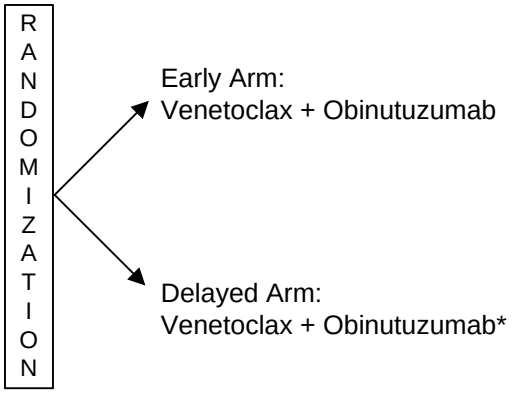
Participants:
SWOG, CTSU (Supported by ECOG-ACRIN)

Study Chairs:
D Stephens, B Hill, J Pagel, A Mato (ECOG-ACRIN)

Statisticians:
A Moseley, M Othus

Data Coordinators:
T Maher, L Kingsbury

SCHEMA



*Treatment on Delayed Arm begins when the 2018 International Workshop on CLL (IWCLL) indication is met.

Objectives

To evaluate whether early treatment with venetoclax and obinutuzumab (V-O) extends overall survival compared with delayed treatment with V-O in high-risk (chronic lymphocytic leukemia [CLL] international prognostic indicator [CLL-IPI] ≥4 or complex cytogenetics), newly diagnosed asymptomatic CLL/SLL patients.

To compare overall response rates (complete response [CR] + partial response), CR rates, progression-free survival, and event-free survival between arms.

To evaluate safety and tolerability of each arm.

To compare time to second CLL-directed treatment (from randomization and from response) between arms.

To compare relapse-free survival and time to second objective disease progression between arms.

To compare the rates of Richter's transformation between arms.

To describe distribution of Cumulative Illness Rating Scale across the study, in each treatment arm, and to estimate the interaction between the scale and treatment arm and OS.

To assess the impact of early intervention with V-O versus delayed therapy with V-O in CLL patients in relation to Health-Related Quality of Life (HRQoL) using the FACT-Leukemia scale.

To assess the impact of the two treatment arms on the specific domains of the FACT-Leukemia, including physical, social, emotional, and functional well-being and leukemia-specific HRQoL.

Patient Population

Patients must have a confirmed diagnosis of CLL or small lymphocytic lymphoma (SLL) (collectively referred to as CLL) according to the 2018 International Workshop on CLL (IWCLL) within 12 months prior to registration. Patients must not meet any of the IWCLL specified criteria for active CLL therapy. Patients must have CLL-IPI Score ≥ 4 or complex cytogenetics.

Patients must not have received any prior CLL-directed therapy, and the treating physician must have the intent of using V-O as initial therapy. Treatment with high dose corticosteroids or intravenous immunoglobulin for autoimmune complications of CLL must be completed at least four weeks prior to enrollment. Palliative steroids must be at a dose ≤ 20 mg/day at registration. Prior therapy with anti CD20 monoclonal antibodies is not allowed.

Patients must have performance status 0 - 2 and have adequate hematologic, renal, and hepatic function. FISH and cytogenetic analyses, IgVH mutational status, and serum beta-2 microglobulin levels must be obtained prior to registration according to the timing in the protocol. Patients must not have current clinically significant gastrointestinal malabsorption and must be able to take oral medications. Patients must not have uncontrolled autoimmune hemolytic anemia, idiopathic thrombocytopenia purpura, bleeding disorder, or history of cardiac disease, stroke, or intracranial hemorrhage per the timing specified in the protocol. Patients must not have uncontrolled active infection with hepatitis B or C, and those with latent hepatitis B must agree to prophylaxis during and for six months following V-O therapy. HIV-infected patients on effective anti-retroviral therapy are allowed provided they have undetectable HIV viral loads on their most recent viral load test within six months prior to randomization. Patients must not require continued therapy with a strong inhibitor or inducer of CYP3A4/5.

Patients must be offered participation in specimen banking for future research. Patients who are able to complete patient reported outcome forms in English, Spanish, French, German, Russian, or Mandarin must agree to participate in the quality of life assessments as outlined in the protocol.

Stratification/Descriptive Factors

Patient randomization will be stratified by CLL-IPI risk score status: high risk (4-6 points) vs very high risk (≥ 7 points or complex cytogenetics).

Accrual Goals

The accrual goal is 247 patients to achieve 222 eligible patients randomized in a 2:1 ratio (148 on the Early Arm and 74 on the Delayed Arm).

Formal interim analyses for efficacy and futility are planned after approximately 40%, 60%, and 80% of the expected events have occurred across both arms.

Summary Statement

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