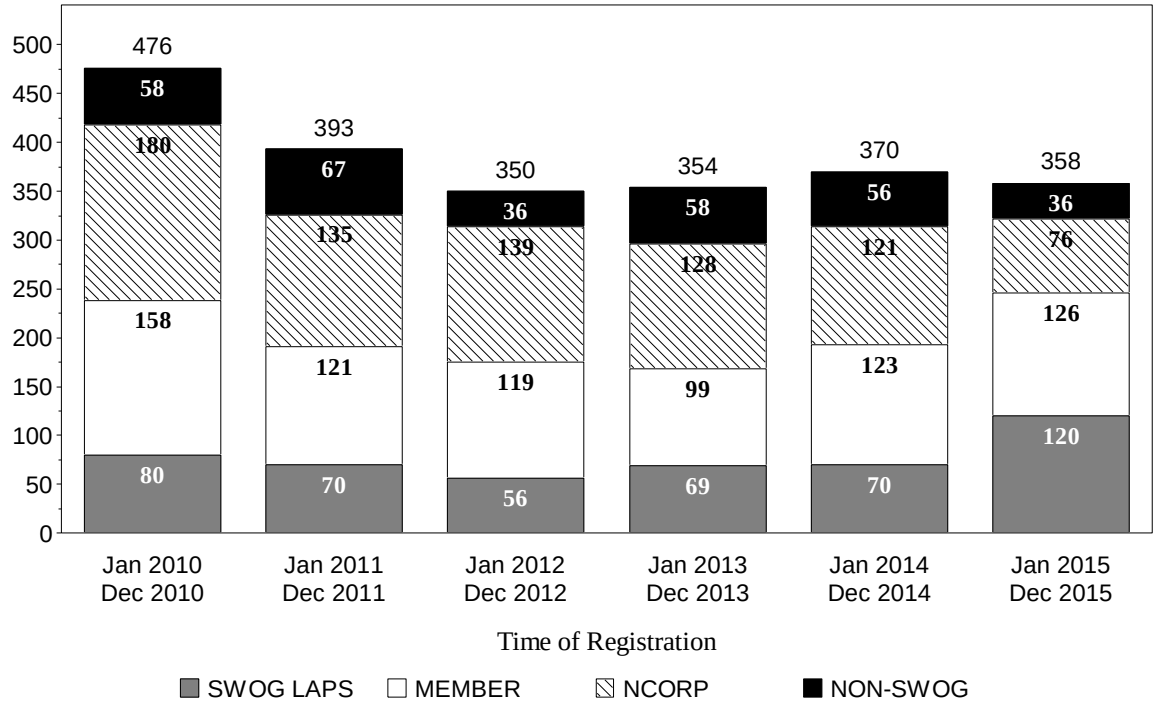
GASTROINTESTINAL COMMITTEE

CONTENTS

Patient Registrations to Studies

By 12 Month Intervals
GASTROINTESTINAL COMMITTEE



Screening registrations and registrations to Biologic only studies are excluded

Patient Registrations by Study and Arm

GASTROINTESTINAL COMMITTEE

	Jul 2015 Dec 2015	Jan 2015 Jun 2015	Jul 2014 Dec 2014	All Patients
S1201 Gas/Esoph/GEJ, Adv, ERCC1-based				
Initial Marker Testing	0	28	42	264
Randomization				
FOLFOX	0	11	16	106
Irinotecan + Docetaxel	0	14	18	107
	0	25	34	213
S1310 Biliary, Ref. Adv, GSK1120212 vs Chemo				
Trametinib	0	9	16	27
5-FU+Leucovorin/Capecitabine	0	12	9	26
	0	21	25	53
S1313 Panc, Met, mFolfirinox +/- PEGPH20				
Phase I				
PEGPH20 Dose Level 1 + mFOLFIRINOX	0	0	3	5
PEGPH20 Dose Level 2 + mFOLFIRINOX	0	6	1	7
Phase II				
mFOLFIRINOX	16	1	0	17
PEGPH20 + mFOLFIRINOX	16	1	0	17
	32	8	4	46
S1406 CRC, Met, BRAF mut, Irino + Cetux ± Vem				
Initial Registration	62	51	6	119
Randomization				
Cetuximab + Irinotecan	25	15	2	42
Vemurafenib + Cetux + Irinotecan	24	16	2	42
	49	31	4	84
Crossover				
Crossover: Vemurafenib + Cetux + Irinotecan	7	4	0	11
A021202 Carcinoid, Pazopanib vs Placebo*				
Total Registrations	12	10	8	35
C80702 Adj FOLFOX + Celecoxib or Placebo*				
Total Registrations	53	49	45	539
C80802 HCC, Adv, Sorafenib +/- Doxorubicin*				
Total Registrations	0	4	3	46
C80803 Esoph, PET-directed combined Tx*				
Total Registrations	0	0	1	5
E1208 HCC, Unresec, Chemoembolization +/- Soraf*				
Total Registrations	0	0	3	72
E2211 Panc, Adv, Temozolomide +/- Cape*				
Total Registrations	12	17	3	49

	Jul 2015 Dec 2015	Jan 2015 Jun 2015	Jul 2014 Dec 2014	All Patients
E7208 CRC, Adv, Irino/Cet +/- Ramucirumab*				
Total Registrations	4	5	3	12
N1048 Rectal, Local Adv, ChemoRT +/- FOLFOX*				
Total Registrations	8	15	19	69
R0848 Panc, Adj, Erlotinib vs ChemoRT*				
Total Registrations	3	0	0	19

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

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

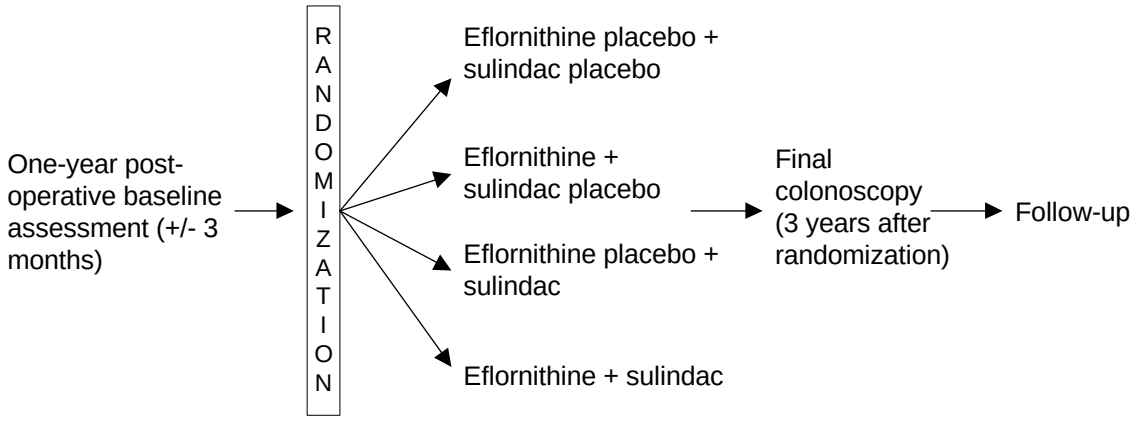
Date Activated:
03/01/2013

Study Chairs:
J Zell, P Brown

Statisticians:
J Unger, G Anderson, K Arnold

Data Coordinator:
M Yee

SCHEMA



Objectives

To assess whether eflornithine (+/- sulindac), sulindac (+/- eflornithine) or the combination are effective in reducing the three-year combined 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 eflornithine, sulindac or the combination has efficacy against colorectal lesions with respect to high-grade dysplasia, adenomas with villous features, adenomas 1 cm or greater, multiple adenomas, any adenomas $\geq$ 0.3 cm, total advanced colorectal events, or total colorectal events.

To assess quantitative and qualitative toxicities of patients when treated with eflornithine, sulindac, or the combination compared to placebo.

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 cancer (CRC) risk and adverse events.

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

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

To perform pharmacokinetic (PK) analysis of eflornithine and sulindac in patients with previously treated Stage 0-III colon or rectal cancer.

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 180 days and 456 days (inclusive) of primary resection. Patients must show no evidence of disease based on post-operative colonoscopy (performed at least 180 days after the colon resection date or at least 120 days after the rectal resection date and prior to registration) and CT or MRI scans (at the discretion of the treating physician for high risk patients, per NCCN guidelines) of chest, abdomen and pelvis (performed at least 180 days after the colon resection date or at least 120 days after the 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, or inflammatory bowel disease. 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 vs Stage II with prior chemotherapy vs Stage III.

Accrual Goals

A total of 1,340 eligible patients will be randomized, 335 to each study arm.

Summary Statement

For the current status of this study, please refer to the Prevention and Epidemiology chapter.

S1013 Validation

A Prospective Study of Epidermal Growth Factor Receptor (HER-1/EGFR) Inhibitor-Induced Dermatologic Toxicity: Validation of the Functional Assessment of Cancer Therapy-EGFRI 18 (FACT-EGFRI 18) Questionnaire for EGFRI-Induced Skin Toxicities

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Study Chairs:
S Wong, C Moinpour, J Wade

Statisticians:
J Unger, K Arnold

Data Coordinator:
D Marrah

Date Activated:
11/15/2011

Objectives

To establish psychometric properties for the Functional Assessment of Cancer Therapy Epidermal Growth Factor Receptor Inhibitor (FACT-EGFRI 18) module (based on criterion validity, known group's validity, internal consistency reliability, and responsiveness to change) as a patient-reported outcome (PRO) measure of EGFRI-induced skin-related toxicity.

To document minimally important differences over time for the FACT-EGFRI 18 by comparing mean changes in this PRO measure to the patient's direct assessment of change using two anchor items (change in skin condition severity and impact).

To examine the association between toxicity profiles (severity and time to onset), and treatment profiles (e.g., delays and discontinuation) and the FACT-EGFRI 18 scores.

To assess degree of concordance between FACT-EGFRI 18 ratings and study site physician CTCAE Version 4.0 EGFRI-Induced Dermatologic Toxicity Grading Assessment ratings.

To evaluate feasibility outcomes.

Patient Population

Patients must have a diagnosis of colorectal or lung cancer and be planning to receive one of the following HER1/EGFR inhibitor therapies listed below for at least 6 weeks: (a) cetuximab 400 mg/m^2 loading dose, 250 mg/m^2 weekly; (b) cetuximab 500 mg/m^2 every 2 weeks; (c) panitumumab 6 mg/kg every 2 weeks; (d) erlotinib 100-150 mg daily. Other HER1/EGFR inhibitor therapies, schedules, or doses of the above listed agents are not allowed.

Concurrent chemotherapy and other anti-cancer therapies (such as carboplatin, paclitaxel, and bevacizumab) are allowed EXCEPT for the following chemotherapeutic agents which are known to cause skin rash that could interfere with EGFRI-induced skin toxicity assessment: gemcitabine, capecitabine, and topical fluorouracil. Patients may have had prior HER1/EGFR inhibitor therapy but must have fully recovered from any skin toxicities prior to registration. Patients must not have any of the serious concomitant skin disorders specified in the protocol that, in the investigator's opinion, could interfere with assessment of EGFRI induced skin toxicity. Patients must not be planning to receive any of the concomitant medications specified in the protocol that can cause skin rash or other dermatologic reactions that could interfere with the EGFRI-induced skin toxicity assessments, for the duration of the study. Patients must not be planning to receive concurrent external beam radiation therapy, including prophylactic cranial radiation.

Patients must have a Zubrod performance status of 0-2. Patients must be able to complete questionnaires in

English. Patients may concurrently participate in other therapeutic clinical trials. Patients must have completed the baseline S1013 FACT-EGFRI 18 within seven days prior to registration.

Accrual Goals

This study will enroll 156 patients to achieve 112 analyzable patients.

Summary Statement

For the current status of this study, please refer to the Symptom Control and QOL chapter.

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, R Loomba, R Chugh, D Hershman, J Hwang

Date Activated:
08/29/2013

Statisticians:
J Unger, K Arnold

Data Coordinator:
M Yee

Objectives

Among newly diagnosed cancer patients presenting to SWOG-affiliated community and academic oncology clinics, estimate the prevalence of human immunodeficiency virus (HIV), hepatitis B (HBV), and hepatitis C (HCV) infection.

Evaluate known sociodemographic, clinical, and behavioral factors that are significantly associated with previously undiagnosed HIV, HBV, and/or HCV infection in a population of people with newly diagnosed cancer.

Among patients who are identified as having HIV, HBV, and/or HCV, evaluate the timing and type of treatments received, both for the viral infections and the cancers.

Evaluate type and rate of cancer treatment-related adverse events in patients with HIV, HBV, and/or HCV infection.

Determine the cost-effectiveness of (1) routine, universal screening and (2) risk factor-directed screening of newly diagnosed cancer patients for HIV, HBV and/or HCV versus current care.

Create a biorepository of stored serum for future translational medicine studies that may include identifying genomic and viral factors that increase the risk of serious adverse effects among participants infected with HIV, HBV, and/or HCV being treated for invasive cancers.

Patient Population

Patients must be presenting for evaluation or treatment for the first diagnosis of a new solid or hematologic cancer malignancy. Confirmed diagnosis date must be within 120 days prior to first clinic visit as a newly diagnosed cancer patient at the registering clinic. Patients presenting for "second opinions" of confirmed malignancies are eligible, including those who have started cancer treatment at other facilities. Patients must be registered within 90 days after their first clinic visit. Patients must not have been diagnosed with a malignancy other than the current malignancy within the past five years, with the exception of basal cell or squamous cell skin cancer, in situ cervical cancer, or in situ breast cancer. Patients must have no evidence of disease for a prior malignancy for at least five years prior to randomization except as noted above.

Patients must be 18 years of age or older. Patients must have had their blood drawn for viral status testing for HIV, HBV and HCV or provide acceptable viral status documentation prior to registration, as defined in the protocol. Note that patients must have blood drawn for testing prior to registration for any of the three viruses not covered by the documentation. Patients are allowed to participate in other clinical trials.

Accrual Goals

A total of 3,061 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.

S1313 Phase I-II

A Phase IB/II Randomized Study of Modified Folfirinox + Pegylated Recombinant Human Hyaluronidase (PEGPH20) Versus Modified Folfirinox Alone in Patients with Good Performance Status Metastatic Pancreatic Adenocarcinoma

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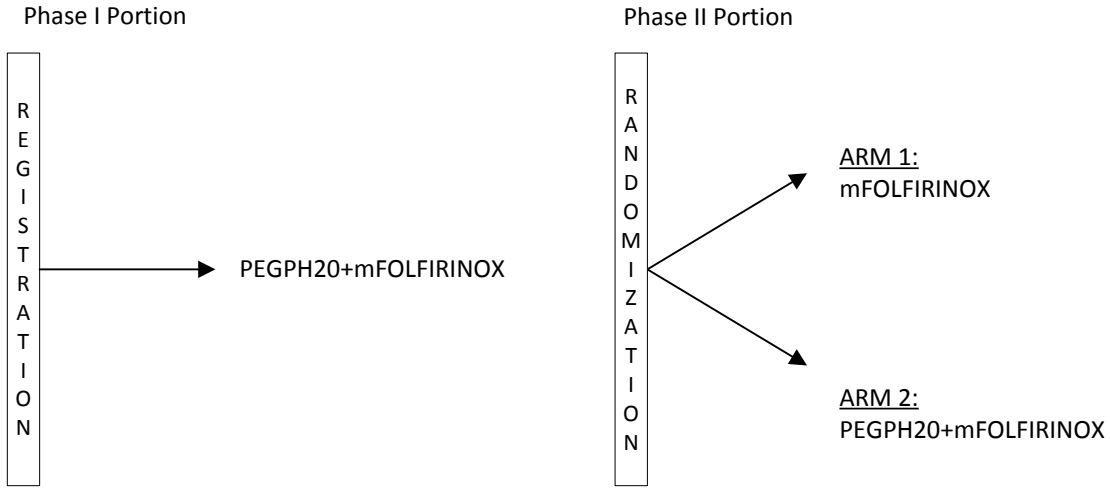
Study Chairs:
R Ramanathan, S Hingorani, P Philip

Date Activated:
01/06/2014

Statisticians:
S McDonough, K Guthrie

Data Coordinator:
B Zeller

SCHEMA



Patients will be enrolled into either the Phase I portion or the Phase II portion, not both

Objectives

Phase I Portion:
To assess the safety of mFOLFIRINOX in combination with PEGPH20 and select the optimal dose of PEGPH20 for the phase II portion in patients with metastatic pancreatic adenocarcinoma.

Phase II Portion:
To assess the overall survival of patients with metastatic pancreatic adenocarcinoma treated with mFOLFIRINOX + PEGPH20 compared to those treated with mFOLFIRINOX alone.

To assess progression free survival (PFS) in patients receiving mFOLFIRINOX with PEGPH20 and patients receiving mFOLFIRINOX alone in this patient population.

To assess objective tumor response (confirmed and unconfirmed, complete and partial) in patients with measurable disease treated with mFOLFIRINOX with PEGPH20 and patients receiving mFOLFIRINOX alone in this patient population.

To determine the frequency, severity, and tolerability of adverse events of mFOLFIRINOX with PEGPH20.

To explore the correlation of maximum decrease in CA 19-9 levels and time to maximum decrease in CA 19-9 levels with overall survival, progression-free survival and response.

To explore the correlation of plasma hyaluronan (HA) and tumor expression of HA with overall survival, progression-free survival and response.

Patient Population

Patients must have newly diagnosed, untreated metastatic histologically or cytologically documented pancreatic adenocarcinoma. Patients must not have known history of brain metastases. Patients must have measurable metastatic disease.

Patients must not have had any prior treatment with oxaliplatin or irinotecan within 3 years prior to registration. Patients must not have had prior chemotherapy in metastatic setting or abdominal radiation therapy.

Patients must be between 18 and 75 years of age (inclusive) and have a Zubrod performance status of 0-1. Patients must have adequate hematologic, hepatic, and renal function. Patients must have normal clotting function. Patients must not have liver disease, chronic active hepatitis or chronic persistent hepatitis. Patients must not have active bleeding or a pathological condition that is associated with a high risk of bleeding. Patients known to be HIV-positive must not be on active treatment.

Stratification/Descriptive Factors

Phase I Portion: Stratification factors are not applicable to this portion.

Phase II Portion: Patients will be stratified according to Zubrod Performance Status: 0 vs 1.

Accrual Goals

The phase I portion of the trial will accrue 6-18 eligible and evaluable patients. The phase II portion of the trial will accrue 138 eligible patients. An interim analysis on the phase II trial will be performed when one-third of the deaths have been observed. Evidence suggesting early termination would consist of rejection at a one-sided 0.07 level of the test for the alternative hypothesis.

Summary Statement

The Phase I portion of this trial was closed to accrual on April 1, 2015 with five patients enrolled on the first cohort (mFOLFIRINOX + PEGPH20 3 mcg/kg on day 1 and day 3 or 4), and seven patients on the second cohort (mFOLFIRINOX + PEGPH20 3 mcg/kg on day 1 only). One patient on the second cohort was ineligible due to inadequate hepatic function.

Five patients on the first cohort were assessed for adverse events. Four patients experienced Grade 3 treatment-related adverse events. Six patients on the second cohort were assessed for adverse events. One patient experienced Grade 4 treatment-related elevated AST and five additional patients experienced Grade 3 treatment-related adverse events. Per protocol, the recommended Phase II dose is mFOLFIRINOX + PEGPH20 3 mcg/kg on Day 1.

The Phase II portion of the trial was opened to accrual on May 22, 2015 and as of December 31, 2015, 34 patients have enrolled. One patient is ineligible due to inadequate renal function. One patient refused the assigned treatment arm and did not receive any protocol treatment. This patient is not assessable for adverse events and is coded as a major protocol deviation.

Of the eleven patients assessed for adverse events on the mFOLFIRNOX arm, there was one treatment-related death due to sepsis. Three additional patients experienced Grade 3 and 4 adverse events. Of the 16 patients assessed for adverse events on the PEGPH20 + mFOLFIRINOX arm, two patients experienced Grade 4 treatment-related adverse events, including one thromboembolic event. Nine additional patients experienced Grade 3 adverse events, including two thromboembolic events.

Registration by Institution

Phase I Patients

Registrations ending December 31, 2015

Institutions	Total Reg
Yale University	4
Arizona MC, U of	2
Fred Hutchinson CRC	2
Wayne State Univ	2
City of Hope Med Ctr	1
So Calif, U of	1
Total (6 Institutions)	**12**

Registration, Eligibility, and Evaluability

Phase I Patients

Registrations ending December 31, 2015; Data as of January 27, 2016

	TOTAL	PEGPH20 Level 1 + mFOLFIRINOX	PEGPH20 Level 2 + mFOLFIRINOX
NUMBER REGISTERED	12	5	7
INELIGIBLE	1	0	1
ELIGIBLE	11	5	6
BASELINE DISEASE STATUS			
Measurable	11	5	6
ADVERSE EVENT ASSESSMENT			
Evaluable	11	5	6

Patient Characteristics

Phase I Patients

Registrations ending December 31, 2015; Data as of January 27, 2016

	PEGPH20 Level 1 + mFOLFIRINOX (n=5)		PEGPH20 Level 2 + mFOLFIRINOX (n=6)	
AGE				
Median	65.5		60.1	
Minimum	41.1		49.7	
Maximum	72.5		72.9	
SEX				
Males	2	40%	4	67%
Females	3	60%	2	33%

	PEGPH20 Level 1 + mFOLFIRINOX (n=5)		PEGPH20 Level 2 + mFOLFIRINOX (n=6)	
HISPANIC				
Yes	1	20%	0	0%
No	4	80%	6	100%
RACE				
White	3	60%	4	67%
Black	1	20%	1	17%
Asian	0	0%	1	17%
Unknown	1	20%	0	0%

Treatment Summary

Phase I Patients

Registrations ending December 31, 2015; Data as of January 27, 2016

	TOTAL	PEGPH20 Level 1 + mFOLFIRINOX	PEGPH20 Level 2 + mFOLFIRINOX
NUMBER ON PROTOCOL TREATMENT	4	1	3
NUMBER OFF PROTOCOL TREATMENT	7	4	3
REASON OFF TREATMENT			
Treatment completed as planned	0	0	0
Adverse Event or side effects	2	1	1
Refusal unrelated to adverse event	0	0	0
Progression/relapse	5	3	2
Death	0	0	0
Other - not protocol specified	0	0	0
Reason under review	0	0	0
MAJOR PROTOCOL DEVIATIONS	0	0	0

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

Phase I Patients

Adverse Events Unlikely or Not Related to Treatment Excluded

Adverse Events with No Entries for Grades 2 to 5 Have Been Suppressed

Registrations ending December 31, 2015; Data as of January 27, 2016

	PEGPH20 Level 1 + mFOLFIRINOX (n=5) Grade					PEGPH20 Level 2 + mFOLFIRINOX (n=6) Grade				
ADVERSE EVENTS	**<=1**	**2**	**3**	**4**	**5**	**<=1**	**2**	**3**	**4**	**5**
ALT increased	4	1	0	0	0	4	1	1	0	0
AST increased	4	1	0	0	0	5	0	0	1	0
Abdominal pain	5	0	0	0	0	5	1	0	0	0
Alkaline phosphatase increased	4	1	0	0	0	5	0	1	0	0
Alopecia	5	0	0	0	0	5	1	0	0	0
Anal pain	4	1	0	0	0	6	0	0	0	0
Anorexia	3	2	0	0	0	5	1	0	0	0
Blood bilirubin increased	5	0	0	0	0	5	1	0	0	0
Colitis	5	0	0	0	0	5	1	0	0	0
Constipation	3	2	0	0	0	4	2	0	0	0
Cough	5	0	0	0	0	5	1	0	0	0
Dehydration	4	0	1	0	0	5	0	1	0	0
Diarrhea	4	0	1	0	0	6	0	0	0	0
Dry mouth	4	1	0	0	0	6	0	0	0	0
Dyspepsia	4	1	0	0	0	6	0	0	0	0
Edema trunk	5	0	0	0	0	5	1	0	0	0
Fatigue	1	2	2	0	0	2	3	1	0	0
Flatulence	5	0	0	0	0	5	1	0	0	0
Generalized muscle weakness	4	1	0	0	0	6	0	0	0	0

	PEGPH20 Level 1 + mFOLFIRINOX (n=5) Grade					PEGPH20 Level 2 + mFOLFIRINOX (n=6) Grade				
ADVERSE EVENTS	**<=1**	**2**	**3**	**4**	**5**	**<=1**	**2**	**3**	**4**	**5**
Headache	5	0	0	0	0	5	1	0	0	0
Hypoalbuminemia	4	1	0	0	0	6	0	0	0	0
Hypokalemia	4	0	1	0	0	5	0	1	0	0
Hyponatremia	4	0	1	0	0	5	0	1	0	0
Hypotension	5	0	0	0	0	5	0	1	0	0
Lymphocyte count decreased	4	1	0	0	0	6	0	0	0	0
Lymphocyte count increased	4	1	0	0	0	6	0	0	0	0
Mucositis oral	3	1	1	0	0	6	0	0	0	0
Myalgia	4	0	1	0	0	4	2	0	0	0
Nausea	3	1	1	0	0	5	1	0	0	0
Neutrophil count decreased	5	0	0	0	0	5	0	1	0	0
Pain	5	0	0	0	0	5	1	0	0	0
Peripheral sensory neuropathy	3	2	0	0	0	4	0	2	0	0
Platelet count decreased	4	1	0	0	0	5	0	1	0	0
Pneumonitis	5	0	0	0	0	5	1	0	0	0
Thromboembolic event	5	0	0	0	0	5	1	0	0	0
Upper respiratory infection	5	0	0	0	0	5	1	0	0	0
Vomiting	4	0	1	0	0	5	0	1	0	0
White blood cell decreased	4	1	0	0	0	6	0	0	0	0
MAX. GRADE ANY ADVERSE EVENT	0	1	4	0	0	0	0	5	1	0

Registration by Institution

Phase II Patients

Registrations ending December 31, 2015

Institutions	Total Reg	Institutions	Total Reg
Yale University	12	Arizona MC, U of	1
Fred Hutchinson CRC	4	City of Hope Med Ctr	1
Irvine, U of CA	4	Southeast COR NCORP	1
PCRC NCORP	4	Sutter Cancer RC	1
Wayne State Univ	4	**Total (10 Institutions)**	**34**
So Calif, U of	2		

Registration, Eligibility, and Evaluability

Phase II Patients

Registrations ending December 31, 2015; Data as of January 27, 2016

	TOTAL	mFOLFIRINOX	PEGPH20 + mFOLFIRINOX
NUMBER REGISTERED	34	17	17
INELIGIBLE	1	1	0
ELIGIBLE	33	16	17
Analyzable, Pend. Elig.	25	12	13
BASELINE DISEASE STATUS			
Measurable	8	4	4
Too Early	25	12	13
ADVERSE EVENT ASSESSMENT			
Evaluable	27	11	16
Not Evaluable	1	1	0
Too Early	5	4	1

Patient Characteristics

Phase II Patients

Registrations ending December 31, 2015; Data as of January 27, 2016

	mFOLFIRINOX (n=16)		PEGPH20 + mFOLFIRINOX (n=17)	
AGE				
Median	64.4		65.1	
Minimum	42.6		45.8	
Maximum	71.0		72.7	
SEX				
Males	10	63%	8	47%
Females	6	38%	9	53%
HISPANIC				
Yes	1	6%	1	6%
No	14	88%	15	88%
Unknown	1	6%	1	6%
RACE				
White	14	88%	13	76%
Asian	1	6%	4	24%
Unknown	1	6%	0	0%
PERFORMANCE STATUS				
0	11	69%	11	65%
1	5	31%	6	35%

Treatment Summary

Phase II Patients

Registrations ending December 31, 2015; Data as of January 27, 2016

	Total
NUMBER ON PROTOCOL TREATMENT	26
NUMBER OFF PROTOCOL TREATMENT	7
REASON OFF TREATMENT	
Treatment completed as planned	0
Adverse Event or side effects	0
Refusal unrelated to adverse event	1
Progression/relapse	1
Death	0
Other - not protocol specified	0
Reason under review	5
MAJOR PROTOCOL DEVIATIONS	1

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

Phase II Patients

Adverse Events Unlikely or Not Related to Treatment Excluded

Adverse Events with No Entries for Grades 2 to 5 Have Been Suppressed

Registrations ending December 31, 2015; Data as of January 27, 2016

	mFOLFIRINOX (n=11) Grade					PEGPH20 + mFOLFIRINOX (n=16) Grade				
ADVERSE EVENTS	**<=1**	**2**	**3**	**4**	**5**	**<=1**	**2**	**3**	**4**	**5**
ALT increased	11	0	0	0	0	14	2	0	0	0
Abdominal pain	11	0	0	0	0	14	2	0	0	0
Alopecia	10	1	0	0	0	16	0	0	0	0
Anemia	9	1	1	0	0	15	1	0	0	0
Anorexia	11	0	0	0	0	12	3	1	0	0
Arthralgia	11	0	0	0	0	14	1	1	0	0
Back pain	11	0	0	0	0	15	1	0	0	0
Constipation	11	0	0	0	0	15	1	0	0	0
Dehydration	11	0	0	0	0	14	1	1	0	0
Delirium	11	0	0	0	0	15	0	1	0	0
Diarrhea	9	1	1	0	0	11	1	4	0	0
Duodenal ulcer	11	0	0	0	0	15	1	0	0	0
Dyspepsia	11	0	0	0	0	15	1	0	0	0
Dysphagia	11	0	0	0	0	15	1	0	0	0
Enterocolitis	11	0	0	0	0	15	0	1	0	0
Esophagitis	11	0	0	0	0	15	0	1	0	0
Fatigue	8	2	1	0	0	10	3	3	0	0
Fever	10	1	0	0	0	16	0	0	0	0
GERD	11	0	0	0	0	15	1	0	0	0
GI disorders-Other, specify	11	0	0	0	0	15	1	0	0	0
Gastritis	11	0	0	0	0	15	1	0	0	0
Gen disorders/admin site cond	11	0	0	0	0	15	1	0	0	0

	mFOLFIRINOX (n=11) Grade					PEGPH20 + mFOLFIRINOX (n=16) Grade				
ADVERSE EVENTS	**<=1**	**2**	**3**	**4**	**5**	**<=1**	**2**	**3**	**4**	**5**
Generalized muscle weakness	11	0	0	0	0	14	1	1	0	0
Hyperglycemia	11	0	0	0	0	15	1	0	0	0
Hypoalbuminemia	11	0	0	0	0	15	1	0	0	0
Hypocalcemia	11	0	0	0	0	15	1	0	0	0
Hypokalemia	11	0	0	0	0	15	0	0	1	0
Hyponatremia	11	0	0	0	0	15	0	1	0	0
Infections/infestations-Other	11	0	0	0	0	15	0	1	0	0
Infusion related reaction	11	0	0	0	0	14	2	0	0	0
Investigations-Other, specify	11	0	0	0	0	15	1	0	0	0
Lymphocyte count decreased	11	0	0	0	0	15	0	0	1	0
MS/connective tissue disorder	11	0	0	0	0	15	1	0	0	0
Mucositis oral	11	0	0	0	0	14	2	0	0	0
Muscle weakness lower limb	11	0	0	0	0	15	1	0	0	0
Myalgia	11	0	0	0	0	13	2	1	0	0
Nausea	8	3	0	0	0	11	1	4	0	0
Neutrophil count decreased	10	0	0	1	0	16	0	0	0	0
Pain	10	0	1	0	0	16	0	0	0	0
Peritoneal infection	11	0	0	0	0	15	0	1	0	0
Platelet count decreased	10	0	0	1	0	16	0	0	0	0
Sepsis	10	0	0	0	1	16	0	0	0	0
Small intestine infection	11	0	0	0	0	15	0	1	0	0
Soft tissue infection	11	0	0	0	0	15	0	1	0	0
Thromboembolic event	11	0	0	0	0	11	2	2	1	0
Ventricular tachycardia	10	0	1	0	0	16	0	0	0	0
Vomiting	10	1	0	0	0	12	0	3	1	0
Weight loss	11	0	0	0	0	14	2	0	0	0
MAX. GRADE ANY ADVERSE EVENT	5	2	2	1	1	1	3	9	3	0

S1316 Pilot

Prospective Comparative Effectiveness Trial For Malignant Bowel Obstruction

---

Participants:
SWOG, Alliance

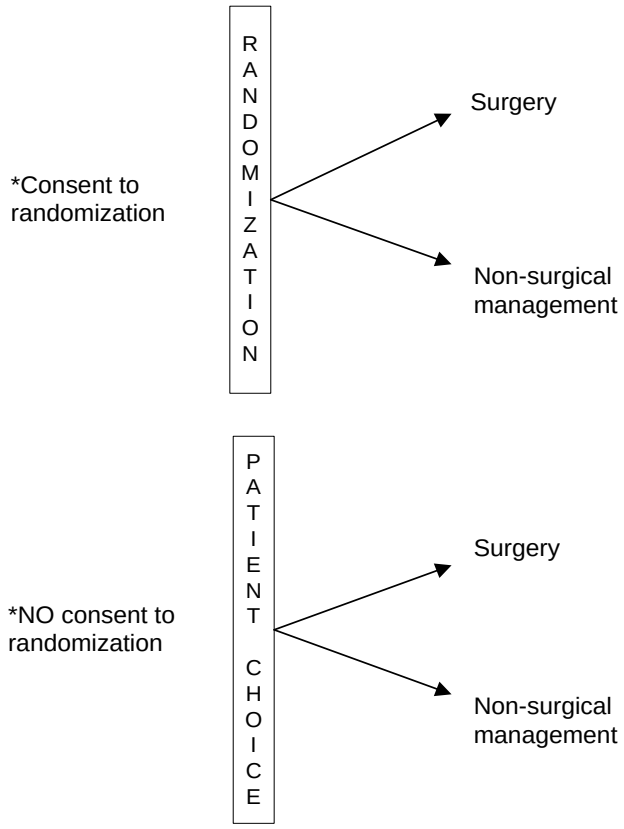
Date Activated:
03/09/2015

Study Chairs:
R Krouse, B Bagwell, A Abernethy

Statisticians:
G Anderson, K Arnold

Data Coordinator:
R Topacio

SCHEMA



*Patients will be enrolled into either the randomized or patient choice portion, not both

Objectives

To compare quality of life, as assessed by the number of days alive and residing outside of the hospital within the first 91 days (13 weeks) after registration, among patients with malignant bowel obstruction (MBO) who receive surgical intervention and similar patients treated non-surgically.

To explore whether there are differences in other health related quality of life (HRQOL) factors of particular interest in this population, including ability to eat, days with nasogastric tube, development of nausea, days of intravenous hydration, days eating solid foods and days drinking that are different for patients with MBO who receive surgical intervention as compared to non-surgical intervention.

To explore whether overall survival is different for patients with MBO who receive surgical intervention as compared to non-surgical intervention. To estimate the effects of surgical versus non-surgical management on quality of life after adjustment for non-adherence to initially assigned/chosen treatment.

To explore whether there are clinical factors (e.g., ascites, albumin, carcinomatosis) that predict better quality of life outcomes for patients with MBO who receive surgical intervention as compared to non-surgical intervention.

Patient Population

Patients must have clinical evidence of a small bowel obstruction (via history, physical, and radiographic examination) distal to ligament of Treitz, with radiographic confirmation prior to registration. Patients must have intra-abdominal primary cancer with incurable disease. Patients may still have primary tumor as long as it is not a primary large bowel obstruction from colorectal cancer. Patients must not have signs of bowel perforation necessitating surgery or "acute" abdomen as evidenced by peritonitis on physical exam within two days prior to registration.

Patients must be registered to the study within 3 days after being seen by surgical team for MBO or within 3 days after completion of indicated treatment (e.g. TPN, anticoagulation reversal) to make them eligible for surgical intervention, whichever is later, and prior to any treatment (surgical or non-surgical) for MBO. Somatostatin analogues may be used prior to registration if that use is limited to not more than the two days just prior to registration.

Patients must be able to tolerate a major surgical procedure based on clinical evaluation, status of their cancer, and any other underlying medical problems. A member of the patient's surgical team must indicate equipoise for the benefit of the surgical treatment for MBO. Patients must be 18 years or older and have Zubrod performance status of 0-2 within seven days prior to hospitalization. Serum albumin must be planned to be collected after hospital admission, but prior to treatment. History and physical must be obtained within three days prior to registration. Patients must be able to complete the study questionnaires in English or Spanish.

Stratification/Descriptive Factors

Participant randomization will be stratified by primary tumor type: colorectal cancer vs. ovarian cancer vs. other cancer.

Accrual Goals

A total of 200 patients will be accrued with a target of at least 50 patients in the randomized component.

Summary Statement

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

S1406 Phase II

Coordinating Group: SWOG

A Randomized Phase II Study of Irinotecan and Cetuximab With or Without Vemurafenib in BRAF Mutant Metastatic Colorectal Cancer

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

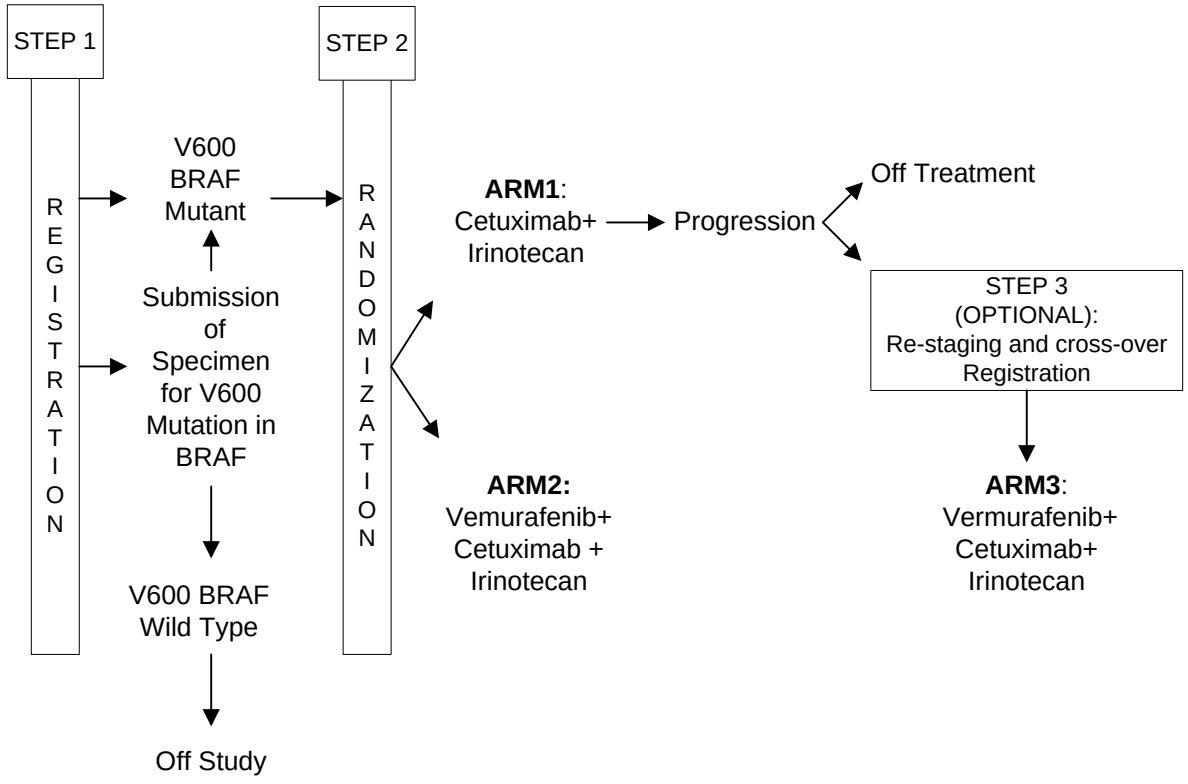
Date Activated:
11/13/2014

Study Chairs:
S Kopetz, H Lenz

Statisticians:
S McDonough, K Guthrie

Data Coordinator:
J Scurlock

SCHEMA



Objectives

To evaluate the progression-free survival (PFS) of BRAF mutant metastatic colorectal cancer patients treated with irinotecan, cetuximab, and vemurafenib compared to a control arm of irinotecan and cetuximab.

To evaluate the frequency and severity of toxicity associated with each of the treatment arms in this patient population.

To evaluate overall survival (OS) in treatment Arms 1 and 2.

To evaluate the overall response rate (ORR), including confirmed and unconfirmed, complete and partial response, in treatment Arms 1 and 2 in the subset of patients with measurable disease.

To estimate rates of OS, ORR, and PFS in patients who register to Arm 3 after disease progression on Arm 1.

To evaluate genetic alterations, including low-frequency KRAS or NRAS mutations (definitive list of genes to be finalized after completion of enrollment based on latest scientific knowledge) as detected by high-depth sequencing as predictive biomarkers of efficacy.

To evaluate PIK3CA pathway activation through PIK3CA mutations or PTEN protein loss as a predictive biomarker of innate resistance to this regimen.

To evaluate gene expression signatures from screened patients with BRAF wild-type and BRAF V600E tumors.

To provide validation of BRAF IHC using complementary sequencing methodology from screened patients with BRAF wild-type and BRAF V600E tumors.

To confirm the estimated sensitivity of detectable BRAF V600E circulating cell-free DNA as a non-invasive biomarker for BRAF V600E mutation as detected by IHC in the primary tumor.

To correlate radiographic tumor response with change in quantification of BRAF V600E alleles in circulating cell-free DNA.

To monitor for known mechanisms of acquired resistance to EGFR inhibition in circulating cell-free DNA (KRAS, NRAS mutations).

Patient Population

Patients must have histologically or cytologically documented adenocarcinoma of the colon or rectum that is either metastatic, or locally advanced and unresectable. Patients must have measurable or non-measurable metastatic disease. Patients must have a $BRAF^{V600E}$ mutation and have tissue available for central $BRAF^{V600E}$ testing. Brain metastases are allowed if they have been adequately treated with radiotherapy or surgery and stable for at least 90 days prior to Step 1 initial registration. Patients must not have a tumor with a mutation detected in codons 61, 117, or 146 of KRAS or 12, 13, 61, 117 or 146 of NRAS.

Patients must have had one or two prior regimens of systemic chemotherapy for metastatic disease. Prior treatment with irinotecan is allowed. Prior treatment for metastatic disease is not required for patients who experienced disease recurrence during or within 6 months of completion of adjuvant chemotherapy. Patients must not have been treated with any of the following prior to Step 2 randomization: (1) cetuximab, panitumumab, or other monoclonal antibody against EGFR or inhibitor of EGFR, (2) BRAF inhibitor including, but not limited to, vemurafenib or dabrafenib (regorafenib is not considered a BRAF inhibitor for the purpose of trial eligibility), or (3) MEK inhibitor including, but not limited to, trametinib or selumetinib. Previous chemotherapy, immunotherapy, or radiation therapy must have been completed at least 14 days prior to Step 1 initial registration.

Patients must have adequate hepatic, renal, hematologic, and cardiac function and have a Zubrod performance status of 0-1. Patients must not have a known history of Gilbert's Syndrome or known homozygosity for the UGT1A*28 allele. Patients must not have interstitial pneumonia or extensive symptomatic interstitial fibrosis of the lung. Patients must not have any uncontrolled intercurrent illness.

Stratification/Descriptive Factors

Patients will be stratified by prior treatment with irinotecan: yes vs no.

Accrual Goals

A total of 94 eligible patients will be randomized to this study. An interim analysis will be performed

when half of the expected events (approximately 44 PFS failures) have been observed.

Summary Statement

Registration to Step 1 was temporarily closed to accrual on December 23, 2015, pending CTEP review of revision to increase the accrual target in order to increase power in the study. The study was re-activated and opened to accrual on January 8, 2016.

As of December 31, 2015, 119 patients have been enrolled to the initial screening. Thirty patients were found to be BRAF wild-type. Three patients were not tested for BRAF due to: no invasive cancer in submitted tissue (2) and misplaced tissue (1). Two patients were found to be BRAF mutant, but were not randomized to protocol treatment. Eighty-four patients were randomized to protocol treatment.

Four patients were deemed ineligible due to: inadequate hematologic function or performance status (3) and timing of baseline laboratory assessment (1).

Five patients did not begin protocol treatment due to: symptomatic deterioration (3), poor prognosis (coded as 'Other' in the Treatment Summary Table), and patient refusal due to the size of the tablets (1 patient each). All five are considered major protocol deviations and are not assessable for adverse events. One additional patient came off protocol treatment to undergo HIPEC surgery (coded as 'Other' in the Treatment Summary Table).

On the cetuximab + irinotecan arm, 32 patients have been assessed for adverse events and 15 have experienced Grade 3 treatment-related adverse events. On the vemurafenib + cetuximab + irinotecan arm, 27 patients have been assessed for adverse events. Of these 27 patients, there has been one treatment-related death due to sepsis. Three additional patients have experienced Grade 4 treatment-related adverse events including sepsis and hematologic events. Fourteen additional patients experienced Grade 3 treatment-related adverse events.

Eleven patients randomized to the cetuximab + irinotecan arm have enrolled to crossover for treatment with vemurafenib + cetuximab + irinotecan. Of these, eight patients have been assessed for adverse events and four have experienced Grade 3 treatment-related events, including atrial fibrillation with rapid ventricular response (reported as Cardiac disorder-Other, spec).

Registration by Institution

Initial Registration

Registrations ending December 31, 2015

Institutions	Total Reg	Institutions	Total Reg
Alliance	20	Arnot Ogden Med Ctr/Rochester, Univ of	1
MD Anderson CC	16	CORA NCORP	1
ECOG-ACRIN	12	Essentia Hlth NCORP	1
Kaiser Perm NCORP	10	Fred Hutchinson CRC	1
NRG	6	Hawaii MU-NCORP	1
Southeast COR NCORP	6	Irvine, U of CA	1
Kansas, U of	5	Kadlec Clinic Hem/Fred Hutchinson CRC	1
Yale University	5	McLaren Cancer Inst/Wayne State Univ	1
Columbus NCORP	4	Michigan, U of	1
City of Hope Med Ctr	3	Northwest NCORP	1
Cleveland Clinic OH	3	PCRC NCORP	1
Colorado, U of	3	San Antonio, U of TX	1
Wayne State Univ	3	So Calif, U of	1
Gulf South MU-NCORP	2	Sutter Cancer RC	1
Heartland NCORP	2	Thompson Ca Surv Ctr/San Antonio, U of TX	1
Michigan CRC NCORP	2	**Total (32 Institutions)**	**119**
Ozarks NCORP	2		

Registration, Eligibility, and Evaluability

Randomization

Registrations ending December 31, 2015; Data as of January 7, 2016

	TOTAL	Cetuximab + Irinotecan	Vemurafenib + Cetux + Irinotecan
NUMBER REGISTERED	84	42	42
INELIGIBLE	4	1	3
ELIGIBLE	80	41	39
Analyzable, Pend. Elig.	14	8	6
BASELINE DISEASE STATUS			
Measurable	61	33	28
Too Early	19	8	11
ADVERSE EVENT ASSESSMENT			
Evaluable	59	32	27
Not Evaluable	5	3	2
Too Early	16	6	10

Patient Characteristics

Randomization

Registrations ending December 31, 2015; Data as of January 7, 2016

	Cetuximab + Irinotecan (n=41)		Vemurafenib + Cetux + Irinotecan (n=39)	
AGE				
Median	61.5		59.7	
Minimum	30.5		34.4	
Maximum	82.9		82.9	
SEX				
Males	11	27%	21	54%
Females	30	73%	18	46%
HISPANIC				
Yes	3	7%	2	5%
No	38	93%	36	92%
Unknown	0	0%	1	3%
RACE				
White	40	98%	35	90%
Asian	1	2%	3	8%
Unknown	0	0%	1	3%
PRIOR TREATMENT WITH IRINOTECAN				
Yes	16	39%	15	38%
No	25	61%	24	62%

Treatment Summary

Randomization

Registrations ending December 31, 2015; Data as of January 7, 2016

	Total
NUMBER ON PROTOCOL TREATMENT	29
NUMBER OFF PROTOCOL TREATMENT	51
REASON OFF TREATMENT	
Treatment completed as planned	0
Adverse Event or side effects	9
Refusal unrelated to adverse event	4
Progression/relapse	29
Death	2
Other - not protocol specified	2
Reason under review	5
MAJOR PROTOCOL DEVIATIONS	5

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

Randomization

Adverse Events Unlikely or Not Related to Treatment Excluded

Adverse Events with No Entries for Grades 2 to 5 Have Been Suppressed

Registrations ending December 31, 2015; Data as of January 7, 2016

	Cetuximab + Irinotecan (n=32) Grade					Vemurafenib + Cetux + Irinotecan (n=27) Grade				
ADVERSE EVENTS	**<=1**	**2**	**3**	**4**	**5**	**<=1**	**2**	**3**	**4**	**5**
Abdominal pain	31	1	0	0	0	26	1	0	0	0
Alkaline phosphatase increased	31	0	1	0	0	27	0	0	0	0
Allergic reaction	31	0	1	0	0	27	0	0	0	0
Alopecia	32	0	0	0	0	24	3	0	0	0
Anemia	28	4	0	0	0	23	1	3	0	0
Anorexia	28	3	1	0	0	26	0	1	0	0
Arthralgia	32	0	0	0	0	24	0	3	0	0
Atrial flutter	32	0	0	0	0	26	1	0	0	0
Bloating	32	0	0	0	0	26	1	0	0	0
Blood bilirubin increased	31	0	1	0	0	27	0	0	0	0
Confusion	31	1	0	0	0	27	0	0	0	0
Creatinine increased	32	0	0	0	0	26	0	1	0	0
Dehydration	29	2	1	0	0	23	1	3	0	0
Diarrhea	25	4	3	0	0	18	3	6	0	0
Dizziness	32	0	0	0	0	26	1	0	0	0
Dry skin	30	2	0	0	0	27	0	0	0	0
Dyspepsia	32	0	0	0	0	26	1	0	0	0
ECG QT corrected int prolong	32	0	0	0	0	26	1	0	0	0
Eye infection	31	1	0	0	0	27	0	0	0	0
Fall	31	1	0	0	0	27	0	0	0	0
Fatigue	24	5	3	0	0	20	4	3	0	0

	Cetuximab + Irinotecan (n=32) Grade					Vemurafenib + Cetux + Irinotecan (n=27) Grade				
ADVERSE EVENTS	**<=1**	**2**	**3**	**4**	**5**	**<=1**	**2**	**3**	**4**	**5**
Febrile neutropenia	31	0	1	0	0	24	0	3	0	0
Fever	31	1	0	0	0	26	1	0	0	0
GI disorders-Other, specify	32	0	0	0	0	26	1	0	0	0
Generalized muscle weakness	30	1	1	0	0	27	0	0	0	0
Hypoalbuminemia	32	0	0	0	0	26	1	0	0	0
Hypokalemia	30	1	1	0	0	24	1	2	0	0
Hypomagnesemia	28	3	1	0	0	27	0	0	0	0
Hyponatremia	32	0	0	0	0	26	0	1	0	0
Hypotension	31	1	0	0	0	27	0	0	0	0
Infusion related reaction	30	1	1	0	0	26	1	0	0	0
Insomnia	32	0	0	0	0	26	1	0	0	0
Lipase increased	32	0	0	0	0	26	1	0	0	0
Lung infection	32	0	0	0	0	25	1	1	0	0
Mucositis oral	32	0	0	0	0	25	2	0	0	0
Myalgia	31	1	0	0	0	25	1	1	0	0
Nausea	27	5	0	0	0	20	3	4	0	0
Neutrophil count decreased	26	4	2	0	0	20	2	2	3	0
Pain	32	0	0	0	0	26	0	1	0	0
Papulopustular rash	31	0	1	0	0	27	0	0	0	0
Peripheral sensory neuropathy	31	1	0	0	0	27	0	0	0	0
Photosensitivity	32	0	0	0	0	26	0	1	0	0
Platelet count decreased	30	2	0	0	0	26	0	1	0	0
Pneumonitis	31	1	0	0	0	27	0	0	0	0
Pruritus	31	0	1	0	0	27	0	0	0	0
Rash acneiform	29	3	0	0	0	24	3	0	0	0
Rash maculo-papular	31	1	0	0	0	25	1	1	0	0
Rash pustular	30	2	0	0	0	27	0	0	0	0
Resp/thoracic/mediastinal ds	31	1	0	0	0	27	0	0	0	0
Sepsis	32	0	0	0	0	25	0	0	1	1
Skin/subq tissue ds-Other	32	0	0	0	0	24	3	0	0	0
Stomach pain	31	1	0	0	0	27	0	0	0	0
Urinary tract infection	31	0	1	0	0	27	0	0	0	0
Vomiting	30	2	0	0	0	22	2	3	0	0
Weight loss	30	2	0	0	0	26	1	0	0	0
White blood cell decreased	31	1	0	0	0	23	2	0	2	0
MAX. GRADE ANY ADVERSE EVENT	10	7	15	0	0	3	6	14	3	1

Registration, Eligibility, and Evaluability

Crossover

Registrations ending December 31, 2015; Data as of January 7, 2016

	Crossover:Vem +Cetux +Irinotecan
NUMBER REGISTERED	11
ELIGIBLE	11
Analyzable, Pend. Elig.	3
BASELINE DISEASE STATUS	
Measurable	8
Too Early	3
ADVERSE EVENT ASSESSMENT	
Evaluable	8
Too Early	3

Treatment Summary

Crossover

Registrations ending December 31, 2015; Data as of January 7, 2016

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

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

Crossover

Adverse Events Unlikely or Not Related to Treatment Excluded

Registrations ending December 31, 2015; Data as of January 7, 2016

	Crossover:Vem+Cetux+Irinotecan (n=8) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**
AST increased	7	1	0	0	0	0
Abdominal distension	7	1	0	0	0	0
Anorexia	6	1	1	0	0	0
Arthralgia	5	2	1	0	0	0
Bone pain	7	0	1	0	0	0
Cardiac disorder-Other, spec	7	0	0	1	0	0
Constipation	6	1	1	0	0	0
Dehydration	7	0	1	0	0	0
Diarrhea	3	3	0	2	0	0
Dizziness	7	1	0	0	0	0
Dry skin	7	1	0	0	0	0
Edema limbs	6	2	0	0	0	0
Erythema multiforme	7	1	0	0	0	0
Fatigue	4	1	1	2	0	0
Generalized muscle weakness	6	1	0	1	0	0
Hand-Foot syndrome	7	0	1	0	0	0
Hypokalemia	7	1	0	0	0	0
Hypomagnesemia	7	1	0	0	0	0
Insomnia	7	0	0	1	0	0
Lymphocyte count decreased	7	0	1	0	0	0
Mucositis oral	6	2	0	0	0	0
Nausea	3	4	1	0	0	0
Neutrophil count decreased	7	0	1	0	0	0
Pain	7	1	0	0	0	0
Paresthesia	7	1	0	0	0	0
Paronychia	7	0	1	0	0	0
Pelvic pain	7	1	0	0	0	0
Photosensitivity	7	0	1	0	0	0
Rash acneiform	4	3	1	0	0	0
Rash maculo-papular	7	1	0	0	0	0
Skin/subq tissue ds-Other	7	1	0	0	0	0
Urinary tract infection	7	0	0	1	0	0
Vomiting	7	0	1	0	0	0
White blood cell decreased	7	0	1	0	0	0
MAX. GRADE ANY ADVERSE EVENT	0	2	2	4	0	0

S1415CD Pragmatic Trial

Pragmatic Trial to Evaluate a Guideline-Based Colony Stimulating Factor Standing Order Intervention and to Determine the Effectiveness of Colony Stimulating Factor Use as Prophylaxis for Patients Receiving Chemotherapy with Intermediate Risk for Febrile Neutropenia – Pragmatic Trial Assessing CSF Prescribing Effectiveness and Risk (TrACER)

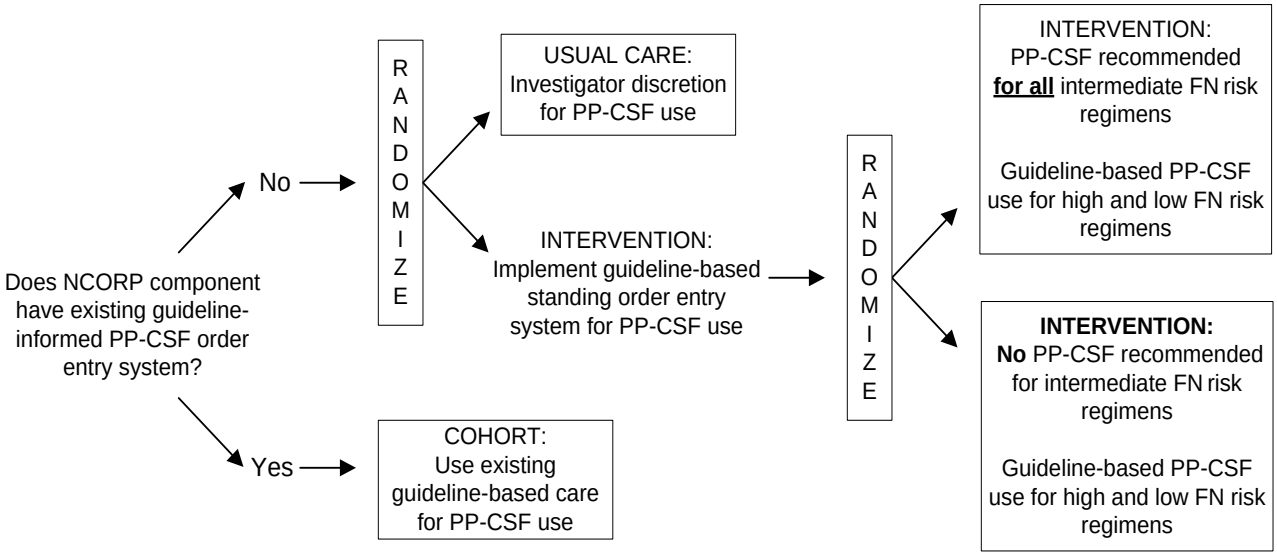
Study Chairs:
S Ramsey, D Hershman, G Lyman, S Sullivan

Statisticians:
A Bansal (UW), W Barlow, K Arnold

Project Manager:
K Watabayashi (HICOR)

Data Coordinator:
M Yee

SCHEMA



Randomization is at the NCORP component level. All patients at participating components will be subject to the PP-CSF use care as determined by component assignment (Usual Care, Intervention, or Cohort). Only consented patients registered to the study will participate in the data collection.

Objectives

To compare the use of primary prophylactic colony stimulating factor (PP-CSF) according to recommended clinical practice guidelines among patients registered at Intervention components versus Usual Care components.

To compare the rate of febrile neutropenia (FN) among patients registered at Intervention components versus Usual Care components.

To compare the rate of FN among intermediate risk patients registered at Intervention components by component treatment assignment (administer PP-CSF to intermediate risk patients versus not).

To compare the rate of FN among low-risk patients registered at Intervention components versus Usual Care components.

To compare the FN-related health-related quality of life (HRQOL) among low-risk patients registered at Intervention components versus Usual Care components.

To compare patient adherence to PP-CSF prescribing among patients registered at Intervention components versus Usual Care components.

To compare patient knowledge of the indications for, efficacy of, and side effects associated with PP-CSF between the initiation and conclusion of the first cycle of myelosuppressive systemic therapy among patients registered at Intervention components versus Usual Care components.

To compare the proportion of patients completing the initial systemic therapy regimen at planned duration and at planned dose intensity among patients registered at Intervention components versus Usual Care components.

To compare antibiotic use both as prophylaxis and as treatment for FN among patients registered at Intervention components versus Usual Care components.

To compare the rate of FN-related emergency department visits and hospitalizations among intermediate risk patients registered to Intervention components by component treatment assignment (administer PP-CSF to intermediate risk patients versus not).

To compare the FN-related health-related quality of life (HRQOL) among intermediate risk patients registered to Intervention components by component treatment assignment (administer PP-CSF to intermediate risk patients versus not).

To compare overall survival among intermediate risk patients registered to Intervention components by component treatment assignment (administer PP-CSF to intermediate risk patients versus not).

To characterize and descriptively report the differences among Cohort components and the Intervention and Usual Care components, according to the endpoints outlined in Section 10.0.

Patient Population

Patients must have a current diagnosis of breast cancer, non-small cell lung cancer, or colorectal cancer. Cancer may be metastatic or non-metastatic.

Patients must be planning to receive one of the study-allowed regimens as their initial treatment for their current diagnosis. Patients must be registered prior to their first cycle of systemic therapy (chemotherapy, immunotherapy, biologic therapy, or combination regimens). Prior systemic therapy must have been completed at least 180 days prior to registration. Patients must not have any known contraindication to CSFs, including prior hypersensitivity to Escherichia coli-derived proteins, filgrastim, pegfilgrastim, or tbo-filgrastim.

Patients must be able to understand and provide information for the patient-completed study forms in either English or Spanish. Patients may have had a prior malignancy. Patients must not be participating or plan to participate in other clinical trials that involve investigational systemic cancer treatments or investigational uses of CSF.

Stratification/Descriptive Factors

NCORP components eligible for randomization will be randomly assigned to Usual Care or Intervention with stratification by component size (number of patients at that component) and type of NCORP component (minority/underserved vs not).

Accrual Goals

A total of 3,960 patients will be accrued to achieve 3,600 eligible patients. The Intervention components will accrue 2,376 patients, the Usual Care components will accrue 792 patients and the Cohort components will accrue 792 patients.

One interim analysis will be conducted when 360 patients in the intermediate risk group at Intervention components have complete outcome information. A second interim analysis will be conducted when 650 patients in the intermediate risk group at Intervention components have complete outcome information.

Summary Statement

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

S1417CD Survey

Coordinating Group: SWOG

Implementation of a Prospective Financial Impact Assessment Tool in Patients with Metastatic Colorectal Cancer

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Participants:
SWOG, CTSU

Study Chairs:
V Shankaran, S Ramsey, D Hershman

Statisticians:
J Unger, A Darke

Data Coordinators:
M Yee, D Liggett

Objectives

To estimate the incidence of treatment-related major financial hardship over 12 months, among patients with newly diagnosed metastatic colorectal cancer (mCRC) treated at SWOG-affiliated NCI Community Oncology Research Program (NCORP) Cancer Care Delivery Research (CCDR) components.

To describe the association of major financial hardships with mCRC treatment by demographic factors, including age, race, marital status, employment status, and income.

To explore whether occurrence of major financial hardship is associated with poorer health-related quality of life over time.

To profile the magnitude and timing of treatment-related changes in patients' income, assets, debt, and employment, and to quantify major out-of-pocket expenses during the 12 months following registration.

To explore the extent to which health insurance factors (e.g., high copayments, deductibles, premiums, loss/change of insurance plan) are associated with major financial hardship and treatment adherence.

To determine feasibility of recruiting primary caregivers and measuring caregiver burden and caregivers' perceptions about cancer treatment costs.

To determine the feasibility of conducting a prospective multi-site longitudinal cohort study assessing financial outcomes in patients with mCRC undergoing treatment within the NCORP network.

To obtain objective measures of expenses, debt and credit through linkage with individual patient credit reports (TransUnion) at enrollment (baseline) and end of follow up (12 months).

Patient Population

Patients must have newly diagnosed metastatic colon or rectal cancer (de novo metastatic diagnosis or metastatic recurrence after prior treatment for stage I-III disease), with registration within 90 days of diagnosis. Patients must plan to begin systemic chemotherapy and/or biologic therapy at the registering institution within 30 days after registration. Patients must not have been diagnosed with any malignancy other than colorectal cancer 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 may have received prior chemotherapy, biologic therapy, radiation therapy, or surgery for non-metastatic colorectal cancer.

Patients must provide full name, address, and social security number at registration and be able to complete questionnaires in English. Patients must not be currently enrolled in any clinical treatment trials at time of registration. Patients may enroll in treatment trials or other clinical trials following completion of baseline surveys.

Accrual Goals

A total of 374 patients will be enrolled to achieve 320 eligible patients.

Summary Statement

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

S1505 Phase II

Coordinating Group: SWOG

A Randomized Phase II Study of Perioperative mFOLFIRINOX versus Gemcitabine/nab-Paclitaxel as Therapy for Resectable Pancreatic Adenocarcinoma

---

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

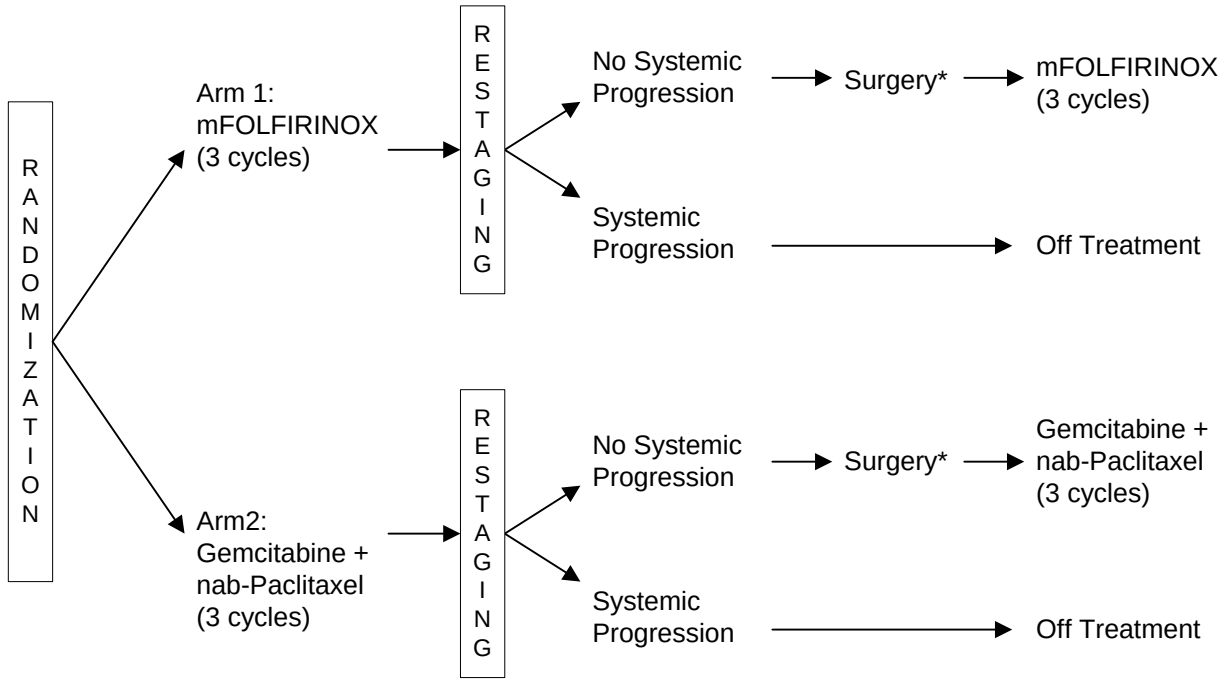
Date Activated:
10/12/2015

Study Chairs:
D Sohal, S Ahmad

Statisticians:
K Guthrie, S McDonough

Data Coordinator:
B Zeller

SCHEMA



*If patient is unable to undergo R0 or R1 surgical resection, he or she must be taken off protocol treatment.

Objectives

To assess 2-year overall survival in each treatment arm (mFOLFIRINOX and gemcitabine/nab-paclitaxel) in patients with resectable pancreatic cancer.

To choose the better regimen with respect to 2-year overall survival.

To estimate the frequency and severity of adverse events associated with chemotherapy in the perioperative setting, for all patients and within treatment arms.

To estimate the proportion of patients going to surgery for resection after preoperative chemotherapy, for all patients and within treatment arms.

To estimate the proportion of patients achieving R0 resection after preoperative chemotherapy, for all patients and within treatment arms.

To estimate the overall response rate following preoperative chemotherapy, including confirmed and unconfirmed, complete and partial response, per RECIST 1.1, for all patients and within treatment arms.

To estimate the pathologic response rates after R0 or R1 resection, for all patients and within treatment arms.

To estimate the patterns of recurrence (loco-regional, distant) after R0 or R1 resection, for all patients and within treatment arms.

To estimate disease-free survival from the time of R0 or R1 resection, for all patients and within treatment arms.

Patient Population

Patients must have histologically or cytologically proven pancreatic adenocarcinoma. Patients must have measurable disease in the pancreas. Patients must have resectable primary tumor, as defined in the protocol, based on contrast-enhanced CT or MRI. Patients must have a surgical consult to verify patient is a surgical candidate.

Patients must not have received prior surgery, radiation therapy, chemotherapy, targeted therapy, or any investigational therapy for pancreatic cancer.

Patients must be between 18 and 75 years of age (inclusive) and have a Zubrod performance status of 0-1. Patients must have adequate hematologic, hepatic and renal function.

CT scans or MRIs used to assess disease at baseline must be submitted for central review.

Stratification/Descriptive Factors

Patients will be stratified by Zubrod performance status: 0 vs 1.

Accrual Goals

A total of 100 eligible patients will be randomized to this study. The rate of resection will be examined after the 40^{th} and 80^{th} enrolled patient becomes evaluable. The study will be suspended pending further review if either of the following is observed: 10 failures in 40 patients or 17 failures in 80 patients.

Summary Statement

The trial opened to accrual on October 12, 2015. As of December 31, 2015, no patients have enrolled.

S1513 Phase II

Coordinating Group: SWOG

Randomized Phase II Study of 2nd Line FOLFIRI versus Modified FOLFIRI With PARP Inhibitor ABT-888 (Veliparib) (NSC-737664) in Metastatic Pancreatic Cancer

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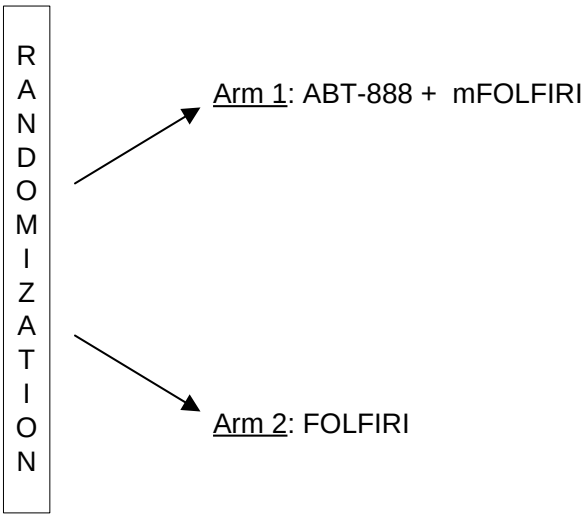
Participants:
SWOG, CTSU

Study Chairs:
E Chiorean, P Philip, E Swisher

Statisticians:
S McDonough, K Guthrie

Data Coordinator:
J Scurlock

SCHEMA



Objectives

To evaluate the overall survival (OS) of metastatic pancreatic cancer patients treated with fluorouracil, irinotecan, leucovorin (modified FOLFIRI) and ABT-888 comapared to a control arm of fluorouracil, irinotecan, and leucovorin (FOLFIRI).

To evaluate the frequency and severity of toxicity associated with each of the treatment arms in this patient population.

To evaluate the progression-free survival (PFS) in each of the treatment arms in this patient population.

To evaluate the response rate (confirmed and unconfirmed; complete response + partial response), disease control rate (confirmed and unconfirmed; complete response + partial response + stable disease), and duration of response in each of the treatment arms in this patient population.

To evaluate if BRCA1 and BRCA2 mutations (somatic or germline) are associated with improved clinical outcomes (OS, PFS, and overall response rate [ORR]) in each of the treatment arms in this patient population.

To evaluate the impact of Homologous Recombination Deficiency (HRD) score on clinical outcomes in each treatment arm.

To evaluate the impact of genomic alterations identified by the BROCA-HR assay, other than BRCA1/2, on clinical outcomes in each treatment arm.

To bank tissue for future translational medicine studies.

Patient Population

Patients must have histologically or cytologically documented pancreatic adenocarcinoma. Patients with pancreatic neuroendocrine tumors, lymphoma of the pancreas, or ampullary cancer are not eligible. Patients must have metastatic disease that is measurable. Patients must not have a history of brain metastases.

Patients must have had one and only one prior regimen of systemic therapy for metastatic disease. However, patients who received systemic therapy with gemcitabine/nab-paclitaxel for resectable or borderline/locally advanced unresectable disease and progressed with metastatic disease within three months of the last dose of therapy are eligible. Patients must have completed systemic therapy at least 14 days prior to registration, any surgical procedure must have been performed at least 14 days prior to registration, and radiation therapy must be completed at least 7 days prior to registration. Patients must have recovered from major side effects of prior therapies or procedures. Patients must not have received prior irinotecan-based chemotherapy. Patients must not have received prior PARP inhibitor therapy including, but not limited to ABT-888, olaparib, rucaparib, and BMN637.

Patients must have a Zubrod performance status of 0-1. Patients must have adequate hematologic, hepatic, renal, and cardiac function. Patients must not have any clinically significant and uncontrolled major medical conditions. Patients must not have known Gilbert's Syndrome. Patients must not have known hypersensitivity to irinotecan, fluorouracil, or leucovorin.

Stratification/Descriptive Factors

Patients will be stratified by prior systemic treatment for metastatic disease: yes vs no.

Accrual Goals

A total of 128 eligible patients will be randomized to this study. An interim futility analysis of progression-free survival (PFS) will be performed when 35% (approximately 40 events) of the expected PFS events have been observed.

A021202 Phase II SWOG Supported CTSU Study

Coordinating Group: Alliance

Prospective Randomized Phase II Trial of Pazopanib (NSC #737754, IND #75648) Versus Placebo in Patients with Progressive Carcinoid Tumors

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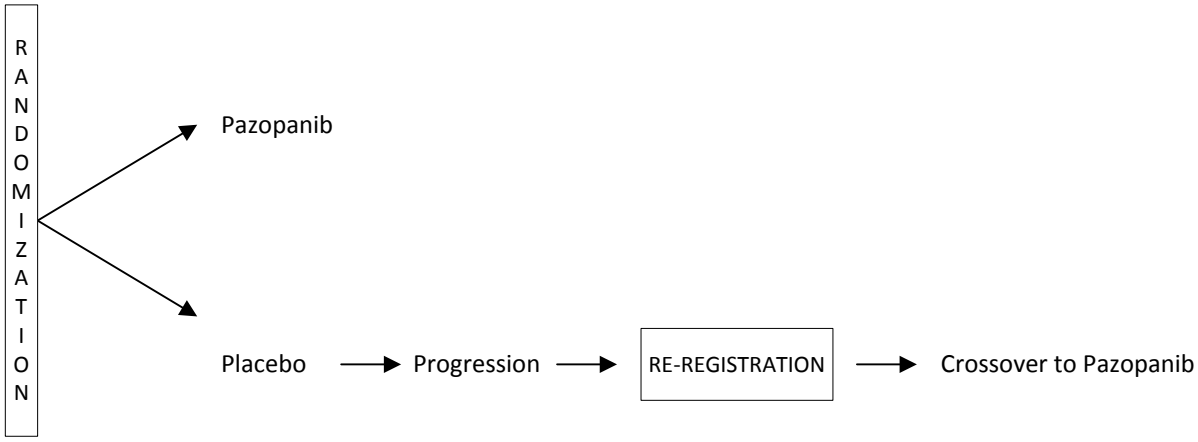
Participants:
Alliance, CTSU

Date Activated:
05/08/2013

Study Chairs:
E Bergsland (Alliance), A Phan (SWOG)

SCHEMA



Objectives

To compare centrally reviewed progression-free survival (PFS) between patients with progressive carcinoid tumors randomized to treatment with pazopanib versus placebo.

To compare overall survival between treatment arms.

To compare objective response rate, duration of response, and time to treatment failure between treatment arms.

To compare PFS as assessed by central radiology review and local radiology review overall and within treatment arms.

To estimate PFS at 6 months and 12 months within each treatment arm.

To evaluate safety and tolerability of treatment with pazopanib/placebo.

To compare biochemical response between treatment arms among patients with elevated baseline levels of CGA and 5-HIAA.

To estimate PFS and other indicators of efficacy in patients who crossover to pazopanib from placebo.

To estimate average time to submission of scans to the Alliance Imaging Core Laboratory (ICL) and average ICL "turn-around" time.

To estimate discordance between the local and central radiology review in assessment of progression.

To characterize the rates and quality of radiographic progression.

To assess differences in QOL-related domains between the two treatment groups.

To determine if the more brief measures of QOL-related domains provide comparable information to that which is provided by the longer assessments.

To provide validation data for the EORTC NET21 module in terms of responsiveness over time and differences across arms.

Patient Population

Patients must have low- or intermediate-grade neuroendocrine carcinoma, including the following subtypes: carcinoid tumor, low- to intermediate-grade or well- to moderately-differentiated neuroendocrine carcinoma or tumor, or atypical carcinoid tumor. Patients must have locally unresectable or metastatic carcinoid tumors arising in the foregut, midgut, hindgut, or other non-pancreatic site. Patients must have radiological evidence for progressive disease within 12 months prior to registration. Patients must have measurable disease per RECIST 1.1. Patients with tumors arising in the midgut must have progressed on octreotide. Patients must not have known endobronchial lesions and/or lesions infiltrating major pulmonary vessels that increase the risk of pulmonary hemorrhage. Patients must not have clinical evidence of brain metastases or carcinomatous meningitis.

Patients must not have received prior treatment with an inhibitor of VEGF or VEGFR. Treatment with strong inhibitors of CYP3A4 must be discontinued 14 days prior to start of study treatment. Other prior treatment must be completed at least four weeks prior to registration, and any treatment-related toxicities must have improved to Grade 1 or lower. Prior treatment with embolization or ablative therapies is allowed if measurable disease remains outside of the treated area or there is documented disease progression in a treated site. Patients should have completed any major surgery at least four weeks prior to registration and must have completed any minor surgery at least two weeks prior to registration.

Patients must be at least 18 years of age and have ECOG performance status of 0-1. Patients must have adequate cardiac, hematologic, hepatic, renal, immunologic, and clotting function. Patients with symptomatic peripheral vascular disease are not eligible.

Stratification/Descriptive Factors

Patients are stratified by (1) site of primary: small bowel (defined as tumors arising in the small bowel, cecum, appendix, or unknown primary site) vs other; and (2) concurrent somatostatin analog: yes vs no.

Accrual Goals

The accrual goal for this study is 150 patients. Interim analyses for futility will be conducted when 38% and 75% of the expected number of events have been observed.

Summary Statement

Alliance reported that 171 patients had registered to this study as of December 31, 2015, 35 from SWOG institutions. The complete November 2015 summary of this study from Alliance is available on the SWOG web site.

Registration by Institution

Registrations ending December 31, 2015

Institutions	Total Reg	Institutions	Total Reg
H Lee Moffitt CC	22	Kansas, U of	1
Cedars-Sinai Med Ctr	4	Methodist Hospital	1
Baylor Univ Med Ctr	2	Poudre Valley Hosp/Colorado, U of	1
San Antonio, U of TX	2	Rochester, Univ of	1
KaiserPermanenteSCAL/Kaiser Perm NCORP	1	**Total (9 Institutions)**	**35**

E2211 Phase II SWOG Supported CTSU Study

Coordinating Group: ECOG-ACRIN

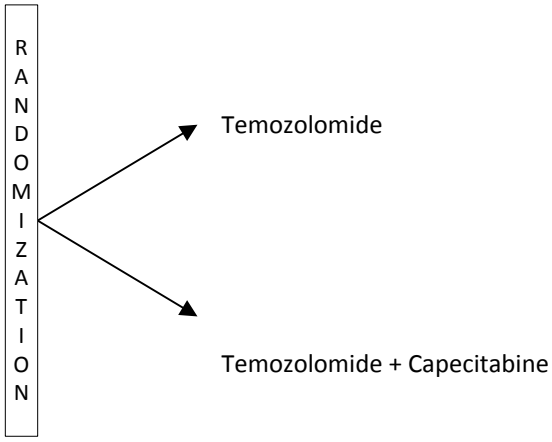
A Randomized Phase II Study of Temozolomide or Temozolomide and Capecitabine in Patients with Advanced Pancreatic Neuroendocrine Tumors

Participants:
ECOG-ACRIN, CTSU

Date Activated:
04/22/2013

Study Chairs:
P Kunz (ECOG-ACRIN), J Strosberg (SWOG)

SCHEMA



Objectives

To evaluate progression-free survival (PFS) associated with temozolomide alone or temozolomide and capecitabine in patients with advanced pancreatic neuroendocrine tumors.

To evaluate response rates (RR) associated with temozolomide alone or temozolomide and capecitabine treatment in patients with advanced pancreatic neuroendocrine tumors.

To evaluate overall survival (OS) associated with temozolomide alone or temozolomide and capecitabine in patients with advanced pancreatic neuroendocrine tumors.

To evaluate the toxicity associated with temozolomide alone or temozolomide and capecitabine in patients with advanced pancreatic neuroendocrine tumors.

To evaluate the usefulness of MGMT status (by IHC and promoter methylation) for predicting response in pancreatic neuroendocrine tumor patients treated with either temozolomide or temozolomide and capecitabine.

To bank radiology images for evaluation of quality, reproducibility, and compliance with CT methodology.

Patient Population

Patients must have histologically or pathologically confirmed locally unresectable or metastatic low or intermediate grade pancreatic neuroendocrine tumor, excluding small cell carcinoma. Patients must have measurable disease. Patients must have documented

disease progression within 12 months prior to randomization. Patients with either clinically apparent central nervous system metastases or carcinomatous meningitis are not eligible.

Patients must not have received prior temozolomide, DTIC, capecitabine, or 5-FU therapy. Prior everolimus or sunitinib therapy is allowed, provided therapy was discontinued at least four weeks prior to randomization.

Patients must be at least 18 years of age and have ECOG performance status 0-1. Patients must have adequate hematologic and hepatic function. Patients must not have active or uncontrolled infection or serious medical or psychiatric illness. Patients must not have a history of the following within 12 months prior to registration: arterial thromboembolic event, unstable angina, or myocardial infarction. Patients with symptomatic peripheral vascular disease are not eligible.

Stratification/Descriptive Factors

Treatment randomization will be stratified according to the following factors: (1) prior treatment with everolimus: yes vs no; (2) prior treatment with sunitinib: yes vs no; and (3) concurrent administration of octreotide: yes vs no.

Accrual Goals

The accrual goal for this study is 138 eligible patients. Allowing for an ineligibility rate of 5%, it is anticipated that 145 patients will be randomized.

Summary Statement

ECOG-ACRIN reported that 137 patients had registered to this study as of December 31, 2015, including 49 from SWOG institutions. The complete Fall 2015 summary of this study from ECOG-ACRIN is available on the SWOG web site.

Registration by Institution

Registrations ending December 31, 2015

Institutions	Total Reg	Institutions	Total Reg
H Lee Moffitt CC	10	So Calif, U of	2
Cedars-Sinai Med Ctr	9	Yale University	2
Kansas, U of	4	Boston Medical Ctr	1
Rochester, Univ of	4	Kaiser Perm NCORP	1
Cincinnati MC, U of	3	Kansas City NCORP	1
KaiserPermanenteSCAL/Kaiser Perm NCORP	3	Lahey Hosp & Med Ctr	1
Cleveland Clinic OH	2	Loyola University	1
Greenville NCORP	2	Michigan, U of	1
Kentucky, U of	2	**Total (17 Institutions)**	**49**

E7208 Phase II SWOG Supported CTSU Study

Coordinating Group: ECOG-ACRIN

A Randomized Phase II Study of Irinotecan and Cetuximab with or without the Anti-Angiogenic Antibody, Ramucirumab (IMC-1121B), in Advanced, K-ras Wild-Type Colorectal Cancer Following Progression on Bevacizumab-Containing Chemotherapy

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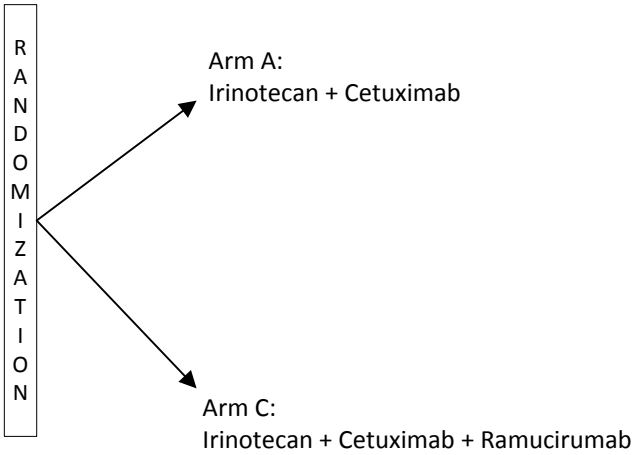
Participants:
ECOG-ACRIN, CTSU

Date Activated:
07/18/2012

Study Chair:
H Hochster (ECOG-ACRIN and SWOG)

SCHEMA



Note: Arm B closed to new accrual effective 6/2014

Objectives

To evaluate the progression free survival (PFS) for the addition of the anti-angiogenic antibody, ramucirumab, in combination with irinotecan and cetuximab as second line therapy for patients with K-ras wild-type colorectal cancer, as compared to the patients without the antibody.

To evaluate the response rate for irinotecan, cetuximab and ramucirumab in this patient population.

To evaluate the Grade 3-4 toxicity rates for the combination in this patient population.

To evaluate the overall survival for irinotecan, cetuximab, and ramucirumab in this patient population.

Patient Population

Patients must have histologically documented metastatic or advanced adenocarcinoma of the colon or rectum. Patients must not have brain or CNS

metastases, or other cancer requiring therapy within the last three years.

Patients must have had prior first-line therapy with oxaliplatin-based fluoropyrimidine-containing chemotherapy and bevacizumab for metastatic colorectal cancer. Patients must not have had any other prior therapy. Patients must not have had any major surgery within 28 days prior to randomization, or subcutaneous venous access device placement within seven days prior to registration.

Patients must have a performance status 0-1 and be at least 18 years of age. Patients must have adequate coagulation, hematologic, hepatic and renal function. Patients must not have had Grade 3-4 bleeding episodes within three months prior to registration.

Stratification/Descriptive Factors

Randomization will be stratified by (1) performance status: 0 vs 1; (2) discontinuation of oxaliplatin before disease progression: yes vs no; and (3) time frame of progression: within six months of last treatment vs more than 6 months since last treatment.

Accrual Goals

This study requires 135 patients to achieve a goal of 130 eligible patients.

Summary Statement

ECOG-ACRIN reported that 85 patients had registered to this study as of December 31, 2015, 12 from SWOG institutions. The complete Fall 2015 summary of this study from ECOG-ACRIN is available on the SWOG web site.

Registration by Institution

Registrations ending December 31, 2015

Institutions	Total Reg
Yale University	5
So Calif, U of	4
CORA NCORP	1
Michigan, U of	1
Providence Hosp	1
Total (5 Institutions)	**12**

EAY131 Master Protocol / Phase II

Coordinating Group: ECOG-ACRIN

NCI-MATCH: Molecular Analysis for Therapy Choice

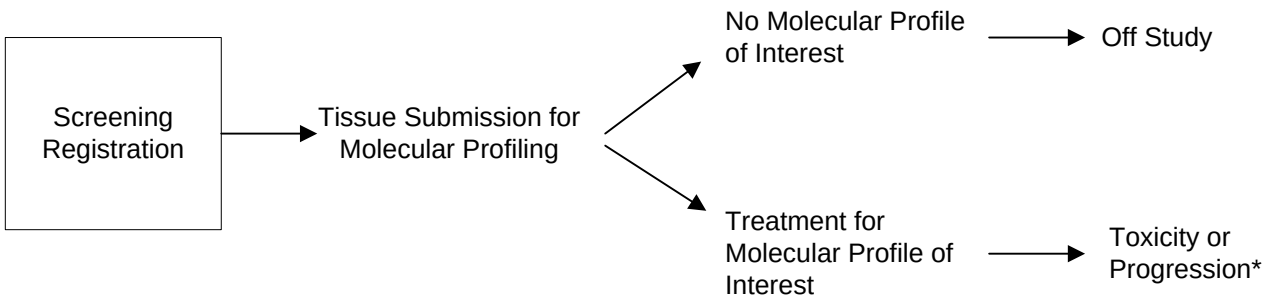
Participants:
ECOG-ACRIN, CTSU

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

Date Activated:
08/12/2015

Date Closed:
11/11/2015

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.

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.

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 and protein-based assessment platforms.

Patient Population

Patients must have histologically documented solid tumors or histologically confirmed diagnosis of lymphoma 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, have tumor amenable to image guided or direct vision biopsy, and be willing and able to undergo biopsy for molecular profiling.

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 initial registration. Patients must not require the use of full dose coumarin-derivative anticoagulants such as warfarin. Low molecular weight heparin is permitted for prophylactic or therapeutic use.

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. 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 be completed in 7.5 years, then the steering committee may consider terminating accrual in that subgroup due to lack of feasibility. 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 August 12, 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 interim analysis and review is expected to lift by May 2016, when an additional 12 to 14 new subprotocols are expected to be open.

Registration by Institution

Registrations ending December 31, 2015

Institutions	Total Reg	Institutions	Total Reg
Kaiser Perm NCORP	25	Southeast COR NCORP	4
Henry Ford Hosp	17	KaiserPermanenteSCAL/Kaiser Perm NCORP	3
Wayne State Univ	15	Ozarks NCORP	3
Cleveland Clinic OH	9	S Georgia Med Ctr/Brooke Army Med Ctr	3
Intermountain MC/Northwest NCORP	8	Beaumont NCORP	2
Michigan, U of	6	Cedars-Sinai Med Ctr	1
Sutter Cancer RC	6	Poudre Valley Hosp/Colorado, U of	1
Sutter General Hosp/Sutter Cancer RC	6	Providence Hosp	1
Colorado, U of	5	**Total (18 Institutions)**	**119**
KaiserPermanenteCOL/Kaiser Perm NCORP	4		

N1048 Phase II/III SWOG Supported CTSU Study

Coordinating Group: Alliance

A Phase II/III Trial of Neoadjuvant FOLFOX with Selective Use of Combined Modality Chemoradiation versus Preoperative Combined Modality Chemoradiation for Locally Advanced Rectal Cancer Patients Undergoing Low Anterior Resection with Total Mesorectal Excision

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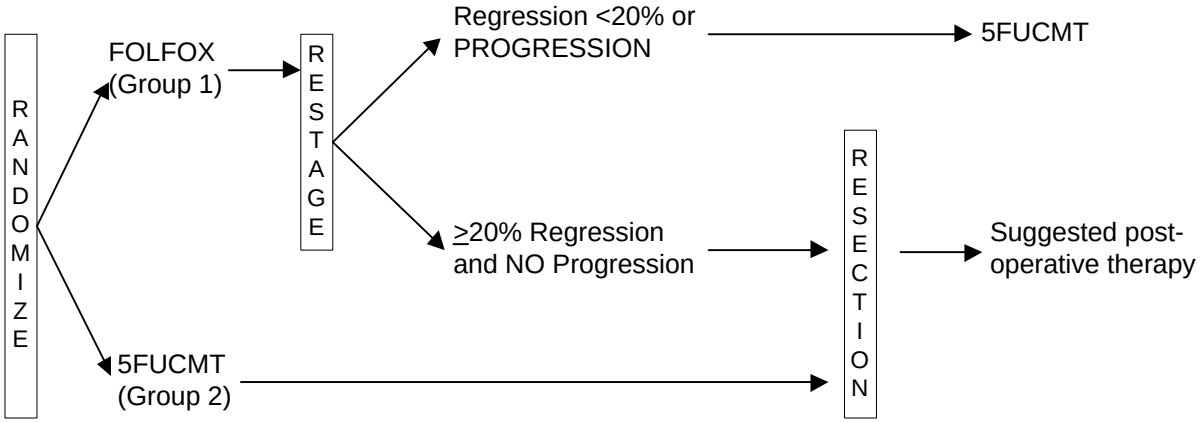
Participants:
Alliance, CTSU

Date Activated:
01/13/2012

Study Chairs:
D Schrag (Alliance), C Eng (SWOG)

SCHEMA



Objectives

Phase II component primary objective:
To assure that neoadjuvant FOLFOX followed by selective use of 5FUCMT group (Group 1) maintains the current high rate of pelvic R0 resection and is consistent with non-inferiority for time to local recurrence (TLR).

Phase III component primary objective:
To compare neoadjuvant FOLFOX followed by selective use of 5FUCMT (Group 1) to standard 5FUCMT (Group 2) with respect to the co-primary endpoints of the Time to Local Recurrence (TLR) and Disease-free Survival (DFS).

Secondary Objectives:
To determine if the neoadjuvant FOLFOX followed by selective use of 5FUCMT (Group 1) is non-inferior to the standard group 5FUCMT (Group 2) with respect to the proportion of patients who achieve a pathologic complete response (pCR) at the time of surgical resection.

To determine if the neoadjuvant FOLFOX followed by selective use of 5FUCMT (Group 1) is non-inferior to the standard 5FUCMT (Group 2) with respect to overall survival.

To evaluate and compare the adverse event profile and surgery complications between two groups.

To estimate the proportion of patients in the selective (Group 1) who receive: 1) pre-operative 5FUCMT; 2) post-operative 5FUCMT; 3) either pre- or post-operative 5FUCMT.

Patient Population

Patients must have rectal adenocarcinoma of clinical stage T2N1, T3N0 or T3N1. Patients must have radiologically measurable or clinically evaluable disease with tumor tissue evident between 5 and 12 cm from the anal verge. Tumor must not be adjacent to (within 3 mm of) the mesorectal fascia. Patients must not need abdominaloperineal (APR) at baseline.

Patients must not have had chemotherapy within five years prior to registration. Hormonal therapy is allowable if the disease free interval is five years or longer. Patients must not have had any prior pelvic radiation.

Patients must have an ECOG performance status 0-2 and be at least 18 years of age. Patients must have adequate hematologic, hepatic and renal function.

Stratification/Descriptive Factors

Patients will be stratified by ECOG performance status: 0 or 1 vs 2.

Accrual Goals

There will be total of 500 patients randomized to each group of this study (total of 1000 patients) if the trial completes the full phase III accrual. The phase II portion is defined as the first 366 randomized patients.

Summary Statement

Alliance reported that 479 patients had registered to this study as of December 31, 2015, including 69 from SWOG institutions. The complete November 2015 summary of this study from Alliance is available on the SWOG web site.

Registration by Institution

Registrations ending December 31, 2015

Institutions	Total Reg	Institutions	Total Reg
Kaiser Perm NCORP	13	San Diego, U of CA	4
Rochester, Univ of	11	Davis, U of CA	2
Baylor College	6	Boston Medical Ctr	1
KaiserPermanenteSCAL/Kaiser Perm NCORP	6	CORA NCORP	1
Irvine, U of CA	5	Michigan, U of	1
Methodist Hospital	5	PCRC NCORP	1
Arizona MC, U of	4	Utah, U of	1
Fred Hutchinson CRC	4	**Total (16 Institutions)**	**69**
Lahey Hosp & Med Ctr	4		

R0848 Phase III SWOG Supported CTSU Study

Coordinating Group: NRG and SWOG

A Phase III Trial Evaluating Both Erlotinib and Chemoradiation as Adjuvant Treatment for Patients with Resected Head of Pancreas Adenocarcinoma

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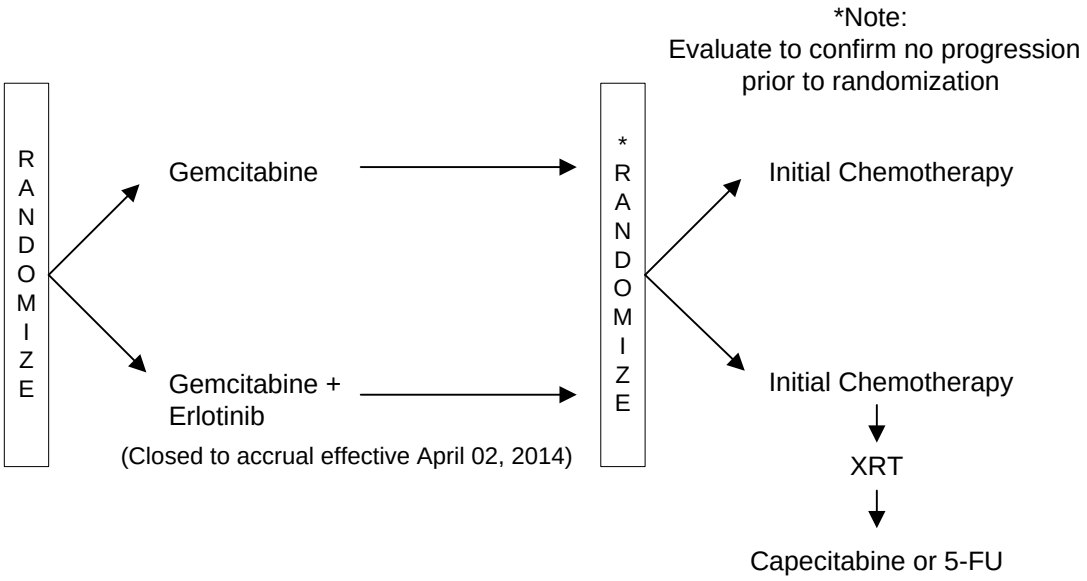
Participants:
NRG, SWOG, CTSU

Date Activated:
12/08/2009

Study Chairs:
R Abrams (NRG), P Philip (SWOG)

Statistician:
K Guthrie

SCHEMA



Objectives

To determine whether the addition of erlotinib to gemcitabine adjuvant chemotherapy improves survival as compared to gemcitabine alone following R0 or R1 resection of head of pancreas adenocarcinoma (including adenocarcinoma of the head, neck and uncinate process).

To determine whether the use of concurrent fluoropyrimidine and radiotherapy following adjuvant gemcitabine-based chemotherapy further enhances survival for such patients who are without evidence of progressive disease after five cycles of gemcitabine-based chemotherapy.

To evaluate disease-free survival of adjuvant chemotherapy followed by radiotherapy and concurrent fluoropyrimidine for patients with resected head of pancreas adenocarcinoma who are disease-free after five cycles of adjuvant chemotherapy.

To evaluate disease-free survival of standard adjuvant gemcitabine chemotherapy with and without erlotinib for patients with resected head of pancreas adenocarcinoma.

To evaluate the disease-free and overall survival of standard adjuvant treatment with and without erlotinib for patients with resected head of pancreas adenocarcinoma by wild-type and mutant KRAS status.

To evaluate adverse events with and without erlotinib for patients with resected head of pancreas adenocarcinoma.

To evaluate adverse events of adjuvant chemotherapy with or without radiation therapy and concurrent fluoropyrimidine for patients with resected head of pancreas adenocarcinoma who are disease-free after adjuvant chemotherapy.

To evaluate preoperative cross-sectional imaging of the primary head of pancreas adenocarcinoma in order to determine the frequency with which objective criteria of resectability are present.

To determine the predictive roles of KRAS mutations and epithelial to mesenchymal transition (EMT) phenotype in response to epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor in early-stage pancreas cancer.

To determine the frequency of EGFR-activated pathway and its influence on outcome in patients treated with gemcitabine and/or erlotinib, the association between developmental molecular markers and outcome of therapy, the phenotype and genotype of tumors in patients with recurrence after resection.

To determine if patients reporting low baseline fatigue, as measured by the FACIT-Fatigue, predicts survival and to explore correlations between baseline fatigue, as measured by PROMIS, and survival.

Patient Population

Patients must have histologic proof of primary head of pancreas invasive adenocarcinoma managed with a potentially curative resection. Patients with invasive adenocarcinoma that also contains a component of intraductal papillary mucinous neoplasm (IPMN) are eligible. Patients must have pathologic stage T1-3, N0-1 and M0 according to the 6th edition AJCC staging system. Patients with non-adenocarcinomas, adenosquamous carcinomas, islet cell tumors, cystadenomas, cystadenocarcinomas, carcinoid tumors, duodenal carcinomas, distal bile duct or ampullary carcinomas are not eligible.

Patients must have had removal of all gross tumor involving a classic pancreaticoduodenectomy, or a pylorus preserving pancreaticoduodenectomy. This surgery must have occurred within 21 and 56 days of registration. Patients managed with a total pancreatectomy, distal pancreatectomy, or central pancreatectomy are not eligible. Prior chemotherapy for pancreas cancer is not allowed. Patients with prior radiotherapy to the region of the study cancer that would result in overlap of radiation therapy fields are not eligible.

Patients must have adequate hematologic, hepatic and renal function and be at least 18 years of age. Patients must have a Zubrod performance status of 0 or 1. Patients with active HIV infection are eligible if their CD4 count is 499/mm^3 or greater and their viral load is 50 copies/ml or less (use of HAART is allowed).

Stratification/Descriptive Factors

At initial randomization patients will be stratified by (1) nodal status: involved vs uninvolved; (2) CA 19-9 results: 90 or less vs > 90-180; and (3) surgical margins: positive vs negative.

Accrual Goals

This study will accrue 950 patients. Three interim analyses will be performed.

Summary Statement

NRG reported that as of December 31, 2015, 450 patients had been accrued, including 19 patients from SWOG institutions. The complete January 2016 summary of this study from NRG is available on the SWOG web site.

Registration by Institution

Registrations ending December 31, 2015

Institutions	Total Reg
Irvine, U of CA	6
Edward Hospital/Loyola University	4
Northwest NCORP	3
Columbia MU-NCORP	2
Greenville NCORP	1
Stormont-Vail Health/Kansas, U of	1
Valley Hospital/Columbia University	1
Wichita NCORP	1
Total (8 Institutions)	**19**

R1010 Phase III SWOG Supported CTSU Study

Coordinating Group: NRG

A Phase III Trial Evaluating the Addition of Trastuzumab to Trimodality Treatment of HER2-Overexpressing Esophageal Adenocarcinoma

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Participants:
NRG, CTSU

Date Activated:
01/07/2011

Study Chairs:
H Safran (NRG), L Leichman (SWOG)

Date Closed:
11/10/2015

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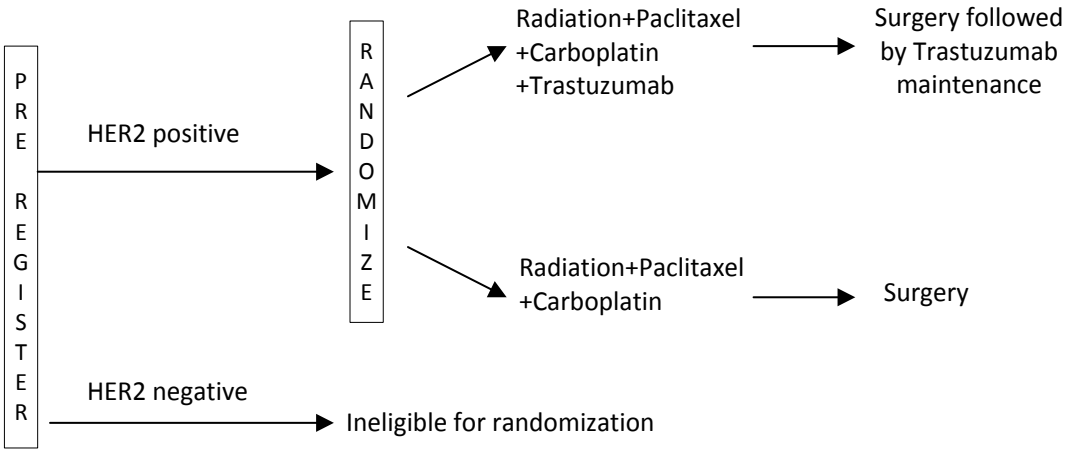

Objectives

To determine if trastuzumab increases disease-free survival when combined with trimodality treatment (radiation plus chemotherapy followed by surgery) for patients with HER2-over expressing esophageal adenocarcinoma.

To evaluate if the addition of trastuzumab to tri-modality treatment increases the pathologic complete response rate and overall survival for patients with HER2-overexpressing esophageal adenocarcinoma.

To develop a tissue bank of tumor tissue from patients with non-metastatic esophageal adenocarcinoma.

To determine molecular correlates of complete pathologic response, disease-free survival, and overall survival for patients with HER2-overexpressing esophageal adenocarcinoma treated with neoadjuvant and maintenance trastuzumab.

To evaluate predictors of cardiotoxicity in patients with esophageal cancer treated with trastuzumab and chemoradiation.

To evaluate adverse events associated with the addition of trastuzumab to trimodality treatment for patients with non-metastatic esophageal adenocarcinoma.

To determine if the addition of trastuzumab to trimodality treatment improves the patient-reported Functional Assessment of Cancer Therapy for Esophageal Cancer (FACT-E) Esophageal Cancer Subscale (ECS) score.

To determine if an improvement in the FACT-E ECS score at 6-8 weeks post completion of neoadjuvant chemoradiation correlates with pathologic complete response.

To determine if pathologic complete response correlates with the FACT-E ECS score at one year and/or two years from the start of chemoradiation.

To determine if the addition of trastuzumab to trimodality treatment improves the Swallow Index and Eating Index Subscale scores of the FACT-E.

To determine if the addition of trastuzumab to paclitaxel, carboplatin, and radiation impacts quality-adjusted survival.

Patient Population

Patients must have pathologically confirmed primary adenocarcinoma of the esophagus that involves the mid (up to 25 cm), distal, or esophagogastric junction. The cancer may involve the stomach up to 5 cm. Patients must have had an endoscopy with biopsy. Patients must be stage T1N1-2, T2-3N0-2 according to the American Joint Committee on Cancer (AJCC) seventh edition staging, based upon the following minimum diagnostic work-up: chest/abdominal/pelvic CT or whole-body PET/CT; patients must have regional adenopathy including paraesophageal, gastric, gastrohepatic and celiac nodes; patients with tumors at the level of the carina or above must undergo bronchoscopy to exclude fistula. Patients with evidence of tracheoesophageal fistula or invasion into the trachea or major bronchi are not eligible. Patients with cervical esophageal carcinoma are not eligible.

Patients may not have received any of the following prior therapies: systemic chemotherapy for esophageal cancer, radiation for esophageal cancer, chest radiotherapy, anthracycline, taxane, any agent targeting the HER2 pathway or HER1 (EGFR) pathway, or trastuzumab.

Patients must be at least 18 years of age and have Zubrod performance status of 0-2. Patients must have adequate renal, hepatic, cardiac and bone marrow function, as defined in the protocol. Patients with medical contraindications to esophagectomy or prior allergic reaction to the study drugs involved in this protocol or to a monoclonal antibody are not eligible. Patients with acute bacterial or fungal infection requiring intravenous antibiotics at the time of registration are not eligible.

Stratification/Descriptive Factors

Patient randomization will be stratified by presence of adenopathy: no vs yes - celiac absent vs yes - celiac present up to 2 cm.

Accrual Goals

The study is estimated to accrue 591 patients to randomize a total of 197 eligible HER2-positive patients.

Summary Statement

NRG reported that 203 HER2-positive patients have been randomized to this study as of December 31, 2015, including five from SWOG institutions. The complete January 2016 summary of this study from NRG is available on the SWOG web site.

Registration by Institution

Registrations ending December 31, 2015

Institutions	Total Reg
Heartland NCORP	2
Salem Hospital/Oregon Hlth Sci Univ	2
Irvine, U of CA	1
Total (3 Institutions)	**5**

R1201 Phase II SWOG Supported CTSU Study

Coordinating Group: NRG

A Phase II Randomized Trial Evaluating the Addition of High or Standard Intensity Radiation to Gemcitabine and nab-Paclitaxel for Locally Advanced Pancreatic Cancer

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Participants:
NRG, CTSU

Date Activated:
08/14/2013

Study Chairs:
E Ben-Josef (NRG), J Murphy (SWOG)

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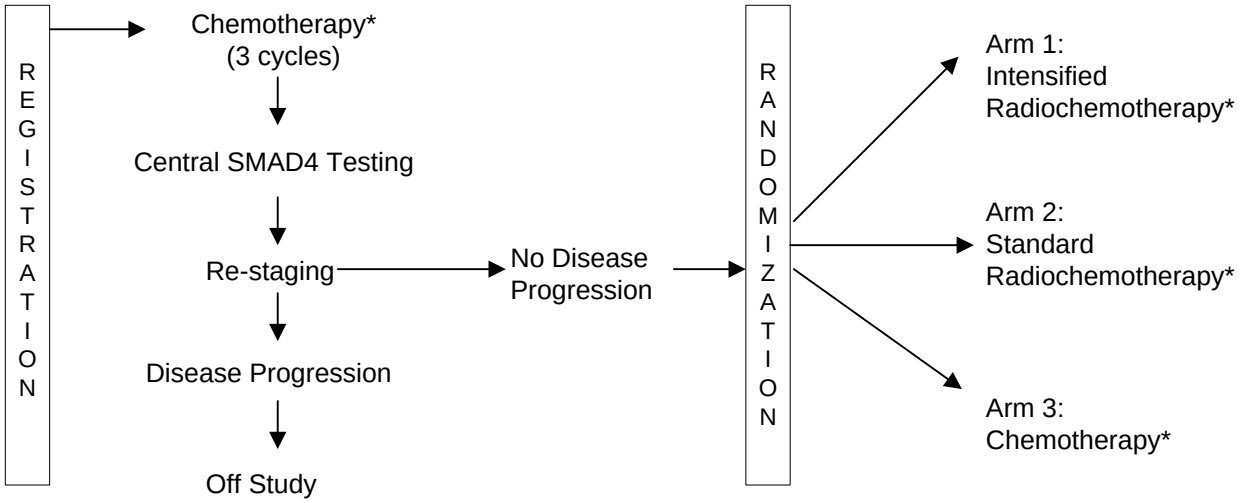

*Chemotherapy with gemcitabine + nab - paclitaxel

Objectives

To determine if intensified radiochemotherapy following gemcitabine and nab-paclitaxel in patients with unresectable pancreatic cancer will show a signal for improved 2-year overall survival (OS) from 10% to 22.5% as compared to chemotherapy with gemcitabine and nab-paclitaxel alone.

To determine if standard radiochemotherapy following gemcitabine and nab-paclitaxel in patients with unresectable pancreatic cancer will show a signal for improved 2-year OS from 10% to 22.5% as compared to chemotherapy with gemcitabine and nab-paclitaxel alone.

To evaluate patterns of failure (local and systemic progression) by SMAD4 status and intensity of radiation therapy.

To evaluate the impact of radiochemotherapy on OS for the subset of SMAD4 intact patients.

To evaluate adverse events associated with the treatments.

To evaluate correlation between SMAD4 status determined by IHC and genetic SMAD4 status.

Patient Population

Patients must have histologically or cytologically confirmed adenocarcinoma of the pancreas. Tumor diameter must be seven centimeters or less and unresectable as defined in the protocol. Patients must not have distant metastases or more than one primary lesion. Patients must have a cell block or core biopsy submitted for central SMAD4 testing.

Patients must not have received prior systemic anti-cancer therapy for pancreatic cancer or prior radiation therapy to the abdomen that results in overlap of radiation fields.

Patients must be at least 18 years of age and have a Zubrod performance status of 0-1. Patients must have adequate hematologic, hepatic, renal, and coagulation function. Patients must not have pre-existing Grade 2 or greater neuropathy.

Stratification/Descriptive Factors

At randomization, patients will be stratified by the following factors: (1) CA19-9 status: < 1 vs ≥ 1 to ≤ 90 vs > 90; and (2) SMAD4 status: intact vs loss vs undetermined.

Accrual Goals

This study is estimated to accrue 346 patients to randomize 288 eligible patients. For each comparison, there will be one interim analysis for futility performed when 50% of the total events (70 deaths) have been observed.

Summary Statement

NRG reported that as of December 31, 2015, 4 patients have been randomized (none from SWOG). The complete January 2016 summary of this study from NRG is available on the SWOG web site.