CANCER SURVIVORSHIP COMMITTEE

CONTENTS

Patient Registrations to Studies

By 12 Month Intervals
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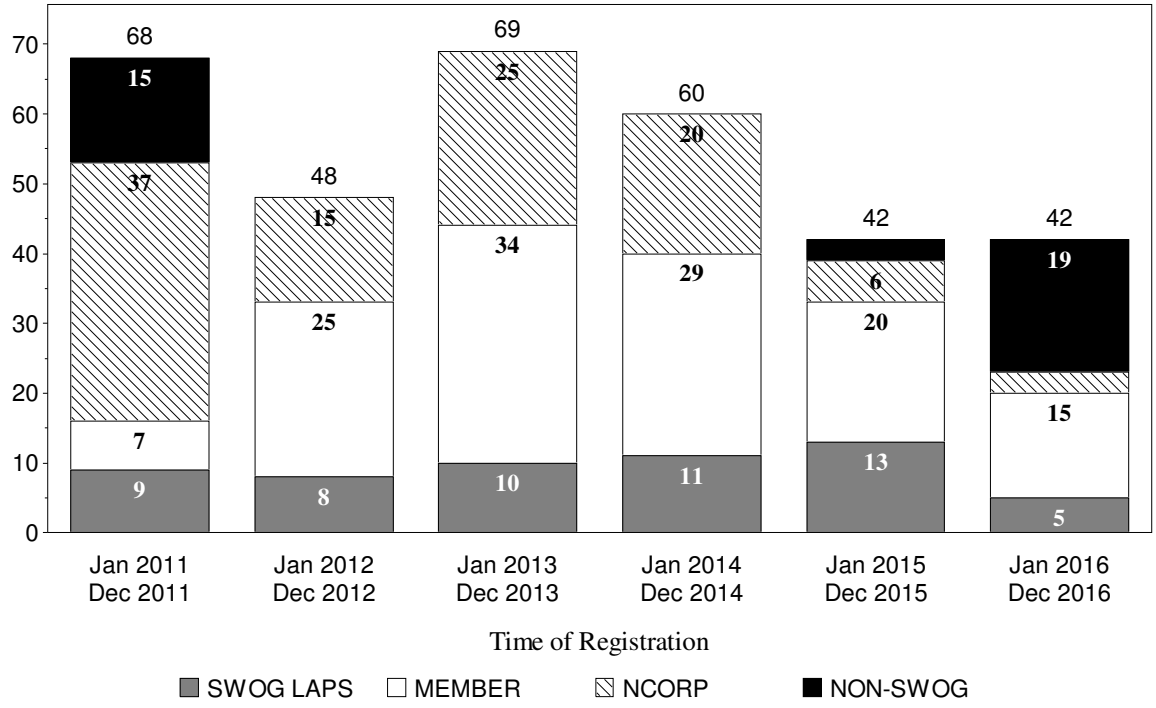

Screening registrations and registrations to Biologic only studies are excluded

Patient Registrations by Study and Arm

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	Jul 2016 Dec 2016	Jan 2016 Jun 2016	Jul 2015 Dec 2015	All Patients
S1316 Compar. Effectiv. Trial for MBO				
Registration				
Randomization: Surgery	0	1	0	1
Patient Choice: Surgery	8	5	2	17
Patient Choice: Non-surgical Management	15	13	9	38
	23	19	11	56
C70807 Pros, MEAL Study*				
Total Registrations	0	0	5	162

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

Non-SWOG Studies with SWOG-Credited Registrations

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Studies with Accrual from July 2015 – December 2016

	SWOG Champion	Date Activated	Date Closed	Total Accrual
C70807 Pros, MEAL Study	P Van Veldhuizen	01/21/11	08/14/15	483

Most Recent Progress Report

S1316 Pilot

Coordinating Group: SWOG

Prospective Comparative Effectiveness Trial For Malignant Bowel Obstruction

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Participants:
SWOG, CTSU (Supported by Alliance)

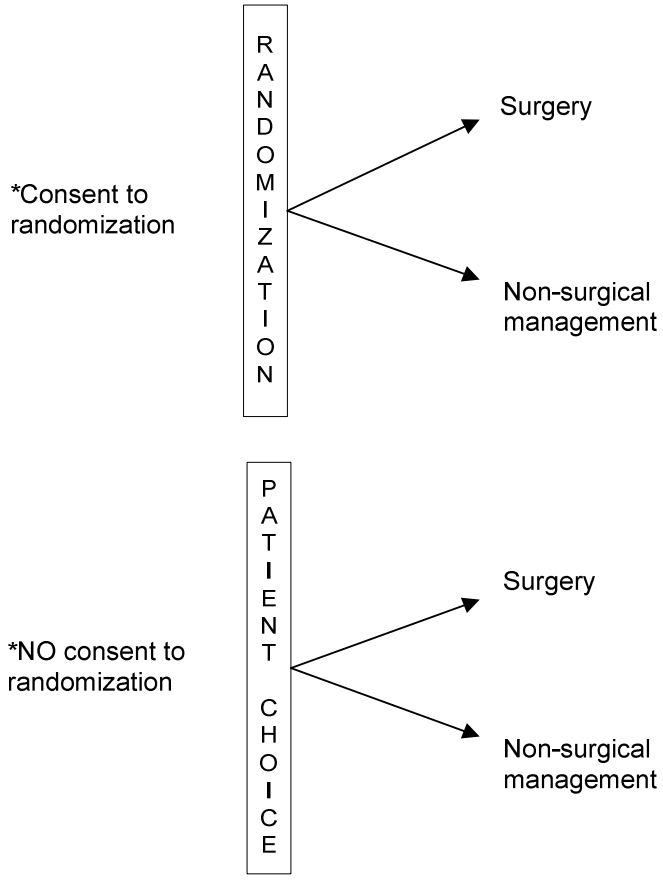
Date Activated:
03/09/2015

Study Chairs:
R Krouse, B Bagwell, A Secord (Alliance)

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 three days after being seen by surgical team for MBO or within three 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

Patient 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 to achieve 180 eligible patients, with a target of at least 50 eligible patients in the randomized component.

Summary Statement

This study was activated on March 9, 2015, at limited institutions. As of December 31, 2016, 56 patients have been registered, including one patient to the randomized portion.

One patient registered to the Patient Choice: Surgery arm is ineligible due to surgery prior to registration. Two patients registered to the Patient Choice: Non-surgical Management arm are ineligible, one due to non-intra-abdominal primary cancer and one whose bowel obstruction was not past the ligament of Treitz. Among 52 eligible in the Patient Choice group, 16 (30%) chose surgery at time of consent.

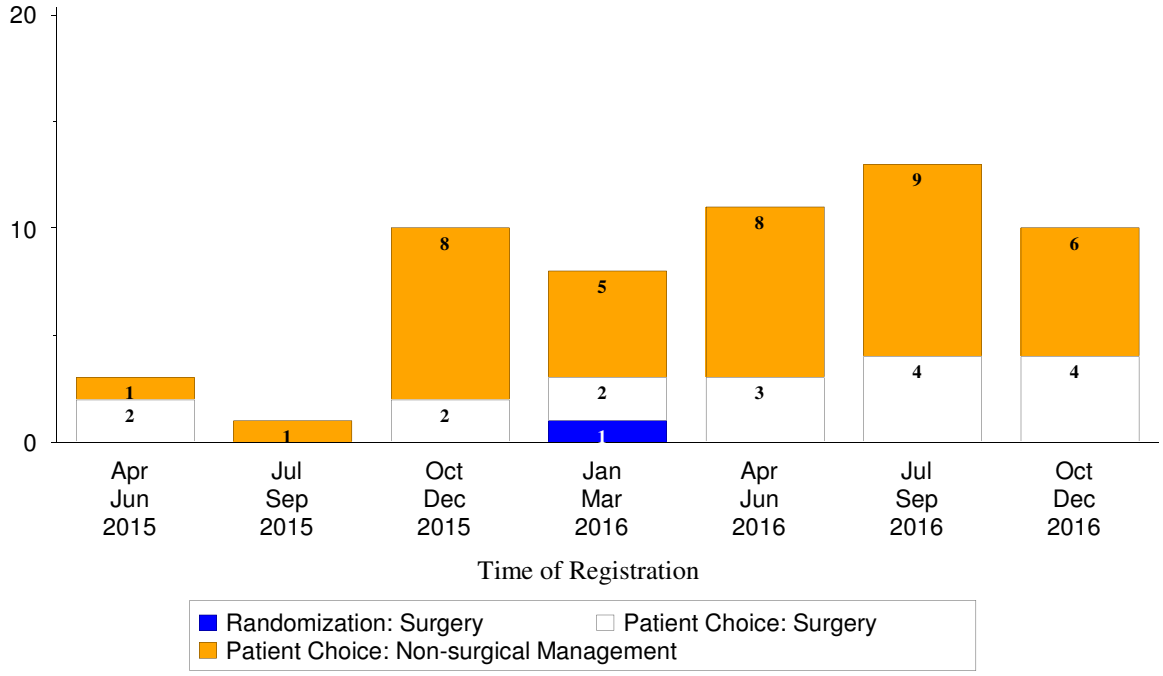
Ten patients have major protocol deviations, all on the Patient Choice: Non-surgical Management arm: seven patients did not receive a somatostatin analogue, one of whom also received surgery (somatostatin analogue use was required for non-surgical management patients registered prior to September 1, 2016); and two patients received surgery. Thirty-nine patients are no longer on active follow-up, including 5 who have withdrawn consent for any further follow-up.

Among 36 patients who have had adverse events assessed on the Patient Choice: Non-surgical Management arm, one patient reported Grade 3 abdominal pain and vomiting. Among 16 patients who have had adverse events assessed on the Patient

Choice: Surgical arm, two patients reported Grade 3 anemia and one patient reported Grade 3 gastrointestinal fistula. No adverse events were reported for the one patient randomized to surgery.

Revision #6, distributed September 1, 2016, updated treatment for the non-surgical management arms to make somatostatin analogue use optional. Revision #7, distributed December 1, 2016, clarified eligibility language.

Initial Registrations By 3 Month Intervals



Registration by Institution

By Network Group

Registrations ending December 31, 2016

Institutions	Total Reg
SWOG	34
NRG	17
Alliance	5
Total (11 Institutions)	**56**

Registration by Institution

Registrations ending December 31, 2016

Institutions	Total Reg
Duke University Medical Center (NC010)	7
North Shore University Hospital (NY064)	6
University of Arizona Medical Center-University (AZ017)	6
University of Michigan Comprehensive Cancer Cen (MI014)	6
Medical University of South Carolina (SC008)	5
University of Arkansas for Medical Sciences (AR006)	5
City of Hope Comprehensive Cancer Center (CA043)	4
University of Oklahoma Health Sciences Center (OK003)	4
Long Island Jewish Medical Center (NY065)	3
The West Clinic - Wolf River (TN089)	3
University of Kansas Cancer Center (KS004)	3
Baylor University Medical Center (TX012)	1
Columbia University/Herbert Irving Cancer Cente (NY024)	1
M D Anderson Cancer Center (TX035)	1
Rhode Island Hospital (RI005)	1
Total (15 Institutions)	**56**

Registration, Eligibility, and Evaluability

Registrations ending December 31, 2016; Data as of March 6, 2017

	TOTAL	Randomization: Surgery	Patient Choice: Surgery	Patient Choice: Non-surgical Management
NUMBER REGISTERED	56	1	17	38
INELIGIBLE	3	0	1	2
ELIGIBLE	53	1	16	36
ADVERSE EVENT ASSESSMENT				
Evaluable	53	1	16	36

Patient Characteristics

All eligible and selected ineligible patients included

Registrations ending December 31, 2016; Data as of March 6, 2017

	Randomization: Surgery (n=1)		Patient Choice: Surgery (n=16)		Patient Choice: Non-surgical Management (n=36)	
AGE						
Median						
Minimum	84.7		63.2		60.3	
Maximum	84.7		33.3		37.9	
	84.7		90.8		85.7	
SEX						
Males						
Females	1	100%	9	56%	10	28%
	0	0%	7	44%	26	72%
HISPANIC						
Yes						
No	0	0%	2	13%	5	14%
Unknown	1	100%	14	88%	30	83%
	0	0%	0	0%	1	3%
RACE						
White						
Black	1	100%	15	94%	27	75%
Pacific Islander	0	0%	0	0%	8	22%
Unknown	0	0%	0	0%	1	3%
PRIMARY TUMOR TYPE						
Colorectal cancer	1	100%	3	19%	7	19%
Ovarian cancer	0	0%	3	19%	11	31%
Other cancer	0	0%	10	63%	18	50%

Treatment Summary

All eligible and selected ineligible patients included

Registrations ending December 31, 2016; Data as of March 6, 2017

	TOTAL	Randomization: Surgery	Patient Choice: Surgery	Patient Choice: Non-surgical Management
NUMBER ON PROTOCOL TREATMENT	14	0	5	9
NUMBER OFF PROTOCOL TREATMENT	39	1	11	27
REASON OFF TREATMENT				
Treatment completed as planned	1	0	1	0
Adverse Event or side effects	0	0	0	0
Refusal unrelated to adverse event	13	1	1	11
Progression/relapse	4	0	1	3
Death	21	0	8	13
Other - not protocol specified	0	0	0	0
Reason under review	0	0	0	0
MAJOR PROTOCOL DEVIATIONS	10	0	0	10

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

Adverse Events Unlikely or Not Related to Treatment Excluded
All Eligible and Selected Ineligible Patients Included
Registrations ending December 31, 2016; Data as of March 6, 2017

	Randomization: Surgery (n=1) Grade						Patient Choice: Surgery (n=16) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**	**0**	**1**	**2**	**3**	**4**	**5**
Abdominal pain	1	0	0	0	0	0	16	0	0	0	0	0
Anemia	1	0	0	0	0	0	13	0	1	2	0	0
Diarrhea	1	0	0	0	0	0	16	0	0	0	0	0
GI disorders-Other, specify	1	0	0	0	0	0	15	0	1	0	0	0
Gastrointestinal fistula	1	0	0	0	0	0	14	0	1	1	0	0
Nausea	1	0	0	0	0	0	16	0	0	0	0	0
Vomiting	1	0	0	0	0	0	16	0	0	0	0	0
Wound complication	1	0	0	0	0	0	15	0	1	0	0	0
Wound dehiscence	1	0	0	0	0	0	15	0	1	0	0	0
MAX. GRADE ANY ADVERSE EVENT	1	0	0	0	0	0	12	0	1	3	0	0

	Patient Choice: Non-surgical Management (n=36) Grade					
ADVERSE EVENTS	**0**	**1**	**2**	**3**	**4**	**5**
Abdominal pain	35	0	0	1	0	0
Anemia	35	0	1	0	0	0
Diarrhea	35	0	1	0	0	0
GI disorders-Other, specify	36	0	0	0	0	0
Gastrointestinal fistula	36	0	0	0	0	0
Nausea	35	0	1	0	0	0
Vomiting	35	0	0	1	0	0
Wound complication	36	0	0	0	0	0
Wound dehiscence	36	0	0	0	0	0
MAX. GRADE ANY ADVERSE EVENT	34	0	1	1	0	0

S1501 Phase III

Coordinating Group: SWOG

Prospective Evaluation of Carvedilol in Prevention of Cardiac Toxicity in Patients with Metastatic HER-2+ Breast Cancer, Phase III

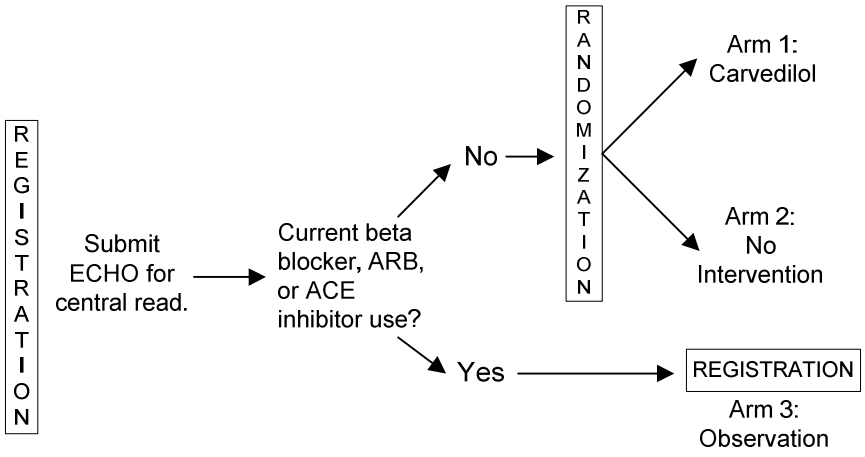
Participants:
SWOG, CTSU

Study Chairs:
J Floyd, M Leja

Statisticians:
K Guthrie, A Darke

Data Coordinator:
R Topacio

SCHEMA



Objectives

To assess whether prophylactic beta blocker therapy with carvedilol compared with no intervention reduces the risk of subsequent cardiac dysfunction in patients with metastatic breast cancer receiving trastuzumab-based HER-2 targeted therapy.

To assess whether prophylactic beta blocker therapy with carvedilol compared with no intervention reduces the risk of predefined subsequent cardiac events in patients with metastatic breast cancer receiving trastuzumab-based HER-2 targeted therapy.

To evaluate if prophylactic carvedilol compared with no intervention results in a longer time to first interruption of trastuzumab-based HER-2 targeted therapy due to either cardiac dysfunction or events.

To assess whether prophylactic beta blocker therapy with carvedilol compared with no intervention reduces the risk of subsequent cardiac dysfunction OR events in this population.

To establish and prospectively collect a predefined panel of baseline core cardiovascular measures and develop a predictive model of cardiac dysfunction.

To evaluate the rate of cardiac dysfunction in an observational arm consisting of individuals otherwise eligible for the study except for use of beta blockers, angiotensin receptor blocker (ARB), or angiotensin converting enzyme (ACE) inhibitors for other medical reasons.

Patient Population

Patients must have HER-2 positive metastatic breast cancer. Patients must be at increased risk of cardiotoxicity, due to previous anthracycline exposure, or due to at least one risk factor for heart disease as specified in the protocol.

Patients must be initiating or continuing trastuzumab-based HER-2 targeted therapy in first or second line setting. Patients must not be taking or planning to take anthracyclines. To participate in the randomized portion of the study, patients must not have taken within 21 days, be taking, or be planning to take once registered an ARB, ACE inhibitor, or beta blocker. To participate in the observational portion of the study, patients must be currently taking an ARB, ACE inhibitor, or beta blocker and plan to continue this medication once registered.

Patients must be 18 years or older and must have a Zubrod Performance Status of 0, 1, or 2. Patients must have LVEF $\geq$ 50% by 2-D echocardiogram obtained from an S1501 validated ECHO lab. Patients must have systolic blood pressure $\geq$ 80 mm Hg and must be able to swallow tablets. Patients must not be dialysis dependent, have uncontrolled asthma, or be currently enrolled or plan to enroll on other treatment trials.

Stratification/Descriptive Factors

Patient randomization will be stratified by the following factors: (1) prior anthracycline therapy: yes vs no; and (2) baseline LVEF by S1501 ECHO Core Lab central read: 50%-54% vs $\geq$ 55%.

Accrual Goals

A total of 667 patients will be accrued to achieve 633 eligible patients in the randomized cohort; 150 patients will be accrued to the observational cohort. An interim futility analysis will be performed when 400 patients have been accrued to the randomized cohort.