S1609 DART: Dual Anti-CTLA-4 and Anti-PD-1 blockade in Rare Tumors

Frequently Asked Questions

Q: Does my patient have an eligible rare cancer?
A: **1.** Refer to Protocol Section 18.1 for eligible histologic cohorts.
2. Refer to Protocol Section 18.2 for excluded histologies
3. Still unsure? Upload *redacted* pathology report(s) for SC Review/Approval and send to S1609SC@swog.org and please be sure to indicate the primary site of disease in your email if it's not discernable in the pathology report.

Q: What is the cutoff incidence for determining how common an eligible tumor is?
A: Per NCI guidelines, the cutoff for S1609 is 3/100,000

Q: My patient has a rare, eligible histology but the cohort is closed. Can they be registered to a different cohort?
A: No. If a cohort is closed to accrual, then patient cannot be registered. There are no overflow cohorts for this study. The NCI won't allow SWOG to make any exceptions to eligibility, which includes allowing enrollment in alternative cohorts.

Q: When will the closed cohort reopen?
A: Unfortunately, it's hard to say if and when a cohort will reopen. This study is a two-stage design, meaning we need to see a response before reopening. As soon as we see one patient with a confirmed response in a temporarily closed cohort, we will re-open. If no patients respond, the cohort will not be reopened and will be switched to permanent closure. The length of time this takes depends on when patients were registered, how quickly data is submitted, etc.

Q: Is cohort X open?
Q: How many patients are on cohort X?
Q: Is cohort X on a temporary or permanent closure?
Q: When is cohort X closing?
A: All accrual questions can be answered by referring to the S1609 Accrual report, available at any time and updated daily: http://www.swogstat.org/accrual/dart.pdf

Q: I see that cohort X is going on temp closure next week. Does my patient have to consented by that date or must they be registered by that date?
A: Patients must be registered PRIOR to a cohort going on closure. SWOG will send out a 2 week notice that a cohort is closing to accrual. This allows sites in the middle of working up patients to complete the process. After the posted date and time, the cohort will not allow any registrations to it.

Eligibility

Q: Does my patient require a brain scan for eligibility, per protocol section 5.2f?
A: Only patients with brain mets, primary brain tumors or suspicion of such are required to have a CT or MRI of the brain to evaluate for CNS disease, within 42 days prior to registration and this scan must be documented on the Baseline Tumor Assessment form.

Treatment

Q: How soon after registration must my patient start treatment?
A: Per protocol section 13.1, patients must be registered prior to initiation of treatment, no more than seven working days prior to planned start of treatment. If patient does not, an explanation must be provided in the Comments section of the C1 Tx form.

Labs, procedures and tests

Q: The Study calendar states that a whole body scan is required for non-target lesions. Does my patient need a whole body scan even if their disease is isolated to the lungs?
A: S1609 requires a scan of the Chest, Abdomen and Pelvis for all patients. Because this study also has immune-related response criteria outcomes as secondary endpoints, scanning at specific intervals is necessary to evaluate disease outside "target" areas. Therefore, in this study it is not acceptable to image only the "target" areas of the body in follow-up scans. For patients without head and neck cancer, scans of the chest, abdomen and pelvis are acceptable to evaluate non-target lesions. Patients with head and neck cancer require scans of the chest, abdomen, pelvis AND the neck.

Q: My patient's TSH was within normal limits. Do we have to draw T4?
A: It depends. For eligibility purposes, Pts must have TSH or free T4 serum test within normal range, within 28 days prior to registration. If your Institutional standard is to use reflex T4 and TSH is within normal limits, you can leave the T4 blank on the Onstudy form and explain in the comments section that your Inst uses reflex T4. Otherwise, both must be drawn.

Q: My patient's ACTH is within normal range. Do we have to draw the cortisol?
A: No. Elig section 5.3g states that one of these must be within limits, not both.

Q: We send out our ACTH and cortisol and it takes several days to get them resulted. Is this ok?
A: For eligibility purposes, all required labs must be both drawn and resulted prior to registration. Once on study, required labs must be drawn prior to initiation of tx. Off-site ACTH, cortisol, TSH and T4 can be resulted after tx administration.

Q: The study calendar lists EKG, ECHO, CPK & Troponins due at prestudy and D1 of every cycle. Is this required for all patients?
A: No. The footnote for this requirement, along with protocol section 5.3m specify that EKG and ECHO are only required, as clinically indicated, at baseline and at the start of each cycle for

those patients with 1) history of CHF, 2) who are deemed at risk because of underlying cardiovascular disease or exposure to cardiotoxic drugs. Pts who have evidence at baseline (or subsequently) of CHF or MI, cardiomyopathy, or myositis cardiac evaluation (NYHA I/II) should have additional consult by a cardiologist, including review of EKG, CPK, troponin, echocardiogram, as clinically indicated.

Specimens

Q: My patient was registered to MATCH (version prior to addendum 10). We don't have any tissue to submit. Can they still register to S1609?

A: Yes, however, there will still be tissue expectations posted for these patients. Use the Notify that Specimen Cannot be Submitted option in the SWOG Specimen Tracking System (STS) and for the reason, simply note that Pt was previously enrolled on MATCH. If you need assistance navigating the SWOG STS, call the SWOG Data Operations Center at (206) 652 – 2267. Blood specimens will be required for all patients.

Q: Our site does not release FFPE tissue blocks (or a block is not available for the patient). What is the minimum tissue requirement for this study?

A: A minimum of 16 slides are required for patients registered to S1609 (6 listed in protocol section 12 and 10 listed in section 15). If there is not at least 16 tissue slides available for your patient, they should not be registered to S1609.

Q: Are any specimen kits provided for this study?

A: Tempus tubes are being provided. Please see section 15.1b for details.

Q: Section 15.1 states that C2 blood specimens should be submitted at MRI/CT but must occur within 2 days prior to Ipilimumab treatment. How can this be?

A: This is a type-o in the protocol and will be fixed in a forthcoming amendment. C2 blood specimens should be drawn within 48hours prior to C2 Ipi administration. If C2 Ipi is delayed for any reason, blood can still be drawn and shipped per protocol. This blood draw is not tied to scans. Disease assessments should be scheduled at the 8 week interval per protocol.

Still have questions?

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