New Featured JOG Trial Actively Recruiting for Sidney Kimmel Cancer Center Network Site Participation

The Deadline to Participate in this JOG Trial is November 26th

1. Title: A randomized phase 3 study comparing the efficacy of neo-adjuvant Trastuzumab combination in HER2 positive/BluePrint Luminal-type patients

   a. Principal Investigator: Massimo Cristofanilli, M.D., F.A.C.P
   b. Network site requirements: Must be able to enroll 5 patients to the trial through the course of study participation. The enrollment period is expected to be approximately 2 years. Please contact Cynthia Perez at 215-955-9923 or cynthia.perez@jefferson.edu if your site is interested in learning more about this exciting new trial.
   c. Study Design: This will be a randomized open label multi-center Phase III study comparing the efficacy of neo-adjuvant trastuzumab in Her2 positive primary breast cancer patients who are BluePrint Luminal and BluePrint HER2. BluePrint HER2 patients will receive neo-adjuvant CT consisting of FEC-weekly paclitaxel plus trastuzumab. BluePrint Luminal patients will be randomized between neo-adjuvant CT FEC-weekly paclitaxel with and without trastuzumab.
   d. Total sample size: 750 patients
   e. Primary Objective: Primary aim is to assess the efficacy of trastuzumab in HER2-enriched BluePrint Luminal patients. The pCR rate of BluePrint Luminal patients with and without trastuzumab will be compared with the pCR rate of BluePrint HER2 patients.
   f. Eligibility: Histologically confirmed invasive breast cancer. No evidence of metastasis (M0), Primary tumor is at least 2cms in diameter, measured by clinical examination and mammography or echography. Over expression (IHC 3+) and/or amplification of HER2 in the invasive component of primary tumor, BluePrint Luminal or BluePrint Her2, Patients with inadequate bone marrow function, liver or renal function are excluded.
   g. Tissue Collection: Tissue will be required via core needle biopsy before neo-adjuvant therapy. The block with invasive tumor or 10 unstained slides with 5 micron section on each slide should be sent for MammaPrint and BluePrint testing at Agenda
h. Treatment:

Now Open for Network Participation:
EA1912, A Randomized Phase III Study of Ibrutinib (PCI-32765)-Based Therapy vs Standard Fludarabine, Cyclophosphamide, and Rituximab (FCR) Chemoimmunotherapy in Untreated Younger Patients with Chronic Lymphocytic Leukemia (CLL)

EA3311, Phase II Randomized Trial of Transoral Surgical Resection Followed by Low-Dose or Standard-Dose IMRT in Resectable p16+ Locally Advanced Oropharynx Cancer

Pending Studies for Network Participation:
A011202, A Randomized Phase III Trial Evaluating the Role of Axillary Lymph Node Dissection in Breast Cancer Patients (cT1-3 N1) Who Have Positive Sentinel Lymph Node Disease After Neoadjuvant Chemotherapy

EA1910, A Phase III Randomized Trial of Blinatumomab for Newly Diagnosed BCR-ABL-negative B lineage Acute Lymphoblastic Leukemia in Adults
EA2212, A Randomized, Double-Blinded, Placebo-Controlled Phase II Study of Adjuvant Everolimus Following the Resection of Metastatic Pancreatic Neuroendocrine Tumors to the Liver

E2511, Phase I and Randomized Phase II Double Blind Clinical Trial of Cisplatin and Etoposide in Combination with Veliparib (ABT-888) or Placebo as Frontline Therapy for Extensive Stage Small Cell Lung Cancer

N0577, Phase III Intergroup Study of Temozolomide Alone Versus Radiotherapy with Concomitant and Adjuvant Temozolomide Versus Radiotherapy with Adjuvant PCV Chemotherapy in Patients with 1p/19q Co-deleted Anaplastic Glioma

NRG-LU001, Randomized Phase II Trial of Concurrent Chemoradiotherapy +/- Metformin HCL in Locally Advanced NSCLC

R1306, A Randomized Phase II Study of Individualized Combined Modality Therapy for Stage III Non-Small Cell Lung Cancer (NSCLC)

Please contact Rashada Dawson at 215-955-2135 or Rashada.dawson@jefferson.edu if your site is interested in participating in any of these trials.

Regulatory Update:
S1216- Revision #2
E3311- New Approval
E1912- New Approval
E2408- Amend #8
E1412- Amend #2
JOG65- Amend #1

Please contact Rashada Dawson for any regulatory update inquiries.

CTSU Update
SAE Integration Project: As part of NCI’s vision to use Rave as the common Clinical Data Management System, the Cancer Trials Support Unit (CTSU) integrated Rave with the NCI’s safety system caBIG® Adverse Event Reporting System (caAERS) and AdEERS Backend System (ABS) to enable the reporting of Serious Adverse Events (SAEs) using Rave. Currently for all the NCI-CTEP studies, SAEs are reported using CTEP Adverse Events Reporting System (CTEP-AERS), whereas the routine clinical data and all Adverse Events (AEs) are entered in Rave. This results in data reconciliation issues between the AE data that is collected and reported from Rave, such as CDUS reporting, and the SAE data that is reported through the safety system. Additionally, since patient data is entered in both systems, there is a duplicate data entry burden for the sites when reporting safety issues. Considering this, NCI
envisioned the integration between Rave and the caAERS system so that both clinical data as well as safety data can be reported using Rave.

Goals of the Integration
The specific goals of this project include:

1. Use a single system (Rave) for clinical data entry and safety data reporting for all CTEP studies,
2. Enhance data quality by removing data reconciliation issues, and
3. Eliminate the duplicate data entry burden for the sites.

With this integration, if a patient experiences an adverse event, the site user will enter the adverse event information in Rave. Once entered, Rave will send the AE data to caAERS to evaluate if the Adverse Event requires expedited reporting by matching the event attributes against the safety specifications setup for the study. The Rave/caAERS SAE integration will be piloted with an Alliance study, A071102, towards the end of this year. The CTEP-AERS will continue to be the safety system for all CTEP studies except for the study piloting the integration. In addition, the CTEP-AERS system will act as the backup system if there are any issues in using the integrated system.

Study Agent Sub-Folders on the CTSU Dashboard: The Protocols Tab now has a new sub-folder called "Study Agent" which is available for each study that is open for cross-organizational participation through the NCTN or ETCTN. This sub-folder includes all documentation related to the study agents associated with a protocol. The Study Agent Tab lists the drugs associated with the study, the corresponding NSC#, and the Investigational New Drug (IND) Number (when applicable), as well as other relevant drug information that is associated with the protocol.

Attention Rave Users: Medidata will be discontinuing support for Internet Explorer version 7 (IE7) browser in early 2015 (IE v8 will be needed). Keeping browsers up-to-date ensures a more secure, speedy, attractive and functional experience for the user. Medidata recommends using the latest browser version, but at a mini-mum the following version or newer: Chrome v20, IE v8, Opera v10, Firefox 24, Safari v5

Please contact Joshua Schoppe at 215-955-0448 or Joshua.schoppe@jefferson.edu for any CTSU update inquiries.

ECOG-ACRIN Update
November Issue of "News from ECOG-ACRIN": The latest issue of the e-newsletter is now posted on the ECOG-ACRIN website at the following link: http://ecog-acrin.org/news-and-info/newsletters.
Featured in this issue:

- A series of three articles on modifications to the ECOG-ACRIN biorepository and pathology capabilities
- E2112 Trial Spotlight
- An introduction to the eight young investigators chosen to present their research at this week's 2014 ECOG-ACRIN Young Investigator Symposium

**ECOG-ACRIN Opens Central Biorepository and Pathology Facility** at MD Anderson Cancer Center: The ECOG-ACRIN Cancer Research Group has begun important modifications to its biorepositories and pathology capabilities, which includes consolidating the majority of its banking activities into the new ECOG-ACRIN Central Biorepository and Pathology Facility (EA-CBPF) at The University of Texas MD Anderson Cancer Center in Houston, TX. The new location opened on November 3, 2014. *Effective November 3rd, all samples intended for shipment to the Pathology Coordinating Office (PCO) must now be shipped to the new Central Biorepository and Pathology Facility (EA CBPF) at the address below:*  
  ECOG-ACRIN Central Biorepository and Pathology Facility  
  MD Anderson Cancer Center  
  Department of Pathology, Unit 085  
  Tissue Qualification Laboratory for ECOG-ACRIN, Room G1.3586  
  1515 Holcombe Blvd  
  Houston, TX 77030  
  Phone: Toll Free 1-844-744-2420 (713-745-4440 Local or International Sites)  
  Fax: 713-563-6506  
  Email: eacbpf@mdanderson.org

Kit ordering and pre-paid FedEx (as applicable, per protocol) are unaffected by the move to the MD Anderson Cancer Center.

**ECOG Accrual Requirements:** ECOG senior leadership has set tentative accrual requirements for both main member and affiliate institutions retrospective to the March 1, 2014 NCTN merger date. Main members will operate under the annual grant review cycle of March 1st to February 28th are required to maintain a number of 25 credits per cycle. All affiliates members will be reviewed annually (Jan 1st to Dec 31st) and must continue to accrue 6 patients per year.

**ECOG-ACRIN Action Letter: RE: Lenalidomide.** The link to the action letter is here: [http://www.ecog.org/ecoginst/alerts/Lenalidomide_10-28-14.PDF](http://www.ecog.org/ecoginst/alerts/Lenalidomide_10-28-14.PDF). This affects both E1412 and E2408. Accrual of new patients is suspended until the IRB of record has reviewed and approved the amendments.
Please contact Joshua Schoppe for any ECOG-ACRIN update inquiries.

NRG Update
NSABP B-43, A Phase III clinical trial comparing Trastuzumab given concurrently with radiation therapy and radiation therapy alone for woman with HER2-positive ductal carcinoma in situ resected by lumpectomy: Central HER2 Testing Update: As of November 14, 2014, sites may resume shipping DCIS tumor samples to Rush University Medical Center for NSABP B-43 central HER2 testing. Although the national outage of the DAKO HercepTestTM Kits continues, the National Cancer Institute (NCI) has advised NRG Oncology that the central HER2 testing may resume using FISH performed at the central reference lab according to the ASCO College of American Pathologists (CAP) guidelines. Additionally, when the DAKO HercepTestTM kits become available, HER2 IHC central testing will be performed retrospectively on those DCIS tumor samples that had been determined already by the central laboratory to be FISH positive. During this interim period then, patients whose tumors are determined to be HER2 FISH positive by Rush University Medical Center may be entered on the B-43 study. Please note that the results of the HER2 FISH testing are not available until 7-9 business days AFTER receipt of the tumor block. (Please refer to the NSABP B-43 Pathology and Correlative Science Instructions, Section 5.0.)

NSABP B-43, A Phase III clinical trial comparing Trastuzumab given concurrently with radiation therapy and radiation therapy alone for woman with HER2-positive ductal carcinoma in situ resected by lumpectomy: Holiday Scheduling: If it is necessary to reschedule the second dose of trastuzumab, it may be administered up to 3 days earlier or 3 days later than when it was due; however, if possible, the preference is to administer the trastuzumab earlier rather than later. This dose of trastuzumab must be administered on a day that the RT is administered. If treatment is rescheduled, document the reason for the schedule change in the research record and on the appropriate treatment forms if applicable.

NSABP-B47, A Randomized Phase III Trial of Adjuvant Therapy Comparing Chemotherapy Alone (Six Cycles of Docetaxel Plus Cyclophosphamide or Four Cycles of Doxorubicin Plus Cyclophosphamide Followed by Weekly Paclitaxel) to Chemotherapy Plus Trastuzumab in Women with Node-Positive or High-Risk Node-Negative HER2-Low Invasive Breast Cancer: Holiday Scheduling:
- Group 1 A (TC) If it is necessary to reschedule treatment, chemotherapy may be administered 3 days earlier or 3 days later than when it was due. Subsequent treatment may be given based on the patient’s original treatment schedule or the interval designated
in the protocol. If treatment is rescheduled, document the reason for the schedule change in the research record and on the appropriate treatment forms if applicable.

- **Group 2 A (TC+H → H)** If it is necessary to reschedule treatment, chemotherapy and/or trastuzumab may be administered 3 days earlier or 3 days later than when it was due. Subsequent treatment may be given based on the patient’s original treatment schedule or the interval designated in the protocol. If treatment is rescheduled, document the reason for the schedule change in the research record and on the appropriate treatment forms if applicable.

- **Group 1 B (AC → WP)** AC Every 3 Week Schedule If it is necessary to reschedule treatment, and the AC is administered on an every 3 week schedule, the AC may be administered 3 days earlier or 3 days later than when it was due. OR AC Every 2 Week Schedule If the AC is administered on an every 2 week schedule the AC may be administered 1 day earlier or 1 day later than when it was due.

- **Group 2 B (AC → WP + H → H)** AC Every 3 Week Schedule If it is necessary to reschedule treatment, and the AC is administered on an every 3 week schedule, the AC may be administered 3 days earlier or 3 days later than when it was due. OR AC Every 2 Week Schedule If the AC is administered on an every 2 week schedule the AC may be administered 1 day earlier or 1 day later than when it was due.

- **Weekly Paclitaxel and Trastuzumab** If it is necessary to reschedule treatment, the paclitaxel and trastuzumab may be administered 1 day earlier or 1 day later than when it was due with no more than 2 doses of trastuzumab in a 2 week period. Subsequent treatment may be given based on the patient’s original treatment schedule or the interval designated in the protocol. If treatment is rescheduled, document the reason for the schedule change in the research record and on the appropriate treatment forms if applicable.

- **Trastuzumab Every 3 Weeks**, if it is necessary to reschedule treatment, trastuzumab may be administered 3 days earlier or 3 days later than when it was due. Subsequent treatment may be given based on the patient’s original treatment schedule or the interval designated in the protocol. If treatment is rescheduled, document the reason for the schedule change in the research record and on the appropriate treatment forms if applicable.

- Subsequent treatment may be given based on the patient’s original treatment schedule or the interval designated in the protocol. If treatment is rescheduled, document the reason for the schedule change in the research record and on the appropriate treatment forms if applicable.
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RTOG 1205 Randomized Phase II Trial of Concurrent Bevacizumab and Re-Irradiation versus Bevacizumab Alone as Treatment for Recurrent Glioblastoma

- Protocol Amendment #5 dated 10/9/2014 was released on 11/3/2014. Changes include the time point for optional blood and urine collection for banking was corrected from 6 weeks after treatment completion to 8 weeks after treatment initiation.
- Protocol Amendment #4 dated 6/23/2014 was released on 11/3/2014. The risk profile for bevacizumab was amended to be consistent with the revised CAEPR as follows:
  - Added New Risk:
    - Occasional: Dehydration; Delay in healing of wounds or spontaneous opening of wounds
    - Rare: Flesh-eating bacteria syndrome, an infection in the deep layers of skin
  - Decrease in Risk Attribution:
    - Changed to Reported But Undetermined from Less Likely (i.e., removed from the Risk Profile): Feeling of spinning or whirling
  - PLEASE NOTE: The potential risks listed in the CAEPR whose relationship to bevacizumab is still undetermined are not required by CTEP to be described in the ICD; however, they may be communicated to patients according to local IRB requirements.

RTOG 1216 Randomized Phase II/III Trial of Surgery and Postoperative Radiation Delivered with Concurrent Cisplatin versus Docetaxel versus Docetaxel and Cetuximab for High-Risk Squamous Cell Cancer of the Head and Neck

- Protocol Amendment #3 dated 9/2/2014 was released on 10/14/2014. Changes were made to reflect NRG Oncology standard language.

*Please contact Cynthia Perez at 215-955-9923 or Cynthia.Perez@jefferson.edu with any related NRG issues.*

**Upcoming Events:**
CRA Quarterly Meeting: TJU Campus, December 12,
NRG Meeting: San Diego, CA, February 5-8
ECOG-ACRIN Meeting: Chicago, IL, April 30th to May 2nd

The Clinical Research E-News Archive is now located on the Sidney Kimmel Cancer Center webpage under the JKCCN Member Area:
http://www.kimmelcancercenter.org/jkccn/e-newsletters.html

Please provide feedback and any suggestions to Joshua Schoppe.

Sidney Kimmel Cancer Network Homepage:
http://www.kimmelcancercenter.org/jkccn/. This page contains links to the Remote Access Portal as well as the clinical trial document repository.