

North Central Cancer Treatment Group

N0177: A Phase I/II Trial of OSI-774 and Temozolomide in Combination with Radiation Therapy in Glioblastoma Multiforme

Status Change – June 30, 2006

NOTICE OF STATUS CHANGE

Study 3 will permanently close to patient accrual effective Friday, June 30, 2006. Patient accrual has been met.

NOTE: **Study 2** (patients on EIACs) will remain open to Mayo and the University of Alabama Birmingham (UAB).

Please retain this notice with the protocol.



NCCTG

NORTH CENTRAL CANCER TREATMENT GROUP

Date: June 30, 2006

To: NCCTG Primary Clinical Research Associates

From: Lori Bratvold
Protocol Development Coordinator

Re: N0177, A Phase I/II Study of OSI-774 and Temozolomide in Combination with Radiation Therapy in Glioblastoma Multiforme

Due to Study 3 permanently closing, the eligibility checklist has been revised to delete reference to Study 3. Please replace your current version of this checklist with the attached revised version.

If you have any questions concerning this communication, please contact me at 507/266-3549.

Thank you.

LB/dg
enclosure

FORMS PACKET

NCCTG N0177: A Pilot and Phase II Study of OSI-774 and Temozolomide in Combination with Radiation Therapy in Glioblastoma Multiforme

Contents: ✓ Eligibility checklist for study 2 or 3 (6/30/06)
Generic forms completion instructions (November 14, 2002)
Protocol specific forms completion instructions (January 17, 2003)
Primary Astrocytoma on-study form (12/19/02)
Evaluation/treatment form for Cycle 1 (Weeks 1 through 7) (6/28/04)
Pathology submission form (12/9/02)
Nadir/adverse event log (8/25/04)
Evaluation/treatment form after Cycle 1 (5/15/06)
Anticonvulsant and Steroid Treatment Log (12/19/02)
Event-monitoring form (12/5/02)
Late Adverse Event Reporting Form (12/5/02)
Grade 4 or 5 non-AER reportable events/hospitalization form (6/1/2006)
CTEP report variables form (2/12/04)
Pathology reporting form brain tumor (3/25/02)
Radiation therapy reporting form (3/25/02)
Neuro measurement form (3/25/02)
End of active treatment form (9/9/04)
Mini-mental status examination form (12/5/02)

✓ designates revised/new forms

NORTH CENTRAL CANCER TREATMENT GROUP

Eligibility Checklist
(Study 2)

6/30/2006
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N0177: **A Pilot and Phase II Study of OSI-774 and Temozolomide in Combination with Radiation Therapy in Glioblastoma Multiforme**

Study 2 (Mayo Rochester, Jacksonville, Scottsdale and University of Alabama at Birmingham only):
Prior to discussing protocol entry with the patient, call the Randomization Center (507/284-4130) for dose level and to insure that a place on the protocol is open to the patient.

Has the patient ever been on a prior study entered through this Randomization Center? Yes No

If yes: Last protocol number _____; previous patient ID number _____

Patient study ID number _____	Registration date (date on) ___/___/_____
NCCTG member (participant sponsor) _____	
NCCTG treating location (chemo) _____	
(RT) _____	
NCCTG treating physician (chemo) _____	
(RT) _____	
Institution patient number (local subject number) _____	
IRB approval date (chemo) (mm/dd/yyyy) ___/___/_____	
IRB approval date (RT) (mm/dd/yyyy) ___/___/_____	

Patients initials (last, first, middle) _____ (For Mayo Rochester patients, include first four letters of last name.)	Race (check all that apply)
Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<input type="checkbox"/> White
Date of birth (mm/dd/yyyy) ___/___/_____	<input type="checkbox"/> Black or African American
Zip code _____	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Country _____	<input type="checkbox"/> Asian
Method of payment (check one)	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> PI (Private)	<input type="checkbox"/> Not reported: Patient refused or not available
<input type="checkbox"/> MR (Medicare)	<input type="checkbox"/> Unknown: Patient unsure
<input type="checkbox"/> MRP (Medicare/Private)	
<input type="checkbox"/> MD (Medicaid)	Ethnicity (check one)
<input type="checkbox"/> MM (Medicaid and Medicare)	<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> MVA (Military or Veterans Sponsored NOS)	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> MS (Military Sponsored [including CHAMPUS & TRCARE])	<input type="checkbox"/> Not reported: Refused or data not available
<input type="checkbox"/> MV (Veterans Sponsored)	<input type="checkbox"/> Unknown: Unsure of their ethnicity
<input type="checkbox"/> SP (Self pay [no insurance])	
<input type="checkbox"/> NP (No means of payment [no insurance])	
<input type="checkbox"/> OTH (Other)	
<input type="checkbox"/> UNK (Unknown)	

NCCTG Eligibility Checklist N0177
(Study 2)

6/30/2006
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Study reg. number _____

Eligibility Check - Answer questions below (yes/no). All requirements must be confirmed. All dates are to be M/D/Y.

Yes No

____ Currently on EIACs.
____ Histologically confirmed glioblastoma multiforme (grade 4 of 4 astrocytoma). Gliosarcomas and other grade 4 astrocytoma variants (e.g., giant cell) may be included. Central pathology review is mandatory prior to study entry to confirm eligibility. It should be initiated as soon after surgery as possible.
____ Patients must be enrolled ≥ 1 week after, but ≤ 4 weeks after biopsy or surgery.
____ ≥ 18 years. Age = _____. Because no dosing or adverse event data are currently available on the use of OSI-774 in patients < 18 years of age, children are excluded from this study but will be eligible for future pediatric single-agent trials, if applicable.
____ ECOG performance status ≤ 2 (Karnofsky $\geq 60\%$, see Appendix II).

Which was done?

____ ECOG PS \rightarrow PS = _____.
____ Karnofsky \rightarrow Karnofsky = _____.
____ Life expectancy of ≥ 6 months.
____ The following laboratory values obtained ≤ 14 days prior to registration. Earliest laboratory test date ____-____-____; latest laboratory test date ____-____-____. NOTE: These dates pertain to the following labs only.
____ • ANC $\geq 1500/\mu\text{L}$. ANC = _____.
____ • Hemoglobin ≥ 9 . Hemoglobin = _____.
____ • PLT $\geq 100,000/\mu\text{L}$. PLT = _____.
____ • Total bilirubin ≤ 2.5 x institutional upper limit of normal (ULN).
Total bilirubin = _____; ULN = _____.
____ • AST (SGOT) ≤ 2.5 x institutional (ULN). AST (SGOT) = _____; ULN = _____.
____ • Creatinine ≤ 1.5 x institutional (ULN). Creatinine = _____; ULN = _____.

Is this patient a woman of childbearing potential? (This question may be answered yes or no.)

____ Yes \rightarrow Complete; Negative serum pregnancy test ... question
____ No \rightarrow Skip; Negative serum pregnancy test ... question.
____ Negative serum pregnancy test done ≤ 7 days prior to registration, for women of childbearing potential only.
____ Negative serum pregnancy test date ____-____-____.
____ Ability to understand, and the willingness to sign a written informed consent.

All responses in above section must be "Yes."

____ Any of the following because OSI-774 is an epidermal growth factor inhibitor with the potential for teratogenic or abortifacient effects based on the data suggesting that EGFR expression is important for normal organ development:
• Pregnant women
• Nursing women
• Men or women of childbearing potential who are unwilling to employ adequate contraception (condoms, diaphragm, birth control pills, injections, intrauterine device [IUD], surgical sterilization, abstinence, etc.)
____ Other active cancers requiring therapy to control disease.
____ Prior chemotherapy or radiation therapy for any brain tumor. No prior temozolomide.
____ Receiving any other investigational agents.

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(Study 2)

6/30/2006
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Study reg. number _____

Eligibility Check - (Contraindications - continued)

Yes No

- ____ Major surgery (excluding neurosurgical biopsy or resection of brain tumor) or significant traumatic injury occurring ≤ 21 days prior to treatment.
Major surgery (excluding neurosurgical biopsy or resection of brain tumor) date ____ - ____ - ____ vs. not applicable ____.
Significant traumatic injury date ____ - ____ - ____ vs. not applicable ____.
Treatment start date ____ - ____ - ____.
- ____ Abnormalities of the cornea based on history (e.g., dry eye syndrome, Sjogren's syndrome), congenital abnormality (e.g., Fuch's dystrophy), abnormal slit-lamp examination using a vital dye (e.g., fluorescein, Bengal-Rose), and/or an abnormal corneal sensitivity test (Schirmer test or similar tear production test).
- ____ Gastrointestinal tract disease resulting in an inability to take oral medication or a requirement for IV alimentation, prior surgical procedures affecting absorption, or active uncontrolled peptic ulcer disease.
- ____ Uncontrolled intercurrent illness including, but not limited to, ongoing or active infection, symptomatic congestive heart failure, unstable angina pectoris, cardiac arrhythmia, or psychiatric illness/social situations that would limit compliance with study requirements.
- ____ HIV-positive patients receiving combination anti-retroviral therapy are excluded from the study because of possible pharmacokinetic interactions with OSI-774. Appropriate studies will be undertaken in patients receiving combination anti-retroviral therapy when indicated.
- ____ Receiving warfarin (Coumadin) therapy.
- ____ Any history of allergy or intolerance to Dacarbazine (DTIC).

All responses in above section must be "No."

Registration Check - Answer questions below (yes/no). All requirements must be confirmed. All dates are to be M/D/Y.

Yes No

- ____ Consent form signed and dated. Date of consent ____ - ____ - ____.
- ____ Authorization for use and disclosure of protected health information signed and dated.
Date of authorization ____ - ____ - ____ vs. not applicable (Non-U.S.A. institution only) ____.
- ____ Treatment must commence and continue at an NCCTG institution under the supervision of a NCCTG member physician.
- ____ Registration must be done ≥ 1 week but ≤ 4 weeks after biopsy or surgery.
Date of surgery ____ - ____ - ____.
- ____ Treatment cannot begin prior to registration and must begin ≤ 7 days after registration.
- ____ Radiation oncology consult; Medical oncology consult; History; Toxicity assessment; Exam, wt, PS; Height; Neuro History and Exam; MMSE (Appendix V); Hematology group; Chemistry group; Serum free EIAC Level-(For patients taking EIAC [enzyme-inducing anticonvulsants] only); Anticonvulsant and steroid treatment log; sEGFR assay; and MGMT assay in blood must be completed ≤ 14 days prior to registration (see Section 4.0). Earliest pretreatment test date ____ - ____ - ____; latest pretreatment test date ____ - ____ - ____ . NOTE: The earliest pretreatment test date must be less than or equal to the earliest laboratory test date **and** the latest pretreatment test date must be greater than or equal to the latest laboratory test date.
- ____ **Exceptions to the above dates:**
- MRI or CT scan (MRI preferred but CT scans are accepted) up to 21 days before treatment (see Section 4.0).
Date of MRI or CT scan ____ - ____ - ____.
- ____ All required baseline symptoms must be documented and graded on the on-study form.
- ____ Study drug availability checked.
- ____ A radiation oncologist and medical oncologist have seen the patient and confirmed the patient is a suitable candidate for this study.

All responses in above section must be "Yes."

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(Study 2)

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Study reg. number _____

Registration Check – (continued)

Yes No

- ____ ____ Patients should be registered on NCCTG 94-72-52. Will this patient be registered on NCCTG 94-72-52? Randomization Center will register patients separately to the translational research component of this study (see Section 14.0). (This is optional.)
 - Patient has given permission to allow tissue samples to be used for the translational goals of this study
 - Patient has given permission to allow blood to be drawn and used for the translational goals of this study
- ____ ____ Patient has given permission to store blood sample(s) for future research of genetics.
- ____ ____ Patient has given permission to store tissue sample(s) for future research of genetics.
- ____ ____ Patient has given permission to store blood sample(s) for future research to learn, prevent, or treat other health problems.
- ____ ____ Patient has given permission to store tissue sample(s) for future research to learn, prevent, or treat other health problems.
- ____ ____ Patient has given NCCTG permission to give their blood sample(s) to outside researchers.
- ____ ____ Patient has given NCCTG permission to give their tissue sample(s) to outside researchers.

Responses in above section may be “Yes” or “No.”

Grouping Factor

Study
2
N/A 3

Descriptive Factors

- Family history of brain tumor
 ____ Yes (check all that apply)
 ____ Father
 ____ Mother
 ____ Brother or sister
 ____ Child
 ____ Other (list: _____)
 ____ No

- Contrast enhancement on preoperative scans
 ____ Yes
 ____ No
 ____ Uncertain

- Corticosteroid therapy at study entry
 ____ Yes
 ____ No

Maximum diameter in cm on a preoperative scan of:
 Contrast Enhancement . (cm) vs.
 not applicable: ____
 T2 abnormality on MRI or Low attenuation on CT
 . (cm)

Assigned Treatment

Study 2:
____ E) RT + OSI-774* + TMZ

*OSI-774: Dose = _____ (mg); Level = _____
RT: Dose is fixed at 6000 cGy

Person registering _____ Random. specialist _____
Signature Signature initials

Physician _____
Signature M - D - Y