

North Central Cancer Treatment Group

N0275: Phase II Trial Evaluating Resection followed by Adjuvant Radiation Therapy (RT) for Patients with Desmoplastic Melanoma

Addendum 2 – August 25, 2006

**Summary**

**Scientific:**

1. A stopping rule has been added to comply with Mayo Clinic Comprehensive Cancer Center DSMB requirement.
2. The inclusion/exclusion criteria have been revised to allow patients with history of stage I/II prostate and stage I breast cancers to be enrolled.

**Editorial:**

1. Dr. Deming has replaced Dr. Collie as the NCCTG study Co-Chair.
2. Sara Braun has replaced Jane Milburn as the Protocol De elopement Coordinator

**Replacement pages are included. Please incorporate into the protocol and keep this update with your protocol.**

**Title page** - The title page now reflects the addition of NCCTG Addendum 2.  
- Dr. Deming has replaced Dr. Collie as Study Co-Chair.

**Protocol Resource Page**

Page 2: The fax number for Kathryn Scherger should read: 507-266-7240  
Administrative/document: Sara Braun has replaced Jane Milburn

**Section 3.0**

**Patient Eligibility**

Page 7: Section 3.27 has been revised as follows:

Previous malignancy <5 years excluding basal cell carcinoma or squamous cell carcinoma of the skin or cervical carcinoma in situ (**with the exception of patients who have stage I breast cancer who were adequately treated with adjuvant therapy and are currently disease free, and patients with stage I or II prostate cancer treated with prostatectomy or radiotherapy and are biochemically free of disease [for RRP PSA <0.3 and for radiotherapy PSA < 2.0 above the post treatment nadir]**).

**Section 8.0**

Page 10:

**Treatment Modifications Based on Toxicity**

The second paragraph has been revised as follows based on revisions to Section 16.3:

Studies using similar radiation therapy protocols have demonstrated very low toxicity. Morris reported toxicity in 24 of 41 patients and were minimal and self-limited such as transient erythema (15), desquamation (2), acute parotiditis which resolved without antibiotic therapy (2), xerostomia where one required treatment with acyclovir for cold sores (2), local edema (1), fibrosis (1), telangectasias (1), and upper extremity weakness which resolved with physical therapy (1) (14). The Sidney Melanoma Unit found that there ~~was~~ **were** few severe acute side effects in 174 patients. Two patients developed pain following irradiation in the jaw after irradiation of the parotid and upper neck. Two patients developed severe late complications following neck radiation. Subsequent lymphedema was observed in 58% of patients with axillary edema and 66% of patients with groin irradiation (15). ~~After the 20<sup>th</sup> patient is treated, toxicity data will be evaluated. If there are greater than 6 patients with grade 3 toxicity or 2 patients with grade 4 or greater toxicity, the study will be closed for evaluation. The study would be closed if this level of toxicity was met or exceeded. The probability of this level of toxicity is low.~~

**Section 16.0**

Page 14:

**Statistical Considerations and Methodology**

Section 16.224 has been revised as follows:

Toxicity: The maximum grade of each type of toxicity will be recorded for each patient. For each toxicity reported, the percentage of patients reporting/experiencing any degree of that toxicity as well as the percentage of patients reporting/ experiencing a severe degree (Grade 3 or higher on the NCI CTC scale) will be determined. ~~After the 20<sup>th</sup> patient is treated, toxicity data will be evaluated. If there are greater than 6 patients with grade 3 toxicity or 2 patients with grade 4 or greater toxicity, the study will be closed for evaluation. The study would be closed if this level of toxicity was met or exceeded. The probability of this level of toxicity is low.~~

Page 15:

Repagination due to editorial changes

Page 15:

Section 16.3 should be added as follows:

**16.3 Monitoring: The principal investigator and the study statistician will review the study periodically (at least twice a year) to identify accrual, toxicity, and endpoint problems that might be developing. The study statistician will prepare a report containing accrual, adverse event, and efficacy data which will be submitted to the Mayo Clinic Comprehensive Cancer Center Data and Safety Monitoring Board (MCCCC DSMB) on an annual basis.**

**The adverse event profile of this technique will be examined at least every 2 months.**

**16.31 If 3 or more of the first 10 patients enrolled onto this trial experience a grade 3 toxicity at least likely to be related to treatment, or 2 or more patients develop a grade 4+ toxicity at least likely to be related to treatment, enrollment will be suspended so that the adverse event data can be examined and a trial recommendation will be formulated and presented to the MCCC DSMB.**

**16.32 At any point in the study after 11 or more patients have been enrolled, if 30% or more of these patients report a grade 3+ toxicity considered at least likely to be related to treatment, or if 10% or more of these patients report a grade 4+ toxicity at least likely to be related to treatment, enrollment will be suspended so that the adverse event data can be examined and a trial recommendation will be formulated and presented to the MCCC DSMB.**