

North Central Cancer Treatment Group

N0321: Phase I/II Study of PS-341 in Combination with Paclitaxel, Carboplatin, and Concurrent Thoracic Radiation Therapy for Non-small Cell Lung Cancer (NSCLC)

Addendum 8 – January 18, 2008

Summary

- The package insert dated April 2003 for paclitaxel has been received. Therefore, the drug information section and the risks section of the consent forms have been revised accordingly.
- Editorial/administrative changes.

A replacement protocol is provided. Please replace the current copy with the one attached. Please keep this addendum with your protocol.

Title Page Mitchel D. Bauman, M.D. replaces ~~Michael C. Geis, M.D.~~ as Pathology Cochair.

Updated to reflect Addendum 8 and revised NCI version date.

Protocol Resources

Page 2: **Alicia L. Elsing** replaces ~~Janis Wobshell~~ as the NCCTG Research Base Protocol Development Coordinator.

The NCCTG Research Base Pathology Coordinator order has been revised. Christine Maszk is now listed as the first contact and Helen Tollefson is the second contact.

Section 14.0 **Translational/Pharmacologic Studies**

Page 38: The address in Section 14.3 has been updated as follows:
NCCTG Operations Office
ATTN: NCCTG ~~Research Coordinator~~ **PC Office**
RO_FF_03_24-CC/NW Clinic
200 First Street SW
Rochester, MN 55905

Section 15.0 **Drug Information**

Page 44: Due to the receipt of an updated package insert for paclitaxel, a new paragraph has been added to Section 15.22 as follows:

Additional adverse events included in the package insert of paclitaxel: anorexia, dehydration, confusion, pancreatitis, and bowel perforation.

Section 17.0 Pathology Considerations for Quality Control

Page 54:

Due to the change in the NCCTG Pathology Cochair, the contact information in Section 17.2 has been revised as follows:

Central Review will be performed by Dr. Marie-Christine Aubry and Dr. ~~Michael C. Geis~~ **Mitchel Bauman**. The NCCTG memberships (excluding Mayo and affiliates) are to forward their materials specified in section 17.1 to ~~Sherri Rickabaugh~~ **Thomas Hoopingarner**, primary clinical research associate at ~~Iowa Oncology Research Association, 300 East Locust, Suite 350, Des Moines, IA 50309-1016~~ **Siouxland Regional Cancer Center, 230 Nebraska Street, Sioux City, IA 51101-1733**. The Mayo Clinic is to forward their material to Dr. Marie-Christine Aubry in Mayo Rochester. Submit Pathology Submission Forms to the NCCTG Operations Office.

Appendices IA and 1B Consent Forms

Page 4:

Due to the receipt of an updated package insert for paclitaxel, the following revisions have been made to the risks section of the consent form for paclitaxel:

Paclitaxel (Taxol®)~~More common side effects~~ **Likely risks of Paclitaxel (Taxol®) (*events occurring greater than 20% of the time*)**

- Loss of appetite
- Nausea (feeling of being sick to the stomach)
- Vomiting (throwing up)
- Diarrhea
- Loss of body fluids
- Redness, soreness, and/or irritation of the linings of the mouth, throat, and digestive system
- ~~Fall in white blood cell counts leading to an increased risk of infection, fall in platelet count leading to an increased risk of bleeding, and fall in red blood cell count causing anemia. (separated into two separate entries and moved to the “Less likely” category)~~
- ~~Escape of the drug from the vein injection site may cause local mild swelling, tenderness, and/or chronic skin sores (moved to “Rare but serious” category).~~
- **Hair loss** (moved from “Less likely” category)
- **Nerve damage with numbness and tingling, usually of the hands and feet. This usually goes away when the drug is stopped.** (moved from “Less likely” category)

~~Less common side effects~~ **Less likely risks of Paclitaxel (Taxol®) (*events occurring less than or equal to 20% of the time*)**

- Muscle and/or joint aching
- Hair loss (moved to “Likely” category)
- ~~High~~ **Low** blood pressure (revised to reflect low rather than high blood pressure)
- ~~Inflammation of the lungs~~ moved to “Rare but serious” category)
- Lightheadedness
- Blurred vision
- Sensation of seeing flashing lights
- Skin rash
- **Increase in tests of liver function** (newly added)

- **Fall in platelet count leading to an increased risk of bleeding** (*moved from “Likely” category*)
- **Fall in red blood cell count causing anemia** (*moved from “Likely” category*)
- **Severe skin reaction which may require hospitalization** (*moved to “Rare but serious” category*)
- Allergic reactions with hives, wheezing, or a severe drop in blood pressure with difficult breathing (rare). This allergic reaction is thought to be caused by Cremophor®, a necessary part of the paclitaxel drug mixture, rather than by the paclitaxel itself. This goes away with medication. Before treatment begins, you will be given a drug so that this reaction will be less likely and you will be closely watched for such a reaction. (*moved to “Rare but serious” category*)
- Nerve damage with numbness and tingling, usually of the hands and feet. This usually goes away when the drug is stopped. (*moved to “Likely” category*)

Rare side effects but serious risks of **Paclitaxel (Taxol®)** (*events occurring less than 2-3% of the time*)

- Damage to liver function, which may lead to skin yellowing
- Inflammation of the lungs **that may cause shortness of breath** (*moved from “Less likely” category and the wording expanded*)
- **Escape of the drug from the vein injection site may cause local mild swelling, tenderness, and/or chronic skin sores** (*moved from “Likely” category*)
- **Severe skin reaction which may require hospitalization** (*moved from “Less likely” category*)
- Loss of bearings and confusion
- Swelling and soreness of the pancreas
- Seizures
- Abnormal heart rhythms that may be serious. You will be carefully watched for any heart problems.
- **Allergic reactions with hives, itching, wheezing, or a severe drop in blood pressure with difficult breathing (rare). This allergic reaction is thought to be caused by Cremophor®, a necessary part of the paclitaxel drug mixture, rather than by the paclitaxel itself. This goes away with medication. Before treatment begins, you will be given a drug so that this reaction will be less likely and you will be closely watched for such a reaction.** (*moved from “Less likely” category*)
- **Development of a hole in the wall of the bowel that may be life-threatening** (*newly added*)
- ~~Death~~ (*deleted*)