

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)

Update 2 – February 11, 2011

Summary

- Correction to the Cockcroft and Gault formula has been made in Section 7.42.
- Administrative changes.

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

Title Page Updated to reflect Update 2 and revised NCI version date.

Protocol Resources

Page 2: **Linda S. Long** replaces ~~Alicia L. Elsing~~ as the NCCTG *Research Base* Research Protocol Specialist.

Section 7.0 **Protocol Treatment**

Page 21: Section 7.42, footnote 3, has been corrected as follows:

Dosed using Calvert Formula with Cockcroft & Gault Equation Calvert Formula: CBDCA dose (mg) = target AUC x (GFR + 25). Note: The glomerular filtration rate (GFR) used in the Calvert formula to calculate AUC-based dosing should not exceed 125 mL/min. Therefore, for newly enrolled patients, the maximum carboplatin dose for this study is 900 mg. For the purposes of this protocol, the GFR is considered to be equivalent to the creatinine clearance (CrCl) and can be measured or calculated (Note: When concerned about patient safety in a given patient, measure GFR. The CrCl is calculated by the method of Cockcroft & Gault (CrCl[mL/min] = (140 – age) x actual body weight [kg] / ~~divided by~~ [plasma Cr [mg/dL] x 72] x [0.85 if female ~~or 1.0 if male~~]). **You can also access the carboplatin dosing (Cockcroft and Gault) calculator via the NCCTG web site at <https://ncctg.mayo.edu/ncctg/group/cra/worksheet.html#CDC>.** Note: A correction factor is NOT to be used to calculate carboplatin doses based on the IDMS serum creatinine.

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

*For any communications regarding this protocol,
please call the protocol resource person on the following page.*

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DCTD Supplied Investigational Agents: PS-341 (NSC #681239)

***Investigator having NCI responsibility for this protocol:**

√Study contributor not responsible for patient care.

Document History	(Effective Date)	Document History	(Effective Date)
Activation	September 17, 2004	Addendum 8	January 18, 2008
Addendum 1	February 11, 2005	Addendum 9	June 13, 2008
Update 1	February 11, 2005	Addendum 10	August 29, 2008
Addendum 2	July 29, 2005	Addendum 11	February 20, 2009
Addendum 3	March 17, 2006	Addendum 12	October 9, 2009
Addendum 4	August 18, 2006	Addendum 13	April 16, 2010
Addendum 5	February 2, 2007	Addendum 14	November 5, 2010
Addendum 6	June 8, 2007	Addendum 15	November 26, 2010
Addendum 7	June 8, 2007	Update 2	February 11, 2011

Study Participants **Date Activated**
Entire NCCTG September 17, 2004
NCI Version Date: January 31, 2011

Protocol Resources

	Questions:	Contact Name:
Add 1, 9, 12,13, 14	Patient eligibility*, test schedule, treatment delays/interruptions/adjustments, dose modifications, forms completion	Lisa M. Finstuen NCCTG <i>Research Base</i> Quality Assurance Specialist Phone: 507/284-1328 Fax: 507/284-1902 E-mail: finstuen.lisa@mayo.edu
Add 13	Drug administration, infusion pumps, nursing guidelines	Kristine M. Hacker, R.N. NCCTG <i>Research Base</i> Nurse Phone: 507/284-2459 Susan Haithcox, OCN, CCRP NCCTG Member Nurse Phone: 574/647-7977
Add 1 10	Forms completion and submission	Christine E. Rogers, B.S. NCCTG Member Clinical Research Associate Phone: 217/383-3394
Add 1,2,8 Update 2	Protocol document, consent form, Regulatory issues	Linda S. Long NCCTG <i>Research Base</i> Research Protocol Specialist Phone: 507/266-3853 Fax: 507/284-5280 E-mail: long.linda@mayo.edu
Add 3,5,8, 9,10	Paraffin-embedded Tissue Pathology	Jennifer S Mentlick NCCTG <i>Research Base</i> Pathology Coordinator Phone: 507/293-3928 Fax: 507/284-9628 E-mail: mentlick.jennifer@mayo.edu
Add 5,9,12	Non-paraffin Biospecimens	Roxann M. Neumann, RN, BSN, jCCRP NCCTG Biospecimen Resource Manager Phone: 507/538-0602 Fax: 507/266-0824 E-mail: neumann.roxann@mayo.edu
Add 3 Add 14	Adverse Events	Pat McNamara NCCTG <i>Research Base</i> AdEERS Coordinator Phone: 507/266-3028 Fax: 507/284-9628 E-mail: mcnamara.patricia@mayo.edu
Add 3	Radiation Quality Control	Kathryn Scherger NCCTG <i>Research Base</i> Radiation Quality Control Coordinator Phone: (507) 266-0006 Fax: (507) 266-7240 E-mail: scherger.kathryn@mayo.edu

* No waivers of eligibility per NCI

7.4 Phase II Component - After the recommended maximum tolerated dose (MTD) has been determined, patients will continue to be enrolled from the whole NCCTG membership.

7.41 Pretreatment medication prior to Taxol

Add 1
Update 1

Agent	Dose	Route	Day
DXM	10-20 mg	IV or PO	IF PO, begin within 12 hours prior to chemotherapy with route and dosing left to physician's discretion
BEN and RANIT or CIMET or FAMOT	25-50 mg 50 mg 300 mg 20 mg	IV	30 minutes Pretaxol
Bactrim	1 tablet BID twice a week	oral	Continuously during treatment

7.42 Treatment schedule - Use actual weight or estimated dry weight if fluid retention.

Add 1, 12

Add 1, 12
Update 1

Agent ¹	Dose	Route	Day	Chemo ReRx	RT
PS-341	1.2 mg/m ²	IV push into the side arm of a running IV of normal saline at 100 mL/hr	Days 1, 4, 8, 11	Q 3 weeks ²	Total dose of 6,000 cGy given in 30 daily (except weekends) fractions of 200 cGy each, starting on Day 1 (total of 6 weeks or 2 cycles)
TAXOL	175 mg/m ²	IV over 3 hours	Day 2		
CBDCA ³	AUC=6	IV over 30 minutes after TAXOL			

Add 1

Update 1
Add 14

Update 2

1. Treatment should begin on a Monday or Tuesday.
2. For a maximum of 2 cycles.
3. Dosed using Calvert Formula with Cockcroft & Gault Equation Calvert Formula: CBDCA dose (mg) = target AUC x (GFR + 25). Note: The glomerular filtration rate (GFR) used in the Calvert formula to calculate AUC-based dosing should not exceed 125 mL/min. Therefore, for newly enrolled patients, the maximum carboplatin dose for this study is 900 mg. For the purposes of this protocol, the GFR is considered to be equivalent to the creatinine clearance (CrCl) and can be measured or calculated (Note: When concerned about patient safety in a given patient, measure GFR. The CrCl is calculated by the method of Cockcroft & Gault (CrCl[mL/min] = (140 – age) x actual body weight [kg]/ [plasma Cr [mg/dL] x 72] x [0.85 if female]). You can also access the carboplatin dosing (Cockcroft and Gault) calculator via the NCCTG web site at <https://ncctg.mayo.edu/ncctg/group/cra/worksheet.html#CDC>. Note: A correction factor is NOT to be used to calculate carboplatin doses based on the IDMS serum creatinine.

7.43 Treatment by a local medical doctor is not allowed.