



NCCTG

NORTH CENTRAL CANCER TREATMENT GROUP

Date: February 18, 2011

To: Primary Clinical Research Associates

From: Sanna McKinzie
Research Protocol Specialist III

Re: N064A, Phase II Study of Panitumumab, Chemotherapy, and External Beam Radiation in Patients with Locally Advanced Pancreatic Cancer

The Active Monitoring Blood Specimen Submission Form has been updated as follows:
Currently reads:

CRF Title	Brief Description of Edit
Active Monitoring Blood Specimen Submission Form	<ul style="list-style-type: none">Changed timepoint 8 from Cycle 11 to Cycle 10

If you have any questions, please feel free to contact me at mckinzie.sanna@mayo.edu or by phone at (507) 538-6646.

Enclosure

North Central Cancer Treatment Group

N064A, Phase II Study of Panitumumab, Chemotherapy, and External Beam Radiation in Patients with
Locally Advanced Pancreatic Cancer

Addendum 6 – February 18, 2011

Summary

- The Research Protocol Specialist III has been updated.
- Contact information for the Data Management Specialist has been removed.
- Administrative/Editorial changes.

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

Title Page The Addendum 6 has been added and the NCI version date has been updated.

Protocol Resources

Page 2: Contact information has been revised for the Research Protocol Specialist III, as follows:

~~Linda S Long~~ **Sanna McKinzie**
NCCTG Research Base Research Protocol Specialist III
Phone: ~~507-266-3853~~ **538-6646**
Fax: 507-284-5280
E-mail: long.linda@mayo.edu mckinzie.sanna@mayo.edu

The Research Base Data Management Specialist contact has been removed (Brandon Messmer). Please contact the NCCTG Research Base Quality Assurance Specialist (QAS) for technical questions regarding electronic form entry.

Section 4.0

Test Schedule

Page 21: Footnote 12 has been revised for correction, as follows:

Kits are required. Blood is to be collected after registration but prior to first treatment...prior to cycle 9 day 1, and prior to cycle ~~4~~**10** day 15...

Section 10.0 Adverse Event (AE) Reporting and Monitoring

Page 44:

The following bullet point located under “Additional Instructions or Exceptions...” in Section 10.21 has been revised with current information regarding the AdEERS forms and contact information. Changes are as follow:

- In the rare event when Internet connectivity is disrupted, a **24-hour notification is to be made to NCI by telephone at: 301-897-7497. An electronic report MUST be submitted immediately upon re-establishment of internet connection. Please note that all paper AdEERS forms have been removed from the CTEP website and will NO LONGER be accepted.** ~~report may be prepared using the Adverse Event Expedited Report—Single Agent or Multiple Agents paper template (available on the CTEP Home Page at <http://ctep.cancer.gov>). Contact the NCCTG SAE Coordinator (as identified on the NCCTG Protocol Resources page) for back-up submission instructions.~~

Page 45:

In Section 10.22 the “Secondary AML/MDS” row has been revised as follows for correction:

<p>Secondary AML/MDS</p>	<p>Reporting for this event required during and after completion of study treatment, via AdEERS.</p> <p>Through December 31, 2010, continue using CTCAE v3.0: Report Myelodysplasia as “Blood/Bone Marrow—Myelodysplasia” and Leukemias as “Blood/Bone Marrow—Other (Specify, ___)”.</p> <p>Beginning January 1, 2011, AdEERS will only accept CTCAE v4.0 for this study: Report these events using “Neoplasms benign, malignant and unspecified (including cysts and polyps)” and including the appropriate adverse event:</p> <ul style="list-style-type: none"> - Leukemia secondary to oncology chemotherapy OR - Myelodysplastic syndrome OR - Treatment related secondary malignancy.
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North Central Cancer Treatment Group

**Phase II Study of Panitumumab, Chemotherapy, and External Beam Radiation
in Patients with Locally Advanced Pancreatic Cancer**

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

Study Chairs: George P. Kim, M.D. (Research Base)*
Mayo Clinic
4500 San Pablo Road
Jacksonville, FL 32224
Phone: 507/284-4918 (QAS)
Fax: 507/284-5280

John W. Bollinger, M.D. (Radiation Oncology NCCTG)

Study Co-Chair: Michael G. Haddock, M.D. (Research Base, Radiology)
Thomas C. Smyrk, M.D. (Research Base, Pathology) ✓
Steven P. Olson, M.D. (NCCTG, Pathology) ✓
Robert B. Jenkins, M.D. (Research Base, Laboratory) ✓
Matthew M. Ames, Ph.D. (Research Base, Laboratory) ✓
Stephen N. Thibodeau, Ph.D. (Research Base, Laboratory) ✓
Monica Reinholz, Ph.D. (Research Base, Laboratory) ✓
Bradley J. Erickson, M.D. (Research Base, Radiology) ✓
Donald G. Nordstrom, M.D. (NCCTG, Radiology) ✓

Statistician: Nathan R. Foster, M.S. ✓
507/284-8803

Drug Availability

DCTD Supplied Investigational Agents: None

Commercial Agents: Gemcitabine, 5-fluorouracil, capecitabine

Drug Company Supplied: Panitumumab –IND # 103808

*Investigator having NCI responsibility for this protocol.

✓Study contributor(s) not responsible for patient care.

Document History	(Effective Date)	Document History	(Effective Date)
Activation	June 19, 2009	Addendum 4	July 9, 2010
Update 1	June 19, 2009	Addendum 5	October 8, 2010
Addendum 1	August 28, 2009	Addendum 6	February 18, 2011
Addendum 2	March 19, 2010		
Addendum 3	March 19, 2010		

Study Participants Date Activated

Entire NCCTG June 19, 2009

NCI Version Date: February 9, 2011

Add 1,3,6

Protocol Resources

Add 6

Questions:	Contact Name:
Patient eligibility*, test schedule, treatment delays/interruptions/adjustments, dose modifications, adverse events, forms completion	Deb Papenfus NCCTG <i>Research Base</i> Quality Assurance Specialist (QAS) Phone: 507/284-4918 Fax: 507/266-7240 E-mail: papenfus.deborah@mayo.edu
Drug administration, infusion pumps, nursing guidelines	Jerri (Lee) Spohn NCCTG <i>Research Base</i> Nurse Phone: 507/284-2459 E-mail: lee.jeraldine@mayo.edu Colleen Sweetland, R.N. NCCTG Member Nurse Phone: 734/712-5796 E-mail: sweetlac@trinity-health.org
Forms completion and submission	Beth Bement-Stump, R.N. NCCTG <i>Member</i> Clinical Research Associate Phone: 605/719-6075 Email: ebement@rcrh.org
Protocol document, consent form, Regulatory issues	Sanna McKinzie NCCTG <i>Research Base</i> Research Protocol Specialist III Phone: 507/538-6646 Fax: 507/284-5280 E-mail: mckinzie.sanna@mayo.edu Patricia Aggen NCCTG <i>Research Base</i> Research Protocol Specialist II Phone: 507/538-6232 Fax: 507/284-5280 E-mail: aggen.patricia@mayo.edu
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
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
Non-paraffin biospecimens	Roxann Neumann, R.N., B.S.N., C.C.R.P. NCCTG <i>Research Base</i> Biospecimen Resource Manager Phone: 507/538-0602 Fax: 507/266-0824 E-mail: neumann.roxann@mayo.edu
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

1. Every 3 months for 2 years post-registration, then every 6 months after that for a maximum of 3 years post-registration.
 2. Adverse events should be graded according to NCI CTCAE v3.0.
 3. See Sections 7.172, 7.174, and 8.0. If during chemotherapy and radiation, significant myelosuppression is encountered and treatment is held, CBC may be obtained twice a week at the discretion of the treating physician to determine when treatment can be restarted. Patients placed on treatment break for adverse events not associated with specific physical findings (e.g., fatigue, nausea, low blood counts) may report weight and performance status by phone and arrange for a local lab to report blood counts. It is not necessary for such patients to be seen for a physical exam. Record the maximum grade adverse event for each cycle.
 4. Weekly during post-RT gemcitabine (not required during the off week, day 22).
 5. Every other week.
 6. For women of childbearing potential only (i.e., premenopausal women who have not undergone surgical sterilization). Must be done ≤ 7 days prior to registration.
 7. ≤ 28 days prior to registration. Chest CT can be substituted for chest x-ray. Measurable disease is not required.
 8. For both measurable and non-measurable disease; to be done at registration and at 4-6 weeks post-RT; then do every 3 months for 2 years post-registration (during post-RT treatment and observation) and then every 6 months after that during observation for a maximum follow-up of 3 years post-registration. Tumor measurements should be conducted at these time points.
 9. Only for patients treated with oral capecitabine instead of 5FU.
 10. At baseline, after RT, every 2 cycles during post-RT chemotherapy, and at the end of post-RT chemotherapy. Booklets are available and must be used.
 11. Research tissue samples and tissue for central review must be submitted ≤ 30 days after registration. Submission of tissue samples for central review is mandatory. Submission of tissue samples for translational research is optional, but strongly encouraged. For information about preparation, storage, and shipping, see Section 17.0.
 12. Kits are required. Blood is to be collected after registration but prior to first treatment, Cycle 1 day 8 (7 days [± 24 hours] after first panitumumab dose), prior to treatment cycle 3 day 1 (4-6 weeks after RT at start of gemcitabine treatment), prior to treatment cycle 4 day 15 and cycle 6 day 1, prior to cycle 7 day 15, prior to cycle 9 day 1, and prior to cycle 10 day 15 (i.e., every 6 weeks until completion of gemcitabine/panitumumab treatment [post-chemo/RT] and panitumumab maintenance therapy), and at recurrence (which may occur during active treatment or during Observation) (see Section 14.0). Samples should be shipped Monday – Thursday only.
- R Research funded.

Add
1,4,6

5.0 Stratification Factors: None.

Note: Second Primary malignancy (malignancy **not** due to prior treatment) should not be reported through AdEERS.

- Use the NCI protocol number and the protocol-specific patient ID provided during trial registration on all reports.

Additional Instructions or Exceptions to AdEERS Expedited Reporting Requirements

Within 1 working day of notification of an SAE, an e-mail notification of all AdEERS reports to will go to:

- ✓ The NCCTG IND Coordinator who will notify the FDA as warranted by the event and stipulated in the U.S. Code of Federal Regulations.
- ✓ Amgen Global Safety (FAX: 888/814-8653).
- In the rare event when Internet connectivity is disrupted, a 24-hour notification is to be made to NCI by telephone at: 301-897-7497. An electronic report **MUST** be submitted immediately upon re-establishment of internet connection. Please note that all paper AdEERS forms have been removed from the CTEP website and will **NO LONGER** be accepted.
- Refer to Section 10.22 of this protocol for additional expedited reporting requirements.

Add 6

10.22 Other Required Expedited Reporting

EVENT TYPE	REPORTING PROCEDURE
<p>Add 5,6</p> <p>Secondary AML/MDS</p>	<p>Reporting for this event required during and after completion of study treatment, via AdEERS.</p> <p>Beginning January 1, 2011, AdEERS will only accept CTCAE v4.0 for this study: Report these events using “Neoplasms benign, malignant and unspecified (including cysts and polyps)” <i>and including the appropriate adverse event:</i></p> <ul style="list-style-type: none"> - Leukemia secondary to oncology chemotherapy OR - Myelodysplastic syndrome OR - Treatment related secondary malignancy.
<p>Add 5</p> <p>Other Grade 4 or 5 Events and/or Any Hospitalizations During Treatment Not Otherwise Warranting an Expedited Report</p>	<p>Complete a Notification Form: Grade 4 or 5 Non-AER Reportable Events/Hospitalization Form within 5 working days of the date the clinical research associate (CRA) is aware of the event(s) necessitating the form, using CTCAE v3.0.</p> <p>If an AdEERS report has been submitted, this form does not need to be submitted.</p> <p>Submit the Non-AER form electronically via the NCCTG Remote Data Entry System within 5 working days of the date the CRA is aware of the event(s) necessitating the form.</p> <p>The NCCTG SAE Coordinator will notify the NCCTG IND Coordinator who will submit to the FDA IND as warranted by the event and stipulated in the U.S. Code of Federal Regulations.</p> <p>You must use CTCAE v3.0 for data submission with this form. The events reported on this form must also appear on the Case Report Forms (i.e., routine data) for this study.</p>

FORMS PACKET

N064A, Phase II Study of Panitumumab, Chemotherapy, and External Beam Radiation
in Patients with Locally Advanced Pancreatic Cancer

- Contents:
- * Eligibility checklist *(03/19/2010)*
 - * Forms completion instructions
 - On-study form *(11/2/2009)*
 - Pre-treatment RECIST measurement form *(6/8/2009)*
 - Active monitoring RECIST measurement form *(6/8/2009)*
 - Baseline tissue specimen submission form *(6/8/2009)*
 - Baseline blood specimen submission form *(6/8/2009)*
 - ✓ Active monitoring blood specimen submission form *(2/4/2011)*
 - Pathology submission form *(3/17/2010)*
 - Pathology reporting form *(5/9/2008)*
 - Baseline adverse events form *(10/4/2010)*
 - Nadir/adverse event form *(10/4/2010)*
 - Evaluation/treatment form - chemotherapy concurrent with radiation cycle 1 (days 1-28) *(1/7/2010)*
 - Evaluation/treatment form - chemotherapy concurrent with radiation cycle 2 (days 29-end of RT) *(1/7/2010)*
 - Evaluation/treatment form – 4-6 weeks after completion of radiation therapy cycles 3, 4, 5 *(1/7/2010)*
 - Evaluation/treatment form – maintenance therapy cycles 6-11 *(6/8/2009)*
 - Radiation therapy reporting form *(6/10/2009)*
 - End of active treatment/cancel notification form *(5/9/2008)*
 - Evaluation/observation form *(6/19/2006)*
 - Event monitoring form *(5/9/2008)*
 - Notification form Grade 4 or 5 non-AER reportable events/hospitalization form *(5/9/2008)*
 - Patient Questionnaire Booklet Compliance Form *(12/5/08)*
 - Booklet order form *(6/10/09)*
 - Biospecimen accessioning processing fax supply order form

✓ designates revised/new forms

*Generic forms completion instructions are available on the NCCTG web site under “the CRA link in the Remote Registration and Data Entry section and are titled “Remote Data Entry Screen Instructions (Forms Completion).”

The specific forms instructions take precedence over the generic forms instructions, so it is very important to review them in addition to the generic forms instructions.

PLACE LABEL HERE

NORTH CENTRAL CANCER TREATMENT GROUP

**ACTIVE MONITORING
BLOOD SPECIMEN SUBMISSION FORM**

ALL ITEMS MUST BE COMPLETED

Are data amended? (check one) Yes No
(if data are amended, please circle in red when using paper form)

Protocol Number: N064A
Patient ID: _____ Patient Initials: _____
L F M
Institution Number: _____
Institution: _____

- Time point: (check one)
- 1 Cycle 1, Day 8
 - 2 Prior to Cycle 3, Day 1
 - 3 Prior to Treatment on Cycle 4, Day 15
 - 4 Prior to Cycle 6, Day 1
 - 5 At Recurrence
 - 6 Prior to Cycle 7, Day 15
 - 7 Prior to Cycle 9, Day 1
 - 8 Prior to Cycle 10, Day 15

INSTRUCTIONS:

- Complete this form **for all patients** and enter into the remote data entry system within 7 days of specimen collection.
- See Section 14 of the protocol for specimen requirements and shipment.

Patient's Initial Consent given for blood specimen use for research on the patient's cancer? (check one)

- 1 Yes. If Yes, complete rest of form
- 2 No. If No, end form

Was sample obtained? (check one)

- 1 Yes. If Yes: Date of collection: (mm/dd/yyyy) ___/___/_____
Date Specimen Shipped: (mm/dd/yyyy) ___/___/_____
2 No. If No, reason: _____