

North Central Cancer Treatment Group

**N0871, A Phase II Study of Carboplatin (CBDCA), Paclitaxel (TAXOL), and Everolimus (RAD001)
in Previously Untreated Patients with Measurable Disease with
Cancer of Unknown Primary (CUP)**

Addendum 1– November 6, 2009

Summary

Scientific Changes

- Due to the risk of increased bleeding the number of core biopsies for the liver have been reduced in Section 17.0

Administrative/Editorial Changes

- Urinalysis which was inadvertently included in the Test schedule (Section 4.0) has now been removed from the test schedule and throughout the remainder of the protocol.
- References to the urinalysis have also been removed from the model consent form. Additional changes have been made to the model consent for clarification.
- Corrections have been made to the Adverse Event (AE) Reporting and Monitoring (Section 10.0) and the Budget section (Section 19.0).

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

Title page

Addendum 1 has been added and the NCI version date has been revised.

Section 4.0

Page 21:

Test Schedule

Urinalysis was inadvertently put into the test schedule. There is no clinical indication which warrants a urinalysis being done on all study participants, therefore it has been removed from the test schedule.

The baseline chest x-ray is considered standard of care, therefore the reference “R” which indicates research funded has been removed from the baseline timepoint.

In Footnote 4, the reference to Section 9.1 is incorrect and has been revised to reference Section **8.5**

Section 10.0

Page 35:

Adverse Event (AE) Reporting and Monitoring

The following correction has been made to the Additional Instructions in section 10.21:

- In the rare event when Internet connectivity is disrupted, a 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>) and faxed to **the NCCTG Operations Office at 507-284-9628. Once Internet connectivity is restored, an AE report submitted on a paper template or a 24-hour notification phoned in must be entered electronically into AdEERS by the original submitter at the site.** ~~301-230-0159.~~ Contact the NCCTG SAE Coordinator (as identified on the NCCTG Protocol Resources page) for additional back-up submission instructions.

Section 17.0

Page 60:

Pathology Considerations/Tissue Biospecimens

To reduce the risk of bleeding, Section 17.3123 has been revised as follows to reduce the number of passes made for the core biopsy of the liver:

17.3123 Liver: A goal of ~~2-3~~**6** core biopsy specimens obtained using an 18-gauge needle.

Section 19.0

Page 64:

Budget Considerations

Section 19.2 has been revised as follows to be consistent with the test schedule:

Tests to be research funded: Central pathology review; **re-biopsy if needed**, lipid panel (baseline and prior to each cycle x ~~4~~**3** per patient); ~~venipuncture for research blood draw (1 per patient), urinalysis (baseline and prior to each cycle x 4 per patient);~~ chest x-ray (~~baseline and~~**done only if clinically indicated**) prior to each cycle x ~~4~~**3**per patient). If the patient needs to be re-biopsied in order to obtain enough tissue for translational studies, this re-biopsy will be research funded by submitting an invoice. If your patient is on study longer than ~~4~~**3** cycles, please contact the NCCTG RPS as identified in the Protocol ~~S~~**R**esource page.

Appendix I

Pages 1:

Consent Form

To be consistent with the revised test schedule, the verbiage for urinalysis has been removed from the consent form in the following places:

Page 1 of 12 Under “Before you begin study.....”
 • ~~Urinalysis~~

Page 2 of 12 Under “During the study....”
● ~~Urinalysis~~

Page 3 of 12 In the table titled “Future cycles”
● Blood tests (including a complete blood count, tests of your liver and kidney function, cholesterol [specifically triglyceride] levels) ~~Urine collection~~

Page 4 of 12 Deleted second bullet from the top of the page.
● Blood tests, including a complete blood count, tests of your liver and kidney function, cholesterol (specifically triglyceride) levels
● ~~Urinalysis~~

Page 1: Under the section “Before you begin the study...”, the following changes were made for clarification:

You will have certain tests and procedures to determine that you can take part in this study:

- Medical history
- Physical exam
- Imaging studies such as ultrasounds or CT scans to assess tumor size, **if one has not been done within a month of going on study**
- Blood tests, including a complete blood count, tests of your liver and kidney function, cholesterol (specifically triglyceride) levels
- ~~Urinalysis~~
- Pregnancy test, women of childbearing potential only
- Electrocardiogram (ECG) (this measures how your heart is doing)
- Chest x-ray, if necessary, **if one has not been done within a month of going on study**
- Mammogram (women only), if **one has not been done within a month** ~~30 days~~ of going on study
- Colonoscopy, if necessary and one has not been done within 3 months of going on study

Page 3: The following revisions have been made to the “Cycle 1” table for clarification:

Day 21	<ul style="list-style-type: none"> ● Return to your study doctor’s office at _____ [insert appointment time] for your next exam and to begin the next cycle. ● Bring medication diary to this appointment Last day of cycle 1.
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Page 3: The following revisions have been made to the “Future cycles” table for clarification:

Day 1	<ul style="list-style-type: none">• History and exam (bring medication diary to this appointment)• Check to see if you have had any bad side effects• Blood tests (including a complete blood count, tests of your liver and kidney function, cholesterol [specifically triglyceride] levels)-Urine collection
Day 21	<ul style="list-style-type: none">• Return to your study doctor’s office at _____ [insert appointment time] for your next exam and to begin the next cycle.• Bring medication diary to this appointment Last day of cycle.