

A RANDOMIZED PHASE III TRIAL INCORPORATING PATHOLOGIC RESPONSE IN PARTICIPANTS WITH EARLY STAGE NON-SMALL CELL LUNG CANCER TO OPTIMIZE IMMUNOTHERAPY IN THE ADJUVANT SETTING

BACKGROUND

PROTOCOL VERSION DATE: 03/11/2025

- Cure rates for patients with early-stage NSCLC remain unacceptably low.
- Use of neoadjuvant chemo-immunotherapy is now an accepted SOC for the treatment of early-stage NSCLC.
- Patients with a pCR have significantly improved outcomes than those with residual cancer.
- It is unclear if patients with pCR benefit from adjuvant immunotherapy.

OBJECTIVES

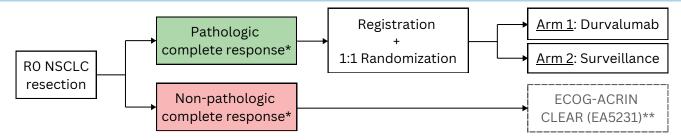
PRIMARY

• Compare DFS between arms

SECONDARY

- Compare OS between arms
- Evaluate frequency and severity of toxicities of adjuvant durvalumab
- Compare EFS between arms

SCHEMA



Enrolling 306 participants Opened to accrual 3/14/25

- *Local pathology review
- **Non-path CR patients may be eligible for ECOG-ACRIN CLEAR (EA5231)

TREATMENT

ARM 1 ONLY

| AGENT | DOSE | ROUTE | DAY | SCHEDULE |
|------------|---------|-----------------------|---------------------|-------------------------------------|
| Durvalumab | 1500 mg | IV over 60 minutes | Day 1 of each cycle | 28-day cycle for up to 12 cycles |

ARMS 1 & 2

| PROCEDURE | YEAR 1 | YEAR 2 | YEAR 3-10 |
|-----------|----------------|----------------|---------------------------|
| CT scan | Every 12 weeks | Every 6 months | Annually until recurrence |

KEY ELIGIBILITY CRITERIA

DISEASE CRITERIA

- Histologically or cytological confirmed diagnosis of clinical Stage II-IIIB NSCLC.
 - Excluding clinical N3 disease.
- RO resection of NSCLC within 84 days prior to randomization.
 - Acceptable surgical resections: lobectomy, sleeve resection, bilobectomy, or pneumonectomy.
 - Wedge resection not allowed.
- Pathologic complete response (pCR) determined by local pathology review.
- Have PD-L1 status result.
- No known EGFR mutations or ALK gene

THERAPY CRITERIA

- Received ≥ 2 cycles of neoadjuvant platinum-based chemotherapy.
 - Any FDA-approved platinum-based neoadjuvant regimen is accepted.
- Received ≥ 2 cycles of anti-PD-1 or anti-PD-L1 therapy.
- Not planning to receive any concurrent non-protocol directed therapy for NSCLC.
- No systemic therapy within 28 days prior to randomization.
- No medical contraindications or SAEs to receiving anti-PD-1 or anti-PD-L1 therapy.
- No post-operative radiation therapy

(PORT) for NSCLC.

Eligibility, RAVE, Data Submission

lungquestion@crab.org | (206) 652-2267

CLINICAL/LAB CRITERIA

- ≥ 18 years old.
- Body weight > 30 kg.
- Zubrod Performance Status 0-2.
- Adequate organ and marrow function.
- Creatinine clearance ≥ 40 mL/min.
- Fully recovered from prior surgery.
- No history of organ transplant.
- No prior/concurrent malignancy that could interfere with investigational regimen.
- No medical contraindications to receiving immunotherapy.
 - o Intra-articular steroid injections and replacement therapy are allowed.
- · Not pregnant or nursing.

Medical Queries (treatment or toxicity) S2414MedicalQuery@swog.org

Regulatory, Protocol, Informed Consent protocols@swog.org | (210) 614-8808





