S2433 Kick-Off Meeting

Randomized Phase III Study of Second-Line Chemotherapy with or without Panitumumab for KRAS Wild Type, Locally Advanced or Metastatic Pancreatic Adenocarcinoma

NCT# NCT06998940
IND Exempt Study

Study Chair:
Rachael A. Safyan, MD

Study Co-Chair:
E. Gabriela Chiorean, MD

Champions:
ECOG-ACRIN:
Olumide Babajide Gbolahan, MD
Alliance: Harshabad Singh, MBBS, MD
NRG: Raymond Wadlow, MD

Translational Co-Chair:
Harshabad Singh, MBBS, MD

PRO Co-Chair:
Virginia Sun, PhD, MSN, RN

Patient Advocate:
Marielle McLeod, M.H.A

Statisticians:
Sarah Colby, MS
Katherine Guthrie, PhD

Data Coordinator:
Brian Zeller

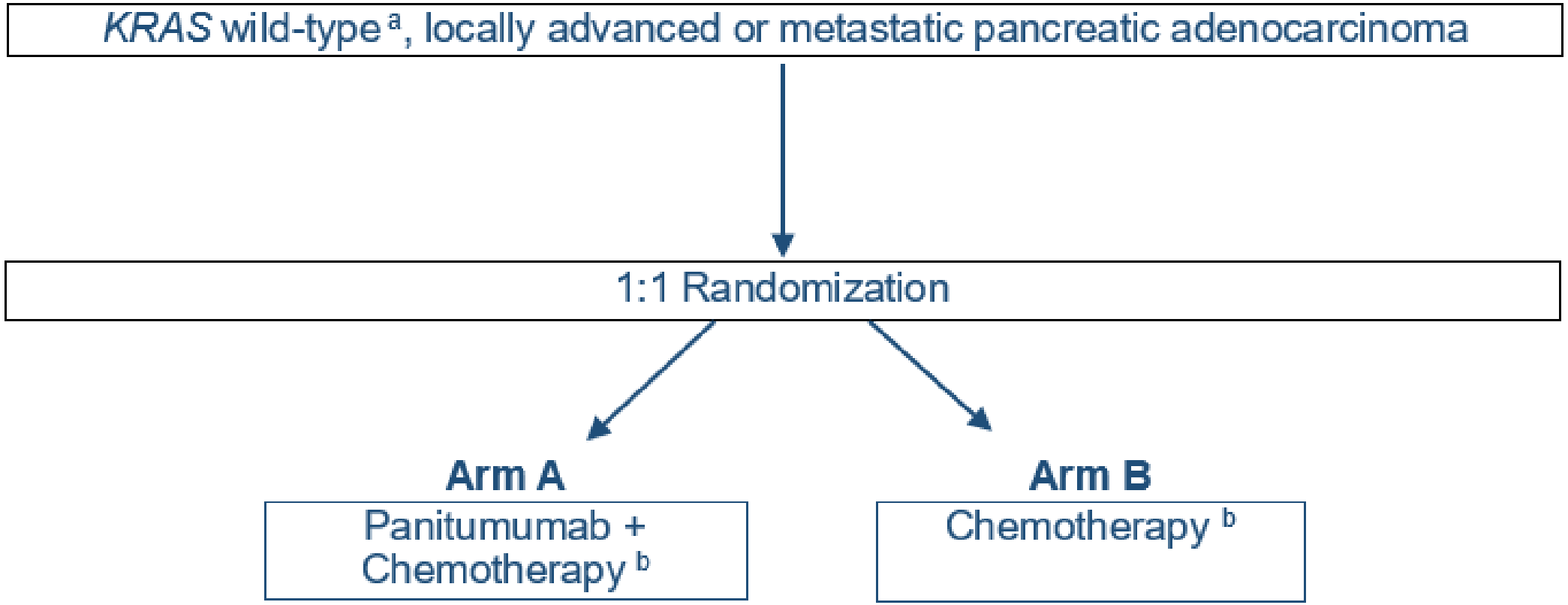
Protocol Project Manager:
Andrea Garcia

Welcome & Objectives

Goals for Today

- Review key elements of **S2433**
- Walk through screening and enrollment workflow
- Highlight critical operational steps for sites
- Discuss anticipated challenges and gather feedback

Schema



[a] Participants must have previously documented *KRAS* wild type (i.e., absence of any *KRAS* mutation) and *BRAF* V600E wild type (i.e., absence of a *BRAF* V600E mutation) status by tumor tissue-based NGS analysis confirmed by the **S2433** Study Chairs. See Section 5.1 and 18.6.

[b] The treating investigator and participant will select the appropriate standard-of-care therapy — Nanoliposomal Irinotecan (Nal-IRI) with Fluorouracil and Leucovorin (5FU/LV), FOLFIRI (Fluorouracil, Leucovorin, and Irinotecan), or Gemcitabine with Nab-Paclitaxel (GA) — based on the participant's prior therapy and disease characteristics. See Section 7.1.

Why This Study Matters

- ~8–10% of pancreatic cancer is KRAS WT
  - Study will identify a more personalized treatment approach for this subgroup of patients that is targeted to their mutation.
- Limited targeted therapy options
  - Pancreatic cancer has few effective therapies after progression on first-line therapy. This trial matters as it will fill a real treatment gap for patients who often have very few effective treatment options available.
- Prior EGFR data suggests potential benefit
  - Adding panitumumab is beneficial to the patients eligible for this study suggesting that patients with *KRAS* wild-type may benefit from this combination. Thus, giving the study, a strong biologic rationale making it worth testing carefully in a randomized trial.
- First randomized U.S. trial in this population
  - Due to the study being randomized, the study has the potential to generate clearer evidence regarding whether this approach improves outcomes for patients that will change future care for *KRAS* wild-type patients.

Overview of Treatment

Arm A: Investigator's Choice of Standard of Care Chemotherapy plus Panitumumab

Arm B: Investigator's Choice of Standard of Care Chemotherapy

- The treating investigator and participant will select the appropriate standard-of-care second-line chemotherapy—Nanoliposomal Irinotecan (Nal-IRI) with Fluorouracil and Leucovorin (5FU/LV), FOLFIRI (Fluorouracil, Leucovorin, and Irinotecan), or Gemcitabine with Nab-Paclitaxel (GA) — based on the participant's prior therapy and disease characteristics. Participants who received first-line gemcitabine-based chemotherapy should be treated with a Fluorouracil regimen, and participants who were previously treated with a Fluorouracil regimen should receive gemcitabine-based chemotherapy.
- Panitumumab is a recombinant, human IgG2 kappa monoclonal antibody that binds specifically to EGFR and results in inhibition of cell growth, induction of apoptosis, decreased proinflammatory cytokine and vascular growth factor production, and internalization of the EGFR. Panitumumab is IND exempt as used in this trial.
- Treatment will continue until disease progression, unacceptable toxicity, or other protocol-defined criteria for discontinuation. See Protocol Section 7.6.

Target Accrual & Timeline

- **Activated:** 12/26/2025
- **Target:** 94 participants

WHO TO ENROLL?

Participants must:

- Have pancreatic adenocarcinoma
- Be ***KRAS* WT and *BRAF* V600E WT (tissue NGS required)**
- Have locally advanced or metastatic disease
- Have received only **1 prior line of cytotoxic therapy**

Key Eligibility: Disease Criteria

- Participants must have a histologically or cytologically confirmed diagnosis of ductal adenocarcinoma of the pancreas.
- Participants must have previously documented *KRAS* wild type (i.e., absence of any *KRAS* mutation) and *BRAF* V600E wild type (i.e., absence of a *BRAF* V600E mutation) status **determined by tumor tissue-based NGS assay.** NOTE: Blood-based NGS assays, such as circulating tumor DNA (ctDNA) or liquid biopsies, will **not** be accepted for meeting eligibility criteria.
  - **The testing must be done within a laboratory with CLIA, ISO/IEC, CAP, or similar certification status.**
  - **PRIOR TO REGISTRATION: Sites must email S2433SC@swog.org, per instructions in Protocol Section 18.7, to obtain approval from at least one of the study chairs that the participant meets this eligibility criterion.**
- Participants must have documented unresectable and/or metastatic disease on CT or MRI imaging completed prior to randomization.
  - Imaging must have been completed within 28 days prior to randomization for participants with measurable disease.
  - CT scans or MRIs used to assess non-measurable disease must have been completed within 42 days prior to randomization.

Key Eligibility: Disease Criteria

- Participants must not have known mutations in *PTEN*, *NRAS*, *EGFR* extracellular domain exons 1-16, no amplifications of *HER2* and *MET*, and no gene fusions of *RET*, *NTRK1*, and *ALK* by tumor tissue-based NGS analysis.
  - **NOTE:** Participants who are not tested for these mutations are eligible if they have previously documented *KRAS* wild type (i.e. absence of any *KRAS* mutation) and *BRAF* V600E wild type (i.e., absence of a *BRAF* V600E mutation) status.
  - **IF RESULTS ARE AVAILABLE, then PRIOR TO REGISTRATION: Sites must email S2433SC@swog.org, per instructions in Protocol Section 18.7, to obtain approval from at least one of the study chairs that the participant meets this eligibility criterion.**
  - **The Study Chair review and approval process is described on the next slide.**
- Participants must not have known brain metastases or cranial epidural disease unless adequately treated with radiotherapy and/or surgery and stable for at least 28 days before randomization.
  - **NOTE**: Participants must be neurologically asymptomatic and without corticosteroid treatment at the time of enrollment.

Study Chair Approval Process – Eligibility Criteria 5.1b and 5.1d

- **PRIOR TO REGISTRATION: Sites must email S2433SC@swog.org to confirm eligibility criteria 5.1b and (if results are available) 5.1d with at least one of the study chairs, per below:**
  - **The email must include the report of tumor-based NGS results for *KRAS* and *BRAF* V600E status. All personal health information (PHI) must be redacted.**

    Note: The **S2433** SWOG participant identification number will not yet be assigned at the time of eligibility review of NGS results.
  - After at least one of the study chairs reviews the NGS reports and deems the participant eligible, sites may register participant in **S2433** in OPEN.
- Sites must upload a copy of the email communication (confirming eligibility criteria 5.1.b and 5.1.d are met) as well as all NGS results that were reviewed as baseline source documentation in Medidata RAVE. Participant ID number should be included on the documentation of the email.

Key Eligibility: Prior/Concurrent Therapy Criteria (1)

- Participants must have received only one line of prior systemic cytotoxic chemotherapy for locally advanced or metastatic PDA, and have radiographically progressed, refractory, or intolerant to this therapy.
  - Prior neoadjuvant or adjuvant therapy with 5-FU or gemcitabine-based chemotherapy counts as a line of therapy if the participant's disease progressed to locally advanced or metastatic disease within 6 months of completing treatment.
  - Participants with cancers harboring molecular alterations including microsatellite instability (MSI-high), elevated tumor mutational burden (TMB ≥10 mut/Mb), and FGFR1-3, NRG1, and ROS fusions are allowed to have received an additional line of targeted therapy applicable to the respective molecular alterations at the treating investigators discretion.
  - Prior maintenance therapy with Olaparib or Rucaparib for germline or somatic *BRCA*1/2 or PALB2 mutations does not count as a line of therapy.

Key Eligibility: Prior/Concurrent Therapy Criteria (2)

- Participants must not have prior treatment with an anti-EGFR antibody (e.g., cetuximab or panitumumab).
- Participants must not have prior treatment with an EGFR tyrosine kinase inhibitor (e.g., erlotinib).
- Participants must not have received any pancreatic anticancer therapy (e.g., standard of care or investigational chemotherapy, molecularly targeted therapy, or radiation) within 14 days prior to randomization.
- Participants must not have a known contraindication to receiving chosen chemotherapy backbone at the planned doses in accordance with the local approved label.

Key Eligibility: Clinical Laboratory Criteria (1)

- Participant must be ≥ 18 years old at the time of randomization.
- Participants must have Zubrod Performance Status of 0-2 (See Protocol Section 10.5).
- Participants must have a complete medical history and physical exam and adequate organ and marrow function, as defined below, within 28 days prior to randomization:
  - absolute neutrophil count ≥1.0 x 10^3/uL
  - hemoglobin ≥8 g/dL
  - platelets ≥75 x 10^3/uL
  - total bilirubin ≤1.5 x institutional upper limit of normal (IULN)
  - AST ≤ 10 x ULN

  NOTE: Use of growth factor support (e.g., G-CSF or romiplostim [Nplate]) is permitted, and prior use does not constitute an exclusion criterion. Recent blood transfusions are also allowed.
- Participants must have a creatinine ≤ the IULN OR measured OR calculated creatinine clearance ≥ 30 mL/min using the following Cockcroft-Gault Formula.
  - This specimen must have been drawn and processed within 28 days prior to registration.

Key Eligibility: Clinical Laboratory Criteria (2)

- Pts. with known history of HIV-infection must be on effective anti-retroviral therapy at registration and have undetectable viral load test on the most recent test results obtained within 6 months prior to randomization.
- Participants with a known history of chronic hepatitis B virus (HBV) infection must have undetectable HBV viral load while on suppressive therapy on the most recent test results obtained within 6 months prior to randomization, if indicated.
- Participants with a known history of hepatitis C virus (HCV) infection must have been treated and cured. Participants currently being treated for HCV infection must have undetectable HCV viral load test on the most recent test results obtained within 6 months prior to randomization, if indicated.
- Participants must not have a prior or concurrent malignancy whose natural history or treatment (in the opinion of the treating physician) has the potential to interfere with the safety or efficacy assessment of the investigational regimen.
- Participants must not be pregnant or nursing (nursing includes breast milk fed to an infant by any means, including from the breast, milk expressed by hand, or pumped).

No one on the study team may grant waivers to any of the eligibility criteria.

- **Refer to: https://dctd.cancer.gov/research/ctep-trials/memos/protocol-deviations.pdf**

Follow-up

- All participants will be followed until death or 3 years after randomization, whichever occurs first.

Drug Supply

- Fluorouracil (5-FU), Gemcitabine hydrochloride, Irinotecan, Nanoliposomal irinotecan, Nab-paclitaxel, and Leucovorin are commercially available and will not be supplied.
- Panitumumab will be provided and distributed by Amgen as commercially labeled panitumumab in two vial sizes: 100 mg (20 mg/mL;100 mg presented as a sterile, colorless, preservative-free solution containing 100 mg/5 mL (20 mg/mL) and 400 mg (20 mg/mL; 400 mg/20 mL) in a single-use vial.

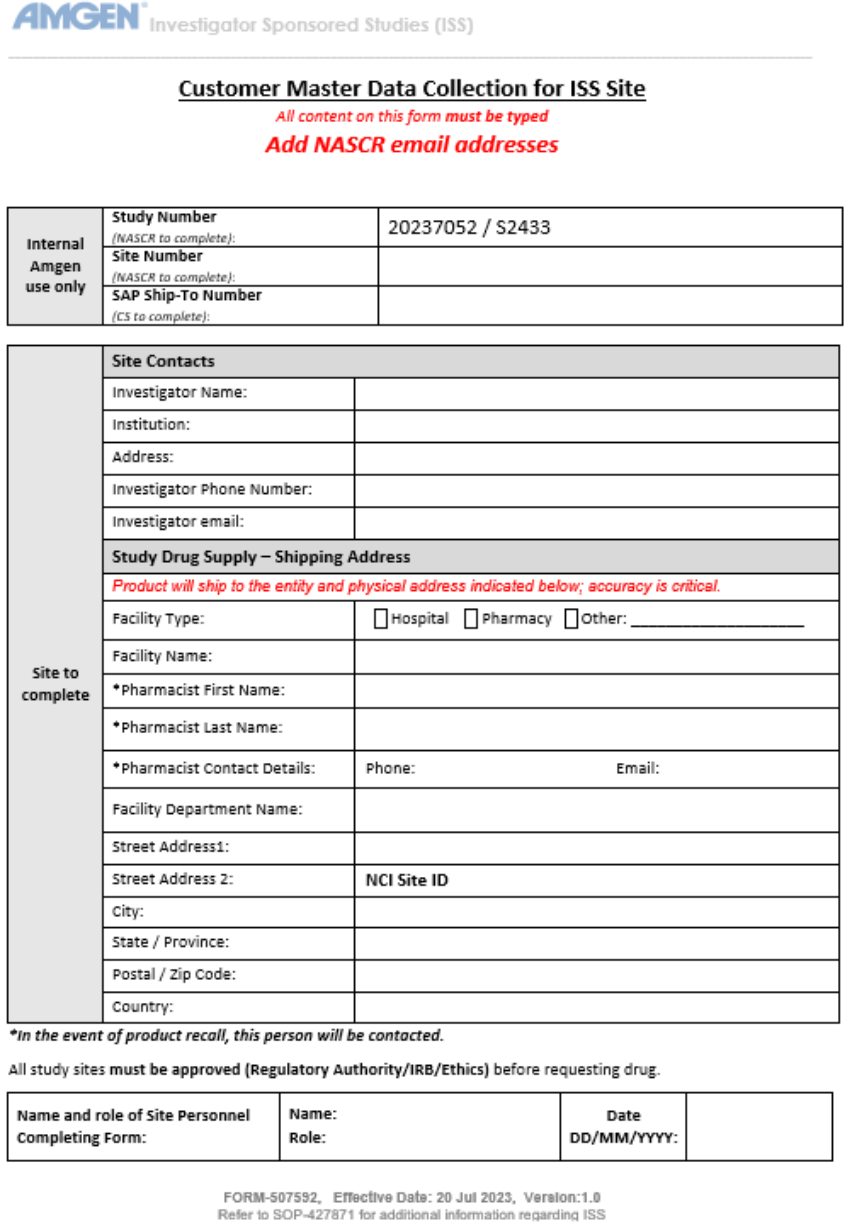
Site Initiation with Amgen for Panitumumab Drug Ordering

Important: For the first participant at each site to be enrolled:

- Sites should allow **10 business days** for site setup and receipt of the initial drug order *and* should designate an investigator or pharmacist to manage the initial drug order process.

After all site activation requirements (including submission of IRB documentation via CTSU) have been met and participant enrollment requirements have been confirmed by at least one of the study chairs (as indicated in Protocol Section 18.7):

- **Each site** must complete and submit the **Master Data Collection (MDC) Form**, accessible via the S2433 protocol abstract page on CTSU, to initiate site setup in the Amgen Drug ordering system.
    - Upon receipt of the MDC Form, Amgen will assign an Amgen SAP number (site account number within the Amgen drug ordering system) within **3 business days**.
- Submission of the Master Data Collection (MDC) Form is a **one-time process** for sites prior to initial drug shipment and does not need to be completed with each participant's enrollment.



AMGEN Investigator Sponsored Studies (ISS)

Customer Master Data Collection for ISS Site

All content on this form must be typed

Add NASCR email addresses

Internal Amgen use only	Study Number *(NASCR to complete):*	20237052 / S2433
	Site Number *(NASCR to complete):*	
	SAP Ship-To Number *(CS to complete):*	

Site to complete	**Site Contacts**	
	Investigator Name:	
	Institution:	
	Address:	
	Investigator Phone Number:	
	Investigator email:	
	Study Drug Supply – Shipping Address	
	Product will ship to the entity and physical address indicated below; accuracy is critical.	
	Facility Type:	☐ Hospital ☐ Pharmacy ☐ Other: _____
	Facility Name:	
	*Pharmacist First Name:	
	*Pharmacist Last Name:	
	*Pharmacist Contact Details:	Phone: Email:
	Facility Department Name:	
	Street Address1:	
	Street Address 2:	**NCI Site ID**
	City:	
	State / Province:	
	Postal / Zip Code:	
	Country:	

In the event of product recall, this person will be contacted.

All study sites **must be approved (Regulatory Authority/IRB/Ethics)** before requesting drug.

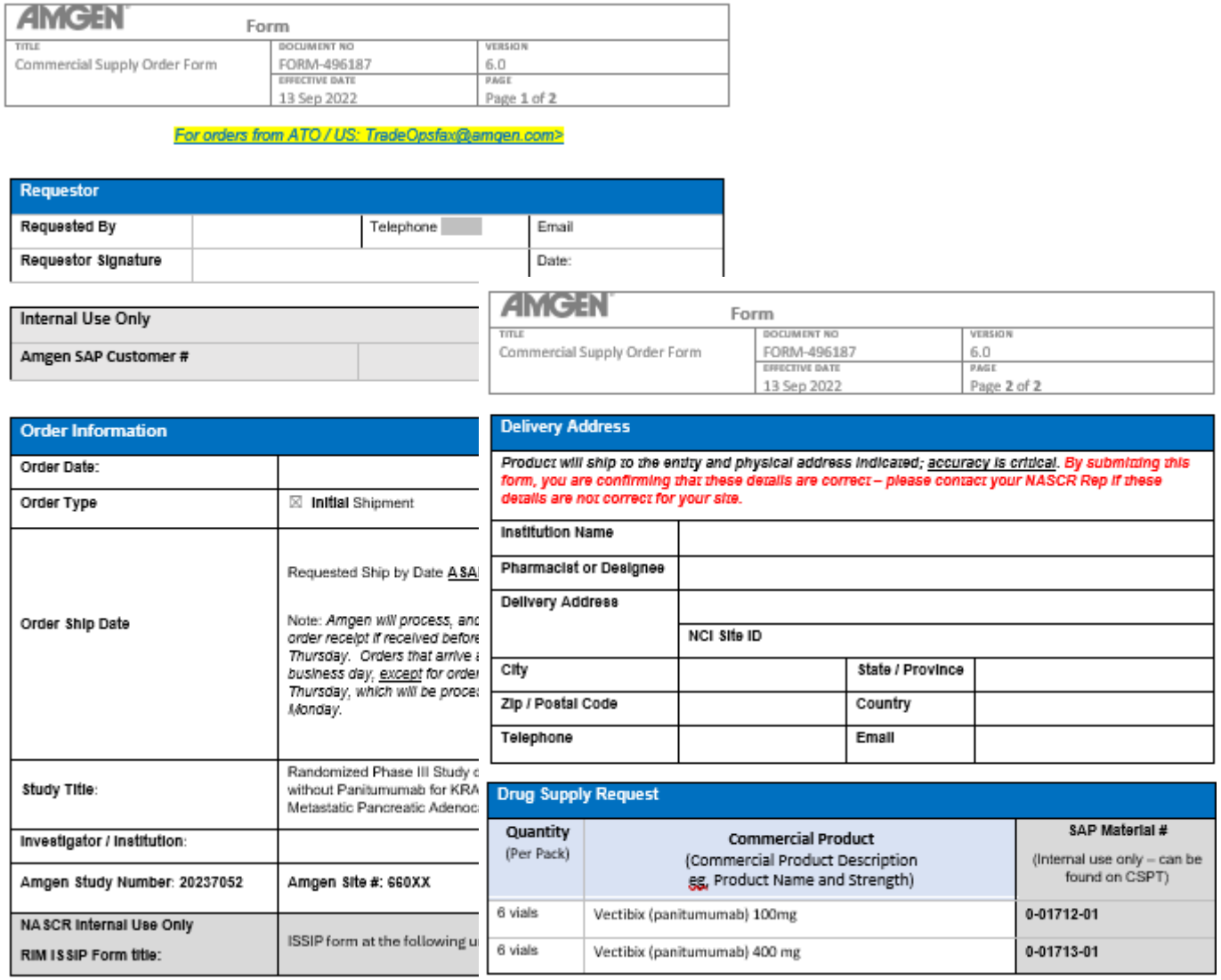
Name and role of Site Personnel Completing Form:	**Name:** **Role:**	**Date DD/MM/YYYY:**	

FORM-507592, Effective Date: 20 Jul 2023, Version:1.0
Refer to SOP-427871 for additional information regarding ISS

Initial Panitumumab Drug Order

After the Amgen SAP number has been established:

- Amgen will e-mail the pre-populated S2433 Drug Order Form (e.g., shown here) to the Investigator or Pharmacist that is identified as the person "Completing" the MDC form. (This Investigator or Pharmacist must also be listed as a Site Contact in the main part of the MDC form.)
- The site will complete by providing the institution information and delivery address.
- Amgen will then notify the site of the confirmed shipment and tracking number.
- Provided there is no delay in submission of the initial drug order form:
  Sites can expect the initial drug delivery to arrive within 10 business days after the initial MDC form submission.



AMGEN Form

TITLE	DOCUMENT NO	VERSION
Commercial Supply Order Form	FORM-496187	6.0
	EFFECTIVE DATE: 13 Sep 2022	PAGE: Page 1 of 2

For orders from ATO / US: TradeOpsfax@amgen.com>

Requestor

Requested By		Telephone	Email
Requestor Signature			Date:

Internal Use Only

Amgen SAP Customer #	

AMGEN Form

TITLE	DOCUMENT NO	VERSION
Commercial Supply Order Form	FORM-496187	6.0
	EFFECTIVE DATE: 13 Sep 2022	PAGE: Page 2 of 2

Order Information

Order Date:	
Order Type	☒ Initial Shipment
Order Ship Date	Requested Ship by Date ASA Note: Amgen will process, and order receipt if received before Thursday. Orders that arrive a business day, except for order Thursday, which will be proces Monday.
Study Title:	Randomized Phase III Study c without Panitumumab for KRA Metastatic Pancreatic Adenoc
Investigator / Institution:	
Amgen Study Number: 20237052	Amgen Site #: 660XX
NA SCR Internal Use Only RIM IS SIP Form title:	ISSIP form at the following u

Delivery Address

Product will ship to the entity and physical address indicated; accuracy is critical. By submitting this form, you are confirming that these details are correct – please contact your NASCR Rep if these details are not correct for your site.

Institution Name			
Pharmacist or Designee			
Delivery Address			
	NCI Site ID		
City		State / Province	
Zip / Postal Code		Country	
Telephone		Email	

Drug Supply Request

Quantity (Per Pack)	Commercial Product (Commercial Product Description eg, Product Name and Strength)	SAP Material # (Internal use only – can be found on CSPT)
6 vials	Vectibix (panitumumab) 100mg	0-01712-01
6 vials	Vectibix (panitumumab) 400 mg	0-01713-01

Subsequent Panitumumab Drug Orders

- Subsequent panitumumab drug orders will be made directly by the site to Amgen by submitting a completed S2433 Drug Order Form (a pre-populated form that will be provided by Amgen) to Amgen Trade Operations, with copy to Amgen NASCR study manager.
- Please allow **3 business days** for processing and shipping confirmation for these subsequent orders.
- Sites are encouraged to review drug supply regularly and place orders in a timely manner to avoid interruptions in treatment. Emergency shipments are not guaranteed.

Participant Registration

- Initiation of treatment must be planned to start no more than 14 calendar days after randomization.

Data Submission

- See Protocol **Section 14.0** for complete Data Submission Requirements, Procedures and Timepoints.

  Note: The following must be submitted at baseline (within 15 days after randomization):

  - S2433 Gene Mutations Form,
  - the NGS report,
  - Study Chair email deeming participant eligibility (regarding genetic mutations).

- A printable (.PDF) version of the Master Forms Set is accessible from the S2433 protocol abstract page on CTSU.org.

Serious Adverse Event Reporting

- This study requires that expedited adverse events be reported using CTEP-AERS. Refer to the NCI CTCAE and AE Reporting webpage.
- **Initially report on the Adverse Event Form in the appropriate Treatment Cycle folder in Medidata Rave.**
  - Both NCI and protocol-specific reporting rules evaluate the AEs submitted for expedited reporting.
- For AEs that meet expedited (SAE) reporting requirements, **the CTEP-AERS report must then be initiated directly from the Adverse Event Form in Medidata Rave**. Do not initiate the CTEP-AERS report via the CTEP-AERS website.
  - The commercial agents used in this study (Arms A and B) are: Panitumumab, Onivyde with 5-fluorouracil and leucovorin, Irinotecan with leucovorin and 5-fluorouracil (FOLFIRI), and gemcitabine with nab-paclitaxel.
- If there is any question about the reportability of an adverse event the SAE Program at the SWOG Network Operations Center – San Antonio via email to: adr@swog.org, before preparing the report.

Adverse Event Reporting Continued

S2433 follows the **NCTN IND-exempt streamlined reporting model**

What to Report in RAVE

- Record **ALL Grade 3–5 treatment-emergent AEs**
- Applies **after start of treatment**
- **Regardless of attribution**

Expedited Reporting

- Follow protocol-specific requirements:
  - **Protocol Section 8.6 (Table 8.6)**

Questions / Support

- AE Reporting: **ADR@swog.org**
- Data / RAVE Questions: **giquestion@crab.org**

Specimen Submission –
Required with Participant Consent

Specimen Type / Amount	Timepoints	Specimen Collection, Processing & Handling	Kit Provided?	Laboratory
Tissue: • **FFPE block** (preferred) OR • **20 unstained 5-micron slides** (or fewer if unavailable; Minimum of 5 slides) AND **Corresponding Diagnostic Pathology Report**	• Baseline • Progression	Follow the Specimen Collection and Processing Instructions for FFPE Tissue in Protocol Section 18.2	No	SWOG Biospecimen Bank (Lab #201) The Specimen Tracking System Packing List (produced by the STS) must be included with each shipment.
Whole Blood: 40 mL peripheral blood divided into 4 tubes (10 mL per tube): • Two Streck cfDNA tubes • Two cfRNA tubes	• Baseline (C1/D1 Pre-treatment) • Cycle 2, Day 1 • Discontinuation of Treatment	Follow Collection and Processing Instructions in Protocol Section 18.3	Yes; See Protocol Section 15.3a for ordering instructions.	

Patient Reported Outcomes

Instrument Name	Planned Assessment Times	Estimated Time for completion
FACT-G *Available in English and Spanish*	• Baseline (prior to protocol treatment) • At 4 weeks, 8 weeks, 12 weeks, and 24 weeks after randomization (assessment window ± 7 days) (the same timeframe as allowed for the visit) *The recall period for the FACT-G questions is 7 days.*	10-15 minutes *(27 questions)*
PRO-CTCAE *Available in English and Spanish*	• Baseline (prior to protocol treatment) • Day 1 of each treatment cycle when the Adverse Event Form is submitted • At discontinuation of treatment *The recall period for the PRO-CTCAE measures is 7 days.*	10 minutes *(15 questions)*

- **Weeks are measured from the date of randomization.**
- PRO-CTCAE forms are collected in conjunction with Investigator adverse event assessments.
- Questionnaires should be administered according to the protocol-defined assessment schedule regardless of eligibility, treatment status or delay, or if participant goes off protocol for any reason.
- Detailed statistical analysis plans for the QOL component can be found in Protocol Section 18.5.
- Patient-reported toxicity (PRO-CTCAE) will be examined as outlined in Protocol Section 18.6.

Funding

Accessing the Funding Memo	CTSU website >> **S2433** protocol abstract page >> **Funding Information >> S2433 Funding Sheet**
Accessing the National Coverage Analysis	CTSU website >> S2433 protocol abstract page >> Funding Information >> **S2433 Coverage Analysis Worksheet**
General Reminders	• Specimen and Health-Related Quality of Life/Patient Reported Outcome questionnaire submission dates must be entered in OPEN. • See Protocol Section 15.0 for submission information.
CTSU OPEN Funding Screen Guide	https://www.ctsu.org/open/Site_Resources/Training/Users_Manual/FundingScreenSiteUserGuide.pdf

Effective March 1, 2026:

- New NCTN and NCORP grant base funding rates were implemented.

Funding Amounts

Note: Based on new NCTN Site Funding Amounts Starting 03/01/2026

Funding Source and Study Component		Collect Type	Study Specific Notes	Enter Date in Open?	NCTN Funding per Patient Std/HP LAPS	NCORP Funding per Patient (Std/HP)
Federal	Base Intervention – Standard / High Performance LAPS & NCORP	Mandatory		No	$3,000/$5,000	$3,000/$5,000
Federal	Biospecimens – Tissue Baseline archival and progression	Mandatory Request	1	Yes	$300	$300
Federal	Biospecimens – Blood Multiple Time Points	Mandatory Request	1	Yes	$250	$250
Federal	HRQOL/PRO Questionnaire	Mandatory Request	2	Yes	$1,000	$1,000
Total Potential Federal Funds					$4,550/$6,550	$4,550/$6,550
Total Potential Funds					$4,550/$6,550	$4,550/$6,550

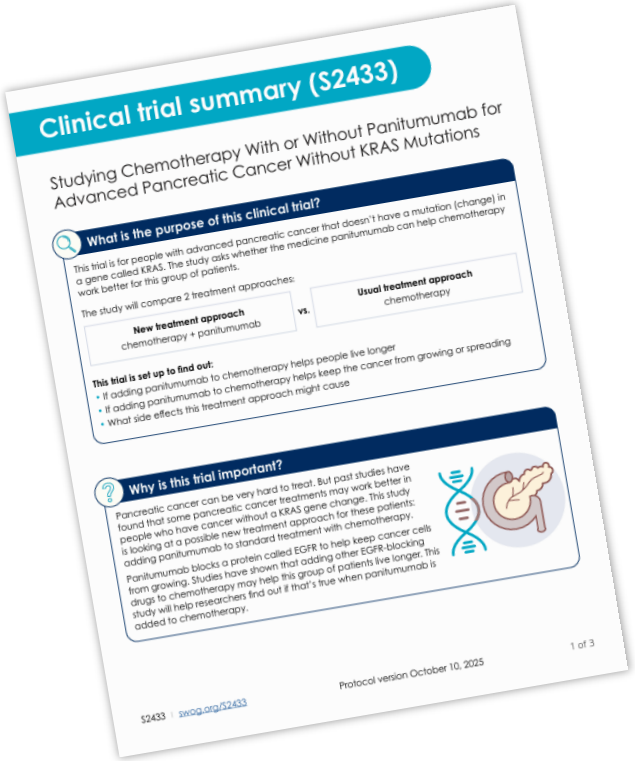
Study-Specific Notes:

1. See Protocol Section 15 for detailed biospecimen collection information. Payments will be triggered by submission of information for the first time point into the OPEN system.
2. See Protocol Section 15 for detailed Quality of Life / Patient Reported Outcomes (QOL/PRO) information. Payments will be triggered by submission of information for the first time point into the OPEN system.

Resources and Materials
— Patient-Friendly Clinical Trial Summary

The Patient-Friendly Summary is an educational tool to share key information about the trial

- Easy to understand, written in plain language
- Explains why the study is important, study treatments, who is eligible, length of trial involvement, costs, and how to learn more
- May include graphics to illustrate study design or treatments
- Translated into Spanish



We recommend a study team member review the summary with the patient as an introduction to the trial, or alongside the consent

- Also available as a PDF to be printed or shared electronically

The summary is accessible from:

- **swog.org/S2433** (publicly accessible link, with printable PDF)
- Also via the S2433 protocol abstract page on the CTSU website under Documents >> CIRB Approved Documents tab >> Support Documents filter, listed as “Clinical Trial Summary” (login required)

Additional Resources and Materials

- **S2433** Social Media Toolkit (text and graphics) is available:
  - via the **S2433** protocol abstract page on the CTSU website under Documents >> CIRB Approved Documents tab >> Support Documents filter
  - **or** via **swog.org/clinical-trials/S2433** under “Other Study Materials” (no login)
- EMR Template will be accessible via the S2433 protocol abstract page on the CTSU website under: Documents >> Protocol Related Documents >> Education and Promotion.

Site Feedback & Discussion

We'd love your input:

- Are you seeing *KRAS* WT patients?
- Any barriers to NGS testing?
- Any challenges with chair approval process or drug ordering?
- Any concerns about enrollment workflow?

How Can We Support You?

- Screening support
- Workflow/process questions
- Patient identification
- Operational challenges

S2433 Key Contacts: Who to Email for What

General study, RAVE, eligibility, and data questions

→ **giquestion@crab.org** (SWOG SDMC)

*Use this for most day-to-day study questions (**non-NGS**), including eligibility clarification, forms, data entry, and system questions.*

Medical or treatment-related questions (urgent or clinical decisions)

→ **S2433SC@swog.org** (Study Chairs)

Use ONLY for Required genomic eligibility review, patient-specific medical questions, or treatment-related guidance.

Regulatory, protocol, or consent questions

→ **protocols@swog.org** (SWOG Operations and Protocols)

General protocol questions, amendments, or consent-related items.

Important Reminder

The Study Chair inbox (S2433SC@swog.org) should only be used for:

- Required genomic eligibility review (*KRAS*/*BRAF* NGS) **prior to registration**
- Patient-specific **medical/treatment-related questions**

All other questions, including general eligibility, RAVE, data entry, and study procedures, should be sent to:
→ **giquestion@crab.org**

Acknowledgements

We would like to thank:

- Amgen Inc.
- SWOG Cancer Research Network *(including Fred Hutch SDMC, CRAB, and Protocols Department)*
- SWOG GI Committee and Pancreas Subcommittee
- Study Chairs and Investigators
- Patient Advocates
- Participating Sites and Research Staff

Thank you to all sites and patients who make this research possible

A recording of this session will be posted following the Spring Group Meeting as a supplemental FAQ resource