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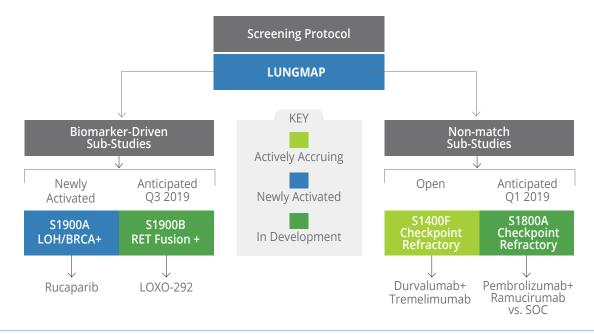
Major Expansion is Here, New Protocol Activated

The **Lung-MAP** master protocol has changed to include more lung cancer patients, to adapt to changes in the therapeutic landscape, and to better reflect the study structure.

The **S1400** screening protocol is closed to accrual, and the new **LUNGMAP** screening protocol is activated. **LUNGMAP** changes include:

- Eligibility for patients with all types of non-small cell lung cancer
- Collection of whole blood on a subset of patients for a ctDNA assay
- One consent form that combines screening and pre-screening
- A mandate requiring sites to use the National Cancer Institute's CIRB for sites that open LUNGMAP and its sub-studies
- A new study structure in which sub-studies stand alone
- New "version control" protocols that group sub-studies by series, including biomarker-driven substudies called S1900X and nonmatch sub-studies called S1800X

Current Schema:



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A lung cancer precision medicine trial

What will happen to my patients?

Patients Registered on S1400 Pre-Screening & Screening:

- Patients registered to \$1400 will remain in \$1400 and will not need to be re-registered to the new LUNGMAP screening protocol
- Patients in pre-screening prior to progression will continue to be followed in \$1400 per protocol.
 Upon submission of the \$1400
 Notice of Progression, the patients will be assigned to a sub-study
- The S1400 Request for Sub-study Reassignment can continue to be submitted for patients who are not eligible for their most recently assigned sub-study
- The S1400 Request for New Substudy Assignment can continue to be submitted for patients who progress on or after a sub-study
- Any open sub-study (in the S1400, S1800, and S1900 series) will be an option for patients who progress on pre-screening, patients who need a sub-study reassignment, and patients who need a new substudy assignment, dependent on their biomarker profiling results

Patients Registered on LUNGMAP Pre-Screening & Screening:

 Sub-study assignment process on LUNGMAP is identical to S1400 in terms of screening vs. prescreening, turnaround times, and form submission



Dr. Vali Papadimitrakopoulou

Lung-MAP Principal Investigator Chief of Thoracic Medical Oncology and Professor of Medicine University of Texas MD Anderson Cancer Center Patients with squamous cell carcinoma who are registered under the LUNGMAP screening protocol will be able to be assigned to any open sub-study, including the legacy \$1400 sub-studies open to accrual (currently \$1400F), dependent on their biomarker profiling results Patients with mixed squamous or non-squamous histology NSCLC who are registered under the LUNGMAP screening protocol will be able to be assigned to any open sub-study in the new \$1800 and \$1900 series, dependent on their biomarker profiling results

"We have more than 200,000 new cases of non-small cell lung cancer in the United States each year, and we desperately need new treatments. When most people are diagnosed with non-small cell lung cancer, their cancer has already grown and spread to other organs. If standard therapies don't work for these patients — and often they don't — they need alternatives. Lung-MAP provides those alternatives."

STUDY CONTACTS GOT A LUNG-MAP QUESTION? HERE'S WHO TO CALL

General medical questions:

LUNGMAP@swog.org

Eligibility + Imaging + Data Submission SWOG Data Operations, (206) 652-2267 LUNGMAPQuestion@crab.org

Protocol + Regulatory:

SWOG Operations Office, (210) 614-8808 ext 1003 mnorman@swog.org **Treatment + Toxicity Study Distribution Lists:**

S1400A: S1400AMedicalQuery@swog.org S1400I: S1400IMedicalQuery@swog.org

S1900A: S1900AMedicalQuery@swog.org

S1400F: <u>S1400FMedicalQuery@swog.org</u>

S1400G:<u>S1400GMedicalQuery@swog.org</u> S1400K:<u>S1400KMedicalQuery@swog.org</u>

S1800A: S1800AMedicalQuery@swog.org

Funding Questions: SWOG Group Chair's Office, <u>funding@swog.org</u>
For additional information, seefunding memos.