

LUNG-MAP

A lung cancer precision medicine trial

VOLUME 22 | WINTER 2023

NEWSLETTER

WWW.LUNG-MAP.ORG

ANMED HEALTH: Small Site, Big Enrollment

AnMed Health Cancer Center is a relatively small site in Anderson, South Carolina, but it regularly appears on the list of top accruers to Lung-MAP.

They have a compact research team — no dedicated clinical research associates and only four research nurses, who recruit and consent all patients, follow them through treatment, and resolve all data queries. We asked them about some of the practices that help a small site be so successful in enrolling to a big trial.

- They focus on just a few trials and learn everything about them. A highly detailed feasibility review lets them know whether a study will be a good fit for AnMed and allows research staff to fine tune their presentation of each trial. Lung-MAP is a very good fit.
- Research nurses complete a full eligibility screening on all patients with stage 4 NSCLC and bring recommendations to the oncologist. The oncologist can then introduce the trial as an option at the patient's visit. Knowing their doctor is on board can make patients more at ease and receptive when the research nurse presents the trial.
- AnMed also tracks patients being treated for earlier stages of NSCLC, using a dedicated spreadsheet to record the date of each patient's next CT scan. That list helps the team quickly identify patients whose cancer has progressed.
- AnMed's patient navigator is a key ally, and works closely with research nurses to help identify candidates for the trial.
- The research manager monitors the results of biopsies from patients who came in for low-dose CT lung cancer screening. This gives the research team early notice of those who might be candidates for Lung-MAP pre-screening.

CONTINUED ON NEXT PAGE



Much of AnMed Health's small oncology research team is assembled here: (l to r) Malinda Soileau, RN; Penny Argo, BSN, RN; Jay Nayak, MD; Rhonda Ballew, RN, OCN; Cindy Haguewood, RN

S1800D Closes Permanently

The S1800D Lung-MAP non-match sub-study (N-803 plus pembrolizumab versus standard of care), was closed to accrual on March 10. SWOG's data and safety monitoring committee reviewed the data from a planned interim analysis and found the combination was not sufficiently active to warrant continued enrollment to the trial. SWOG sent a closure memo to sites, which is also being distributed in CTSU's bi-monthly broadcast. Please review that memo for an attached investigator letter and a patient information letter.

LEARN MORE AT WWW.LUNG-MAP.ORG



ANMED FROM PAGE 1

- Enrolling patients to clinical trials is a group effort at AnMed, and close collaboration across disciplines and support teams is continually encouraged and rewarded.
- Finally, AnMed Health serves a highly diverse population, and the oncology research team devote significant effort to ensure they enroll patients who fully represent the site's catchment area. A key step was hiring a diversity champion who completed AnMed's year-long diversity leadership course, which takes leaders out into communities to learn first-hand about the lived experience of those they serve. The result: trial enrollment at the cancer center meets or exceeds targets in almost every category.

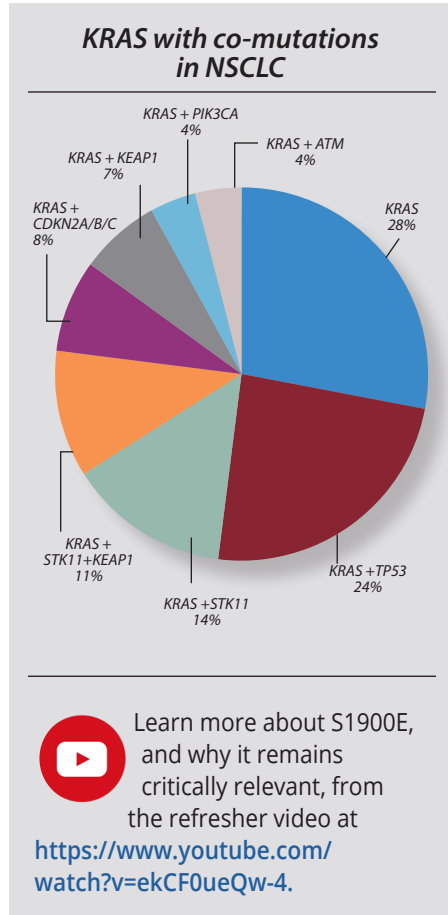


S1900E: **Assessing Sotorasib When Co-mutations Are Present**

Lung-MAP S1900E enrolls patients with previously treated NSCLC with a KRAS^{G12C} gene mutation and treats them with sotorasib. Sotorasib has accelerated approval from the FDA for this use, but this prospective study specifically asks how co-mutations in tumor-suppressor genes, such as *TP53* or *STK11*, affect the efficacy of sotorasib.

The trial assigns patients to cohorts based on prospectively defined co-mutation subsets, however, all LUNGMAP-eligible patients with a KRAS^{G12C} mutation may be enrolled to S1900E, whether or not they have co-mutations.

Because the trial provides sotorasib at no cost, patients you enroll to the sub-study may suffer less financial toxicity.



S1900F: **Pre-register Your Patients Taking RET Inhibitors**

Lung-MAP S1900F is for patients with RET fusion-positive NSCLC that has progressed on prior selective RET inhibitor therapy. This phase II study randomizes these patients to chemotherapy with or without the RET inhibitor selpercatinib.

If you have patients now on a selective RET inhibitor — either selpercatinib or pralsetinib — consider pre-enrolling

them to the LUNGMAP screening protocol. At disease progression, they can be immediately registered to S1900F and start on their next line of treatment — a combination of carboplatin and pemetrexed, with or without selpercatinib (the cost of selpercatinib is covered).

Some sites have also asked their pharmacy to help identify all patients who

have been prescribed one of these selective RET inhibitors over the previous two years. With this information, staff can approach these patients' physicians to ask that they be prescreened for Lung-MAP S1900F. Before taking these last steps, please consult your institution's patient bill of rights or other institutional guidelines on prescreening patients for trials.

COMING SOON:



S1900G in EGFR-Mutant, MET-Amplified NSCLC

Lung-MAP sub-study S1900G is expected to activate in the coming weeks. The study tests a MET inhibitor plus an EGFR inhibitor with or without a VEGFR2 inhibitor in patients with EGFR-mutant, MET-amplified stage 4 NSCLC. Sites can view the S1900G site initiation materials on the CTSU website.

Making Lung-MAP More Representative

We again ask for your help as we work to make Lung-MAP enrollment more representative of the full population of patients with NSCLC:



What can Lung-MAP do to support more representative accrual?



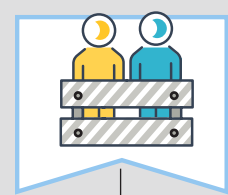
How can patient advocate partners help in these efforts?



If your site has highly representative accrual, what strategies have worked for you?



What strategies have not been successful?



What barriers to participation need to be addressed?

We need your answers. Please send them to lungmapAEC@swog.org.

TOP-ACCRUING SITES TO LUNGMAP*

UPMC Hillman Cancer Center	Pittsburgh, PA	154
University of Rochester	Rochester, NY	55
Edwards Comprehensive Cancer Center	Huntington, WV	53
University of New Mexico Cancer Center	Albuquerque, NM	47
Cleveland Clinic Mercy Hospital	Canton, OH	44
Missouri Baptist Medical Center	St. Louis, MO	42
VA Connecticut Healthcare System – West Haven	West Haven, CT	35
Dartmouth Hitchcock Medical Center/ Dartmouth Cancer Center	Lebanon, NH	34
AnMed Health Cancer Center	Anderson, SC	33
University of California Davis Comprehensive Cancer Center	Davis, CA	33
Baystate Medical Center	Springfield, MA	33
University of Oklahoma Health Sciences Center	Oklahoma City, OK	32

* As of March 10, 2023



AS OF MARCH 10, 2023,
THE NEW LUNGMAP
PROTOCOL HAS LOGGED:

2,963

screening registrations

1,644

sub-study assignments

441

sub-study registrations

CONTACT US

General Medical Questions

LUNGMAP@swog.org

Protocol & Regulatory Questions

lgildner@swog.org or jbeeler@swog.org

Eligibility & Data Submission Questions

LUNGMAPQuestion@crab.org

Central Monitoring Questions

centralmonitorquestion@crab.org

Quality Assurance Auditing Questions

qamail@swog.org

S1900F Study Chairs

S1900FMedicalQuery@swog.org

Funding Questions

funding@swog.org

S1900E Study Chairs

S1900EMedicalQuery@swog.org

S1800D Study Chairs

S1800DMedicalQuery@swog.org