SUMMARY OF CHANGES
Amendment 3, Version Date: March 24, 2010
(Broadcast: 4/1/10)

RTOG 0246, "A Phase II Study of a Paclitaxel-Based Chemoradiotherapy Regimen with Selective Surgical Salvage for Resectable Locoregionally Advanced Carcinoma of the Esophagus"

Study Chair: Stephen G. Swisher, M.D., (713) 792-8659, sswisher@mdanderson.org

As mandated by CTEP, RTOG 0246 has been amended to replace CTC version 2.0 with the CTEP Active Version of CTCAE. Changes were made to the following sections:

- Section 6.10.1
- Section 7.1.2.3
- Section 7.7.1
SUMMARY OF CHANGES
Update Date: June 6, 2005

RTOG 0246, "A Phase II Study of a Paclitaxel-Based Chemoradiotherapy Regimen with Selective Surgical Salvage for Resectable Locoregionally Advanced Carcinoma of the Esophagus."

Study Chair: Stephen G. Swisher, M.D., (713) 792-8659, FAX (713) 794-4901, sswisher@mdanderson.org

RTOG 0246 has been updated to include changes that were inadvertently omitted from the previous amendment. These changes have been added for consistency as follows:

Appendix IA – Informed Consent – Under the section labeled, What is Involved in The Study, “+ 3 days” was added to the Step 2 – One month after last chemotherapy dose column, RT row; the text now reads: “M-F for 5 weeks + 3 days”. Also, “Plus 3 days” was added to the second sentence under the heading labeled, Step 2: Chemotherapy and Radiation Therapy Together under the What is Involved in The Study section; the sentence now reads: “Monday through Friday, for 5 weeks, plus 3 days.”

NOTE: These are editorial/administrative changes to the protocol. NCI now requires that these changes be documented on the protocol title page with the date of the update noted as “Update Date,” not as a revision.

An updated protocol is available (no password required) on the RTOG website: http://www.rtog.org/
SUMMARY OF CHANGES
Amendment 2, Version Date: April 13, 2005

RTOG 0246, "A Phase II Study of a Paclitaxel-Based Chemoradiotherapy Regimen with Selective Surgical Salvage for Resectable Locoregionally Advanced Carcinoma of the Esophagus."

Study Chair: Stephen G. Swisher, M.D., (713) 792-8659, FAX (713) 794-4901, sswisher@mdanderson.org

RTOG 0246 was amended to clarify that chemotherapy will be given for 5 weeks but radiotherapy will be given for 5 weeks and 3 days (28 days). It has been revised as follows:

- **Schema:** RT on days 36-38 has been changed to read, “36-38 (RT delivered for 5 weeks +3 days)” and 5-FU on days has been changed to read, “during RT (Chemotherapy given for 5 weeks [5 cycles]).”
- **Section 6.1:** Patients will be treated 5 d/wk at 1.8 Gy/d for a total dose of 50.4 Gy” has been changed to, “Patients will be treated 5 d/wk at 1.8 Gy/d for 28 days for a total dose of 50.4 Gy.”
- **Section 7.1.2.1:** “(Chemotherapy will be administered for 5 weeks [5 cycles])” has been added after the heading, “Chemotherapy During Radiotherapy.”
- **Consent:** Under, “What IS INVOLVED IN THE STUDY?” the following changes have been made to the table: Under 5-FU, Step 2, the duration was changed from 6 to 5 weeks. Under RT, Step 2, the duration was changed from 6 to 5 weeks. Also, under Step 2, paragraph one, second sentence under the heading, “Chemotherapy and Radiation Therapy Together”: the duration listed was changed from 6 to 5. It now reads, “You will receive radiation therapy five days a week, Monday through Friday, for 5 weeks.”

**Section 7.1.1.1:** Table column 4, first row under Cycle 1 Days heading, text changed to “M-F” from “1 5” to avoid ambiguity.

**Section 7.1.1.2:**

- The word “Induction” was added to heading.
- Second paragraph text has been changed to read, “Paclitaxel will not be modified for non-hematological toxicity,” replacing, “Dose modification for paclitaxel and cisplatin will be based on hematologic toxicities”.
- Table labeled **Induction Modifications** was created to consolidate ten individual tables for clarity.

**Section 7.1.1.3 and Section 7.1.1.4:** These sections have been deleted because the information has been incorporated into table, **Induction Modifications**.
**Section 7.1.2.2:** This was deleted because the information was incorporated into table *Chemotherapy Radiation Therapy*.

**Section 7.1.2.2 (old 7.1.2.3):** Table *Chemotherapy Radiation Therapy* was created to consolidate eight individual tables to avoid ambiguity.

**Section 7.1.2.3 (old 7.1.2.6):**
- This section was renumbered as Section 7.1.2.3 to maintain the continuity of the numbering order of the sections.
- The third sentence was reworded to eliminate ambiguity, “…patient will receive no further protocol treatment and be treaded at the discretion of the treating physician.”

**Sections 7.1.2.4 through 7.1.2.6:** These sections have been deleted because the information was incorporated into table *Chemotherapy Radiation Therapy*.

**Section 7.3:** Typo of abbreviation for cisplatin corrected to CDDP.

**Section 7.7.3.7, Section 7.7.5 and Section 12.0:** RTOG address has been updated to 1818 Market Street, Suite 1600, zip code 19103.

**Section 10.2.2.1.5 and Section 10.2.2.2.5:** The e-mail address for LDS Hospital has been updated to holly.goold@ihc.com.

**Appendix IA, Consent:** Under *Risks Associated with Salvage Surgical Therapy*, under *Less Likely, But Serious*, “Infection at the catheter entry site” was deleted because it is listed as *Likely*, under *Risks Associated with Placement of Venous Access Device*. 
SUMMARY OF CHANGES
Update Date: August 13, 2004

RTOG 0246, "A Phase II Study Of A Paclitaxel-Based Chemoradiotherapy Regimen With Selective Surgical Salvage For Resectable Locoregionally Advanced Carcinoma Of The Esophagus."

Study Chair: Stephen G. Swisher, M.D., (713) 792-8659, FAX (713) 794-4901, sswisher@mdanderson.org

RTOG 0246 has been updated as follows:

Section 8.1.8.5.1 – Corrected the timeframe for surgery in the second sentence to the following: “Surgery will be performed within 10 to 12 weeks following the completion of chemoradiotherapy.”

NOTE: This is an editorial/administrative change to the protocol. NCI now requires that these changes be documented on the protocol title page with the date of the update noted as “Update Date.”

An updated protocol is available (no password required) on the RTOG website: http://www.rtog.org/
SUMMARY OF CHANGES
Revision 1, Version Date: April 23, 2004

**RTOG 0246**, "A Phase II Study Of A Paclitaxel-Based Chemoradiotherapy Regimen With Selective Surgical Salvage For Resectable Locoregionally Advanced Carcinoma Of The Esophagus."

**Study Chair**: Stephen G. Swisher, M.D., (713) 792-8659, FAX (713) 794-4901, sswisher@mdanderson.org

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**RTOG 0246** has been revised as follows:

**Correction to Dose of cisplatin from 20 to 15 mg/m²/d** (The reduction in dose of Cisplatin is being made so that the protocol chemotherapy doses will duplicate that used in the MD Anderson pilot study of similar design):

**Schema**: Daily dose of Cisplatin that begins on Day 57 is changed from 20 to 15 mg/m²/d

**Section 1.4.3**: Dose of Cisplatin changed from 20 to 15 mg/m²/d

**Section 7.1.2.1, 2nd paragraph and Table that follows**: Dose of cisplatin changed from 20 to 15 mg/m²/d

**Section 7.1.2.5**: In the table, change starting dose of cisplatin to 15 mg/m² and 20% decrease to 12 mg/m²

**Correction of protocol day number from 58 to 57**:

**Schema**: Changed “Followed by chemoradiotherapy to Begin on Day 29 of the Last Cycle of Induction chemotherapy (Day 58) of protocol” to “…(Day 57) of protocol.”

**Section 6.6.1**: Changed “Chemoradiation should begin on Day 29 (day 58 of protocol)…” to …Day 29 (day 57 of protocol)…”

**Section 7.1.2**: Changed “Chemoradiotherapy should begin on day 29 (day 58 of protocol)…” to “…(day 57 of protocol)…”

**Section 7.1.2.1**: Changed wording of first sentence of Cisplatin paragraph to: “The dose of cisplatin starting on day 29 (day 57 of protocol) will be 15 mg/m²/d on days 1-5.”

**Other Changes**

**Section 3.1.2 of Eligibility Criteria**: For clarity, changed the original wording to “A PET scan suggestive of metastatic disease must have other imaging studies or biopsies to
prove that there is no metastatic disease.”

**Section 3.2.1 of Ineligibility Criteria:** For clarity, changed the original wording to Prior chest or upper abdomen radiotherapy; prior systemic chemotherapy within the past 5 years; prior esophageal or gastric surgery; changed wording of **Schema Page Eligibility List and Question #16 of Eligibility Checklist** to be consistent with that of **Section 3.2.1.**

**Section 7.1.1:** For clarity, added the following sentence: “If clinical progression is suspected, then double contrast barium study may be performed.”

**Section 7.7.3.5:** For clarity to adverse drug reaction, the following sentence was added: “Any hospitalization within 30 days of treatment.”

**Section 11.1:** Revised Study Parameters table for clarity.

**Section 12.1:** In right column next to Surgery Form (S1): For clarity, added “…or the decision not to proceed with surgery.” Also, for clarity, deleted the footnote at the end of the list as well as the asterisk that refers to it.

**Consent:** Under Procedures Prior to Study Entry, History and Physical Examination: For clarity, added “and surgical” (“…medical and surgical oncologist…”). Also, under At Each subsequent Follow-up, Physical examination: for clarity added “Physical examination by a medical or radiation oncologist and thoracic surgeon/surgical oncologist.”

**A revised protocol is available (no password required) on the RTOG web site, http://www.rtog.org**
RTOG 0246, "A Phase II Study Of A Paclitaxel-Based Chemoradiotherapy Regimen With Selective Surgical Salvage For Resectable Locoregionally Advanced Carcinoma Of The Esophagus."

Study Chair: Stephen G. Swisher, M.D., (713) 792-8659, FAX (713) 794-4901, sswisher@mdanderson.org

RTOG 0246 has been updated as follows:

Informed Consent – To make the wording consistent in Section 11.1 (footnote i) and Section 12.1 (Follow-up Form F1), and in the Consent under “Procedures That Will Be Done For This Study,” and in the Consent under “How Long Will I Be in the Study,” the following changes have been made:

Under “Procedures That Will Be Done For This Study,” fifth section, take out the word “years” in two places (correct wording should be “every three months x 2, then 6 months x 2 and then yearly).

NOTE: This is an editorial/administrative change to the protocol. NCI now requires that these changes be documented on the protocol title page with the date of the update noted as “Update Date.”

An updated protocol is available (no password required) on the RTOG website: http://www.rtog.org/
RTOG 0246, "A Phase II Study Of A Paclitaxel-Based Chemoradiotherapy Regimen With Selective Surgical Salvage For Resectable Locoregionally Advanced Carcinoma Of The Esophagus."

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RTOG 0246 has been updated as follows:

**Informed Consent** – Under “How Long Will I Be in the Study”: In the first paragraph, second sentence, change “for 2 years” to “x 2” in two places to be consistent with the wording in Section 11.1 (Footnote I), Section 12.1 (Follow-up Form F1), and in the Consent, under Procedures that will be Done for this study, fifth section.

NOTE: This is an editorial/administrative change to the protocol. NCI now requires that these changes be documented on the protocol title page with the date of the update noted as “Update Date.”

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RTOG 0246 has been updated as follows:

Appendix IA – Informed Consent – On page 5, Under “How Long Will I Be In The Study?” deleted the word “for” at the end of paragraph 1 (typographical error).

NOTE: This is an editorial/administrative change to the protocol. NCI now requires that these changes be documented on the protocol title page with the date of the update noted as “Update Date.”

An updated protocol is available (no password required) on the RTOG website: http://www.rtog.org/
SUMMARY OF CHANGES  
Update Date: September 5, 2003

RTOG 0246, "A Phase II Study Of A Paclitaxel-Based Chemoradiotherapy Regimen With Selective Surgical Salvage For Resectable Locoregionally Advanced Carcinoma Of The Esophagus."

Study Chair: Stephen G. Swisher, M.D., (713) 792-8659, FAX (713) 794-4901, sswisher@mdanderson.org

RTOG 0246 has been updated as follows:

Section 12.1 Summary of Data Submission – Delete CT Report (C1), if done

NOTE: This is an editorial/administrative change to the protocol. NCI now requires that these changes be documented on the protocol title page with the date of the update noted as “Update Date.”
SUMMARY OF CHANGES
Revision 1, Version Date: August 26, 2003

RTOG 0241, “Phase I Study Of Irinotecan And Cisplatin In Combination With Twice Daily Thoracic Radiotherapy (45 Gy) Or Once Daily Thoracic Radiotherapy (70 Gy) For Patients With Limited Stage Small Cell Lung Cancer”

Study Chair: Corey J. Langer, M.D., (215) 728-2985, cj_langer@fccc.edu

IRB Review Requirements:

(  ) Full board review required
(X) Expedited review allowed
(  ) No review required

RTOG 0241 has been revised as follows:

Section 7.7.1.2 — In the heading of the table, the last word was revised from “alopecia” to “diarrhea”; the heading now reads, “Cisplatin and Irinotecan dose modifications for non-hematologic toxicity: (other than renal; diarrhea)”.

A revised protocol is available (no password required) on the RTOG Web site, http://www.rtog.org
SUMMARY OF CHANGES
Update Date: March 17, 2003

RTOG 0241, “Phase I Study Of Irinotecan And Cisplatin In Combination With Twice Daily Thoracic Radiotherapy (45 Gy) Or Once Daily Thoracic Radiotherapy (70 Gy) For Patients With Limited Stage Small Cell Lung Cancer”

Study Chair: Corey J. Langer, M.D., 215-728-2985, cj_langer@fccc.edu

RTOG 0241 has been updated as follows:

Title page — At ECOG’s request, the logistics for ECOG institutions will be added to the protocol at a later date; the contact information for the ECOG chair was removed from the title page until the logistics are available.

Eligibility Checklist, page 3 — Questions 17, 18, and 19 were added to this operational/demographic portion of the checklist.

NOTE: These are editorial/administrative changes to the protocol. NCI now requires that these changes be documented on the protocol title page with the date of the update noted as “Update Date”, not as a revision.

An updated protocol is available (no password required) on the RTOG website:
http://www.rtog.org/