For Protocol Amendment 12 to: **RTOG 0617**, A Randomized Phase III Comparison of Standard- Dose (60 Gy) Versus High-Dose (74 Gy) Conformal Radiotherapy with Concurrent and Consolidation Carboplatin/Paclitaxel +/- Cetuximab (IND #103444) in Patients with Stage IIIA/IIIB Non-Small Cell Lung Cancer

NCI/Local Protocol #: RTOG-0617/RTOG 0617/NCCTG N0628/CALGB 30609/ECOG R0617

NCI Protocol Version Date: January 19, 2016 (Broadcast: TBD)

<table>
<thead>
<tr>
<th>Section</th>
<th>Change</th>
</tr>
</thead>
</table>
| **Title Pages**                | - Due to the transition to the NCTN, RTOG was revised to NRG Oncology where applicable, and other legacy cooperative group names were amended accordingly.  
- Dr. Master's email was added.  
- Dr. Deasy's contact information was amended.  
- Dr. Hu's contact information was amended. |
| **Document Footer**            | The protocol version date was amended.                                                                                                                                                               |
| **Document History table**    | This amendment was added.                                                                                                                                                                             |
| **CTSU Support box and Contact table** | - RTOG was revised to NRG Oncology where applicable.                                                                                      
- All references to endorsement were deleted since transition to the NCTN eliminated the NCI endorsement program. |
| **1.7 7.9.3**                  | "Acneform" was corrected to "Acneiform".                                                                                                                                                             |
| **5.2.4 7.6.2 7.6.7**          | Sections referring to supplying, shipping and/or ordering cetuximab were deleted since they are no longer applicable, and subsequent sections appropriately renumbered.                                             
Cetuximab has been supplied by BMS but Eli Lilly and BMS have jointly decided that Lilly and/or its local affiliate will assume sole responsibility for commercialization and medical activities for cetuximab in the U.S., Canada, and Puerto Rico. However, since patients have completed treatment and supplying cetuximab is no longer necessary, these sections were completely deleted. |
| **7.6.9 (now 7.6.7)**         | The 1st sentence was added and the end of the last sentence amended because drug destruction questions should now be directed to Eli Lilly.                                                               |
| **7.14 7.14.2**               | RTOG was amended to NRG Oncology where applicable.                                                                                           |
| **7.14.2**                    | In the 6th paragraph, the last sentence was added to concerning reporting of SAEs to Eli Lilly.                                               |
For Consent Amendment 12 to: **RTOG 0617**, A Randomized Phase III Comparison of Standard- Dose (60 Gy) Versus Highdose (74 Gy) Conformal Radiotherapy with Concurrent and Consolidation Carboplatin/Paclitaxel +/- Cetuximab (IND #103444) in Patients with Stage IIIA/IIIB Non-Small Cell Lung Cancer

NCI/Local Protocol #: RTOG-0617/RTOG 0617/NCCTG N0628/CALGB 30609/ECOG R0617

NCI Protocol Version Date: January 19, 2016  (Broadcast Date: TBD)

<table>
<thead>
<tr>
<th>Section</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Header</strong></td>
<td>The version date was amended.</td>
</tr>
<tr>
<td><strong>Organizations that may look at and/or copy your medical records ...</strong></td>
<td>Bristol-Myers Squib and/or BMS was amended to &quot;Eli Lilly and Company or its local affiliate&quot; because Eli Lilly and BMS have jointly decided that Lilly and/or its local affiliate will assume sole responsibility for commercialization and medical activities for cetuximab in the U.S., Canada, and Puerto Rico.</td>
</tr>
<tr>
<td><strong>What are the costs of taking part in this study?</strong></td>
<td>Since references to Bristol-Myers Squib and/or BMS supplying cetuximab are no longer relevant, this paragraph was deleted.</td>
</tr>
</tbody>
</table>
For Protocol Amendment 11 to: RTOG 0617/NCCTG N0628/CALGB 30609/ECOG R0617, A Randomized Phase III Comparison of Standard-Dose (60 Gy) Versus High-Dose (74 Gy) Conformal Radiotherapy with Concurrent and Consolidation Carboplatin/Paclitaxel +/- Cetuximab (IND #103444) in Patients with Stage IIIA/IIIB Non-Small Cell Lung Cancer

NCI/Local Protocol #: RTOG-0617/RTOG 0617

NCI Protocol Version Date: March 6, 2014

<table>
<thead>
<tr>
<th>Section</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global</td>
<td>As required by CTEP, references to the “Adverse Event Reporting System (AdEERS)” have been changed to “CTEP Adverse Event Reporting System (CTEP-AERS)” throughout the protocol.</td>
</tr>
</tbody>
</table>
| Title pages       | - As required by CTEP, “Radiation Therapy Oncology Group” was replaced with “NRG Oncology”.
|                   | - On the 2nd title page, "RTOG" was deleted prior to “Study Team” to be consistent with the change to “NRG Oncology”.
|                   | - On the 3rd title page, this amendment was added to the Document History table. |
| Schema page       | As required by CTEP, “Radiation Therapy Oncology Group” was replaced with “NRG Oncology”. |
| Informed Consent  | No changes.                                                            |
For Protocol Amendment10 to: RTOG 0617/NCCTG N0628/CALGB 30609/ECOG R0617

NCI/Local Protocol #: RTOG-0617/RTOG 0617

NCI Protocol Version Date: April 4, 2013

<table>
<thead>
<tr>
<th>Section</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global</td>
<td>To comply with CTEP’s new formatting/document requirements, the protocol was reformatted, and the sample consent was removed from the appendices (the subsequent appendices were appropriately renumbered). <strong>Note</strong>: No substantive changes were made to the sample consent. It was formatted to CTEP’s requirements, and continues to be available in MS Word on the protocol page of the RTOG web site.</td>
</tr>
<tr>
<td>Title pages</td>
<td>On the 1st page, the table was reformatted to comply with CTEP’s new requirements; no changes were made to the Study Team. On the 3rd page, this amendment and the closure date were added to the Document History table.</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>The Index was deleted and replaced with a Table of Contents, as required by CTEP.</td>
</tr>
<tr>
<td>7.6</td>
<td>The 2nd sentence was added to update the protocol to current RTOG standard text. The 3rd sentence was added to direct sites to the black box warning for cetuximab.</td>
</tr>
<tr>
<td>7.6.6</td>
<td>As requested by CTEP, the CAEPR for cetuximab was deleted, as CTEP will no longer maintain or update the CAEPR. Three paragraphs were added under “Adverse Events”.</td>
</tr>
<tr>
<td>7.14.1</td>
<td>In the 1st paragraph, the reference to the NCI Guidelines was updated.</td>
</tr>
<tr>
<td>7.14.2</td>
<td>At the end of the section, the “Note” was deleted to update the protocol to current RTOG standard text.</td>
</tr>
<tr>
<td>7.14.3</td>
<td>As requested by CTEP, 2 subsections regarding “Secondary Malignancy” were added.</td>
</tr>
<tr>
<td>Appendix I (formerly Appendix II)</td>
<td>To comply with CTEP’s new formatting requirements, the single table was reformatted to 3 tables: “Pre-Treatment Assessments”, “Assessments During and at the End of Treatment”, and “Assessments in Follow Up”.</td>
</tr>
</tbody>
</table>
SUMMARY OF CHANGES
Update: November 1, 2012

RTOG 0617/NCCTG N0628/CALGB 30609, “A Randomized Phase III Comparison Of Standard-Dose (60 Gy) Versus High-Dose (74 Gy) Conformal Radiotherapy With Concurrent And Consolidation Carboplatin/Paclitaxel +/- Cetuximab (IND #103444) In Patients With Stage IIIA/IIIB Non-Small Cell Lung Cancer”

Study Chair: Jeffrey Bradley, M.D., 314-362-4633, jbradley@wustl.edu

RTOG 0617 has been updated as follows:

1st title page: “Study Chairs” was updated to the current RTOG standard text, “Study Team”.

2nd title page: “Study Chairs” was updated to the current RTOG standard text, “Study Team”, and the Senior Statistician was updated. The Activation, Closure, Update, and Version Dates were deleted to update the protocol to the current RTOG standard of providing all protocol activity in the Document History table. In addition, the version date of the protocol was bolded in the Document History table to update the protocol to current RTOG standards, and this update was added to the table.

Section 7.2: In the 4th paragraph, the reference to “Section 7.5.3.1” was corrected to “Section 7.9.3.1”.

Section 7.4.4: In the table for “Arm C”, in the last row, “Radiation”, the days of treatment were corrected by adding “43-47”.

Section 7.11.4: The 1st bulleted item was deleted as it was incomplete and unnecessary. The 2nd bulleted item was reformatted to be part of paragraph 1.

Section 7.14: The 5th paragraph was added to update this section to current RTOG standard text.

Section 7.14.1: In the 1st paragraph, the parenthetical reference to the NCI Guidelines was updated.

Section 7.14.2: In the 4th paragraph, the phrase, “including a male patient’s impregnation of his partner”, was added to the last sentence to update the protocol to current RTOG text.

Section 7.15: The heading and table were updated to the current NCI standard.

Section 10.2.6: The shipping addresses for the RTOG Biospecimen Resource were updated. The addresses in Appendices V and VI also were updated.

Appendix I:
• Under “About Using Tissue and Blood for Research”, the title of and the link to the information sheet were updated.
• Under “Where can I get more information”, the TTY number was deleted as requested by CTEP

Appendix II: CBC with differential and ANC, serum creatinine, total bilirubin, and AST/ALT are not required in follow up, and the last column of the table was corrected to reflect this.
SUMMARY OF CHANGES
Update: July 13, 2011
(Broadcast: 7/13/11)

RTOG 0617/NCCTG N0628/CALGB 30609, "A Randomized Phase III Comparison Of Standard-Dose (60 Gy) Versus High-Dose (74 Gy) Conformal Radiotherapy With Concurrent And Consolidation Carboplatin/Paclitaxel +/- Cetuximab (IND #103444) In Patients With Stage IIIA/IIIB Non-Small Cell Lung Cancer"

Study Chair: Jeffrey Bradley, M.D., 314-362-4633, jbradley@wustl.edu

RTOG 0617 has been updated as follows:

Eligibility Checklist, page 2: Questions 1 and 3 were updated to CDE required text for database purposes.
Due to the results of a planned interim survival analysis, the high dose radiation therapy (74 Gy) arms (Arms B and D) of RTOG 0617 were closed to accrual effective 6/17/11 (as broadcast on that date to investigators and institutions). The high dose arms crossed a futility boundary, meaning that high dose radiation therapy cannot result in a survival benefit with further accrual or follow up of patients on these 2 arms. The interim analysis did not identify patient safety concerns and gave no indication of a statistical difference in high-grade toxicity between arms. The second objective of the trial, seeking whether or not there is a survival benefit with cetuximab, remains an important active investigation, and the 2 arms randomizing patients to 60 Gy with concurrent chemotherapy +/- cetuximab (Arms A and C) remain open to accrual. The following sections of the protocol were amended for the closure of the high dose radiation therapy arms:

- **Schema page**: Arms B and D were shaded and the date of closure was added.
- **Eligibility Checklist**, page 1: Question 11 was deleted to be consistent with the deletion of Section 3.2.2 (and subsequent questions were appropriately renumbered).
- **Eligibility Checklist**, page 3: In Question 21, the phrase, “including the 74 Gy arm”, was deleted.
- **Section 1.4.6**: The 5th paragraph was deleted to be consistent with deletion of Sections 3.2.2 and 3.2.4.
- **Sections 3.2.2 and 3.2.4**, excluding treatment planned with a maximum dose of ≥ 66 Gy and excluding Pancoast tumors, were deleted (and subsequent sections were appropriately renumbered).
- **Section 6.5.3**, limiting brachial plexus doses to < 66, was deleted (and subsequent sections were appropriately renumbered).
- **Sections 13.5**: Arms B and D were shaded and “Closed to Accrual 6/17/11” was added next to each arm.
- **13.6.4.1** was amended to clarify statistical methodologies used to determine futility.
- In **Appendix I**, the following sections were amended: “Why is this study being done?”; “How many people will take part in the study?” (2nd sentence deleted); “What will happen if I take part in this research study?”; “How long will I be in the study?”; “Risks and side effects related to radiation therapy to the chest” (1st paragraph and a Less Likely risk of severe skin reactions for Arms B & D were deleted); and “Are there benefits to taking part in the study?”. 

### Other Changes

**Second title page**: The Senior Statistician was amended from Dr. Bae to Kathryn Winter, MS.

**Section 5.2.3.1**: The link to information for international members was updated.

**Sections 5.2.4.1 and 5.2.4.2**: The location of the SASF on the RTOG web site was updated. This change also was made in **Section 7.6.7**.

**Section 6.3.4**: The spelling of “Eleckta” was corrected to “Elekta”. 

Continued on next page
Section 6.7.2: In the last sentence, “102%” was corrected to “120%”.

Section 7.9.3: In the 2nd paragraph, the time point for monitoring vital signs was corrected from a half hour into the infusion to 1 hour into the infusion to be consistent with Section 7.2.

Section 7.14: The link to information regarding SAEs was updated.

Section 10.3: The link to the Reimbursement and Case Credit Schedule was updated.

Section 10.4: The link to the RTOG Patient Tissue Consent FAQs was updated.

Section 13.6.2.2: The RTOG Vice-Chair of Disease Sites was updated from Ross Abrams, MD to Hak Choy, MD.

Appendix I:

- In the 3rd paragraph under “What are my rights if I take part in this study?”, “Data Safety Monitoring Board” was updated to “Data Monitoring Committee (DMC)”, and in the 2nd sentence, “Board” was updated to “Committee”.
- In the 3rd paragraph under “About Using Tissue for Research”, the title of and link to NCI’s information sheet were updated.
**SUMMARY OF CHANGES**

**Update: June 2, 2011**

(Broadcast 6/2/11)

**RTOG 0617/NCCTG N0628/CALGB 30609**, "A Randomized Phase III Comparison Of Standard-Dose (60 Gy) Versus High-Dose (74 Gy) Conformal Radiotherapy With Concurrent And Consolidation Carboplatin/Paclitaxel +/- Cetuximab (IND #103444) In Patients With Stage IIIA/IIIB Non-Small Cell Lung Cancer"

**Study Chair**: Jeffrey Bradley, M.D., 314-362-4633, jbradley@wustl.edu

**RTOG 0617** has been updated for implementation of CTSU’s Oncology Patient Enrollment Network (OPEN). The following changes were made:

- **Title page**, page 2: In the 1st text box, 2nd sentence and the 3rd bulleted item, the phrase, “the CTSU logistical appendix” was replaced with “Section 5.0”. The 2nd text box was added.
- **Index page**: Appendix VII was deleted.
- **Eligibility Checklist**, pages 2-3: The demographic portion of the checklist (questions 1-31) was updated to CDE compliant text. No changes were made to study eligibility criteria.
- **Section 5.2**: This section was updated with CTSU’s OPEN logistics.
- **Section 5.3**: The title and text were updated for CTSU’s OPEN logistics.
- **Appendix VII** was deleted, as all CTSU logistics have been added in the body of the protocol.

**Other updates**:

**Section 7.4.4**: In the summary tables, the radiation schedule was corrected to be consistent with Section 6.0, as follows:

- In the tables for Arms A-D, days “36-38” were corrected to “36-40”;
- In the table for Arm C, days “43-47” were deleted.
- In the table for Arm D, days “50-54” were corrected to “50-51”, and days “57-59” were deleted.

**Section 11.3.1**: The citation was corrected to refer to the older version of RECIST (a citation to RECIST, version 1.1 was added erroneously in amendment 7), as all data collected for the study must be evaluated using the criteria originally cited in the protocol.
RTOG 0617/NCCTG N0628/CALGB 30609, "A Randomized Phase III Comparison Of Standard-Dose (60 Gy) Versus High-Dose (74 Gy) Conformal Radiotherapy With Concurrent And Consolidation Carboplatin/Paclitaxel +/- Cetuximab (IND #103444) In Patients With Stage IIIA/IIIB Non-Small Cell Lung Cancer"

Study Chair: Jeffrey Bradley, M.D., 314-362-4633, jbradley@wustl.edu

RTOG 0617 has been amended as follows:

As mandated by CTEP, Sections 7.14 and 7.15 (bulleted item below table) have been amended to require the use of CTCAE, version 4 for grading of all adverse events reported via AdEERS as of April 1, 2011.

Note: References to CTCAE, v. 3.0 remain in the protocol. These are appropriate, as treatment decisions for patients enrolled on this study were based on that version.

Other Changes
Section 7.14.3: This section was amended as required by CTEP to instruct sites to report AML or MDS via AdEERS.
RTOG 0617, "A Randomized Phase III Comparison Of Standard- Dose (60 Gy) Versus High-Dose (74 Gy) Conformal Radiotherapy With Concurrent And Consolidation Carboplatin/Paclitaxel +/- Cetuximab (IND #103444) In Patients With Stage IIIA/IIIB Non-Small Cell Lung Cancer"

Study Chair: Jeffrey Bradley, M.D., 314-362-4633, jbradley@wustl.edu

RTOG 0617 has been updated as follows:

Section 7.14.3: As requested by CTEP, the phrase, "faxed to the Investigational Drug Branch, FAX 301-230-0159", was deleted. Since AdEERS will be used for reporting, no additional notification to CTEP is required.

Second title page: A "Document History" was added to update the protocol to current RTOG standards.
RTOG 0617/NCCTG N0628/CALGB 30609, "A Randomized Phase III Comparison Of Standard- Dose (60 Gy) Versus High-Dose (74 Gy) Conformal Radiotherapy With Concurrent And Consolidation Carboplatin/Paclitaxel +/- Cetuximab (IND #103444) In Patients With Stage IIIA/IIIB Non-Small Cell Lung Cancer"

Study Chair: Jeffrey Bradley, M.D., 314-362-4633, jbradley@wustl.edu

The following changes were made in Section 10.0:

- **Section 10.2.2:** The phrase, "skin punch", was amended to the current Biospecimen Resource (BR) standard, "punch tool".
- **Section 10.2.5:** The phrase, "collection time point" was added to the required documentation for submission of blood. In addition, "-20°C X C" was replaced with "-80°C X C".
- **Section 10.2.6:** The last sentence was amended to current BR standard text.
- **Section 10.3** was amended to current RTOG standard text.
- **Section 10.5.2:** In the 3rd paragraph, the 3rd sentence was revised. In addition, in the 4th sentence, "10 ml urine" was amended to "10-20 ml urine".
- **Sections 10.5.4.1 through 10.5.4.3 and Sections 10.5.4.3.1 through 10.5.4.3.5** were amended to the current BR standard.
- **Section 10.5.5:** A Specimen Collection Summary table was added for clarity, and the subsequent section was appropriately renumbered.

**Section 11.3.1** was amended to provide the current information for the RECIST.

**Appendix I:**
• Under "Risks and side effects related to radiation therapy to the chest", the following side effect was added to "Less Likely" risks: "Severe skin reactions (similar to a severe sun burn) are possible for patients receiving a higher than standard dose of radiation therapy (Groups 2 and 4 or Arms B and D)";
• The paragraph, "Risks Associated with Cetuximab and Chemotherapy" (which was amended in amendment 6) was corrected to include "radiation therapy" in the title and "with radiation" in the 1st sentence.
• Under "Are there benefits to taking part in the study?", the 1st sentence was deleted at the request of site IRBs.

Appendices V and VI were amended to the current Biospecimen Resource standard.
SUMMARY OF CHANGES
Amendment 6, June 9, 2010
(Broadcast July 9, 2010)

RTOG 0617/NCCTG N0628/CALGB 30609, "A Randomized Phase III Comparison Of Standard- Dose (60 Gy) Versus High-Dose (74 Gy) Conformal Radiotherapy With Concurrent And Consolidation Carboplatin/Paclitaxel +/- Cetuximab (IND #103444) In Patients With Stage IIIA/IIIB Non-Small Cell Lung Cancer"

Study Chair: Jeffrey Bradley, M.D., 314-362-4633, jbradley@wustl.edu

In response to CTEP's request for a rapid protocol amendment, RTOG 0617 has been amended as follows:

Section 7.6.6: The CAEPR (v. 2.1, March 31, 2010) was added for cetuximab, and the prior adverse event text was deleted. The CAEPR utilizes CTCAE, v. 4.0 language, unless otherwise noted. Note: Version 2.0 of the CAEPR was never released.

Appendix I, "Risks Associated with Cetuximab": The previous risks were replaced with CTEP's Risk Profile, which is being provided for the first time for this agent. Per CTEP, the following specific changes were made to the risk profile:

Added New Risks:

- Less Likely: Weight loss
- Rare But Serious: Inflammation of the lining of the brain and spinal cord
RTOG 0617, "A Randomized Phase III Comparison Of Standard- Dose (60 Gy) Versus High-Dose (74 Gy) Conformal Radiotherapy With Concurrent And Consolidation Carboplatin/Paclitaxel +/- Cetuximab (IND #103444) In Patients With Stage IIIA/IIIB Non-Small Cell Lung Cancer"

Study Chair: Jeffrey Bradley, M.D., 314-362-4633, jbradley@wustl.edu

RTOG 0617 has been updated as follows:

As requested by CTSU, on the page following the title pages, a paragraph was added regarding NCCTG's endorsement of the trial via the Endorsement Plus Option.
SUMMARY OF CHANGES
Amendment 5, March 4, 2010
Broadcast 4/8/10

RTOG 0617/NCCTG N0628/CALGB 30609, "A Randomized Phase III Comparison Of Standard- Dose (60 Gy) Versus High-Dose (74 Gy) Conformal Radiotherapy With Concurrent And Consolidation Carboplatin/Paclitaxel +/- Cetuximab (IND #103444) In Patients With Stage IIIA/IIIB Non-Small Cell Lung Cancer"

Study Chair: Jeffrey Bradley, M.D., 314-362-4633, jbradley@wustl.edu

RTOG 0617 has been amended as follows:

A "NOTE" was added to the Schema page, and Sections 5.1 and 6.0 requiring institutions to complete radiation pre-planning of the patient prior to registering the patient on study to determine if 74 Gy can be delivered within protocol specifications.

Other Changes

Title page: On the 2nd title page, Dr. Forster's phone and fax numbers and e-mail address were updated.

Section 3.1.1: The last sentence was added to clarify that patients who present with N2 or N3 disease and an undetectable NSCLC primary tumor also are eligible for the study. This clarification also was added to "Patient Population" on the Schema page and to the Eligibility Checklist, page 1, question 1.

Section 6.1.5: The 5th and last sentence were added, and the 6th sentence was amended to provide instructions to treating physicians.

Section 6.1.6: The text of this section was replaced with a reference to Section 6.7, and in Section 6.7, the text was amended to current RTOG standards.

Section 6.4.1.3: Under "ITV approach", the last paragraph was added to provide instructions to treating physicians.

Section 7.1.1: In the 1st paragraph, the 2nd sentence was amended to "Drug therapy can be administered on any day of each week". This change also was made in the last sentence of Section 7.3.

Sections 7.10.1 and 7.11.1: In the table in each section, the text next to "Other Hematologic toxicities" was amended for clarity.

Section 7.10.1: Below the table and footnotes, the following 2 instructions to sites were added: "Doses that are missed during weekly schedule concurrent with radiation will not
be made up but will be documented" and "Radiation therapy will be held for grade 4 toxicities hematologic described in the table above."

Sections 11.1.4, 11.1.7, and 11.1.8 were amended to clarify the timeframes for assessments.

Section 13.6.2.1: The timeframe was amended from "90 days from the start of treatment" to "\( \leq 30 \) days after the end of treatment" in the 1st and 3rd paragraphs. Treatment may last for 92 days for patients on Arm B (74 Gy) and for more than 150 days for patients on Arm D (cetuximab + 74 Gy); this amendment to the protocol will allow for the evaluation of the entire duration of treatment for unacceptable adverse events specified in this section, regardless of the variation in length of treatment across arms.
RTOG 0617, "A Randomized Phase III Comparison Of Standard- Dose (60 Gy) Versus High-Dose (74 Gy) Conformal Radiotherapy With Concurrent And Consolidation Carboplatin/Paclitaxel +/- Cetuximab (IND #103444) In Patients With Stage IIIA/IIIB Non-Small Cell Lung Cancer"

Study Chair: Jeffrey Bradley, M.D., 314-362-4633, jbradley@wustl.edu

RTOG 0617 has been updated as follows:

Section 10.2.5: The last sentence was added to update the section to current RTOG Biospecimen Resource standards.

Section 10.2.5.1 was added to update Section 10.0 to current RTOG Biospecimen Resource standards.

Sections 12.2 and 12.2.1: The ITC e-mail address was updated.
SUMMARY OF CHANGES
Amendment 4, September 22, 2009
(Broadcast 10/29/09)

RTOG 0617/NCCTG N0628/CALGB 30609, "A Randomized Phase III Comparison Of Standard-Dose (60 Gy) Versus High-Dose (74 Gy) Conformal Radiotherapy With Concurrent And Consolidation Carboplatin/Paclitaxel +/- Cetuximab (IND #103444) In Patients With Stage IIIA/IIIB Non-Small Cell Lung Cancer"

Study Chair: Jeffrey Bradley, M.D., 314-362-4633, jbradley@wustl.edu

RTOG 0617 has been amended as follows:

Patients with a nodal recurrence after surgery for an early stage (T1-2, N0-1, M0) NSCLC often receive chemoradiation as if this was an initial presentation of Stage III NSCLC. Patients with mediastinal nodal only recurrences would be expected to have a similar 5-year survival rate compared to patients presenting with Stage III disease, provided they receive similar chemoradiation therapy. Therefore, Section 3.1.2 was amended to include this group of patients. In addition, a subquestion was added to Question 2, page 1 of the Eligibility Checklist to be consistent with this change.

Other Changes

Title pages: Dr. Master's contact information was corrected, and Dr. Bae's e-mail address was updated. In addition, in the 3rd page text box of CTSU information, "CTEP AMS account" was amended to "CTEP IAM account" at the request of the CTSU. This change also was made in Appendix VII under "Data Submission and Reconciliation".

Eligibility Checklist:

- Page 2: Question 14 was amended to current RTOG standard text.
- Page 3: Questions 19-21 were amended to current RTOG standard text as Questions 19-25. Subsequent questions were appropriately renumbered.

Section 3.1.3.3: The last sentence of the section was amended to read, "An MRI without contrast is only permitted if the patient has a contrast allergy". This information also was added parenthetically to Question 8, page 1 of the Eligibility Checklist.

Section 3.1.3.4: A "note" was added to permit a CT scan of the chest if a PET was done that shows clear adrenals and lungs. In addition, the last sentence of the section, referring to participation in RTOG 0235 and 0515, was deleted, as these studies have closed to accrual.

Section 4.2: The "Note" between Sections 4.2.5 and 4.2.6 was deleted as this information is already correctly provided to institutions in Sections 10.0 and 11.2.
Sections 5.1.1, 5.1.1.2, 5.2.1, and 5.2.4.2 were amended to current RTOG standard text.

Section 5.3.1: The e-mail address for RTOG web support (6th paragraph) was updated.

Section 7.1.1: The 2nd sentence was added to direct institutions to administer drug therapy on either Monday or Tuesdays for Arms A & B to allow maximum overlap for concurrent synergy.

Section 7.3: In the 1st sentence of the last paragraph, the phrase, "administered weekly for 7 weeks" was corrected to "administered weekly for 6 or 7 weeks" since the Arm C and D treatment timeframes are different.

RTOG 0617, Amendment 4, Page 2

Section 7.4.1: A "Note" was added to provide institutions with information regarding calculation of subsequent weekly doses of carboplatin. This information also was added to Section 7.8.3.

Section 7.4.3:

- The 2nd & 3rd sentences were deleted as dose modification instructions are provided elsewhere in the protocol (Sections 6.9, 7.9, 7.10, and 7.11).
- The parenthetical example following "falls on a holiday" was amended to read, "(i.e., if the day 8 dose falls on Labor Day, the next chemotherapy dose would be given the following Tuesday") to be more applicable to the study, as drug therapy must be administered on a Monday or Tuesday each week.
- The last sentence was amended for clarity to read, "If treatment breaks are required for longer than 15 days, protocol treatment should be discontinued. Follow up and data collection will continue as specified in the protocol. Further treatment off protocol is at the discretion of the treating physician".

Sections 7.4.4 and 7.5.3 were added for clarity, providing summaries of concurrent and consolidation treatments.

Sections 7.6.7 and 7.7.6.1: Contact information for Biologics was updated.

Section 7.8.3: A "Note" was added to direct sites to Sections 7.10.4 and 7.11.3 regarding recalculation of the carboplatin dose.

Section 7.9.3.5 was amended to provide the timeframe for monitoring of hypomagnesemia, hypocalcemia, and hypokalemia in patients on Arms C & D to be consistent with Appendix II. This information also was added as Section 11.1.6 for clarity (and subsequent sections were appropriately renumbered).

Section 7.10.4: The phrase, "A > 25% change" was amended to "A > 10% change", as this parameter is more in keeping with standard practice. In addition, the phrase, "based
on weekly calculated creatinine clearance", was added for clarity.

Section 7.10.10: The 2nd sentence was amended for clarity to read, "If treatment is interrupted for > 2 weeks, protocol treatment should be discontinued. Follow up and data collection will continue as specified in the protocol. Further treatment off protocol is at the discretion of the treating physician."

Section 7.11.3: The phrase, "A > 25% change" was amended to "A > 10% change", to be consistent with the change made in Section 7.8.3.

Section 10.2.6: In the shipping addresses, "Mailing Address", was clarified to "U.S. Postal Service Mailing Address" and "DHL" was replaced with "UPS". These changes also were made in Appendices V & VI.

Section 13.6.2.1: The 2nd sentence of the 3rd paragraph was amended to limit the evaluable patients to those who are eligible and receive a single dose of cetuximab or at least one fraction of RT.

Appendix I: Under "Use of Tissue for Research and Collection of Blood and Urine" and "Making Your Choice", the questions were reformatted to current RTOG standards.

Appendix II: In the 3rd column, the phrase, "for Arms C & D" was added to the assessment of electrolytes and magnesium for clarity.
**SUMMARY OF CHANGES**
*Amendment 3, March 9, 2009*
*(Broadcast 4/2/09)*

**RTOG 0617/NCCTG N0628/CALGB 30609**, "A Randomized Phase III Comparison Of Standard-Dose (60 Gy) Versus High-Dose (74 Gy) Conformal Radiotherapy With Concurrent And Consolidation Carboplatin/Paclitaxel +/- Cetuximab (IND #103444) In Patients With Stage IIIA/IIIB Non-Small Cell Lung Cancer"

**Study Chair**: Jeffrey Bradley, M.D., 314-362-4633, jbradley@wustl.edu

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RTOG 0617 has been amended as follows:

**Title page, 2nd page**: The name and contact information for the study statistician was added to amend the protocol to current RTOG standards.

**Section 3.1.10**: The required FEV1 was amended to ">= 1.2 liters/second or >= 50% predicted", as the prior requirement of >1.45 liters/second is considered to be overly restrictive based on the Study Chair's review of the pulmonary adverse events reported thus far. In addition, many institutions report that they have patients who do not have an FEV1 of > 1.45 but are otherwise eligible for this study, and this would increase accrual. Question 7 on page 1 of the Eligibility Checklist was amended to be consistent with this change.

**Section 4.2**: The section was reorganized to list the evaluations/interventions under the 1st "note" in the 1st paragraph and to list specimens for translational research and patient-reported outcomes under an added 2nd "Note". The 2nd note was added to amend the protocol to the current RTOG standard text. The information in the 2nd note also was added to Sections 10.0 and 11.2.

**Section 5.1.1** was amended to the current RTOG standard text. In addition, Section 5.1.2.1 was deleted and replaced with the 2nd paragraph under Section 5.1.2 to amend the protocol to the current RTOG standard text.

**Section 5.2**:

- The 1st sentence of Section 5.2.1 was amended to the current RTOG standard text to read, "U.S. and Canadian institutions…".
- Section 5.2.2.2 was deleted, and Sections 5.2.3, 5.2.3.1, and 5.2.3.2 were added to amend the protocol to the current RTOG standard text.

**Section 5.2.3** was appropriately renumbered to Section 5.2.4. The 1st paragraph was titled "U.S. and Canadian Institutions" and numbered as Section 5.2.4.1. Section 5.2.4.2 was added. These changes were made to amend the protocol to the current RTOG standard text.
Section 6.9: The header was amended to the current RTOG standard text, to read "Radiation Therapy Adverse Events".

Section 7.6.7.1 was added to amend the protocol to the current RTOG standard text.

Section 7.10.4: The phrase, "based on weekly calculated creatinine clearance", was deleted, as recalculation of the carboplatin dose should be based on a > 25% change in the serum creatinine (not in the calculated creatinine clearance).

Section 7.10.10: The phrase, "or Grade 3 esophagitis", was corrected to "including Grade 4 esophagitis" to make this section consistent with the Chairs' intent and with Sections 6.9.3 and 7.10.7.

Appendix I, the sample consent:

- Under "What will happen if I take part in this research study?", the subheading, "When you are finished radiation therapy, chemotherapy (and cetuximab if you receive it), was corrected to "When you are finished with radiation therapy…".
- Under "What will happen if I take part in this research study?", and "When you are finished with radiation therapy…", the last bulleted item, "A PET scan of the chest 1 month after finishing radiation therapy, chemotherapy, (and cetuximab if you receive it)" was deleted as a PET scan is not required at this time point.
- Under "What will happen if I take part in this research study?" and under the subheading, "You will need these tests and procedures in follow-up visits", the first sentence was corrected to "They are being done to see how you and your cancer were affected by the treatment you received".
- Under "What will happen if I take part in this research study?" and "You will be randomized…", in the 1st paragraph, "If you are in group 1 (called 'Arm A')", in the second sentence, the word, "treatment", was deleted prior to "radiation therapy", as it was an error. This correction also was made in the paragraphs, "If you are in group 3" and "If you are in group 4".
- Under "What will happen if I take part in this research study?" and "You will be randomized…", in the 4th paragraph, "If you are in group 4 (called 'Arm D')", a dose of cetuximab was added on day 113 in the last sentence to be consistent with the treatment described in the protocol text.
- Under "What will happen if I take part in this research study?" and "You will be randomized…", in the 6th paragraph beginning "Groups 3 and 4", the last sentence was added to clarify that chemotherapy or radiation therapy are not given during the week in which the 1st dose of cetuximab is given.
- Under "Risks and side effects associated with Paclitaxel", the risk of "Anemia, a lower than normal number of red blood cells" was deleted from Less Likely risks as this risk is already correctly listed under Likely risks.

Appendix II, Study Parameter Table: The asterisk next to "Adverse event eval" and the asterisk at the bottom of the table, "And as needed based on reporting requirements" were
deleted to be consistent with current RTOG standards. Institutions are directed when to submit adverse events in the protocol text.

**Appendix III:** The Karnofsky Performance Scale was deleted and in the Zubrod Performance Scale table, parenthetical REFERENCES to Karnofsky scores were deleted, as the Zubrod is the performance scale being used in the study.
RTOG 0617, ""A Randomized Phase III Comparison Of Standard- Dose (60 Gy) Versus High-Dose (74 Gy) Conformal Radiotherapy With Concurrent And Consolidation Carboplatin/Paclitaxel +/- Cetuximab (IND #103444) In Patients With Stage IIIA/IIIB Non-Small Cell Lung Cancer"

Study Chair: Jeffrey Bradley, M.D., 314-362-4633, jbradley@wustl.edu

RTOG 0617 has been updated as follows:

Section 7.7.3 was updated to refer sites to the correct sections for details of administration of paclitaxel in concurrent treatment and consolidation treatment.

Section 7.9.3.7: In the 2nd paragraph, two sentences were corrected:

- A phrase that had been inadvertently omitted was added to the 3rd sentence to make it complete.
- The parenthetical phrase "see the figure below" was deleted from the 7th sentence as the phrase was inaccurate.

Sections 7.10.8, 7.10.9, and 7.10.10 were updated to refer sites to Section 7.10.7 for details of dose modifications, and Section 7.10.11 was deleted as it was redundant.

Section 11.2:

- In the 2nd paragraph, "both arms" was corrected to "all arms".
- In the 3rd paragraph, "the two arms" was corrected to "all arms".
SUMMARY OF CHANGES
Update Date: October 14, 2008
(Broadcast 10/14/08)

RTOG 0617, ""A Randomized Phase III Comparison Of Standard- Dose (60 Gy) Versus High-Dose (74 Gy) Conformal Radiotherapy With Concurrent And Consolidation Carboplatin/Paclitaxel +/- Cetuximab (IND #103444) In Patients With Stage IIIA/IIIB Non-Small Cell Lung Cancer"

Study Chair: Jeffrey Bradley, M.D., 314-362-4633, jbradley@wustl.edu

RTOG 0617 has been updated as follows:

The title of the study and the heading of Section 7.6 were updated with the IND number for cetuximab assigned by the FDA.

Section 7.6 was updated with instructions directing investigators to the RTOG web site for the cetuximab investigator brochure.

Drug distribution and shipment information was updated in Sections 5.2.3, 7.6.7, 7.6.8, 7.6.9, 7.7.6, and 7.7.6.1.

Section 12.1: The Treatment Form (TF) was replaced with 2 forms, the Chemoradiation Treatment Summary Form (TS) and the Consolidation Treatment Form (SF), to be consistent with changes made in Amendment 1.

Appendix VIII was deleted, as an updated study agent shipment form is now available on the RTOG web site.
RTOG 0617, "A Randomized Phase III Comparison of Standard-Dose (60 Gy) Versus High-Dose (74 Gy) Conformal Radiotherapy With Concurrent And Consolidation Carboplatin/Paclitaxel +/- Cetuximab (IND #103444) In Patients With Stage IIIA/IIIB Non-Small Cell Lung Cancer"

Study Chair: Jeffrey Bradley, M.D., 314-362-4633, jbradley@wustl.edu

RTOG 0617 has been updated as follows:

The title of the study and the heading of Section 7.6 were updated with the IND number for cetuximab assigned by the FDA.

Section 7.6 was updated with instructions directing investigators to the RTOG web site for the cetuximab investigator brochure.

Drug distribution and shipment information was updated in Sections 5.2.3, 7.6.7, 7.6.8, 7.6.9, 7.7.6, and 7.7.6.1.

Section 12.1: The Treatment Form (TF) was replaced with 2 forms, the Chemoradiation Treatment Summary Form (TS) and the Consolidation Treatment Form (SF), to be consistent with changes made in Amendment 1.

Appendix VIII was deleted, as an updated study agent shipment form is now available on the RTOG web site.
RTOG 0617/NCCTG N0628/CALGB 30609, "A Randomized Phase III Comparison Of Standard- Dose (60 Gy) Versus High-Dose (74 Gy) Conformal Radiotherapy With Concurrent And Consolidation Carboplatin/Paclitaxel +/- Cetuximab (IND #103444) In Patients With Stage IIIA/IIIB Non-Small Cell Lung Cancer"

Study Chair: Jeffrey Bradley, M.D., 314-362-4633, jbradley@wustl.edu

RTOG 0617 has been amended as follows:

For patients treated on the high-dose arm, 74 Gy is above the tolerance dose of the brachial plexus. Section 6.5.3 of the original protocol set a maximum dose limit of 66 Gy to the brachial plexus for patients treated on either arm. During accrual of the first 26 patients on trial, 3 patients on the high-dose arm have received excessive brachial plexus doses beyond the limitation of 66 Gy. For this reason, this normal tissue dose limitation (≥ 66 Gy maximum dose) has been added to the exclusion criteria as Section 3.2.2 (subsequent sections were appropriately renumbered). Question 11 was added to page 1 of the Eligibility Checklist to correspond to the addition of this section (and subsequent questions were appropriately renumbered).

Other Changes
Section 3.1.3.2: The phrase, "through the liver", was replaced with "through the adrenal glands", as the intent is to rule out both liver and adrenal metastases. Question 8 on page 1 of the Eligibility Checklist, Section 11.1.6, and Appendix II were amended to be consistent with this change.
SUMMARY OF CHANGES
Amendment 1, June 18, 2008
(Broadcast 10/14/08)

RTOG 0617/NCCTG N0628/CALGB 30609, "A Randomized Phase III Comparison Of Standard- Dose (60 Gy) Versus High-Dose (74 Gy) Conformal Radiotherapy With Concurrent And Consolidation Carboplatin/Paclitaxel +/- Cetuximab (IND #103444) In Patients With Stage IIIA/IIIB Non-Small Cell Lung Cancer"

Study Chair: Jeffrey Bradley, M.D., 314-362-4633, jbradley@wustl.edu

RTOG 0617 has been amended to evaluate the addition of cetuximab to radiation and chemotherapy. This amendment was based on results presented at several previous ASCO meetings of clinical activity in studies combining EGFR inhibitors with chemotherapy and was based on preliminary results of RTOG 0324, a phase II trial that evaluated the addition of cetuximab to chemoradiation in patients with locally advanced NSCLC. The 0324 results, presented at ASCO 2007, demonstrated that cetuximab could be safely added to concurrent chemoradiation and that the median survival time for the patients on study was 22.7 months with a 2-year survival rate of 49%. Based on this promising data, the Study Chairs feel that further evaluation of the combination of cetuximab with chemoradiation is warranted.

Accordingly, the following changes were made in the protocol:

- **Title page**: The phrase, "+/- cetuximab", was added after "carboplatin/paclitaxel". This change also was made on the Schema page and on the first page of Appendix I. In addition, RTOG Co-Chairs, Drs. Komaki and Blumenschein, and the ECOG Co-Principal Investigator, Dr. Dobelbower, and Co-Chair, Dr. Hoang, were added. Also, the ECOG study number, R0617, was added above the title.

- **Index page**: Appendix VIII, which provides details of cetuximab shipment, was added.

- **Schema page**: Arms C and D, concurrent chemoradiotherapy plus cetuximab, were added, and the fourth stratification variable and the sample size was amended to be consistent with changes in Section 13.0.

- **Eligibility Checklist**:
  - Page 1:
    - Question 6 was amended for clarity and to be consistent with changes in Sections 3.1 and 4.1.
    - Question 7 was amended to be consistent with changes made in Section 3.1.10.
    - Questions 13 and 14 were added to be consistent with the addition of Sections 3.2.10 and 3.2.11.
    - Question 17 was amended to refer to Section 3.2.
    - Question 18 was amended to be consistent with the addition of Section 4.1.2.
- Question 19 was added to be consistent with Section 3.2.13.
  - Page 2:
    - Question 22 was added to be consistent with the addition of Section 4.1.1.
  - Page 3:
    - Questions 22-24 were re-ordered to be consistent with the stratification variables on the Schema page. In addition question 25 was added to be consistent with changes made in Section 13.0 to the fourth stratification variable.

- **Section 1.0**, Introduction:
  - In Section 1.2, the 2nd paragraph was amended, the 3rd paragraph was added, and the last paragraph was amended.
  - Sections 1.5, 1.6, 1.7, and 1.8 were added, and subsequent sections were appropriately numbered.

- **Section 2.0**, Objectives:
  - Section 2.1.2 was added.
  - Sections 2.2.1, 2.2.2, 2.2.4, 2.2.7, and 2.2.8 were amended.
  - Section 2.2.9 was added.

- **Section 3.1**, Patient Eligibility:
  - Section 3.1.3.1 was amended to add required documentation of height, weight, BSA, and vital signs.
  - Section 3.1.3.3 was amended to clarify that contrast is required for the MRI or CT, unless the patient has a contrast allergy.
  - Section 3.1.10 was amended to add PFTs, and the FEV1 best value was changed from 1.5 to 1.45 liters/second.

- **Section 3.2**, Patient Ineligibility: At the request of Bristol-Myers Squibb, manufacturer of cetuximab, Sections 3.2.9 and 3.2.10 were added (and subsequent sections were appropriately renumbered) and Section 3.2.12.1 was amended.

- **Sections 4.1.1 and 4.1.2** were added.

- **Sections 4.2.3 and 4.2.4** were added (and subsequent sections appropriately renumbered).

- **Section 5.2.3** was added to provide pre-registration requirements for the initial shipment of cetuximab.

- **Section 6.0**: Dr. Dobelbower's name was added. This change also was made in Section 6.8.

- **Section 6.1**, Radiation Dose Specifications
  - Section 6.1: A note was added referring sites to Section 7.0 for details of concurrent chemotherapy and cetuximab. In addition, in Sections 6.1.1 and 6.1.2, the sentence, "Radiation therapy commences on day 1 of chemotherapy", was deleted, as sites should consult Section 7.0 for these details.
  - Sections 6.1.3 and 6.1.4 were added, and subsequent sections were appropriately renumbered.

- At the request of Bristol-Myers Squibb, **Section 6.9.2** was added (and the subsequent section was appropriately renumbered).
• **Sections 7.1 through 7.6** were rewritten and reformatted to describe treatment for the 4 arms of the study, and the prior sections describing paclitaxel and carboplatin were renumbered as Sections 7.7 and 7.8.

• **Sections 7.9 through 7.11** were rewritten for dose modifications, and subsequent sections were appropriately renumbered.

• **Section 7.13**: Drs. Blumenschein, Adjei, Socinski, and Hoang were added.

• **Section 9.1.1**: The reference to Section 7 was amended to be consistent with changes made in Sections 7.1-7.6.

• **Section 10.5.1**: The phrase, with and without cetuximab" was added to the last sentence, and the phrase, "and predict efficacy of molecular targeting therapy", was added at the end of the sentence.

• **Section 10.5.2**: The 6th paragraph was added, and in the 10th paragraph, item 4, the phrase, EGF receptor" was added.

• **Sections 13.2, 13.3, 13.4, 13.5, 13.6, and 13.7** were amended.

• **REFERENCES**: Citations 3-7, 65-78, 88, and 111-117 were added (and original REFERENCES were appropriately renumbered).

• In **Appendix I**, the sample consent, the following sections were amended to be consistent with changes to the protocol text listed above:
  - "Why is this study being done?";
  - "How many people will take part in the study?";
  - "What will happen if I take part in this research study?";
  - "How long will I be in the study?";
  - "Are there benefits to taking part in the study?";
  - "Will my medical information be kept private? (Bristol-Myers Squibb was added as an organization with access to patients' records);
  - "What are the costs of taking part in this study?" (the 2nd paragraph was added);
  - "Quality of Life Study" (the phrase, "and cetuximab, if you receive it" was added to the 3rd paragraph. In addition, "Risks and side effects related to radiation therapy to the chest" were amended to include all 4 arms and risks associated with cetuximab and with the combination of cetuximab, radiation therapy, and chemotherapy were added.

• **Appendix II**, Study Parameters, was amended to be consistent with changes in Sections 3.0, 4.0, and 7.0.

• **Appendix VIII** was added to provide details of cetuximab shipment and examples of drug shipment forms.

**Other Changes**

• **Eligibility Checklist**:
  - Page 1:
    - Question 5 was amended for clarity.
    - Question 8 was amended for clarity.
  - Page 3:
    - Question 27 and its subquestion were added to update the protocol to current RTOG standard.
• **Section 3.2.11.5:** The "note" was deleted as it was inconsistent with the liver function tests required in Section 3.1.

• **Section 5.2,** "Regulatory Pre-Registration Requirements", was added to update the protocol to current RTOG standard.

• **Section 5.3.1:** The 6th paragraph was amended to current RTOG standard.

• **Section 7.14.1:** The 2nd paragraph was amended to current RTOG standard.

• **Section 7.14.2:** The 1st, 2nd, and 4th paragraphs were amended to current RTOG standard.

• **Section 10.0:** A note was added that this section is for patients who have consented to participate in the tissue/blood component.

• **Section 10.2.5:** A parenthetical phrase was added at the end of the section referring sites to Appendices V and VI, which provide further details about collection, storage, and shipment of specimens.

• **Section 10.5.4.1:** In the 2nd item, text was added to allow submission of a core of tissue.

• The numbering of **Section 10.5.4.3** and subsections 10.5.4.3.1 through 10.5.4.3.5 was corrected.

• **Section 10.5.4.3:** In item "c", the centrifuge speed and timeframe were corrected.

• **Section 10.5.4.3.2:** In item "h", the word, "plasma", was corrected to "serum".

• **Section 11.1** was amended to current RTOG standard, providing details and exceptions for Appendix II.

• **Section 12.1** was corrected with the addition of a schedule of submission for the patient swallowing diary and the addition of the radiotherapy form and daily treatment record.

• **Section 12.2** was amended to current ITC standard for digital data submission.

• **References:** Citation 1 was corrected.

• **Appendix I,** the sample consent:
  o Under risks associated with paclitaxel, "fever" was deleted from "Rare but serious" as a correction as it is included as a "Less Likely" risk.
  o Under reproductive risks: In the last sentence, pregnancy testing was corrected to "will be required" (vs. "may be required) to be consistent with Section 4.1.2.

• **Appendix V:** The centrifuge speed and timeframe was corrected under "Serum", "Plasma", and "Buffy Coat". Under "Shipping/Mailing", the timeframe for shipment was corrected from Monday-Thursday to Monday-Wednesday.

• **Appendix VI:** Under "Shipping Instructions", the timeframe for shipment was corrected from Monday-Thursday to Monday-Wednesday.
RTOG 0617, "A Randomized Phase III Comparison of Standard-Dose (60 Gy) Versus High-Dose (74 Gy) Conformal Radiotherapy With Concurrent and Consolidation Carboplatin/Paclitaxel in Patients With Stage IIIA/IIIB Non-Small Cell Lung Cancer"

Study Chair: Jeffrey Bradley, M.D., 314-362-4633, jbradley@wustl.edu

RTOG 0617 has been updated as follows:

Section 10.0: The RTOG Tissue Bank has been renamed the RTOG Biospecimen Resource and has moved from LDS Hospital to the University of California San Francisco. This section was updated accordingly throughout. Appropriate changes were also made in Appendices V, VI and VII.

Section 10.4: The link to the RTOG Patient Tissue Consent Frequently Asked Questions was updated.

Section 10.5.4.2.2, letter f: Logistics for storage and shipping were corrected, per Appendix V. Buffy coat cryovials must be stored at -80 ºC (vs. -4ºC) until packed and shipped on dry ice (vs. ambient).

Appendix VII: CTSU registration hours were updated to 9 AM-5:30 PM EST.

Note: These are editorial/administrative changes to the protocol. NCI requires that these changes be documented on the protocol title page with the date of the update noted as "Update Date", not as an amendment.
SUMMARY OF CHANGES
Update Date: November 27, 2007

RTOG 0617, "A Randomized Phase III Comparison Of Standard-Dose (60 Gy) Versus High-Dose (74 Gy) Conformal Radiotherapy With Concurrent And Consolidation Carboplatin/Paclitaxel In Patients With Stage IIIA/IIIB Non-Small Cell Lung Cancer"

Study Chair: Jeffrey Bradley, M.D., 314-362-4633, jbradley@wustl.edu

RTOG 0617 has been updated as follows:

The following changes were made to the Eligibility Checklist:

- Page 1, Question 1: The timeframe was corrected from 4 weeks to 12 weeks to be consistent with Section 3.1.1. No change was made to the study eligibility criteria.
- Page 3: Question 23 of this demographic portion of the checklist was made the last question, number 26, for purposes of programming for web registration. Subsequent questions were appropriately renumbered. No change was made to the study eligibility criteria.

Section 7.4: The phrase, "During Concurrent Therapy", was added to the heading for clarity.

Section 7.8: The study will use MedDRA, version 9.0 for grading of all adverse events. This information was added to the first sentence of the first paragraph.

Section 12.1: The timeframe for submission of the quality of life forms was corrected to be consistent with Section 11.2. The timeframe for these assessments also was corrected in Appendix II (table and footnote "g").

Appendix II: The pre-registration swallowing diary was indicated with an "X" to be consistent with Section 4.2.2. In the "Follow-Up" column, the phrase, "At 12 months only" was added for PFTs rather than the "X", for clarity.

Note: These are editorial/administrative changes to the protocol. NCI requires that these changes be documented on the protocol title page with the date of the update noted as "Update Date", not as an amendment.