

LUNG-MAP

A lung cancer precision medicine trial

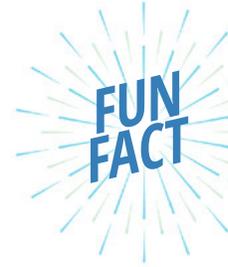
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NEWSLETTER

WWW.LUNG-MAP.ORG

New Sub-Study Activated!

S1900E, “A Phase II Study of AMG 510 in Participants with Previously Treated Stage IV or Recurrent KRASG12C Mutated Non-Squamous Non-Small Cell Lung Cancer (ECOG-ACRIN Lung-MAP Sub-Study)” has launched and is ready to enroll patients!



More patients have now been registered to LUNGMAP screening (in just over two years) than to the entire previous screening protocol (S1400).

Primary Objective: Evaluate the response rate (confirmed, complete or partial) of AMG 510 in participants with KRASG12C mutated Stage IV or recurrent non-squamous non-small cell lung cancer (NSCLC). The response rates will be evaluated separately within three cohorts defined by co-mutations.

Study Chairs: Sukhmani Padda, MD, of the Cedars-Sinai Medical Center and David E. Gerber, MD, of the Harold C. Simmons Comprehensive Cancer Center at UT Southwestern

Industry Partner: Amgen

Accrual goal: 116

STUDY CHAIRS



David E. Gerber, MD



Sukhmani Padda, MD

This study will help shed new light on whether the presence of co-mutations affects response to the KRAS G12C inhibitor AMG 510. From the study chairs:

“ In recent years, KRAS mutated non-small cell lung cancer has emerged as a heterogeneous disease based on co-mutations such as STK11 and TP53. Response to treatments may vary depending on the presence of these co-mutations. The Lung-MAP S1900E sub-study will provide early and important insights into how these KRAS molecular subtypes may affect response to direct KRAS G12C inhibitors. ”

LEARN MORE AT
www.lung-map.org



Insights for Sites

From the Lung-MAP Site Coordinators Committee

- Find subjects prior to progression on current treatment to avoid anxiety waiting for Foundation Medicine (FMI) results.
- Submitting tissue always advances the science, and adding plasma and buffy coat contributes even more.
- Eligibility is simple when there is enough tissue. For many patients, archival tissue is available from standard of care biopsies.
- Screening can improve care for patients, since their Foundation Medicine report can be used for their next standard of care treatment or for another clinical trial.
- Even if there is no current match, biomarker results can be used for future Lung-MAP sub-studies.

There are benefits to continue screening during times when sub-studies are at a minimum, such as return of biomarker results (at no cost to patients) that can be used for sub-study assignment in the future.



Exciting LUNGMAP screening update

An upcoming protocol revision will include an option for screening patients to use their commercial FoundationOne®CDx results for sub-study assignment. If available, these results will be reanalyzed and eliminate current requirement of additional on-study tissue submission for LUNGMAP biomarker profiling. We are looking forward to offering this option to patients with commercial FoundationOne®CDx tissue testing already completed prior to entering the study.

As of 3/23/2021, the new LUNGMAP protocol has logged:

1903 screening registrations | **939** sub-study assignments | **274** sub-study registrations

TOP ACCRUING SITES*

1. UPMC Hillman Cancer Center	Pittsburgh, PA	111
2. UNM Comprehensive Cancer Center	Albuquerque, NM	37
3. Mercy Medical Center	Canton, OH	35
4. Wilmot Cancer Institute	Rochester, NY	30
5. Missouri Baptist Medical Center	St. Louis, MO	29
6. Roswell Park Comprehensive Cancer Center	Buffalo, NY	25
7. Markey Cancer Center	Lexington, KY	24
7. Good Samaritan Hospital	Cincinnati, OH	24
7. Stephenson Cancer Center	Oklahoma City, OK	24
8. Essentia Health	Duluth, MN	23
9. Northside Hospital Cancer Institute	Atlanta, GA	21
10. Robert H. Lurie Comprehensive Cancer Center of Northwestern University	Chicago, IL	20
10. Lahey Hospital and Medical Center	Burlington, MA	20

*As of 3/23/21

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