

# LUNG-MAP

A lung cancer precision medicine trial

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NEWSLETTER

[WWW.LUNG-MAP.ORG](http://WWW.LUNG-MAP.ORG)

## S1900K and S1900J Soon to Launch

Lung-MAP's next two biomarker-driven sub-studies are in the final stages of development and contracting and will be activated soon.

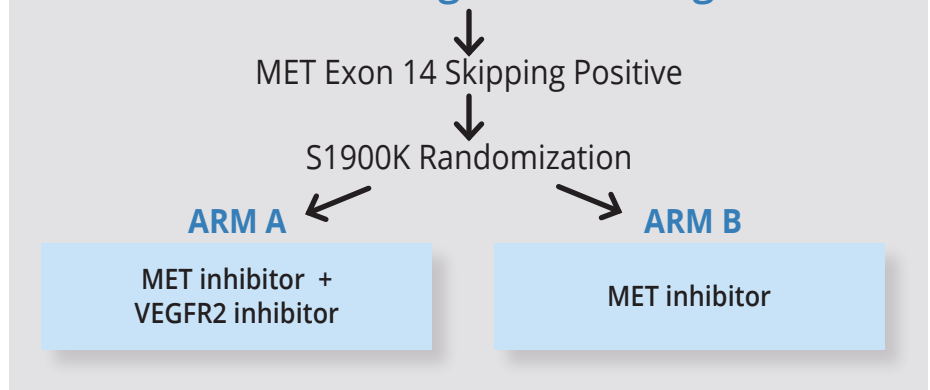
### S1900K: MET exon 14-skipping gene change

S1900K is likely to be the first to open. It will enroll patients whose tumors exhibit a MET exon 14-skipping gene change and who have not previously received a MET inhibitor.

The study team hypothesizes that resistance to a MET inhibitor in these patients is driven by VEGFR2 signaling, and the trial randomizes patients to MET inhibitor treatment with or without a VEGFR2 inhibitor.

All patients must be registered through the LUNGMAP protocol,

#### LUNGMAP Screening Protocol Registration



but confirmation of MET exon 14-skipping status may be documented by a local CLIA-certified laboratory testing either tissue or blood.

S1900K is being chaired by ECOG-ACRIN's Paul Paik, MD, with Xiuning Le, MD, as co-chair. The enrollment goal is 56 patients.

### S1900J: MET amplification-positive NSCLC

Expected to open early in the new year, S1900J will enroll patients whose tumors exhibit MET amplification. The sub-study will enroll squamous and non-squamous cohorts, with all patients treated with an

investigational bispecific antibody that targets both EGFR and MET signaling.

S1900J is being chaired by SWOG's Christian Rolfo, MD, PhD, MBA, with Shirish Gadgeel, MD, as co-chair. The

enrollment goal is 88 patients.

We encourage you to open *all* new sub-studies as soon as possible after activation rather than to pick and choose select sub-studies to open.

LEARN MORE AT [WWW.LUNG-MAP.ORG](http://WWW.LUNG-MAP.ORG)





## Questions about Conducting Lung-MAP? Updated FAQs Now Available

The list of [Frequently Asked Questions for the LUNGMAP screening protocol](#) was updated in September.



An [FAQ for S1900G](#) has also been posted recently and re-vIEWS screening details specific to this sub-study. S1900G requires testing for MET amplification *after* disease progression on osimertinib, but it allows this additional testing to be done by certain assays other than the Foundation Medicine assay.



## S2302 A Great Option for Your Non-Match Patients

If you have Lung-MAP patients ready for assignment to a non-match sub-study, consider enrolling them to [the S2302 Pragmatica-Lung trial](#). It's a streamlined study that's easy to open, conduct, and enroll to. No additional specimens required!

A new Lung-MAP non-match sub-study is in development but is not expected to be ready to launch until well into 2024.



## Lung-MAP Advocate Webinar Now Online

In August, the Lung-MAP team convened an online forum to update patient advocacy partners on the master protocol's progress, sub-studies, and plans.

The session included [a presentation by Dr. Jay Nayak](#), of AnMed Health Cancer Center, on how a small community treatment center has succeeded in bringing Lung-MAP to its patients.

A panel discussion featured three lung cancer advocacy organization leaders:

- Terri Conneran, founder and director of KRAS Kickers
- Ivy Elkins, cofounder of EGFR Resisters
- Dr. Upal Basu Roy, executive director of research for LUNGevity

Here are a few of the points the panelists highlighted:

- Lung-MAP's value proposition is that it has something for everyone based on the molecular profile of their tumor. Even assignment to the "non-match" sub-study is precision medicine driven [\[view\]](#).
- Patients struggle with the complexity

of informed consents and need an "executive summary" for a trial, answering their key questions using simple language. Ideally, this should be available in a variety of media (text, visual, video, etc.) [\[view\]](#).

- Patients and caregivers should also have a phone number they can rely on to get answers [\[view\]](#). (*The NCI's 1-800-4-CANCER is one such resource.*)
- Patients benefit from being able to ask questions of multiple experts with multiple perspectives: nurse navigator, oncologist, primary care physician, etc. [\[view\]](#).
- Patients need time to decide to participate, and 48 hours is not enough. Give them at least 5 – 7 days [\[view\]](#).
- A strength of Lung-MAP is that it has evolved with the science and the needs of patients. The trial should continue to be flexible and nimble [\[view\]](#).
- The trial should involve patient advocates as true partners from the earliest stages of study development [\[view\]](#).

Terri Conneran of KRAS Kickers delivered the panel's final closing thought: "The research y'all are working on today is going to be saving our lives tomorrow, so just keep on doing what you've gotta do, and let's get it there" [\[view\]](#).

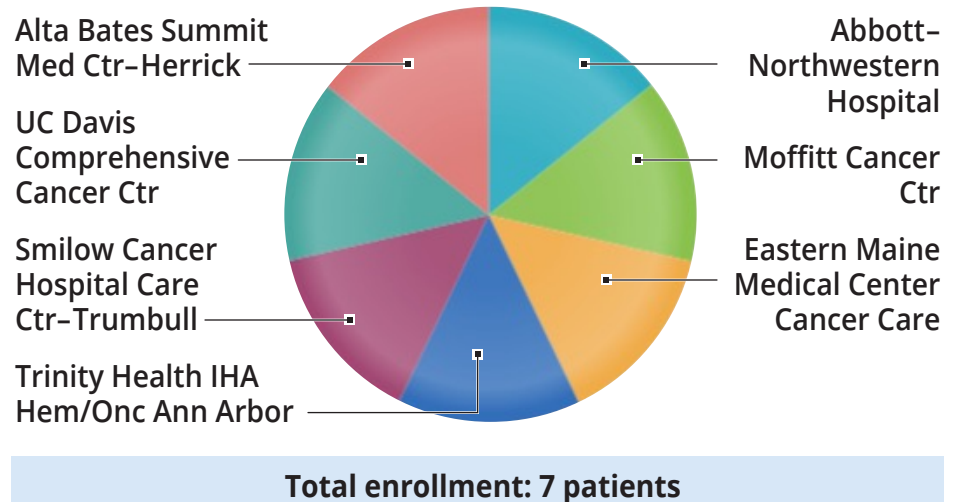
# S1900E and S1900G Accruing Well!

Lung-MAP's two open biomarker sub-studies are strong performers.

S1900E is nearing its accrual targets in all three cohorts. Protocol revision #5 was posted in September. The primary change is the inclusion of new information about the analysis of circulating tumor DNA (ctDNA).

S1900G has already enrolled seven patients (at seven sites!). Protocol revision #1 was posted recently and clarifies details about the trial's safety run-in.

## S1900G PATIENT ACCRUAL BY SITE, NOV 15, 2023



## TOP-ACCRUING SITES TO LUNGMAP\*

1. UPMC Hillman Cancer Center	Pittsburgh, PA	154
2. Edwards Comprehensive Cancer Center	Huntington, WV	60
3. UNM Comprehensive Cancer Center	Albuquerque, NM	59
4. Wilmot Cancer Institute Univ of Rochester	Rochester, NY	58
5. Mercy Medical Center	Canton, OH	49
6. Missouri Baptist Medical Center	St. Louis, MO	47
7. Dartmouth Hitchcock Med Ctr/Dartmouth Cancer Ctr	Lebanon, NH	37
7. VA Connecticut Healthcare System – West Haven	West Haven, CT	37
8. Baystate Medical Center	Springfield, MA	36
8. UC Davis Comprehensive Cancer Center	Davis, CA	36
9. Palo Alto Medical Foundation – Sunnyvale	Sunnyvale, CA	35
10. AnMed Health Cancer Center	Anderson, SC	34

\* As of November 18, 2023



**AS OF NOVEMBER 18, 2023,  
THE LUNGMAP SCREENING  
PROTOCOL HAS LOGGED:**

**3,222**

screening registrations

**1,699**

sub-study assignments

**469**

sub-study registrations

## CONTACT US

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