

LUNG-MAP

A lung cancer precision medicine trial

VOLUME 27 | SPRING 2025

NEWSLETTER

WWW.LUNG-MAP.ORG

S1800E Non-Match Is Open

Patients with advanced non-small cell lung cancer whose genomic profile does not match a Lung-MAP biomarker sub-study now have a **non-match option**.

S1800E activated on April 28th! It is enrolling non-matched patients whose disease progressed after platinum-based chemotherapy and anti-PD-1 or anti-PD-L1 therapy.

This phase II/III sub-study asks whether adding immunotherapy during treatment with second- or third-line docetaxel and ramucirumab can reverse acquired resistance to immune checkpoint inhibitors and lead to improved survival outcomes.

S1800E patients are randomized to standard of care docetaxel and ramucirumab with or without cemiplimab, an anti-PD-1 monoclonal antibody.

S1800E study chair is Saiama N. Waqar, MD, MSCI, of Washington University School of Medicine. Dr. Waqar is also vice chair of the Lung-MAP trial.

*"It's been beautiful for me,
and it's improved my quality of life immensely,
and I'm very, very thankful for it."*



Austin A., a patient with advanced non-small cell lung cancer at the White River Junction VA Medical Center in Vermont, speaking about the Lung-MAP clinical trial. His disease has remained stable during two years of treatment on S1800D, Lung-MAP's most recent non-match sub-study.

LEARN
MORE:

[S1800E CTSU page](#)

[S1800E site initiation training](#)

LEARN MORE AT WWW.LUNG-MAP.ORG



S1900K Revised Eligibility Includes Treatment-Naïve Patients

A March [revision to sub-study S1900K](#) expands eligibility to include patients who have not yet undergone treatment for their non-small cell lung cancer.

S1900K is a randomized phase II study of tepotinib with or without ramucirumab in patients with MET exon 14 skipping positive, Stage IV or recurrent NSCLC.

Under the revised protocol, patients who have received any number of lines of therapy for Stage IV or recurrent NSCLC – including *zero* lines – may now be eligible for the sub-study.

Since this S1900K revision posted in March, four additional patients have been enrolled, bringing total accrual to seven.

When EA5182 Patients Have Disease Progression, Think S1900G

Has your site enrolled to ECOG-ACRIN's EA5182? When patients on EA5182 experience disease progression, they may become eligible for Lung-MAP's S1900G sub-study.

- EA5182 is enrolling treatment-naïve patients with metastatic EGFR-mutant non-small cell lung cancer and randomizing them to osimertinib with or without bevacizumab. About 20 percent of patients on osimertinib go on to develop resistance via MET amplification.
- S1900G is enrolling patients whose EGFR-mutant NSCLC has become MET-amplified on osimertinib treatment.

At disease progression, EA5182 patients can be screened for Lung-MAP. Those whose tumors have acquired MET amplification may be eligible for assignment to sub-study S1900G.

The EA5182 trial has accrued about 240 patients thus far. For some, S1900G may be a fitting next stop on their treatment journey.

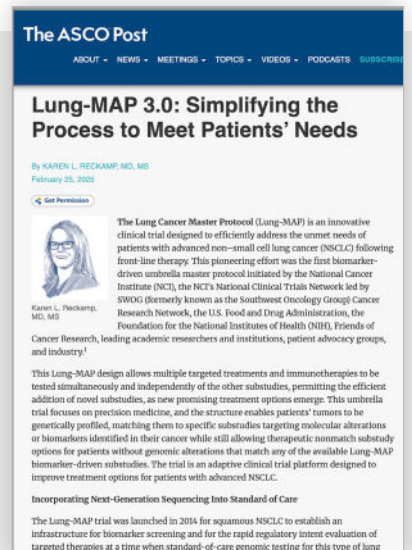
LEARN
MORE:

[S1900G CTSU page](#)

[Webinar: "An Overview of EGFR-Mutant Lung Cancer: How S1900G & EA5182 fit into the treatment paradigm"](#)

Webinar on S1900J & S1900K Is Now Online

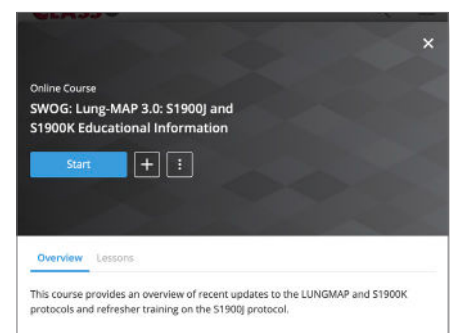
A recording of a March 31st [educational webinar on sub-studies S1900J and S1900K](#) is available in the CLASS learning management system, linked under "Protocol Related Documents" from the CTSU.org protocol pages for S1900J, S1900K, and LUNGMAP.



Lung-MAP 3.0 in ASCO Post

Lung-MAP chair Karen Reckamp, MD, penned an editorial in the February 25th ASCO Post: "[Lung-MAP 3.0: Simplifying the Process to Meet Patients' Needs.](#)"

In the piece, Reckamp says "Lung-MAP 3.0 was introduced to expand genomic screening through a variety of commercial and academic next-generation sequencing platforms to align with current testing patterns and remove barriers to study accrual." She also discusses how the trial addresses cancer care inequities and improves patient outcomes.



Lung-MAP Advocacy Webinar: May 14th

Advocating, Accelerating, and Amplifying Lung Cancer Discovery
Wednesday, May 14th, 1 – 2 pm ET
Hosted by the Lung-MAP Accrual Enhancement Committee

This webinar will include brief trial updates and a talk on Lung-MAP opportunities and challenges from a community clinician's perspective, given by a community oncologist who has been one of Lung-MAP's highest accruers.

The centerpiece of the event will be a panel discussion with leaders of three of the largest lung cancer advocacy organizations.

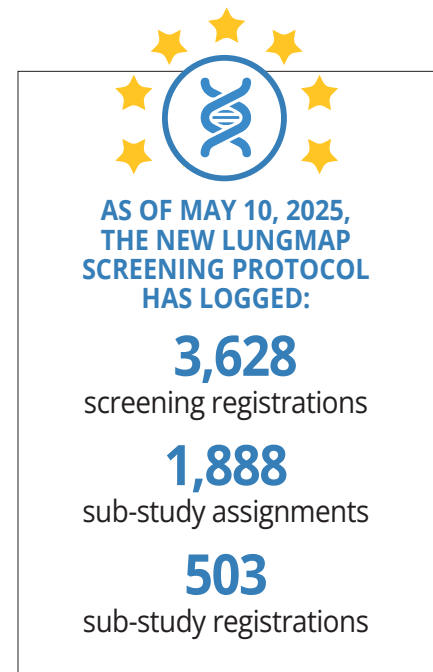


Learn more and register to attend at swog.org/lung-map-webinar.

TOP-ACCRUING SITES TO LUNGMAP*

UPMC Hillman Cancer Center	Pittsburgh, PA	154
Edwards Comprehensive Cancer Center	Huntington, WV	86
UNM Comprehensive Cancer Center	Albuquerque, NM	77
Wilmot Cancer Institute Univ of Rochester	Rochester, NY	60
Palo Alto Medical Foundation – Sunnyvale	Sunnyvale, CA	60
Harold Alfond Center for Cancer Care	Augusta, ME	53
Missouri Baptist Medical Center	St. Louis, MO	52
Cleveland Clinic Mercy Medical Center	Canton, OH	49
VA Connecticut Healthcare System – West Haven	West Haven, CT	40
Eastern Maine Medical Center Cancer Care	Brewer, ME	40
St. Mary's Medical Center	Huntington, WV	40
Dartmouth Hitchcock Med Ctr/Dartmouth Cancer Ctr	Lebanon, NH	39
Baystate Medical Center	Springfield, MA	38
UC Davis Comprehensive Cancer Center	Sacramento, CA	37
AnMed Health Cancer Center	Anderson, SC	37

* As of May 10, 2025



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The latest list of acceptable NGS tests for Lung-MAP screening is at swog.org/lung-map-resources.
Click on "LUNGMAP NGS Testing Reference Page."