LUNG-MAP
A lung cancer precision medicine trial

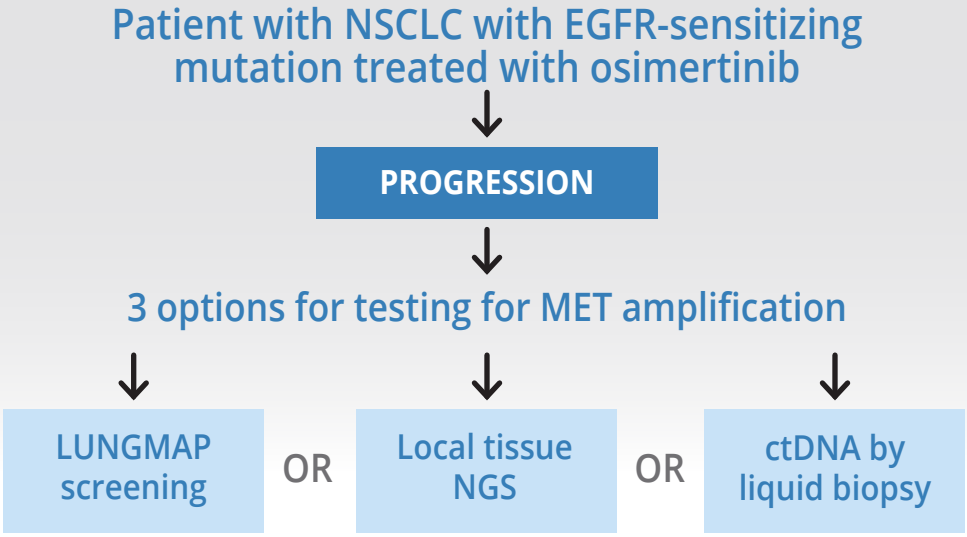
VOLUME 23 | SUMMER 2023 NEWSLETTER WWW.LUNG-MAP.ORG

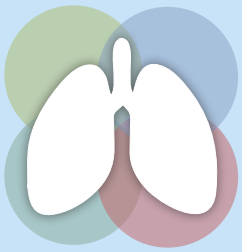
S1900G Is Open and Enrolling: MET-amplified, EGFR-mutant NSCLC

Lung-MAP's newest sub-study is enrolling patients with an EGFR mutation whose disease has progressed on osimertinib because of MET gene amplification.

Patients with advanced EGFR-mutant non-small cell lung cancer often do well on an EGFR inhibitor such as osimertinib, but their disease eventually becomes resistant. If this resistance is caused by MET amplification, the patient may be a candidate for S1900G. Patients are randomized to capmatinib and osimertinib with or without ramucirumab.

If your patient's NSCLC has progressed on osimertinib, consider screening them for Lung-MAP and S1900G.





Sneak Peek: S1900K Is Just Around the Corner

Lung-MAP's newest biomarker sub-study, expected to activate later this summer, is S1900K. It is being designed for patients with MET exon 14 skipping-positive non-small cell lung cancer and will randomize them to a MET inhibitor alone or in combination with a VEGFR2 inhibitor. Watch your protocol broadcasts to learn when this sub-study will launch.

LEARN MORE AT **WWW.LUNG-MAP.ORG**

NCI National Clinical Trials Network | SWOG CANCER RESEARCH NETWORK | FNIH Foundation for the National Institutes of Health | FRIENDS of CANCER RESEARCH | ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY | ECOG-ACRIN cancer research group Reshaping the future of patient care | NRG ONCOLOGY Advancing Research. Improving Lives.

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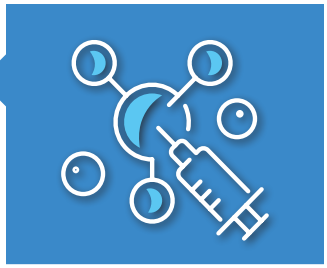
S1900E: All Cohorts Still Enrolling

Lung-MAP S1900E enrolls patients with previously treated NSCLC with a $KRAS^{G12C}$ gene mutation and treats them with sotorasib. Sotorasib has accelerated approval from the FDA for this use, but this prospective study asks how co-mutations in tumor-suppressor genes, such as TP53 or STK11, affect the efficacy of sotorasib. Key features and updates:

- Sotorasib is **provided by the trial at no cost**.
- **Currently, all 3 cohorts remain open**. While the TP53 mutation cohort is nearing accrual completion, the STK11 cohort and "All-Comer" cohort have multiple available slots.
- The "All Comer" cohort is for any patient with a tumor that doesn't meet biomarker criteria for the TP53 and STK11 cohorts.
  - This includes KEAP1, NFE2L2, CUL3 mutations, dual TP53/STK11 co-mutations, other co-mutations, and **even tumors with no co-mutations.**



For Your Non-Match Patients, Consider S2302 Pragmatica-Lung

S1800D closed in March, leaving Lung-MAP without an open non-match sub-study.

For your Lung-MAP patients who do not match a current sub-study, consider enrolling them to the S2302 Pragmatica-Lung study, which is available via CTSU.org.

S2302 is a phase III pragmatic trial testing the same pembrolizumab plus ramucirumab combination used in the phase II S1800A, an earlier Lung-MAP non-match sub-study. S1800A found the combination resulted in better OS than standard treatments.

S2302 is open to patients with stage IV or recurrent NSCLC that has been treated with immunotherapy and chemotherapy.

Pragmatica-Lung

A real-world clinical trial for patients whose non-small cell lung cancer has returned after chemo- and immuno-therapy

You can learn more here about what makes S2302 unusual.

The Pragmatica-Lung trial has been streamlined to be easy for sites to open, conduct, and enroll to, with a bare-bones set of eligibility criteria and greatly reduced requirements for data collection and adverse event reporting.

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LUNGMAP Screening for Sub-Study Assignment: Pre-screen to Avoid Delays

Patients enrolling to LUNGMAP can be 1) pre-screened during prior therapy or 2) screened when their disease progresses.* Screening can be done using tissue sent for Foundation Medicine next-generation sequencing or by reanalysis of earlier commercial FoundationOne CDx results.

Pre-screening your patients during prior therapy means that if their disease progresses, their sub-study assignment can happen right away and they can enroll to it with no delay.

Pre-screening Option

LUNGMAP Consent

- Tumor collection OR reanalysis of FMI commercial results
- Eligibility verification

LUNGMAP Registration

Progression

Screening at Progression

LUNGMAP Consent

- Tumor collection OR reanalysis of FMI commercial results
- Eligibility verification

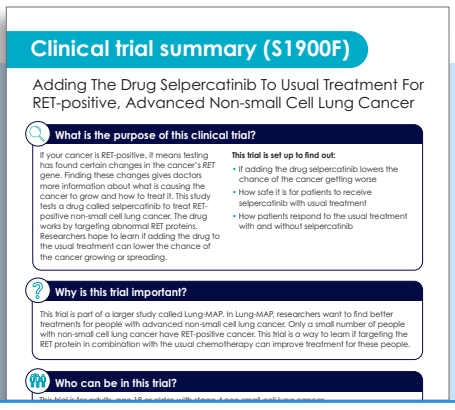
LUNGMAP Registration

Up to 16 days

Assign to sub-study

LUNG-MAP

*Patients being considered for S1900G must be screened for MET amplification at the time of disease progression.



Clinical trial summary (S1900F)

Adding The Drug Selpercatinib To Usual Treatment For RET-positive, Advanced Non-small Cell Lung Cancer

What is the purpose of this clinical trial?

If your cancer is RET-positive, it means testing has found certain changes in the cancer's *RET* gene. Finding these changes gives doctors more information about what is causing the cancer to grow and how to treat it. This study tests a drug called selpercatinib to treat RET-positive non-small cell lung cancer. The drug works by targeting abnormal RET proteins. Researchers hope to learn if adding the drug to the usual treatment can lower the chance of the cancer growing or spreading.

This trial is set up to find out:

- If adding the drug selpercatinib lowers the chance of the cancer getting worse
- How safe it is for patients to receive selpercatinib with usual treatment
- How patients respond to the usual treatment with and without selpercatinib

Why is this trial important?

This trial is part of a larger study called Lung-MAP. In Lung-MAP, researchers want to find better treatments for people with advanced non-small cell lung cancer. Only a small number of people with non-small cell lung cancer have RET-positive cancer. This trial is a way to learn if targeting the RET protein in combination with the usual chemotherapy can improve treatment for these people.

Who can be in this trial?

S1900F Closes Permanently

The S1900F Lung-MAP sub-study closed permanently on June 27 because of accrual challenges. S1900F was designed for patients with RET fusion-positive non-small cell lung cancer whose disease had progressed on prior RET-directed therapy. SWOG has sent a closure memo to sites, which is also being distributed in CTSU's bi-monthly broadcast.

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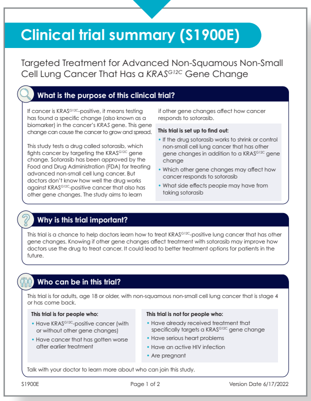
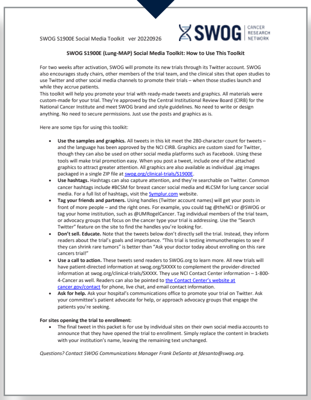
Lung-MAP Resources for You and Your Patients

All Lung-MAP sub-studies have (or will soon have) resources for help with education and patient enrollment:

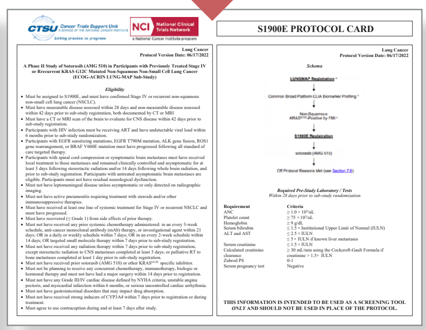
PATIENT-FRIENDLY PLAIN LANGUAGE TRIAL SUMMARY



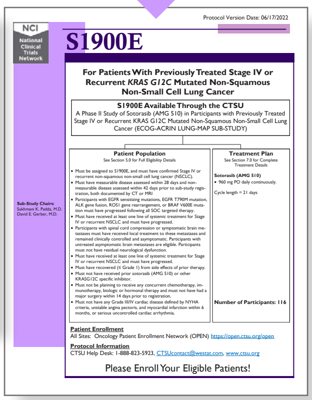
SOCIAL MEDIA TOOLKIT



PROTOCOL CARD



PHYSICIAN FACT SHEET



You can download and print these resources from CTSU.org or from SWOG.org.

TOP-ACCRUING SITES TO LUNGMAP*

1. UPMC Hillman Cancer Center	Pittsburgh, PA	**154**
2. Edwards Comprehensive Cancer Center	Huntington, WV	**56**
2. Wilmot Cancer Institute Univ of Rochester	Rochester, NY	**56**
3. UNM Comprehensive Cancer Center	Albuquerque, NM	**54**
4. Mercy Medical Center	Canton, OH	**46**
5. Missouri Baptist Medical Center	St. Louis, MO	**43**
6. Baystate Medical Center	Springfield, MA	**36**
6. Dartmouth Hitchcock Med Ctr/Dartmouth Cancer Ctr	Lebanon, NH	**36**
7. VA Connecticut Healthcare System – West Haven	West Haven, CT	**35**
8. AnMed Health Cancer Center	Anderson, SC	**34**
8. UC Davis Comprehensive Cancer Center	Davis, CA	**34**
9. Stephenson Cancer Center Univ of Oklahoma HSC	Oklahoma City, OK	**32**
10. Palo Alto Medical Foundation – Sunnyvale	Sunnyvale, CA	**31**

* As of June 26, 2023

AS OF JUNE 26, 2023, THE NEW LUNGMAP SCREENING PROTOCOL HAS LOGGED:

3,084
screening registrations

1,666
sub-study assignments

453
sub-study registrations

CONTACT US

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