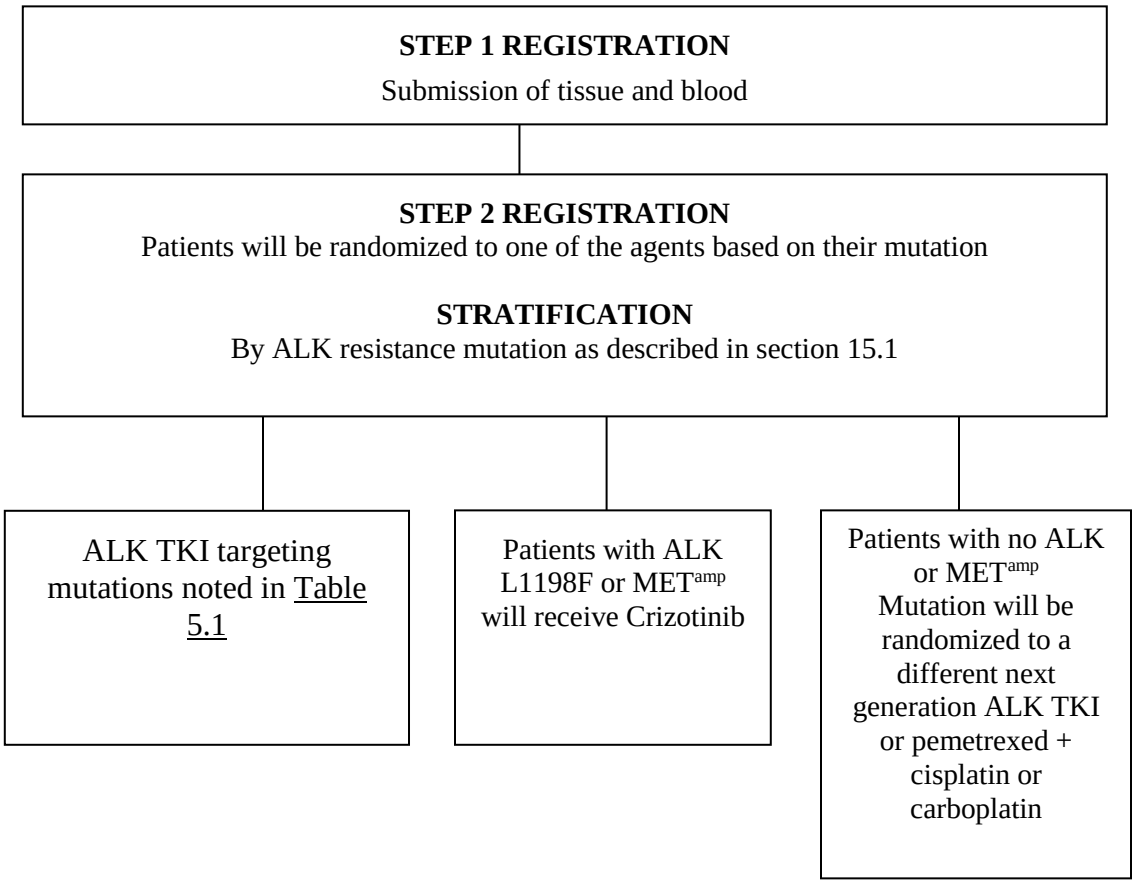
NRG-LU003

Report Based on Data Through: 04/30/2019

A Biomarker-Driven Protocol For Previously Treated ALK-Positive Non-Squamous NSCLC Patients: The NCI-NRG ALK Protocol



Based on the identified ALK mutation(s), patients will be assigned to treatment with the indicated ALK inhibitors as described in Section 5.1 and Section 15.1. If no ALK-resistance mutations are identified, patients will be randomized to receive either a next-generation ALK inhibitor they have not received or pemetrexed based chemotherapy.

Next-generation ALK inhibitor = 2nd or 3rd generation

Study Chairs:	Alice Shaw, MD, PhD	(Principal Investigator/ Medical Oncology)	[NRG Oncology]
	Shakun Malik, MD	(Principal Investigator/ Medical Oncology)	[NCI]
	Thomas Stinchcombe, MD	(Medical Oncology)	[Alliance]
	Anne Tsao, MD	(Medical Oncology)	[NRG Oncology]
	Christine Lovly, MD, PhD	(Medical Oncology)	[ECOG-ACRIN]
	Robert Doebele, MD, PhD	(Medical Oncology)	[SWOG]

Protocol Statisticians:	Chen Hu, PhD	[NRG Oncology]
	Edward Korn, PhD	[NCI]
	Rebecca Paulus, BS	[NRG Oncology]

Research Associates: Jeff Serianni, BS
Amy Krystkiewicz, RN

Activated: 04/01/2019

Status: Accruing

- **Study Description**

  NRG-LU003 is a phase II biomarker-driven master protocol designed to simultaneously evaluate the efficacy of multiple biomarker/ALK inhibitor combinations in previously treated ALK-positive non-squamous non-small cell lung cancer (NSCLC) patients. Patients must have progressive disease after receiving a second generation ALK inhibitor. Patients who enroll will have tissue samples assessed for ALK mutation presence and will be assigned to a drug, if possible, based upon the scheme presented in Section 15.1. Patients who cannot be assigned to a drug will be considered as a screening failure. The primary objectives of the study are: to assess whether ALK kinase domain mutations associated with drug resistance are prognostic for objective response to subsequent ALK inhibitor therapy; to assess whether subsequent pemetrexed-based chemotherapy improves objective response comparing to ALK inhibitor therapy for no ALK mutation patients; and to evaluate objective responses of patients with specific genetic alterations. The primary endpoint of response will be assessed using RECIST 1.1.

- **Patient Accrual**

  Accrual was activated on April 1, 2019. As of April 30, 2019, no patients have been accrued.